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It is entitled:
Parent Experiences with Child Social Interventions and their Perception of Bibliotherapy

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Parent Experiences with Child Social Interventions and their Perception of Bibliotherapy

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Abstract

This study focused on the experience of parents concerned with child social behavior and the perception of bibliotherapy as an intervention. Using a qualitative phenomenological approach, four families raising children between the ages of 4-12 participated in a series of interviews. The children's social needs varied, but parent concerns were related to behavior challenges associated with Down Syndrome, Attention Deficit Disorder, speech impairment, and developmental issues. Results showed that the essence of the parent's experience with bibliotherapy included (a) recycling social memories from childhood, (b) factors that influence intervention use, and (c) the changing and enduring quality of reading. Implications for research and practice for children and families are addressed.

Keywords: Bibliotherapy, child socialization, behavior intervention
Dedication

This work is dedicated to my father Hercules Davis Jr. He was there as I began my journey and remains here in my heart and spirit as I take my last steps in this process. I dream that I may offer the same strength and support to my own children as they reach toward their goals. Daddy, I can't thank you enough...
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Chapter 1 Introduction to the Research

Parents are a critical component and a constant feature of the child's environment (Jack, 2000). Research supports the argument that parents influence children's thoughts, behavior and emotions (De Mol & Buysse, 2008). In fact, for decades, family-centered approaches have been considered best practice and mandated by law because of the powerful influence parents hold over children's lives (Weiss & Theodore, 2011; Dunst, Bruder, Trivette, Raab, & McLean, 2001). In light of this responsibility, when children struggle with social development, parents are encouraged to actively participate in the intervention process as "gateway provides" (Raviv, Sharvit, Raviv, & Rosenblat-Stein, 2009; Theodore, Laurent, Kovarsky & Weiss, 2011). When parents participate in the intervention process, research illustrates positive outcomes. For parents, there is an increase in intervention knowledge, parenting strategies, and a decrease in stress (Bagdi & Pfister, 2006; Dunst & Trivette, 2009). For children, parent implemented interventions allow additional opportunities for practice and an increase in skill level (McConacme & Diggie, 2007). In light of the successful intervention outcomes, parent training is recognized as a classic and substantiated treatment approach (Lakes, Vargas, Riggs, Schmidt, & Bard, 2011).

Rationale

Although parents play a significant role in child socialization, the presence of additional variables may interfere with children's successful social functioning. First, consider the number of children experiencing disorders in which social deficits are the core feature. Survey data estimated that Autism effects 1 in 110 children and among other characteristics the disorder impairs the child's ability in social understanding, interpreting social cues, and turn taking (Weiss
& Theodore, 2011). Also, research illustrated that 7.4% of kindergardeners have speech impairments that interfered with their social communication abilities (Weiss & Theodore, 2011). In addition, 7 to 20% of children met the criteria for Oppositional Defiance Disorder or Conduct Disorder and in turn posed challenges for successful social development (Webster-Stratton, Reid, & Hammond, 2001). As a result, children with disorders were more likely to experience lower rates of social initiation, social response and the appropriate use of social strategies (Guralnick, 1999; Terpstra & Tamura, 2008).

Second, children's daily social struggles were acknowledged in the literature. It was well documented that the lack of social competence is associated with negative outcomes such as school drop-out, criminality, and psychopathology (Barry & Wigfield, 2002; Cava, Musitu, Buelga, & Murgui, 2010; Odom, Li, & Sandall, 2006). Social scientist described children’s socialization experiences as "filled with tension and strain" (Allen, Porter, McFarland, Marsh, & McElhaney, 2005), and as a time of "relational victimization" (Cava, Musitu, Buelga, & Murgui, 2010). Moreover, in lieu of children's social struggles, there were multiple arguments for the need of child interventions like social skill instruction at home (Dunst & Trivette, 2009; Weiss & Theodore, 2011), character education in schools (Goodwin, 1999; Meadan, & Monda-Amaya, 2008;), and building a sense of community in classrooms (Fenty, Miller, Lampi, 2008). Specifically it was found that children experience social anxiety from classroom activities, eating in the cafeteria, participating in after school events, and managing conversations with peers (Greco & Morris, 2005; Longaretti, 2006).
Significance of the Study

In sum, research showed that it was likely for children to face social challenges and that parents were key in helping children manage these social struggles. However, little research has focused on the thinking and meaning construction of parents regarding their use of child interventions. Specifically, there is a shortage of research relating to parent reports on experience with the literature-based social intervention bibliotherapy. Previous work on bibliotherapy mainly has been conducted to determine if the strategy was effective (Bhavnagri & Samuels, 1996; Faver & Alanis, 2011), how it compared to other approaches (Leong, Cobham, Groot, & McDermott, 2009) or the clinical use of bibliotherapy (Jack & Ronan, 2008). Moreover, little research has focused on the thought process of parents regarding bibliotherapy.

Purpose of the Study

The purpose of this study was to examine parent’s experiences with child social interventions as well as explore how parents view stories as a socialization tool for children struggling socially. Research findings and relevant literature were used to address the question: How do parents perceive bibliotherapy as a child social intervention?

In order to provide a context for the present study, a literature review of relevant material was conducted. The following literature review includes research related to parent influence on child socialization, parent intervention perceptions and the use of the bibliotherapy intervention.
Chapter 2 Review of Related Literature

Parents Influence Child Socialization

Parents and legislation. Forty years ago, the parent role in child interventions was viewed as deficit-based and parents were described as "disadvantaged" (Guerney, Stoner, & Andronico, 1967), having a "vulnerability to stress" (Coletta, & Gregg, 1981), or "entrapped" (Wahler, 1980). This outlook began to change as the need for parents in child development was evident through intervention regulations such as the Protection in Evaluation Procedures Provisions in 1977 that required parents to work with a team of professionals in assessment and decision-making for the child (Donovan & Cross, 2002). Later, the Reauthorization of the Individuals with Disabilities Education Act (IDEA) in 1997, mandated that early intervention services were provided in natural settings where children performed everyday routines and activities. For the most part, this entailed moving services from therapy clinics and hospitals to the children's home environment or childcare center. Because IDEA shifted where and how intervention services were provided it ultimately placed a new found responsibility upon parents to participate in service delivery for children (Sheldon & Rush, 2001).

Building on the encouragement of legislation, research soon followed suit and began to examine healthy parenting characteristics. There was a call for the investigation of the normative process and parent protective functions (Bagdi, & Pfister, 2006; Richey, Hodges, Agbayani-Siewert, & Petit, 1996).

Parents and child socialization models. Over time, different research models were used to show parent impact on child social behavior. According to the ecological models, there is a focus on the interplay between the parent, child, and the environment. For example, Duncan
found a link between parents and children residing in poverty stricken environments and child behavior (1994). Specifically it was determined, that the lower the parent's income, the more child conduct problems (destruction of items and temper tantrums) reported by parents. Along the same vein, there are contagion theories that stress that particular environments enhance child participation in negative social behavior. Crane (1991) explained that for adolescents living with parents in neighborhoods of poor quality, social problems (child disengagement from school or teenage pregnancies) spread like an "epidemic". Although a negative environment is damaging to social development, research indicates that parents who are able to manipulate the environment enhance social outcomes for their children. Research showed that when parents (a) utilize child learning opportunities embedded within their natural environment (b) build family capacity to overcome stressors through accessing environmental supports such as friends or community resources, and (c) arrange the environment for the purpose of peer network development, they are able to enhance the social outcomes for the child (Dunst, Bruder, Trivette, Raab, & McLean, 2001; Dunst & Trivette, 2009; Guralnick, 1999). However, this environmental influence is not limited by parental efforts, Moll, Amanti, Neff, and Gonzalez argued that households are social networks that makes bodies of knowledge readily available for children (2001). These "funds of knowledge" include information on social relationships, interdependence and reciprocity that children would be able to apply at a later time.

Turning the focus from the physical environment to the relational environment, the family systems model defines the family as a unique environmental system of mutual influence. Wertheim promoted this framework because of the multiple sources of natural feedback and support inherently available from the family members’ participation in the intervention process.
PARENT EXPERIENCES WITH BIBIOTHERAPY

In general, the family approach utilized a "collective responsibility" perspective that allowed each family member to participate in addressing the problem at hand (Pam, 1993).

In examining the environment and child social development, literature suggests that it was important to consider the interaction between individuals and the unique environmental variables presented due to race (Foney & Cunningham, 2002; Harding, 2009; McLeod, Kruttschnitt, & Dornfeld, 1994). In general variables such as levels of stress, poverty, discrimination and prejudice contribute to why African American's environment is so distinguishable from other groups (McLeod, Druttschnitt, & Dornfeld, 1994). In an attempt to tailor a behavior model to minority youth, Foney and Cunningham (2002) created the Phenomenologic Variant of Ecological Systems Theory that proposed the influence of environmental perception on adaptive behavior. On one hand, there was evidence that indicated that a negative perception was linked to anti-social behavior. For example, in one study, when African American youth felt that they did not have access to needed resources, they demonstrated physical aggression toward another individual (Foney & Cunningham, 2002). On the other hand, there is evidence that a positive environmental outlook influences adaptive social outcomes. For instance one study illustrated that when African American adolescents felt empowered or involved with creating environmental rules, they developed a sense of social responsibility (Day-Vines & Terriquez, 2008). Similarly, when they perceived their family members as people they could "ask for advice" or "count on", the African American adolescents reported less problem behaviors such as fighting or vandalizing things that belonged to others (Taylor, 1996).

**Parent characteristics.** In addition to exploring environmental effects, social research has highlighted parent characteristics that are associated with children's social development.
Some models argue for parents to exhibit particular behaviors to facilitate positive child outcomes. For example, the classic attachment model demonstrated that parent affection and attention helped children to form social bonds with others later in life (Bowlby, 1962). Similarly social communication models suggest that through modeling parents influence children's ability to make polite requests and verbally negotiate needs (Weiss & Theodore, 2011). In contrast to adopting certain characteristics to promote social functioning, other models cautioned parents about what would result in the absence of particular child-rearing practices. For example the social control model revealed that if parents did not enforce rules and exert a level of authority, children were more apt to participate in undesirable behavior (Mayer & Jencks, 1989). Corresponding with this notion of cautionary theories, the parent as teachers and therapist model implied that if parents were unable to embody the varying roles required of a care-giver, it was unlikely that the parent would not be able to meet the child's changing needs (Bazyk, 1989).

In studying parent characteristics, race is an important variable to consider. In examining research on minorities and parenting, there was limited empirical information available on child prosocial behavior in comparison to the work presented on children's problem behavior. For African American parents, particular parenting skills have been linked with increasing the likelihood for raising well-adjusted children. For instance there is evidence that when African American parents helped children to feel good about themselves and express empathy, there is less likelihood that the child will demonstrate relational aggression (Belgrave, Nguyen, Johnson, & Hood, 2011). Also, it was found that when parents relied on promotive strategies that emphasized open communication, establishing boundaries, and building trust, social competencies such as resilience and self-control emerged (Williams-Wheeler, 2011). In addition to specific parenting practices, research indicates that African American parent relationship
characteristics impact child social outcomes as well. For example, Brody and Flor (1998) determined that there was a connection between African American parents maintaining cohesive marital relations with child self-regulative behaviors such as "planning before acting", and "thinking about consequences".

The body of research shows that parent intervention involvement is valuable. The legislation outlines the requirements of this involvement whereas parent characteristics provide a description of the correlation between parenting practices and child social behavior. Although federal regulations and parent behavior help to establish a foundational knowledge, an examination of parent intervention perceptions will help in building an understanding of the bibliotherapy intervention.

Parent Perceptions and Child Social Interventions

Parent expectations. Previous research reveals parent expectations regarding child interventions. Findings indicate that parent intervention expectations were a significant variable in intervention outcomes. For instance, in a study of children with autism, when parents held positive beliefs about the behavior intervention, they reported lower levels of stress and pessimism (Hassall, 2005). In an earlier study of the causes for premature termination from child therapy, it was determined that when parents perceived the intervention as irrelevant or believed there were obstacles associated with utilizing the intervention, they were more likely to end the intervention prematurely (Kazdin, Holland, & Crowley, 1997). In addition to early termination, Kazdin and Nock asked parents to identify expectations related to child's response to intervention and found that low expectations correlated with low parent involvement. Specifically, when parents expected the child to respond slowly or believed that the child's
behavior would worsen due to the approach, parent participation in the intervention was lower. In addition, interviews of parents of children with cerebral palsy revealed that initially they were uncertain as to how to view the intervention process and as a result experienced a "state of unreadiness" (Piggot, Paterson, & Hocking, 2002). In contrast, when parents believed that they knew what to expect from an intervention, they were more likely to respond to the invitation to participate. For example Long and colleagues concluded that a critical component of encouraging parent participation was aligning new strategies with existing practices so that parents would already be familiar with the intervention outcome (Long, McCarney, Smythi, Magorrian, & Dillon, 2001).

**Parent concerns.** In addition to the link between expectation and intervention outcome, research clearly points to the dimensions of parent concern with child social interventions. Firth, Grimes, Poppleton, Hall, and Richold (2000) explained that parent concerns were changeable. In their work with parents, and children described as having "relationship difficulties" or exhibiting aggression, parent concern decreased after the child participated in therapy. While interventions were instrumental in lessening concern, parents did not feel that they played a significant role in mitigating the concerns. For example, Crais, Roy, and Free assessed family participation in early intervention and suggested that the lack of agreement between parent and professional reports of the occurrence of family-centered strategies represented the devaluation of parents in the intervention process (2006). Further, when there was an agreement in identified concerns, the level of the concern may differ. For example, the Parent Concern Questionnaire illustrated that although parents and social workers identified similar child concerns in the areas of child deviance, child social involvement, and child behavior at school, the parents consistently rated these concerns as less severe than the social workers (Sheppard & Watkins, 2000). More
recently, data from the Common Assessment Framework (CAF) revealed that there were instances when parent identified concerns regarding their children's needs were not addressed by child welfare workers (White, Hall, & Peckover, 2009).

**Parent intervention barriers.** The interest in parent concern has led to an examination of intervention barriers perceived by parents. Although practical issues such as schedules and finances were noted, emotional barriers were highlighted in the literature. It was evident that the parents held fears that competed with their desire to intervene. For example, it was clear that parents were afraid of how their level of knowledge or skill would effect their child's intervention success (Novak, 2011; Spielfogel, Leathers, Christian, & McMeel, 2011). Along the same vein, parents worried about implementation and described the "pressure" to meet the demands of the appropriate intervention format (Barlow & Stewart-Brown, 2001). Further, parents reported that even when they delivered the intervention as directed, they feared that the impact on their child was not as potent as an "outside influence" in facilitating change (Friars & Mellor, 2009). Finally, in accordance with the attribution theory, parents that subscribed to child-centered attributions were likely to believe that the child (not the parent) was responsible for the negative behavior, and that the behavior would continue regardless of the parent's effort to intervene (Hassall, 2005; Slep & Oleary, 1998).

**Bibliotherapy as a Social Tool for Children**

The term Bibliotherapy was first used in 1916 and emphasized a technique for bringing distressed people together with books (Jones, 2006). In the United States it's origins are associated with the medical care of World War II soldiers because books were helpful during long periods of recuperation (Abdullah, 2002). During this same time period, books were used in
psychiatric hospitals to boost patient morale and to keep them busy (Abdullah, 2002). The concept of Bibliotherapy has widened over time. Cornet (1980), defined it as the process of and the literary character), catharsis (development of emotional ties to the literary characters), and insight (process of problem solving and analyzing events in story and in real life). Others defined the process by describing the behavior intervention elements embedded within stories such as priming, scripts, and visual supports (Dettmer, Simpson, Myles, & Ganz, 2000; Wilde, Koegel, & Koegel, 1992).

Using stories to influence behavior is not a unique idea. Other related terms have evolved due to the popularity of Bibliotherapy such as Literatherapy (use of books in psychotherapy), Bibliodiagnostics (use of books for diagnosis), and Biblioprophylaxis (use of books for prevention). One well known Bibliotherapy derivative is Carol Gray's (1995) "social story" that was tailored to help individuals with autism understand protocol for social behavior. Another indication of the common use of literature to change behavior, is the many descriptors used to discuss the strategy (e.g., minimal intervention, self administered, self-directed; Lavigne, LeBailey, Gouze, Cicchetti, Pochyly et. al., 2007; Morawska & Sanders, 2006; Sanders, Bor, & Morawska, 2007). Although the terminology may vary, bibliotherapy generally includes (a) text with characters facing a dilemma similar to the reader, (b) realistic elements such as plot and character, (c) a model for problem solving, and (d) sharing the story through discussion or an activity. For the purpose of this paper, the helping nature of the story is the focus and thus the term bibliotherapy will consistently be used (Heath, Sheen, Leavy, Young, & Money, 2005; Jack & Ronan, 2008; Sullivan & Strang, 2002/2003).
Bibliotherapy Influences Children

**Communication impact.** As a result of the spread of the concept of using stories to improve behavior, there has been an interest in the efficacy of the strategy (Heath, Sheen, Leavy, Young, & Money, 2005). A review of the literature links bibliotherapy with positive behavior outcomes for children. Specifically, studies show a connection between bibliotherapy and communication. For example, in a study of adolescents diagnosed with short stature, interviews revealed that after books were read (target characters had short stature), each child discussed their experiences freely and 82 percent related personal anecdotes when asked direct questions about the book (Amer, 1999). The story allowed the children to reveal negative relational experiences such as teasing and isolation due to the physical differences in their height and body proportions. In addition, the children were able to share coping strategies after reading the how the book's characters managed their disorder.

**Attitude impact.** In addition to stories facilitating peer communication, evidence suggests that it influences attitude as well. Trepanire-Street and Romatowski (1996) demonstrated that bibliotherapy improves attitudes towards peers with disability. After a story with puppets and related activities, students reported a new found belief in the capability of peers with disability to participate in traditional activities such as "playing house" and "playing blocks". Further, after the story was used, there was an increase in the desire to develop friendships with peers with a disability.

**Aggression impact.** Favorable results are also reported when literature is utilized with children described as aggressive. Shechtman (2000) studied the behavior effects of bibliotherapy on fifth and sixth grade students nominated as aggressive by teachers (due to frequency of fighting). After reading and participating in activities that encouraged discussion about
aggression, the teachers reported a decrease in student aggression, delinquent behavior, and moodiness. An additional intervention benefit noted were the student gains in insight. For example, one adolescent reported that the intervention brought about an "increased awareness of behavior" and it allowed for the consideration of the feeling of others.

**Parent Perception of Bibliotherapy**

**Acceptability.** Bibliotherapy for parents was developed over 30 years ago (Elgar & McGrath, 2008; McMahon & Forehand, 1980). Although studies show that the intervention is promising (Forehand, Merchant, Long, & Garai, 2010; Heath, Sheen, Leavy, Young, & Money, 2005), successful parent implementation depends upon the consumer's view of the strategy. Minimal investigations provide insight on parent perceptions of Bibliotherapy. Overall, parents viewed the intervention as acceptable. For example, in a study designed to build pro social skills (increasing the use of compliments) for two children diagnosed with autism, parents responded positively to evaluative questions regarding story impression and story effect (Dodd, Hupp, Jewell, & Krohn, 2008). Specifically one parent reported that the child "willingly read the social story" and both parents intended to "continue to use" the stories in the future. In an earlier study on disruptive behavior at bedtime, parent behavior diaries (used to record frequency of behaviors such as tantrums, noncompliance, and aggression) indicated no adverse effects from using a story plus a reward to manage bedtime behavior of children ages 4-7 (Burke, Kuhn, & Peterson, 2004). Further, the parents rated the use of the story as highly acceptable as evidenced by the average score of 40 out of a maximum of 45 on the acceptability evaluation scale. In a third investigation, parents rated satisfaction, usefulness, and level of difficulty associated with utilizing a self-help book to decrease problem behavior of their 3-6 year old children (Forehand,
Merchant, Long, & Garai, 2010). The mean scores indicated that the parents were satisfied with the literature intervention, found the information on the rewarding technique the easiest skill to implement, as well as the most useful tactic in addressing their child's behavior.

In addition to parents feeling that bibliotherapy was a feasible intervention, they rate it as effective as other child interventions. For instance, in one investigation for children with oppositional defiant disorder, one group of parents used bibliotherapy and a second group used a counseling intervention (Lavigne, LeBailley, Gouze, Cicchetti, Pochyly, Arend, Jessup, & Binns, 2007). It was found that the two interventions were comparable because both parent groups reported similar intervention outcomes in terms of decreases in behavior intensity and the level of child-rearing knowledge gained.

**Concerns.** Although parents found bibliotherapy helpful, there were some challenges associated with its use. Because parents saw changes in children's behavior after bibliotherapy, it was possible for the development of an inflated intervention expectation. For example in one study, after parents implemented a few sessions of bibliotherapy, they expected a host of their child's behaviors to change instead of the singular empathy-like behaviors targeted by the reading (Faver & Alanis, 2011). Another challenge noted was the need for parent's emotional participation in the process. Even though the bibliotherapy process requires the reader to discuss and reflect, it was found that the parent's disclosure served as a prerequisite for the child to connect with the reading (Faver & Alanis, 2011). Lastly, it was determined that time was a challenging factor linked with the approach. In one investigation of the study of children with anxiety, the participants utilizing bibliotherapy required 14 weeks to complete intervention process instead of the expected 12 weeks (Leony, Cobham, Groot, & McDermott, 2009). Similarly, Forehand, Merchant, Long, and Garai (2010) found that the length of time needed for
the intervention resulted in one third of participants from completing a six chapter bibliotherapy text.
Subjectivity Statement

An integral part of research that is often overlooked, involves acknowledging the researcher's position in relation to the data (Bratlinger, Jiminez, Klingner, Pugach, & Richardson, 2005; Mertens, 2005; Pratt, 2009). In the current study, as a researcher, I intended to hear the voice of the parent, however, my professional experience with working with children as well as my experience as a parent undoubtedly influenced collecting the data and interpreting the parent's perspective on child social behavior. In considering the impact of personal experience, I developed a subjectivity statement with to acknowledge life experiences that would potentially bias the research process (Crotty, 1998).

My interest in improving social relations originates from my experiences as an educator. As a substitute teacher I observed students bullying one another in the general education classroom as evidenced by name calling, threats and physical fights. When substituting for the special education teacher, I recall one occasion in which the students were adamant about keeping the classroom door closed so that they would not be visible to their peers walking past in the hallway. Years later, when I began to teach language arts at a charter school, I found it intriguing that some students excelled when collaborating with peers during group projects, while others struggled to socially connect with their classmates. After completing my Master of Education degree and working as a school counselor, I noticed the high demand for social skill building activities such as conflict resolution and effective communication.

As a parent of three children, I have had some struggles in meeting their social needs. Although my daughter is described by many as a social butterfly, my oldest son requires help in interacting with peers. As a preschooler he was evaluated and we learned that he was slightly
behind socially, and this was evidenced through lower levels of social initiations and communication. Over time, I became sensitive to his response to social situations during activities such as childcare, school, and extra-curricular. Initially, I believed that he was just a shy child, until I noticed how this "shyness" interfered with his ability to effectively converse, play, and relate to others. Even more troubling to me was his fear to express himself to others, especially in times of need. For example, a "buddy system" was used in his classroom as a academic support strategy, but my son was unable to consistently interact with the buddy in order to benefit from the approach. I remember during his time in football and wrestling, he seemed so detached from the rest of the team. As the players would laugh and give hi-fives after a celebratory performance he would sit and drink gatorade alone. I remember thinking, "I wish he could get more time and more help with 'being' with others." I began to question my social expectations of my son and my ability to provide him with what he would need in order to become socially competent.

Most recently, during my studies in special education, the challenges of student socialization was a reoccurring theme (inclusion, social network theory, theory of mind etc.). I became fascinated with the multitude of variables influenced by socialization. In particular, I was amazed by the protective factors that socialization offered children. At this point, it was only a topic, not a research question. The task ahead of me was to come to terms with what I really wanted to know about child socialization. The one thing that I did know was that when I observed my daughter interacting with her peers (phone conversations, invitations to social outings etc.), she was happy. In contrast, when I noticed that my son did not have any peers to play with on the weekends, he was sad. This, combined with a keen interest in phenomenology
and qualitative research, led me to wonder what other parents' experiences of child socialization were like for them and, ultimately what it really meant to help children build social relationships.

**Rationale for Methodology**

I have chosen a phenomenologic approach for this study. Because it is imperative that the methodology be relevant to the subject-matter, a qualitative approach that would explore the feelings and views of the individuals that actually experience the phenomenon is most appropriate. My investigation of parents' experiences utilizing bibliotherapy requires an insight which will emerge through the thick detailed description ensured by the processes of phenomenology. This insight would include the specificity of knowledge regarding how parents experience bibliotherapy, the rationality of its use, and the meaning that its usage holds for them. The current investigation aims not only to review parent intervention knowledge, but to discover the foundations of their intervention beliefs. With respect to this research goal and in considering that phenomenology yields "knowledge about knowledge" and "brings into light" knowledge through experience, the phenomenological approach will produce a satisfactory means to explore my research question.

In the following section I will describe the core phases and the strategies which were employed to ensure that the parent’s intervention experiences were dealt with in detail.

**Phases of the Phenomenology**

In conducting my investigation, I was guided by the core phases of phenomenological research (Moustakas, 1994). The first phase is known as Epoche and it represents a way of looking at the data. The Epoche requires one to take a step back from the ordinary way of looking and to set aside any assumptions, attitudes, or bias, in an attempt to see only the information presented by the study participants. The ultimate goal of Epoche is to reduce the
influence of the researcher's personal beliefs in order to describe a phenomenon as accurately as possible.

The second phase involves the conscious efforts to view the phenomenon as objectively as possible. This phase employs a number of strategies for collecting, organizing, and analyzing the data. To begin, brackets are used within the data. For example, the interview questions are placed in brackets and all of the participant's expressions that are non-relevant to the research question are placed outside of the brackets. I found that when interviewing, the participant typically would share the history and dynamics of a particular incident with their child and he/she may have no involvement in the incident. These tangents would not have any relation to the participant's intervention experience and were distracting to my research focus. The purpose of bracketing is to visually help the researcher focus only on the material related to the phenomenon when the participants disclose a great deal of information.

Next, a technique called *Horizonalization* is utilized to lay out the participant's reports of their experience. In the process of Horizonalization, all of the bracketed information is explicitly listed without prejudgement of their relative importance to the parents' intervention experience or perceived connections to related social intervention research. This procedure prevents the researcher from prematurely determining that some expressions are more fundamental than others. In addition, this procedure helps to insure that the phenomenon is seen in its entirety.

Following Horizonalization, *Delimiting* occurs as data is reviewed for significant features. In delimiting, horizons that were perceived to use the clearest descriptions of the parent intervention experience were selected, whereas, participant statements that were repetitive or perceived as irrelevant were eliminated. Because the process of delimiting involves using my own judgement in deeming particular information as "relevant" or "important", the challenge is
to use my discernment carefully as well as clarify the data decision-making process thoroughly.

Van Kaam provides the following guidelines to consider when eliminating data:

- Does it contain a moment of the experience that is a necessary and sufficient constituent to understanding it?
- Is it possible to label it?

After Delimiting, it is imperative to spend time with the horizons to narrow, and check them against the raw data. As a result, related expressions are brought together into clusters, and textural descriptions of the parent's feelings and material aspects of the intervention experience are recognized. These descriptions are formed with the language of the participants in order to explicitly share their voice and their intervention experience. It must be noted that at this time, these descriptions only pertain to each individual participant and no general statement about the phenomenon had been developed.

The next phase of the phenomenological process is *Imaginative Variation*. This phase involves reflecting upon the textural descriptions and visualizing the phenomenon in as many ways as possible. At this time, it is essential to explore what structures are needed in order for the phenomenon to exist as it does. In addition, it is crucial to make distinctions between the phenomenon's components, and recognize relationships between these components. As an understanding of the phenomenon occurs, I must express this in my own words and with my knowledge of how I relate to the phenomenon. For the sake of accuracy, a constant return to the words of the participants is required in order to affirm, adjust, or negate my reflective understanding. As a result of the aforementioned processes, a structural description was formulated for each participant interview. The final phase of phenomenology includes reflection and synthesis. This phase begins with repeated readings of the individual structural descriptions
to determine the commonalities between the participant's intervention experience. A general structural description is created that reflects required structures and textures of parent's experience with intervention. In addition, this interpretation captures a presentation of new, essential meanings of the essence of the parent intervention phenomenon.

Participants

Selection criteria. A survey was used to determine eligible participants. Parents that met the following criteria were included in the study: Individuals that had children between ages four and twelve, individuals who had concerns about this child’s social behavior, and individuals that had made an effort to improve this child's behavior. The targeted age group was selected for the following reasons. On the one hand, the parent’s children needed to be developmentally able to listen and respond to a story. On the other hand, literature indicates intervention need and intervention success with this age group (Oakley, Rajan, & Turner, 1998; Stratton, Reid, & Hammond, 2004). Additionally, it was important for the selected parents to have concerns about their child's behavior because it was believed that this concern would serve as a motivation for intervention and research shows that motivation is a key factor in treatment (Nock & Photos, 2006). Lastly, it was significant for the selected parents to have made an effort to improve their child’s behavior in order for them to have a repertoire of experiences to discuss and reflect upon.

Selection procedure. Both purposeful and convenience sampling was used. First, after IRB approval, I contacted local schools and social service agencies to obtain permission to access parents. I submitted flyers and surveys to the school principals and program directors and three out of eight institutions granted approval to begin recruitment efforts. Initially there was a low response rate and thus convenience sampling was used to locate more parents. During this process, I sent emails to individuals, and visited local school events (open house, curriculum
night, etc) in order to introduce myself to potential parent participants. After interested parents completed the survey, the participants were selected based on the study criteria. The selected parents were contacted to schedule an informed consent meeting, interviews, and bibliotherapy training.

Although it is common for a phenomenological study to require fewer participants (between 6 to 10 individuals) than a quantitative study, the current study only included a total of four parents. Originally a slightly larger number of participants were considered, but there were three reasons that I deemed the current number of participants suitable for this investigation. First, as the aim of phenomenology, I wished to focus on the depth of the parent intervention experience and thus the generation of authentic insightful data. In using fewer participants, I would have more time to spend in examining their stories and this would decrease the likelihood of developing superficial and shallow descriptions of their intervention experience (Morse, 2000). Second, it is important to note that phenomenology is based on the uncovering of knowledge and in principle, just one person, or one “case” can yield new insights into a phenomenon (Crouch & McKenzie, 2006). Further, when considering knowledge as the goal, exploring a few individual’s experiences can serve to explore (supportively or critically), the previous related investigations (Eisner, 1997). Finally, keep in mind that in utilizing phenomenology, factors such as the study’s scope, the topic, and data quality each influence data saturation and thus the sheer number of variables involved make it difficult to produce strict sample size recommendations for phenomenological research (Morse, 2000).

**Demographic information.** The demographic information is summarized in Table 1 in the Appendix. A total of five individuals were selected based on the study criteria. Due to prior commitments, one individual was unable to participate and thus the number of total participants
decreased to four. Three participants were female and one was male. One participant was a
grandparent that held custody of her grandchild and the remainder of the participants were
biological parents. Although each participant had college experience, three had obtained
graduate level degrees. The ages of the participant's children ranged from 4 to 12 years and
included three boys and one girl. The majority of the participant’s children had siblings, and
lived in a two-parent household. In regards to behavior, each participant had attempted to
intervene in the child's behavior in the past and the majority of the children were diagnosed with
a disability or disorder. The behaviors the parents identified of primary concern were very
diverse and included personality, developmental, and psychological factors.

**Data Collection**

Data collection consisted of participant interviews as well as training the participants on
the use of bibliotherapy. The specific strategies for data collection follow.

**Participant interviews.** Each parent participated in three semi-structured interviews
(Seidman, 2006). This strategy was selected due to the belief that it lends to establishing context
for the participant experiences. The purpose of interview one was to establish the context of the
participants experience with social interventions. The first interview asked them to discuss early
experiences with family, friends, and reading. Because of my research focus on socialization,
the participants were asked to describe their social needs as they grew up as well as social
struggles in peer relationships. I wanted to know what social intervention meant to these parents
prior to their use of any social strategies. Second interviews required participants to provide
specific information about their experiences (Seidman, 2006). The parents were asked to share
details of current efforts to improve their child’s social behavior. Participants were asked to
discuss the process of utilizing a story as an intervention for their child and to talk about their expectations, successes, and challenges with the approach.

The third and final interview was centered on the meaning of social intervention and more specifically, bibliotherapy as a social intervention. During this interview, the parents were asked the following questions: “How have your efforts to assist your child with social behavior affected your child?” “Describe what parents need in order to successfully help children that struggle with social behavior?” Exploration of the meaning of social intervention helps participants to reflect on the meaning that their experience holds for them and how their experiences influence their understanding.

Based on requests, the majority of the data collection was scheduled as phone interviews. I arranged convenient times to contact each participant and these included evenings and weekends. On the average, each interview lasted 75 minutes. As recommended by Seidman’s interview guide, the interviews were scheduled days apart (2006). I typically conducted two interviews per week from late September through late November. Because the participant’s were asked to describe their use of bibliotherapy and to reflect on the strategy during interview 2 and 3, the parents were required to participate in the bibliotherapy training prior to November.

Following the interviewing, a member-check process was used to ensure that the interview responses were accurate. I contacted each participant and inquired if there were concerns or modifications desired to the information obtained up to this point. There were no requests to add, delete, or change the reported information. Following the training, a member-check process was used. I contacted each participant and inquired if there were any additional questions regarding the bibliotherapy strategy. One participant expressed uncertainty with implementing the strategy. In response to a request for additional strategy information, I
provided an article on the implementation of the bibliotherapy strategy. There were two participants that acknowledged they had examined stories and plots in the past with their child in order to discuss actions and behavior consequences. There were no further questions or comments brought to my attention in regards to the training.

Throughout the interviewing and training, continual efforts were made to establish a rapport with each participant (Seidman, 2006). While interviewing, every attempt was made to show respect for the participants. For example, respect was communicated in the manner that the interview questions were phrased (Are you comfortable in sharing...?”) as well as how the participants were addressed (Mr. or Mrs. would you share ...). Along the same vein, I was very attentive during the interview process. For example, I provided opportunities for the participants to share their experiences even when the response diverged from the interview/survey structure.

**Participant bibliotherapy training.** The participants were provided titles of stories with characters that exhibited characteristics similar to their child’s identified behavior concern (Smith, 1989). The stories focused on characters with behaviors that interfered with the development and maintenance of productive social relationships. The stories highlighted behaviors related to the following issues: social communication, social participation, and social competence. The story selections for this investigation were based on the following: literature utilized or recommending in previous bibliotherapy research; parent identified behavior concerns (Heath, Sheen, Leavy, Young, & Money, 2005); and stories that embodied realistic plots and solutions (McIntyre, 1999). The Appendix provides a list of the story titles provided to the parents.

Each participant was required to review the bibliotherapy strategy. The participants selected preferable times for the bibliotherapy training to occur. Some participants asked to
complete the training before the first interview, whereas others scheduled the training after the conclusion of the first interview. Although some participants acknowledged that they had discussed story characters and story plots in the past with their child, the parents were asked to use specific reading guidelines and follow an adherence checklist after reading to ensure consistent implementation across participants (Bor, Sanders, & Morawska, 2006; Dodd, Hupp, Jewell, & Krohn, 2008). The pre-reading guidelines included the child selecting when and where the story would be read in order to include the child in the reading preparation process (Heath, Sheen, Leavy, Young, & Money, 2005). After the setting was arranged, the parent would present the purpose of the story and introduce the characters in order to provide a context for the child. During the reading, the parent would discuss the vocabulary, and answer any story-related questions the child posed (Sullivan & Strang, 2002-2003). After completing the story, the parent would perform three tasks. First, they would verify that the child understood the text by asking the child to retell the story (Dodd, Hupp, Jewell, & Krohn). Second, they would have the child describe their own peer relationship experiences as related to the story’s plot (Aiex, 1993; Bhavnagri, & Samuels, 1996). Third, the parent would encourage the child to communicate how the story character solved the social problem (Aiex, 1993; Sullivan & Strang, 2002-2003).

**Data Analysis**

All interviews were transcribed verbatim. In order to maintain confidentiality, pseudonyms are used for the names of the participants. Data analysis occurred in conjunction with data collection. Because transcription influences analysis, at the close of the research project, the transcripts were checked against the audio-tapes (McEldon, Macqueen, & Neidig,
During this transcription assessment process, attention was given to text segments that were challenging to hear, difficult to decipher, or any questionable text presented.

The first step of the data analysis involved developing coding trees (for each participant) to help establish an outline for the individual responses. During the coding, the parent’s responses were constructed into horizons or categories (social experiences as a child, experiences with books as a child, the bibliotherapy experience, etc). Each line of the transcripts were studied and basic questions were asked of the data such as a) what are the functions of the parent’s childhood relationships, b) how did the parents experience books as a child, and c) how was the bibliotherapy intervention perceived.

After thinking about possible relationships between the categories, major themes were developed. The themes were used to form a textural description of parents and the bibliotherapy intervention experience. In developing this description, actual quotes from the participant's transcriptions were used as examples.

Next, I reflected on each participant's descriptive summary and created an interpretive summary for each participant. I returned to the individual descriptions and developed a group textural description. I utilized the group description to develop the group's structural summary. The final step was to integrate the descriptive and interpretive summaries to formulate a comprehensive description of the parent bibliotherapy intervention experience. This final step was more than a mere summary, the synthesis of the textural and structural descriptions create a new vision of the meaning and essence of the parent intervention experience.
Trustworthiness of Methodology

In qualitative research, validity is defined as verification that the findings are verified through "decision trails", and "meaning" is derived from the data (Froggatt, 2001; Liamputtong, 2009). In fact, for phenomenology and qualitative research in general, validity is discussed in terms of rigor, trustworthiness, and the integrity nature of the investigation. Accuracy is linked with building new knowledge through a detailed description of the researcher’s process and the research product.

In order to meet the aforementioned requirements of phenomenology, my investigation of the parent intervention experience included the consistent use of a journal. Overall, qualitative researchers support the use of journaling for multiple reasons. On a basic level, it has been proposed that the slow pace of writing provides the researcher with time to think about and begin to make meaning from the data (Kleinsasser, 2000). It is also argued that reflexive writing explores what the researcher knows, how it came to be known, and how the researcher's perspective impacts the investigation (Finlay, 2002; Watt, 2007). In addition, the researcher's use of short notes or memos to oneself is believed to generate or stimulate ideas (Watt, 2007; Emig, 1977).

The literature illustrated a variety of ways for researchers to write about the research experience. In the current study, I journaled about questions that developed from the participant's statements. For example, I would write about how I felt as a result of specific comments made by the participants. For example, when asked about her primary concerns with her grandchild's behavior, she shared that her child "likes to run stuff". I explored the following questions in my journal:
If we equate ‘running stuff” with a form of leadership quality, what factors have contributed to viewing this positive attribute into a negative characteristic?

If we equate running stuff to a form of power, why was this child seeking power and what other avenues were available for him to obtain social power?

In addition to question generation, I recorded my feelings in response to the parent's statements (Finlay, 2002). I remember feeling that the parent's past social experiences, influenced how the parent consciously and subconsciously viewed their child socialization. When one parent revealed that upon starting grade school they "already had established friendships", I felt like this was an unspoken social expectation for the child. More so, I cringed to think about the pressure the parent placed on this child as a result of this expectation. I found myself thinking about the the social pressures that I encountered as a child, a mother, and a professional. As I heard this parent's story, my own story emerged.

Along with my reactions toward the parent's statements, I would journal about the challenges presented by the research (Watt, 2007; Glesne & Peshkin, 1997). For instance, I had many participant related concerns. To begin, I questioned the participant selection criteria. I wanted to focus on parents assisting children with behavior, but it was difficult to determine if I wanted to restrict the participants (only parents with children with disabilities that struggle with social behavior) or extend the participant pool (research indicates that typical developing children struggle with social behavior as well). This inquiry led me to consider the link between selection criteria and participant access. Specifically, I wondered if changing the criteria to increase the potential pool of participants was the right thing to do. Similarly, another participant-related challenge involved the struggle to locate potential participants. After months of unsuccessful recruiting, I wondered how the use of convenience sampling (approaching
parents in my neighborhood school district and parents that interacted with colleagues) would impact my work. A final worry that arose in regards to the participants was the member check process. I was uncertain as to the best time to implement this. I questioned if I should wait until the transcription was completed, or if I should wait until the analysis was completed. Reviewing the literature on member checking offered a variety of positions on the matter and thus journaling allowed me to actively work toward addressing this dilemma.
Chapter 4 Data Analysis

Kim Textural Description

The need for help. Kim perceived her son's inclination to reach out to others, as contributing to his social struggles. According to Kelly, Brody "has a strong sense to be with people" and unfortunately at times, this was problematic. Kim emphasized that his desire for peer interaction was consistent, but because he had Down Syndrome, his ability was often compromised. Kim recalled that the consequences for this conflict was evidenced when "he is not invited out for social events", and when he is sad because "he has nothing to do."

Kim discussed how her son's love of attention caused social strains at school. Kim reported that for a while, her son would take food off the plates of his peers during lunch. At first, this behavior caught the eye of his peers and they found it humorous, but in the long term, it yielded feelings of frustration and annoyance. Even though her son was delighted from eliciting a reaction from his peers, Kim recognized that this form of attention was not what he truly craved. Instead of building relationships, this type of behavior would only create a bigger separation between him and his peers:

[He] got into a habit of taking food off of another person's plate and eating it. It became an issue and friends started to complain about his behavior. At first he got attention from peers. [They were] laughing. Thought it was cool. The peer tutor and teacher worked with him...Special Ed teacher made him eat in the class and not with his friends.

Although the desire for interaction and attention presented a challenge, Kim understood the potential benefits of including peers within social interventions.

Kim described Down Syndrome as including challenges such as "autistic like behaviors" plus "hard to understand language". Kim acknowledged the need to celebrate behavior progress
and stressed the value of utilizing peers to accomplish this. Kim revealed "Peers are social motivators. Better than rewards, games, or candy."

In addition to the challenges that her son faced, Kim conveyed concerns with her ability to meet her son's social needs. Kim observed the benefits involved in her daily work with children as a licensed teacher. She recalled the advantages of her educator training in helping to work with her son's language issues:

It has helped me to understand all the skills to a social skill and has helped me to be a better teacher. I have realized that language issues can create behavior that is not so good. Breaking down the skills and putting some social interventions in place like social stories, peer modeling and rewards builds the foundation of social skills. I am more of a problem solver when it comes to behavior and social skills with kids. Although Kim believed that her professional training fostered insight and problem solving that were crucial for assisting her son, she still acknowledged questions regarding her intervention efforts. For example, she disclosed that she felt a "little hesitant about asking peers to take him places" and wondered about the impact of this fear of rejection. Further, when thinking about the attempts to initiate social opportunities for her son, she struggled with how she viewed her role in the helping process. She described this dilemma as "we feel like we are imposing instead of it happening naturally."

**Family intervention effort.** Kim recognized the family's continual effort to optimize her son's social functioning. Kim explained that learning by example is crucial and emphasized the need to "model, model, model..." to help ensure that her son was familiar with basic social skills. In fact, Kim believed that modeling was essential in equipping children with social skills. She recalled a time when she and her husband worked together to get their son ready for a school
dance. She recognized that in order to prepare her son for the social outing, modeling was needed to help practice proper food etiquette, body language, and communication skills. Kim reported, “We helped our child prepare...We modeled at home [the] situations, discussed what foods to eat and how much. [We] practiced dancing and conversation starters to share with his peers.”

Kim discussed how she enlisted the help of her son's sibling. Because the siblings are only one year apart, they share similar social needs and interests. Kim recalled that his sibling tried to include him in various social outings and events with his friends.

In addition to the modeling provided by family members, Kim believed that behavior models outside the home provided opportunities for social learning as well. Kim acknowledged how participation in childhood sports provided models for relational behavior such as negotiating, empathizing and cooperating. Kim remembered, “My greatest social experiences were sports. Being on a sports team allowed me to get to know my peers better and we would share many disappointments and victories.” She attested that because her experience with team athletics provided rich social knowledge, she felt compelled to register her son for basketball and football.

"Sold on books" as an intervention. In her mind, Kim perceived the family's effort as valuable in assisting her son with socialization. In thinking about additional ways to help, she shared her feelings about the use of books as an intervention approach. Kim recalled that her childhood experience with books was positive. She noted that she invested quite a bit of time in reading and enjoyed the insight she gained from the characters and story lines in books. Kim explained, “I grew up loving books and spent a lot of my time reading especially in the evenings. Books allowed me to use my imagination and give me confidence on how to deal with life.” In
lieu of her experience with books providing insight on facing challenges with friends and family, Kim did not hesitate to explore the social function of literature with her son. She revealed that they were comfortable with the strategy and had used it repeatedly in the past. She recalled the role of books in helping her son develop language skills, and understanding social routines. Kim emphasized "we are already sold on the idea and look for opportunities even in the newspaper to share information this way to build social skills". Kim described that they would utilize many resources to access books. For instance they would pursue the books that his teacher's or peers recommended, rely on book club reading lists, and make frequent visits to the bookstore.

Although Kim valued the bibliotherapy intervention, she revealed the need to supplement the approach with visual aids. For instance, Kim conveyed that movies were a form of "storytelling for him". The images on the screen "helped to simplify" the message and facilitate a greater understanding of the story. She described the convenience of literature in which movies were already created such as "To Kill a Mockingbird". Kim admitted that at times, she used a movie in isolation to help explore a theme with her son. According to Kim, the movie "Blindside" was a favorite for her son, and illustrated social themes such as how it is imperative to "[get] to know people", value in sustaining relationships, and practicing a teamwork principle. In addition to supplemental needs, Kim mentioned a challenge with her son's emulation of the characters in the books. Because her son preferred fantasy-based characters, he would spend a great deal of time playing pretend. Kim understood that he loved science fiction stories, but feared that these books did not help her son learn to differentiate real behaviors from make-believe. More troubling, Kim reported that his focus on pretend, interfered with his ability to successfully interact with others.
[He] loves pretend and sometimes his pretend stories or conversation is not appropriate for his age level. Or they do not help others have a good conversation with him... [He had] interest in Harry Potter books. He would pretend to change someone into something. Not age appropriate. [He is] still trying to understand real versus fantasy. At first it's funny, then it is tiring...

**Kim Structural Description**

**Layers of need.** Kim's experience with child social interventions includes three thematic structures: layer of needs, focused effort, and a relationship with literature. These structures combine to form the underlying meaning for Kim's experience. Although each play a role, at times, one structure may stand out, one structure may overlap another, or one structure may appear less prominent during the experience.

Kim's experience simultaneously highlights the social needs of her child as well as her own needs as a parent. Kim observed that although Down Syndrome impaired her son's ability to socialize, it did not negate his yearning for attention and companionship from his peers. Unsurprisingly, Kim struggles to watch her child reach for a goal that seemed socially unobtainable. During the process, Kim hopes to mediate his relational needs, while at the same time, respond to her own need to nurture her son. In her effort to strengthen his social opportunities, Kim admittedly relies upon her professional skills as a child educator. Kim believes that her years of experience managing student classroom behavior would foster the knowledge required to meet the social needs of her son. The awareness of this behavior manager role fosters questions about her intervention ability as well as to heighten Kim's need to socially assist her son.
Focused effort. Closely aligned with the layer of need structure is a second structure that is vital to Kim's intervention experience; focused effort. It is the recognition of needs that triggers Kim's pursuit for an intervention for her son. This journey occurs as Kim actively strives to identify social resources for her son. As she sees herself as a "problem solver", Kim assumes a significant role in the intervention process. For instance Kim models appropriate social behavior, recruits family member support, and initiates opportunities for socialization.

Although she is an integral part of the intervention process, Kim recounts feelings of fear associated with her efforts. Specifically, a fear of "imposing" haunts Kim when she is required to request intervention support from others. These moments of fear impact Kim in two ways. First it unconsciously interferes with her effort to intervene because the doubt may lead her to a period of inaction or paralysis. Second, the fear serves to enhance her persistence and interest to independently meet the needs of her son.

Relationship with literature. Thus far, Kim's intervention experience is defined as a layer of needs and a focused effort to address these needs. Within the context of these needs, Kim considers an intervention that is both convenient and accessible. Further, in selecting resources for her son, Kim looks to a technique in which she is knowledgeable and somewhat familiar. This is where the final structure of Kim's experience comes into play; a relationship with literature. Kim's relationship with books is not merely an interest in reading, it is an appreciation of the insight and lessons that literature afforded her during her childhood. Additionally, this relationship is realized once more through her continual use of stories in the classroom with her students. Further, Kim recognizes that her son responds well to stories and this deepens her admiration of literature. Kim's commitment to literature becomes evident when
the need to modify bibliotherapy for her son, did not deter her desire to incorporate stories as an intervention.

Tina described her ten year old grandson's social challenges as stemming from his maturity level. She contended that his lack of maturity was one of the prominent characteristics illustrated from his Attention Deficit Hyperactivity diagnosis. Tina explained that "impulses are a big issue" for her grandson and his behavior was "more childlike" than expected at times. For example in gym class, he wanted to run around constantly and the teacher complained "he can't sit still" when needed. In addition, he typically communicated with quick retorts that generally showed no care for others. Toni recalled a time in the classroom when her grandson responded to a peer's perception that "white people were evil". Upon hearing that the comment would cost the peer to lose recess, Toni's grandson exclaimed "don't we have freedom of speech". Tina was disappointed that her grandson's comment was rash, challenged the teacher, and showed an insensitivity to the labeling of individuals.

Along the same vein as maturity, Tina identified patience as another challenge for her grandson. Tina expressed frustration with his impatient nature:

- Kids are entitled. [They feel] like I am supposed to have it. Not that I have to work for it... They think they have to have stuff no matter what. They don't wanna take responsibility. [Kids say] I need iPad. [I say] what you gonna do to get it? They don't initiate things.

Tina attributed her grandson's impatient attitude to an unjustified sense of entitlement

Tina was troubled by her grandson's constant need for instant gratification. She recalled her grandson's tantrums when it appeared that peers were "not listening to his answers" or when he
felt other kids were not supportive and "not with him". Tina revealed that this behavior pushed his peers away and made him feel isolated. Tina recognized that her grandson felt that "people don't like me", but she was determined for things to change.

In describing her grandson's challenges with peers, Tina acknowledged her own social concerns as an adolescent. She emphatically proclaimed "I did not fit in" with my peers. Tina attributed factors such as taking care of her brother who had a clef foot, and her responsibilities with household chores, as reasons that she had "no social life" in comparison to other young girls. She also suggested that the adult-like responsibilities such as working outside the home at age 14 and paying her parents rent when she was a young teen as characteristics that distinguished her from her peers.

Tina identified the environment as another contributing factor to her grandson's behavior. Tina believed that society was filled with inappropriate social messages. For instance, Tina felt that the media presented poor communication models for the youth during the 2012 election coverage:

Calling the commander in chief names. Calling him retarded. No respect. What effect does this have on kids? …Start all over. [We should] model the right behavior for children. Stop letting society dictate. [We are] stuck on what society says.

Further she observed “on television, kids do what they want” and there were no lasting consequences for their behavior. As a result of television images, Tina argued that there were minimal behavior models available for children in the media. Sadly, Tina concluded “they do not have heroes” to that they can look up to and imitate their behavior.

"Still taking care of people." Tina recalled working as a nurse's aid and as bar maid prior to entering the social work field as her profession. She attested "I knew I wanted to be in
the helping profession.” Because of her interest in reaching out to others, Tina proclaimed that she was a caretaker and this perception translated to trying to resolve her grandson’s relational issues. Tina attended school conferences to stay abreast of his behavior, sent emails to communicate with his teachers, and advocated for behavior considerations to be included in his Individual Education Plan.

In addition to her involvement with her grandson's behavior outside of the home, Tina consistently tried to work with him at home too. Tina was aware that her grandson expected her help when he ran into trouble. Although she wanted him to be able to depend on her, Tina knew it was vital for him to have the skills to manage his conflicts on his own. Tina realized that this was an issue shared by all of her grandchildren. “They need to be self-reliant...They don't initiate things…If I give you two [things], find a way to get [the] other two. Maybe they don't have the belief in [their] self, or ability.”

Although Tina recognized that her grandson needed her help, she revealed the strong impact it had on her. She described her helping role as "very tiring" because it felt like her help was ignored. She recounted utilizing different punishments such as isolating him in his room, taking away the television, and limiting his use of the x-box game system, but expressed frustration when he returned to the unwanted behavior. Throughout the frustrating process, Tina conveyed a dedication to helping her grandson and realized that at times other parents struggle to endure such a commitment. “I don't play that. I don't flip-flop back and forth...[You] don't want to deal so you give in. [It’s] very hard with this generation. I'm 53 and he is 10. Parents enable kids...”

**Working towards a connection with literature.** As Tina attempted to improve her grandson's social behavior, she was open to exploring the use of books as an intervention. Tina
used her grandson's past experience with reading to guide her use of bibliotherapy. Tina suggested that the success of the intervention would depend on the child’s literacy skill. She admitted that her grandson needed help when it came to reading comprehension. She believed that practicing the same skills that strengthen reading comprehension would enhance her grandson's response to bibliotherapy. Tina reported that in the past there were three things that helped her grandson with reading. First, she recalled the need for “breaking things down” to make the concepts in the text easier for him to understand. For example, she suggested that the practice of key terms was useful. She alluded to incorporating reading word lists as typically used by teachers to help children become familiar with spelling words. She believed, “They don’t give words in reading as they do in spelling. No match. In the Montessori classroom, they use self-learning. Not always a good thing.” When reading, Tina observed that her grandson would not understand the vocabulary on his own. Further she proclaimed that he needed guidance with unfamiliar words so that they would not intimidate or distract him from the reading.

Along with vocabulary help, Tina recalled his struggle to retain details from the story. During a summer reading program her grandson practiced the “tell-back” strategy that required him to develop a summary at different points throughout the reading. Tina described that writing the summary was difficult for him because he was too impatient to put his ideas on paper. She found that he was able to focus and summarize ideas when he talked about the text.

Although early vocabulary exposure and practicing summarizing were useful, Tina reported that a final element in helping to ensure comprehension was purposeful book selection. In order for him to be invested in the story and interested in the characters, Tina stressed the value of finding a story with a “kid perspective” that took into account his age and his short
attention span. Tina concludes that selecting appropriate literature not only gave her grandson
the confidence to read, but motivated him to commit to the reading process. Tina concluded that
it was best to provide books that would meet her grandson’s reading ability. “Giving [my
grandson] different levels of books…He has to be able to read them. If too long, he gets
distracted. Some chapters are long like a novel. [If] too long, he gives up.

Tina believed that making efforts to improve comprehension, allowed her grandson to
better understand the characters, the plot, and the overall message of the story. In her mind,
basic comprehension was a pre-requisite for forming an interpretation of the events and
characters in a story. Tina perceived interpretation as an integral part of bibliotherapy. She also
felt that in order to encourage a personal interpretation of the text, processing the material in the
story was necessary. She described working with her grandson with the story "I Believe". It
included themes on friendship and expressing emotions. Tina wondered "how does he
internalize" these themes? Tina reported that her grandson was able to identify different
behaviors and emotions of the characters, but she was uncertain as to his ability to reflect on
these aspects. For instance she doubted that he was prepared to evaluate the different forms of
friendships or compare the types of emotions referenced in the story.

We read a story about a boy named Charlie. The boy would tell lies about others at
school. [My grandson] thought that the boy was lying before this came out [in the story].
[My grandson] thought this was hilarious. [I asked] what should mom do with the child
for lying? 'You are Charlie', I would say. [I feel] He knows, he is aware...

Tina believed that her grandson was aware that the boy in the story behaved dishonestly. In
addition, she was convinced that her grandson recognized that he was similar to the character
because he struggled with telling the truth at times too. The difficult aspect was in getting her
grandson to shift his perception of the behavior. Instead of finding humor in lying, Tina wanted him to consider the social consequences of betrayal.

After forming an interpretation of the text, Tina acknowledged the need for the reader to share these views. In sharing, Tina believed that questions would be addressed, and the reader would be exposed to the thoughts and insights of others. Tina expressed a desire for his reading homework to take this element of sharing into consideration. Because reading homework did not allow students to collaborate with one another, she argued that it limited the learning potential for what the child would take away from the story. In order to eliminate any opportunity for “big confusion”, Tina believed that her grandson needed to discuss readings with classmates:

Books are on such a high scale. So much to read. He is not learning from it. They ask [on the homework] 'what if' questions. They should do it as a class discussion instead of for homework. It is better with participation.

Tina appreciated that the bibliotherapy process highlighted the need for discussion. She was able to understand the value of discussing text as a result of her grandson's past struggle with completing school readings independently. Further, she indirectly proposed that including a discussion with peers plus the parent, would make bibliotherapy even more useful.

**Tina Structural Description**

**Impact of social challenges on the parent.** There were three dominant structures that emerged through Tina's description: the impact of social challenges, attitude towards helping, and the role of literature in changing social behavior. These structures combined to define the underlining elements of Tina's experience with assisting her son. Within the first structure of social challenge impact, Tina described a general awareness of the factors that influenced social
development. She believes that personal characteristics as well as environmental elements played a part in social behavior. Although she could work to improve her grandson's childish qualities, and practice to increase his level of patience, she knew that the social messages that permeated society were beyond her control. She found it important to communicate with her grandson about the behavior of characters on television, but was frustrated by the consuming nature of the media to invoke unrealistic, negative models.

In attempting to help a loved one, the offer usually fostered a sense of purpose or pride within the individual extending the offer. In Tina's experience of assisting her grandson, feelings of commitment were evident, but overtime, her drive to intervene seems ridden with stress. Tina understood that the intervention process was ongoing and that her grandson's behavior challenges stretched across settings, but she was less certain as to how his social needs ultimately impacted her. Tina was affected by her grandson's social choices in three ways. Emotionally, Tina was exhausted from worrying about her grandson's social needs. Physically, Toni was older (she was a grandparent in her 50's), and her work with her grandson eventually takes a toll on her. Psychologically, the generational gap contributed to the challenges in Tina's ability to fully understand her grandson's needs.

**Parent attitude towards helping.** The first structure showed how the social challenges from her own childhood coupled with the social struggles faced by her grandson had an impact on Toni. In lieu of this impact, particular feelings toward helping began to form for Tina. It was these feelings that comprised the second structure of Tina's experience. Tina expressed pride in taking care of her family. She accepted the responsibility for managing her grandson's behavior and believed that her past (taking care of her sibling and her career as a social worker) not only
prepared her, but provided a sense of comfort and confidence in her ability to manage his behavior.

As she strived to find ways to address her grandson's social issues, a shift in her attitude toward intervening occurred. When she observed her grandson behaving immaturity, Tina felt powerless and distant from her intervention goal. At other times, the memory of her peer interaction barriers as a youth furnished an understanding and empathy that motivated her to continue to offer help. These competing attitudes left her stuck in an emotional cycle that made it difficult for Tina to find genuine fulfillment from her intervention efforts.

The role of literature as an intervention. At this point, Tina's intervention experience was characterized by feelings of motivation and stress. In response to these feelings, Tina's attitude toward helping her grandson continued to change. Tina's dedication to her grandson's social well-being outweighed the daily frustration with his slow progress. Tina's efforts continue and because of her grandson's history with reading enhancement strategies, she was comfortable with implementing the literature-based approach. Within this context, the final structure of Tina's experience emerged; the role of literature as an intervention. Tina considered that her grandson had an advantage in using the literature-based strategy because he had practice with comprehension techniques. Tina presumed that the comprehension strategies supported bibliotherapy and strengthened the likelihood that her grandson's social behavior would change. Tina did not know the extent to which the book intervention would change her grandson's behavior, but she was aware that both internal and external conditions would contribute to the process. In terms of internal factors, Tina felt that the comprehension skills gave him the confidence and motivation to actively participate in the reading intervention. In terms of external factors, Tina believed that the specific reading supports she had arranged for him such
as participation in the reading program, and summarization practices, reinforced the core
elements of bibliotherapy.

**Sherry Textural Description**

**Social concerns.** Sherry worried about her daughter's language skills. She emphasized
that she needed to "use more words". Even though she was phonetically able to pronounce all of
her letters, Sherry noticed that her daughter did not talk as much as other children her age. She
felt that at times, her daughter "doesn't know the words" and as a result simply did not speak.
After the age of two, Sherry observed that in place of using words to identify the things she
wanted, her daughter would point to things instead. When encouraged, Sherry revealed that her
daughter would talk a little, but often the words were undecipherable. This was concerning
because Sherry worried that her daughter would be unable to vocalize her needs "especially
when I am not there". Further, Sherry believed that the lack of speech had a negatively impacted
her daughter. For instance Sherry revealed that when her daughter does not feel understood, in
order to cope, she sucks on her arm. “She sucks her left wrist and when she gets frustrated, tired,
or in trouble, she puts that wrist in her mouth. I am worried that this will continue to hinder her
speech problems...” Because she was only four, Sherry knew that her daughter wouldn't grasp
the significance of communication, but her need to cope suggested that her daughter was
troubled that her use of language was different than her peers. Sherry had been aware of this
difference for quite some time. Sherry noted differences with her daughter's speech in relation to
how her older children's language developed. She recalled that her daughter spoke very little and
in fact she "did not speak as much as the other children in our home." Even when thinking about
her daughter's speech in relation to peers, Sherry sensed a difference in communication between her child and others:

I worry about my daughter's language very often-when I see other children younger than her who speak more clearly and process things at a higher level, it concerns me. I revert back to wanting to get her evaluated again...

In her mind, she had good reason for feeling uneasy with the disparity between her child's development and others. As a registered nurse she knew that characteristics that were different from developmental trends were sometimes indicators that something was wrong.

In thinking about her daughter using language differently from other children, Sherry remembered feeling different than her peers when she was a young girl. She discussed that her need to wear "thick glasses" during childhood made her look different than the other children. Sherry recounted "socially, it was difficult for a child to endure" because it was awkward and physically separated her from all the other children that could "see without help". As she got older and appearance became more of a focus, Sherry found strength and inner beauty through her intelligence. Sherry attributed a her intelligence as key in combatting the social woes from wearing glasses. She remembered that being smart "gave me the confidence in other areas of life like joining clubs and tutoring".

Not only would speaking differently separate her daughter from peers, Sherry realized that problems with speech could indicate an issue with hearing. Sherry was fearful that a deficiency in speaking would make it difficult for her daughter to fully understand others. Sherry recalled her anxiousness with her daughter's ability to be receptive to formal oral instruction during an extracurricular activity:
I would watch the entire practice or session attentively while all other parents were more relaxed. I stayed afterwards and gave the teacher a disclaimer about how she does not listen and she may need to be brought back to the class activity.

Sherry was convinced that her daughter's struggle with listening and self-expression contributed to her being a "loner". Even though her daughter had the opportunity to play with her siblings, or participate in social programs at the YMCA, Sherry realized that her daughter chose to play in solitude:

Although she plays well with other children. She seems to prefer doing imaginative things on her own. She will sit in the back yard treehouse 'cooking' with sticks and grass. She will play in the dollhouse by herself. All with minimal or no talking. She does not make the toys talk to each other. She just plays.

Sherry was not overly concerned about her daughter's choice to play alone. She looked to a positive aspect of independent play such as utilizing one's imagination instead of wallowing in the social implications. Another positive aspect noted by Sherry was that playing alone, was her daughter's choice. It was not the case that she was neglected by her siblings or peers, Sherry's daughter made a consistent decision to play on her own.

"I did not want to let it go." After observing minimal speech, issues with being understood, and isolated play, Sherry wanted to get a professional assessment of her daughter's language ability. Sherry utilized the local children hospital to learn more about her daughter’s speech. Sherry assumed speech therapy was needed, but initially she was told that her daughter did not need therapy. Unhappy with that assessment, Sherry sought a second opinion. Eventually it was determined that her daughter had a mild deficiency in both expressive and receptive language. At this point, routine speech therapy ensued.
Sherry admitted that she was eager to seek help for her daughter regardless of the barriers she had to face. She acknowledged that her knowledge of her daughter’s needs gave her the confidence to continue to search for answers. She believed that “dad was not as concerned about her speech as mom”, whereas Sherry needed her concern to be recognized and translated into an intervention.

The one thing that I felt that I did not have was acknowledgement of a problem existing. It took a while for someone to actually treat her…I did not think they believed she had a problem that was significant enough to fix.

In addition to seeking professional help, Sherry assisted her daughter in many ways. For example, she reported enrolling her in programs that provided opportunities to socialize. Sherry registered her daughter for gymnastics, YMCA activities, and preschool in hopes that the exposure to other children would give her practice with peer communication. Furthermore, Sherry personally made herself available for the purpose of strengthening her daughter’s communication. Sherry revealed that she spent a great deal of time working one-on-one, “speaking slowly and asking her questions”. Sherry also urged her daughter to use words during times that she reverted to pointing. Even though Sherry knew that her daughter needed this individual attention, she questioned if this prevented her daughter from being more self-reliant in managing her communication needs.

I am just now coming out of the smothering stages. This has probably hindered my daughter’s speech in that I do a lot for my children. Their independence is somewhat hindered…I am sure that knowing mommy will help or do for her may not help with her social behavior.
"Story-time" experience. It was evident that Sherry was committed to supporting her daughter's speech needs and thus was receptive to the notion of bibliotherapy. Sherry explained "it is great to read books about kids with problems in general that show them combatting their problem." Although Sherry as an adolescent, did not recall spending much time with books outside of the "required readings" for school. She did still remember some aspects from the infamous stories of "Shakespeare, Lord of the Flies, and To Kill a Mockingbird". In contrast to her narrow history with leisure reading, Sherry believed her daughter was drawn to stories. Sherry felt that her daughter enjoyed the pretty pictures and was "just interested in the experience" that reading provided.

[She] loves story-time. She asks for books all the time...I think most books present an issue that needs to be resolved. We have lots of books-a dog who doesn't want a kiss. A black boy who wants a library card but is not allowed to have one due to racism...If a parent really likes the idea of books that express overcoming challenges, there are few barriers.

Sherry knew that her daughter loved reading. After contemplating the problem solving nature of stories, she was optimistic about the potential for books to help her daughter overcome any social issues related to her speech deficiency.

Although her daughter liked reading, in utilizing bibliotherapy, Sherry felt that it was important not to lose sight of the big picture.

She loves her Mickey Mouse book-Daisy's Pet Project. Daisy can't find a pet, so all of her friends help her to overcome her problem. [She] enjoys the book, not the idea that Daisy needs help and her friends help her.
Sherry suggested that the intervention would work without directly asking questions about the story conflict or specifically outlining the character's method to resolve the dilemma. With her daughter in preschool, Sherry was aware that she was not cognitively equipped to analyze or reflect on a story. For the most part, their reading involved "locating specific items" in pictures, or responding to "what are they doing?" in the pictures. In fact, Sherry believed that the creativity employed in describing the story's pictures was significant because it involved the higher information processing skills required to think outside of the box.

Even though Sherry knew her daughter responded positively to books and the literature-based intervention promoted the use of imagination, Sherry had some doubts about bibliotherapy. For instance, Sherry reported that her daughter had no formal diagnosis and that finding literature that captured challenges specific to her experience was hard to do. She is not autistic, no selective mutism, no stuttering. The list of books provided do not cover her problem. If a parent really likes the idea of books that express overcoming challenges, there are few barriers, but specific books to cover a child with a non-specific diagnosis may be difficult to find.

Another concern with using the intervention was its suitability. Sherry discussed that her daughter was quite young and for her, reading books was equated with “looking at pictures on her own”. Even though they had an array of books at home and visited the library “all the time”, Sherry understood that her daughter was in the beginning stages of reading. Based on her age, Sherry was hesitant to use the reading intervention. Sherry was aware that if the book was too long or if the concepts were too foreign, her daughter would lose interest.

She loves all books that are short and sweet. Usually characters that she is familiar with or common animals. She does not pay attention when we try to read
stuff like The Wizard of Oz, or Skippy Jon Jones books. They are too long with too many words.

Sherry Structural Description

**Impact of differences on socialization.** Sherry's experience with child social interventions relied on three thematic structures; the perception of differences, the drive to intervene, and transitioning reading into an intervention. Within the first structure, Sherry was plagued by the fact that her daughter communicated differently than other children. Based on her observations as a mother and her training in pediatric nursing, Sherry had mixed emotions. Professionally, she understood that a comprehensive evaluation was a crucial step in the intervention process. Further, as a nurse she had access to the appropriate resources. On a personal level, as a mother, it was scary to feel that your child was different and required help from a professional. Because her daughter was the patient, her clinical decision-making becomes clouded. Sherry no longer felt like the knowledgeable professional in these circumstances, but a concerned parent, vulnerable to the outcome of the evaluation process.

In addition to her feelings as a mother and as a nurse, Sherry was pulled in another direction by her own experience as an adolescent. She remembered her struggle with feeling different from her peers. Although she wanted to forget the memories of her poor vision making her feel out of place, she relived the experience when she thought about how her daughter's language challenges could separate her from her peers. It seemed that feeling different was a lonely and familiar experience that was too painful to revisit. As a result, feeling different was an experience that Sherry unconsciously wanted to protect her daughter from.
Another aspect of this structure was acceptance. Overtime, Sherry accepted that her daughter's language use was different as well as the needs that accompanied this communication deficiency. For Sherry, acceptance was a very fluid process that involved multiple stages. The process started as an intuition or gut feeling that something was wrong. In attempting to determine if there truly was an issue, Sherry became very sensitive to her daughter's behaviors and needs. Feelings of acceptance continued to grow as Sherry empathized with her daughter's communication needs. This empathy was fueled by her training to work with children in need as well as her motherly instinct to try to comfort her child. Finally, the acceptance evolved into an advocacy for her daughter's speech needs.

**Drive to intervene.** As a direct result of her acceptance, the second dimension of Sherry's experience emerged; the drive to intervene. Sherry was intent on exploring her questions and concerns regarding her daughter's speech. The path to finding answers was not easy because she faced a series of emotional crises along the way. First, she struggled to understand the language needs of her daughter. Next Sherry found the pursuit of professional support draining in lieu of the invested time, energy, and frustration. Further, she felt lonely in her plight when her husband's level of concern differed from her own. In facing these crises, over time Sherry's desire to help deepened. The journey became even more important to her. It was personal. Sherry felt that she had something to prove to the doctors, her family, and most importantly, herself. Ultimately the barriers served as catalyst to propel Sherry's effort. Sherry was waiting for an intervention breakthrough and would continue to break through any barrier that came her way.

**Shifting the perception of reading.** At this point, Sherry's experience focused on how she perceived her daughter's language differences and her drive to intervene. Because Sherry
understood that her daughter needed assistance in strengthening her language skills and she was actively pursuing this help, Sherry agreed to try the literature intervention. Within this context, the third structure appeared; shifting the perception of reading.

Because Sherry had only used books in the traditional sense, unconsciously, she needed time to process the concept of a book intervention. Initially, Sherry was intimidated by the unfamiliar procedure. She requested outside reading material in order to study the basic steps of the intervention. Even after examining the material about the intervention, plus the implementation checklist, Sherry still housed a slight reservation toward attempting the strategy. Sherry was haunted by the long treatment process that she had recently participated and was hesitant about spear-heading another round of intervention.

Another source of hesitation came from her personal history with books. As a child, her reading was dictated by school work. She admitted that when she was growing up, she did not have a personal desire to read. Sherry did not dislike reading, but as an adolescent, she did not spend any energy or time pursuing it either. Sherry's empty feeling toward books was in stark contrast to her daughter's excitement about stories. Although Sherry was anxious to intervene, coming to terms with how her own perception of books diverged from her daughter’s, contributed somewhat to Sherry progressing more gradually towards implementing bibliotherapy.

A final aspect of the strategy that gave Sherry reason to pause was the shared intervention responsibility required of the parent and child. Sherry admitted that she over-shadowed her daughter’s communication efforts. Sherry was accustomed to managing everything for her daughter and with this responsibility came an immense amount of power. As she became familiar with the reading intervention and saw the significant role expected of her child, Sherry
felt uneasy. She realized that bibliotherapy was designed for her daughter to contribute throughout the process. Based on her primary role with assisting her daughter thus far, Sherry was unprepared to share the intervention responsibility. In her mind, sharing intervention-related responsibility was giving up. It was equivalent to a disbelief in her own ability to improve her daughter's speech needs.

**Chris Textural Description**

"*I want him to be able to interact.*" Chris held social development in high regard. He was a self-proclaimed extrovert that believed social interaction built character and instilled essential skills for life. He was concerned with his son's "social aptitude" and felt "socially he is not where he needs to be." One area his son needed help in was adjusting to change. His son was in a new school district and Chris was concerned about his ability to adjust. For example, his son loved basketball, but at the new school, he rarely played basketball with the other children.

> You love basketball. You watch it on tv with me. You get me to take you to the recreation center to play. You keep asking to get on the YMCA team, but you don't play with the other [kids] when they play. Are you afraid they are better than you?

Unbelievable...

Chris did not understand how his son could sincerely love the sport, but choose to sit on the sidelines. He remembered last year at the new summer camp. The only time that his son participated in basketball was when he gathered the balls from the others' missed shots. Chris was angered that his son accepted this as his role instead of interacting or competing with the other boys. Chris was disappointed that his son was comfortable with self-imposed play limits.
It wasn't only a challenge for him to adapt to new people or activities, Chris noticed that his son struggled in adjusting his behavior over time. Although intellectually he made strides with his grades, he maintained childlike behaviors. Chris revealed, “He acts three years younger... He will shut down and be like a six or five year old. I don't feel his mind is maturing on a social level like it is on a scholastic level.” Chris reported other socially immature behaviors such as clinginess, "poking his lips out" while pouting, and reverting to childish language like "mommy" to address his mother.

In addition to adjusting to activities and maturing over time, Chris hoped that his son would take more of an active role in his social development. For Chris, getting his son to develop an interest in the social aspect of things, was a necessary first step.

One area I tried to assist was [his] interacting with others. Outside of school. Outside of normal routine. Outside of classroom. Outside of video games. As a father, I am selfish. I want him to have [a] desire for school, sports, and social [things].

In his mind, attitude influenced social behavior. Chris was convinced that his son lacked the fundamental desire to socialize with his peers. Even though the social desire was absent during basketball and football, Chris was determined to find a way to spark his son's interest in peer interaction.

One challenge in building the desire to socialize, was that his son did not truly understand the significance of peer interaction. Chris explained that "social identity is just as important as school work". Chris emphasized that at home, his son was held accountable for academics, but there were no immediate consequences presented for a lack of social participation. For a low grade, his son would lose access to video-games, DVD player, or an allowance, but he faced no repercussions due to complacency with social obligations.
Environmental influence. Chris believed that the environment contributed to social development. He recalled specific environmental factors that facilitated peer interaction when he was a young boy. He remembered that the neighborhood was a great resource for interacting with other children. He described his childhood community as a place where there were “always kids or friends to play with”. He reported that his neighborhood was a primary social resource because at that time, his family did not own a video game system and “there was nothing [to do], but go outside.” Chris acknowledged that playing with the neighborhood kids provided a type of social advantage when it was for school to begin. On his first day of grade school, Chris revealed that “I already had two friends” and thus he felt a sense of social confidence the very first day of school.

Another social resource noted from his neighborhood was football. Chris reported that he spent many hours playing football in the streets of his neighborhood. He recalled that practicing throwing and running with the ball, was one of the activities that helped him bond with his peers. They would laugh, compete, and push one another to run faster, catch better, and play harder. Chris revealed that the same boys that he played football with as a child remained as his closest friends today.

In addition to the neighborhood, Chris attributed his social learning to his home. He reported that he had “no relationship” with his father and the absence of this male figure imposed a sense of independence and maturity that stayed with him as a child. Chris believed, “[I was] independent in the way of kinda being ahead of life. Knowing how to make sandwiches, do chores, helping out at home. I had a different beat on life [based upon] what I knew from home.” Chris understood that the household responsibilities promoted confidence and independence. In return, he was able to rely on these characteristics when it was time to interact with his peers.
For instance, he remembered that it was easy for him to approach any kid and join a neighborhood game. Further, kids usually "bugged" him to play football and other sports.

Even though his neighborhood and home life played powerful roles in his socialization, Chris acknowledged that environmental supports were a key component as well. He had a speech impediment as a child and knew that his “words were not clear”. He knew that he spoke different than the other children and that it made him stick out. In order to help strengthen his speech, the school provided time for him to work with a speech therapist. Chris concluded that “she really helped” and as his speech improved, he was able to play and talk more efficiently with his peers.

Even though his childhood surroundings were significant in his development, Chris wondered how the environment influenced his son's social behavior. He realized that through his neighborhood he formed friendships, with his household responsibilities he gained confidence, and through environmental supports he was better able to communicate with his peers. Overall, he felt that his environment enhanced his social competence. Because his childhood environment was completely different from his son's, he worried that this would hinder his son's social development. First, he noted that his son rarely played outside or even communicated with the kids on their street.

If we tell him to go outside and play, he pouts. He mopes around. He takes a long time to find his shoes, hat, or whatever... I send him to play with a little boy down street. He comes right back. He always has a reason. No one is home. The boy can't come out. The boy is cleaning up the garage even. I tell him that he knows he has a real friend at home when they come knocking on his door. Asking him to play. We still waiting for that knock...
Next, he reported that as the first male child, his son was "coddled", "babied" and "never got off momma's nipple". In an effort to address this, Chris and his wife enrolled him in camps for him to have time with other kids. Ever since kindergarten, his son participated in art camps and nature camps during school breaks and Chris waited anxiously to see the effects on his son's behavior. Getting impatient, Chris complained that his son needed "structured help". When he was five, Chris and his wife decided to have him evaluated by Children's Hospital Behavior Disorders Division. After a long evaluation process, the doctors explained that socially he was "slightly behind" other children his age. Although the doctors did not mandate medication or behavior therapy for his son, the staff encouraged Chris and his wife to continue to expose their son to social opportunities. In following this recommendation, Chris and his wife arranged specific time for their son to daily play with his cousin. In addition, they scheduled for him to walk to school with a peer one morning each week.

"You can't have books all the time." Chris was frustrated with his son's behavior. He was willing to try the book intervention because he had fond memories of reading during his childhood. Chris recalled “I loved comic books. Reading them all the time when little. It took me away to another place. Iron Man and Spiderman were my favorites. The costumes…[It was] great!” Chris believed reading had the power to transform. As a child, after reading about action heroes, he felt he could conquer any dilemma. He embodied the characteristics of the hero in the story. For that moment, Chris believed that he was brave, powerful and undefeatable. Chris wanted bibliotherapy to have a similar effect on his son. He hoped his son's behavior would transform in response to the intervention.

Another reason Chris wished to utilize bibliotherapy was for practical purposes. Chris described that reading books was a habit for his son. Chris felt that “Reading is like eating for
him. He sucks it up. [He] needs it to live, to learn... He needs it to survive. He wants to [read].

He loves to. This is a good thing.” Chris discussed that his son typically carried a book with

him wherever he would go. He took books to read in the car on the way to places or if the whole family was watching a tv show together, he would have a book to read on the commercials.

When he wasn't reading, he would ask to purchase books from the school's book fair, borrow books from the library, or visit Barnes and Noble bookstore.

Even though he had motives based on his childhood experience coupled with practical reasons, Chris found that bibliotherapy had some challenging aspects. The first challenging element was the book selection process. In choosing a book to use, he noticed that his son was attracted to "kiddy books" and stories geared toward younger readers. They had a difficult time finding a book that they both deemed appropriate. Along the same vein, Chris was against the use of material from "Diary of the Wimpy Kid", because he did not want his son to imitate behaviors that were "passive" or "weak". Chris preferred his son to read about "kids that don't fold". He viewed "folding" as a lack of drive or effort. He felt that his son needed to mimic these type of characters. because his son was intent on reading about the "Wimpy Kid" and did not get his wish, he cried during the initial part of the intervention. In turn, Chris felt frustrated with his son and the intervention. The strong emotion brought on by the book made Chris remember how he vehemently protested reading the bible when he was little.

I read the bible. Third and fourth grade. [I was] scared. It was hard to take as a young kid. [Reading the Book] Revelations and the end of the world. Sins. Bad [people]. It was too overwhelming. Read this 'cause [of my] grandma...

He revealed that it was difficult for a parent and child to appreciate the same book. He would have never chosen to read the bible. His grandmother forced him to read the bible because at
times "I was a bad kid". Chris revealed that he did not remember the details from the bible, but
the terror he felt while reading was crystal clear. In his mind, the pressure to select the perfect
book, had the potential to overshadow the reading experience.

Another challenge with bibliotherapy was application. Chris conveyed that even after
reflecting upon the character's behavior, it was difficult for his son to practice the identified
wanted behaviors. Chris admitted that his son's "comfort" with reading was useless in
implementing the behaviors "when it comes to the real world". Chris professed that as his son
matured, he could not rely on a book to guide his behavior. Chris argued that behavior was
spontaneous at times and planning ahead was not always effective.

Books have a certain structure-mechanical. [When reading], I know what I am getting. It
will work for him [because] structure works for him. [It is] comfortable...[He will] not
know till he's in the position. [For example], until you are in the space shuttle, you won't
know how hard it is. Until you are around guns, drugs, different life styles, [you] don't
know what things smell like or feel like.

Chris understood that books had a predictability structure and quality that life did not have. He
worried that although his son was fantastic with reading and examining the different character's
behavior, this still would not prepare him for the struggles he would encounter everyday.

Chris Structural Description

Social expectations. Chris' experience with child social intervention was built upon
three themes; social expectations, environmental perception, and the impact of the bitter-sweet
elements of literature. Within the first structure, Chris held many expectations for his son's
social behavior. Subconsciously, Chris had a set of behavior standards such as independence and
confidence that he required of his son. Establishing these standards created a spectrum of feelings for Chris. It felt good to help his son aspire to social success, but bad because of his son's struggles to meet these goals. Chris also had feelings of uncertainty with pushing his son towards a behavior change.

Chris expected his son to embody a certain level of maturity. He believed this sense of maturity would allow his son to exert leadership and independence within his peer relationships. Chris understood there was a progression of feelings connected with the development of maturity. As in his own upbringing, Chris' maturity was preceded by adult-like circumstances that were filled with feelings of disappointment and pain due to the absence of his father. Overall, Chris viewed maturation as powerful because it transformed emotional turmoil into strength.

Chris expected his son to adapt to different social situations. Chris remembered that as a child, he adapted to growing up without a father. With support, Chris adjusted his speech and successful communication resulted. For Chris, adapting provided a sense of freedom and flexibility. Because his son struggled with adaptation, Chris feared that his son's social growth would be strained. Further, Chris expected his son to adapt even when it was difficult for him as a father to adjust to his son's growing social needs. Subconsciously, Chris was holding his son to a standard that he personally struggled with as an adult.

**Environmental perception.** In defining his expectations, the second structure of Chris' experience emerged; the perception of the environment. As a parent, Chris understood that he had a major influence on his son's social development. Chris wavered between feeling compassion for his son's needs and feeling that he enabled his son's behavior. In terms of compassion, it was a natural instinct to reach out to a loved one, but based on his own childhood,
it was difficult for Chris to relate to his son's social behavior. In terms of enabling, as a parent, he felt a level of responsibility in his son's socialization, but Chris feared that this responsibility took away from his son's role in confronting his own social issues.

There were times, Chris believed that the environment inspired socialization. For example, as a child, Chris felt a sense a comfort from his neighborhood and thus spent a large amount of time playing outside with his peers. In contrast, Chris' son used the environment as an excuse to avoid outside play.

Moreover, Chris realized that there were aspects of the environment linked to mobility. In his mind, Chris viewed changes in attitude and beliefs as natural steps in social development. Chris found that the environment was instrumental in facilitating these changes. In relying on environmental support such as speech therapy, as a child, Chris moved from feeling awkward to feeling that he belonged with the other children. Even though growing emotionally was the ideal, Chris understood that at times, there were elements of the environment that challenged this movement. For Chris, he believed in the power of environmental rewards and consequences, but in retrospect, felt guilty that he neglected to use these strategies to promote his son's social growth.

**Bittersweet perception of literature.** Thus far, Chris' intervention experience was comprised of social expectations and his perception of the environment's role in meeting these expectations. Within this context, Chris was open to exploring a strategy that intrigued as well as challenged him. This is where the third structure of Chris' experience appeared; the bittersweet perception of literature. Chris admittedly had mixed feelings towards using bibliotherapy. First, he argued that literature made an impression on readers, however he understood that there were no guarantees that the impression was positive. Chris recognized that at times, a story could
have a dark impact. For instance, he remembered as a child how fearful he became after reading the bible. The frightening end of the world images portrayed in the bible chapter "Revelation" left Chris feeling uneasy, and vulnerable. Based on reading the bible chapter as a child, he was uncertain as to specifically how to connect the bible verse to his behavior. Chris concluded that the bibliotherapy effectiveness was linked to how the reader perceived and connected with the story.

Next, Chris was excited that children were given a role within the literature intervention. He remembered his disappointment the times he did not get to choose his own reading material as a child. On one hand, Chris conveyed that allowing the child to help in the decision-making gets the child more involved in the intervention. On the other hand, Chris realizes that this involvement in book selection may lead to a power-struggle between the parent and the child. As a parent, he felt that he knew the reading material that was best for his child, but then he recalled how emotionally unprepared he was as a child when his grandmother selected bible stories as reading material.

Moreover, Chris loved that bibliotherapy exposed children to problem solving skills. He believed that introducing these skills helped children prepare for some of the social issues they would encounter in the future. In his mind, the only drawback was that the books may provide the child with a false sense of security in the ability to problem solve. Chris worried that the practice that stories provided was minimal in comparison to the vast amount of social struggles that were in store for him.
Composite Textural Description

From the total group of individual textural descriptions the composite is developed. The themes of each participant's response is reviewed in order to explore the experience as a whole. Unanimously for the participants, childhood was a time of social questions. For instance, Tina wondered if her adult-like roles at home instilled a maturity that would isolate her from peers. Whereas, Sherry contemplated how wearing glasses interfered with her ability to look like her peers. These social questions highlighted important elements regarding socialization. First, the participants were aware of their social positioning in relation to their peers. They developed ideas of social norms and determined how close or far they were from these norms. For instance, Chris understood that his classmates utilized one mode of communication and due to his speech impediment he communicated in another. Second, the awareness of their social position gave rise to a desire to close the gap between how they perceived themselves and how they perceived their peers. Lastly, the participants attempted to develop ways to cope with their social positions. For instance, Sherry felt physically awkward due to her eyeglasses, but over time built an appreciation of an inner beauty that stemmed from her intelligence. Even though the participants worked to manage their social issues, subconsciously, the participants yearned for external ways to alleviate their concern. This need for help was the beginning of their conceptualization of intervention.

As the participants matured and reached adulthood, their social agenda expanded to include the needs of others. Specifically, as parents, the participant's focus shifted to the social needs of their children. Generally, the parents were able to identify their child's social problem largely due to their own social troubles as children. For instance, Tina recognized her grandson's childlike impulse driven behavior because of her need to maintain the self-control required to
carry out her household obligations. Also, the parents used their childhood social experiences to help in managing their child's relational challenges. For example, Kim remembered how team athletics fostered social learning and thus perceived sports as a probable strategy for her son. Further, the parent's childhood experiences helped in gaining a better understanding of the implications of their child's social issues. For example, Sherry recalled that because she looked different, she felt different. Sherry did not want a language deficit to result in her daughter feeling alienated from her peers.

In their attempt to address their child's social needs, all of the parents were open to exploring the literature-based intervention. An integral part of this intervention process was the parent's history with reading. For two of the parents, Kim and Chris, they linked reading with positive memories from childhood and thus were anxious to utilize the intervention. Particularly, these parents believed that books made readers feel better about life. In essence, these parents believed that because books built confidence and self-esteem they were probable intervention tools.

Although the remaining two parents, Tina and Sherry, noted little interest in leisure reading while growing up, they encouraged a different response to literature from their children. For Tina, a disinterest in reading as a child, led to her reliance on comprehension strategies to ward off a similar reaction in her grandson. Similarly, for Sherry, her low interest in leisure reading did not turn her away from attempting to build her child's interest in books. She even overcompensated by exposing her four year old daughter to books early in hopes of gaining a head start in developing literacy skills.

Another component of the bibliotherapy experience were the challenges noted by the parents. First, the parents described the book selection process as stressful. For Chris and Kim
frustration resulted when they were drawn to character traits that differed from what their son's wished to read about. For Sherry, it was difficult to find a character or text that directly showed the experience of a child with a non-specific diagnosis. Next, the majority of the parents revealed that they needed to modify the technique in order to make it a better fit for their child. For instance, Tina relied upon the use of vocabulary and summarizing strategies, Sherry focused on developing conversation based on the book's pictures, whereas Kim endorsed the need to incorporate movies. A final challenge reported was a concern with application. In Kim's case, she feared that her son would be unable to determine the appropriate setting to emulate behavior from characters in books. Similarly, Chris doubted that his son would successfully be able to translate the character's behavior to real, spontaneous, life situations. According to Tina, she doubted that her grandson was able to internalize the lesson and thus application would be impossible. Lastly, Sherry was worried that developmentally, her daughter was unable to fully absorb the behavior lessons provided through bibliotherapy.

**Composite Structural Description**

The parent's social intervention process is a multi-layered and interconnected experience. It evokes a spectrum of feelings that connects memories of childhood with current thoughts and attitudes regarding socialization. Within this process, the parents found themselves attuned to feelings of confusion, anger, empathy, and advocacy because of their own personal social events and struggles during adolescents.

The parents unanimously depicted intervening as their primary responsibility and feelings of motivation, sensitivity, and self-doubt, were common. In fulfilling this responsibility, at times, it seemed that their professional roles influenced their intervention efforts. As almost all of the parents had careers within the helping profession, they experienced a sense of expertise in
their ability to provide their child assistance. In addition, their work history created feelings of a pressured expectation to manage their child's social challenges. Outside of the career impact, one parent had concerns regarding responsibility boundaries. Specifically, the parent was uncertain if maintaining responsibility negated any attempts to ask for help. Further, the parent questioned if the quantity of help needed negatively influenced her responsibility role.

Over time, the parents realized that the intervention process was not experienced in isolation. It was experienced with others when the parents obtained support from their family. This support from family took the form of physical or emotional involvement in the helping process and it brought feelings of acceptance and validation for the parents. In addition to experiencing the intervention with others, there were times when the parents felt that they were working in opposition others. Specifically, in times of distress the parents felt as if they were going against their children, family, clinical professionals. Moreover, these feelings stretched beyond the individuals directly in the parent's life and included the perception that the media illustrated inappropriate social standards.

After being presented with bibliotherapy, the parents made an effort to conceptualize literature as a social strategy. In preparing to use the approach, the parents were filled with expectations of the intervention, their children, and themselves. These expectations gave rise to assumptions regarding their ability and their children's response to the intervention.

In utilizing bibliotherapy, the parents experience a wealth of emotions. For some, there was uncertainty and hesitation. For others there was a familiarity with the approach that led to an undeniable confidence. As the parents progressed through the steps of the intervention, they discovered ways to tailor the approach to the needs of their child. This modification process
included some feelings of frustration, but generally, the parents believed it was their responsibility to individualize the strategy and make it better suited for their child.
Chapter 5 Results

Synthesis of Parent Intervention Experience

The synthesis is an integration of the textural and structural descriptions of the intervention experience as it applies to the parents in this study. From this integration, distinctive qualities of the parent's intervention experience emerge and include the recycling of childhood social memories, the factors that influence intervening, and the changing and enduring nature of literature.

Recycling of childhood social memories. The parent's hold onto their childhood social experiences. In an effort to assist their children's social development, they are flooded by memories of their own childhood social accomplishments and struggles. Each parent recollects the pain of not fitting in one time or another with their peers. The parents describe that at times, their adolescence is awkward due to differences in physical appearance, developmental distinctions, or even unique circumstances. Further, the perceived differences serve as a social barrier between them and their peers. As children, they obtain a first hand view of what it is like to struggle to connect with peers. The parents reveal a mixture of emotions to define what this feels like. First, they are able to relate to the emotional turmoil associated with their children's social difficulties because they have experienced similar angst. Second, they feel empathy as a result of understanding the distress. Based on this empathy, the parents develop a desire to protect their children from these feelings. Within the transition from empathy to protection, a tinge of disappointment surfaces. The disappointment emerges because the parents have an awareness of the inevitable hurt from social strains, yet they are unable to shield their children from a future filled with social challenges. The parents pull from their childhood social experiences to build an understanding of the intervention process. All of the parents are
cognizant of their social needs during childhood, however the method for addressing these needs varied. Some of the parent's social needs were managed formally through professional assistance, others were handled privately, and there were needs left unresolved. The journey to seek help allows the parents to realize that improving or establishing social success takes time, effort, and involves a process.

**Factors that influence intervention use.** Multiple factors contribute to parent intervention. The parents believe it is their responsibility to provide assistance when their child struggles. This sense of obligation took the form of exerting effort in securing professional assistance. Also, responsibility was evidenced through the parent's personal commitment to work one-on-one, and model appropriate social behavior. Although feeling responsible was lined with parent effort, at times this responsibility led to self doubt and self criticism.

In addition to responsibility, the parent's career played a role in intervening. Most of the parent's careers targeted helping others and this reinforced their ability to help their children. Having relevant training in nursing, social work, and child education, made the parents more attuned to their children's social needs. Although these careers provided some advantages in assisting children with social development, at the same time, the careers created role confusion and produced a pressure to perform.

Parents noted that the environment was a significant factor in intervention as well. The parents reported that they pulled from environmental resources in order to provide social opportunities for their children. The parents expected the activities to provide skills in teamwork and leadership, however this was not always the result. Instead, according to one parent, his child did not receive the intended social benefits because of a lack of active participation.
Another strategy deemed helpful by the parents was recreating an environment. According to one parent, modeling and role-playing in order to help familiarize the child to a future environmental setting was essential in preparing for a specific social activity.

Some of the parents pointed to the importance of observing how their child responded to the environment. They believed that the environment provides clues to whether or not a problem exists. One parent noted that in an environment filled with peers, their child preferred to play alone. Another parent noticed that their child avoided playing in the neighborhood with peers. The parents cited these observations as not only concerning, but motivation to more closely examine their child's social behavior.

**Reading: changing and enduring.** All of the parents were receptive to bibliotherapy. The parents reported that the intervention had changing yet enduring qualities. In these parent's minds, the intervention is a fluid process. The parents go back and forth between viewing it as traditional reading and perceiving it as an intervention. Similarly, they swayed between memories of their own childhood experience with reading and their children's present reaction to bibliotherapy. In addition to adjustments in perception, parents expected their children to have some reading challenges and suggested changes to the implementation of the intervention. Some parents commented on the inclusion of strategies to ensure the comprehension of the story and an understanding of the character's behavior. Parents also noted a need for support in making a connection with the character's behavior in order to make the learning more personal. Once this connection was established, the parents questioned the application of the strategy.

In contrast to the changing qualities, the parents found some enduring elements. The parents found that the same supports that were useful for leisure or academic reading, were beneficial for bibliotherapy. The parents felt that the strategies that improved reading comprehension,
vocabulary, and higher-order thinking skills would also strengthen their child's response to the intervention.

Another enduring quality noted by parents is the emotional response produced by the reading process. The parents acknowledged that feelings toward the reading process were established as a child and continue into adulthood. On one hand, the parents conveyed a love of reading when younger and found ways to incorporate reading into their child's daily routine. On the other hand, a parent's nonchalant attitude toward books ignited a fear that their child would feel the same, and the parent went through great lengths to prevent this from happening.
Chapter 6 Discussion

Summary

Initially, I detailed what drew me to studying child socialization. I focused on the social struggles that children face throughout peer relationships. I explored these challenges from the position of an educator, parent, and a Special Education Doctoral student. In addition, I reported specific concerns that ultimately led to the pursuit of my dissertation question:

- What are parent experiences with child intervention?
- What are parent perceptions of bibliotherapy.

Next, I considered which research design would best fit the needs of my project. Because I was interested in exploring the phenomenon of experience, the phenomenological approach was selected. I reviewed the history of phenomenology and the key concepts associated with the approach. These key elements included the textural or factual details from a participant's reported experience, as well as the underlining structures that depict the experience.

After a methodology was selected, I studied previous relevant research. I concentrated on how parents influence child socialization, parent perception of socialization, and the specific use of bibliotherapy with children.

Following the description of the methodology and literature review, I focused on the data. By combining the textures and structures, three themes that make-up the significant qualities of the social intervention experience emerged. First, the parents held onto their social experiences from childhood. These experiences allowed the parents to feel empathy and inspired the parents to attempt to protect their children from the inevitable social challenges ahead. Second, through their knowledge of facing social challenges, the parents began to build a conceptualization of intervention. Finally, the parents perceived bibliotherapy as a fluid, yet
enduring process that embodied their attitude as well as their child’s attitude towards reading. In the final section of my dissertation, I summarize what I have discovered about the experience of parent social intervention and identify how the present work supports and contributes to the literature as a whole. Next, I will discuss the limits and benefits of the present research, as well as implications for future parent intervention studies.

**Connecting Present Findings with Prior Research**

**Similarities to past research.** The present study was consistent with the position that parents have an undeniable role in child social development (De Mol & Buysse, 2008; Donovan & Cross, 2002; Sheldon & Rush, 2001). Although external factors such as regulations on parent participation and the focus on the natural setting for early intervention encouraged parent involvement, the present parent interviews demonstrated the nature of parent's responsibility for the social development of their child. The present interviews illustrated that the parents pulled from their professional experiences in the helping field, solicited the help of other family members, and created social opportunities for their child in order to meet their responsibility.

Even though previous work documented parent's intervention responsibility, some scholars argued that the experience of parents was sometimes overshadowed (Hinojosa & Anderson, 1991; Spielfogel, Leathers, Christian, & McMeel, 2011). Further, parents felt devalued during the child intervention process (Stoner, Bock, Thompson, Angell, Heyl, & Crowley, 2005; Geraghty, McAnn, King, & Eichmann, 2011). The parents in this study described feeling unheard when the clinical evaluation did not align with what they believed their child needed. In addition, one parent reported frustration after multiple school conferences left her feeling insufficient in terms of managing her child's behavior.
Along the same vein as parents feeling devalued, the presence of intervention-related concerns was highlighted in the literature. As documented in past work, concerns include self doubt, lack of faith in the intervention process, and practical issues (Kazdin, Holland, & Crowley, 1997; Novak, 2011). The present interviews offered additional insight into specific parent intervention concerns. Mainly, the parents expressed reservations with altering the bibliotherapy format to meet the individual needs of their child, and also defining their responsibility (one parent was torn between advocating versus imposing in her quest to provide support, others questioned how their professional background facilitated, or challenged their ability to help).

Another example of a shared similarity with previous research involves the link between parent familiarity with the intervention and intervention participation (Long, McCarney, Smythi, Magorrian, & Dillon, 2001). In the present study, all the parents had a history with reading. Some valued reading more than others, but each had memories and experiences with reading literature. Previous research has shown that parents were more likely to participate in an intervention, if they knew what to expect. Just as Long and his colleagues (2001) discussed meeting this need by aligning new strategies with existing practices, the parents in this study attempted to modify the intervention to help make it more closely resemble their child's current reading practice.

**Differences from past research.** Although this study supported many aspects of previous work, some departures from past parent intervention research emerged. First, the current focus on implementation experience instead of intervention effect, was an important distinction (Heath, Sheen, Leavy, Young, & Money, 2005; Amer, 1999; Trepanire-Street & Romatowsky, 1996). Interviewing the parents and gaining insights regarding their
conceptualization of the strategy before use and during implementation added a needed dimension to the bibliotherapy research.

A second difference with the existing research was the shift in perception of the child's participation in the intervention process. Previous work encouraged the inclusion of children as active participants within interventions so that they may feel more involved and that they may provide meaningful insight into the intervention process. For example, parents and children have been viewed as partners (Novak, 2011), it has been suggested that the child perspective was beneficial in studying response to intervention (Bagdi & Pfister, 2006), and that offering skill training to both parents and children strengthens the intervention (Barlow & Stewart-Brown, 2001; Antle, Montgomery, & Stapleford, 2009; Hanson, 2003). In the present study, the parents revealed that aspects of including their child in the intervention were problematic. Specifically they discuss the struggle in agreeing on books with characters that have traits they wish to target. Two of the parents acknowledged the stress resulting from working with their child in the book selection process.

Another inconsistency pertained to the link between particular parent characteristics and well-adjusted children. In one study conducted by Brody and Flor (1998) it was found that a connection between African American parent partnership or marriage and child self regulation existed. In the present study, three of the four the parents were African American and married, but they still expressed concerns with their child's self control. For example, one parent discussed concern with her child's ADHD related impulsive behavior such as constantly moving around, and other childlike characteristics. Another parent reported concern with her daughter managing her desire to focus on other things when it was difficult to attend to oral instruction due to her speech deficit. The present findings showed the potential for developmental disorders
to interfere with the positive social consequences of marriage on children in the African American household.

A final instance of disagreement between the present research and past investigations involved the perception of intervention barriers. It has been proposed that when parents perceive the intervention process negatively, they are more likely to discontinue intervention use. For instance, it was determined that feeling overwhelmed, holding low expectations of the strategy, or doubting their level of influence on their child's behavior, contribute to parents terminating the child intervention (Friars & Mellor, 2009; Kazdin, Holland, & Crowley, 1997). In contrast, the present interviews demonstrated that perceived challenges such as the lengthy evaluation process, doubts about implementation ability, and the need to modify the intervention, served to strengthen the parents' dedication and persistence to intervene.

**Limitations**

Although the findings shed light onto the parent intervention experience, this investigation has a few limitations. First, contextual factors inherently contribute to the parent intervention experience. The present study only focused on the parent report and thus additional information that could have helped in understanding this experience was not examined.

A second challenge was the varied familiarity with the bibliotherapy strategy. One parent reported that she had used the strategy in the past, whereas the remainder of the parents had no prior experience with the intervention. Different levels of experience with the intervention contributed to variability among the participants. This variability interfered with one of the goals of phenomenology which was to exude the commonalities of experience.

Another consideration related specifically to the bibliotherapy strategy was the required implementation steps. Previous research found that parent disclosure during the reading process
facilitated the child's ability to emotionally connect to the literature (Faver & Alanis, 2011). The present study did not require the parents to disclose any personal information during the reading. One parent questioned her child's ability to "internalize" the reading and the use of the parent revealing personal anecdotes or feelings about a past social struggle could have helped the child better connect with the text.

In addition to the aforementioned difficulties, the parent’s career posed as a limitation. Most of the parents described working as helping professionals. Their training, education, and work experience may have unduly influenced their motivation or ability to help their own children. In a sense, the parent's career may have biased their attitude toward intervening.

A final limitation involved the eligibility requirements for the study. In the present research, inclusion relied on internal participant variables (parents expressing concern and parents desire to change their child’s social behavior). Even though three of the four parents interviewed were African American, the impact of race on intervention use was not explored. As a consequence, the interviews did not attempt to uncover elements of the intervention experience specific to African American parents.

**Implications for Future Studies**

The present interviews only included one parent even though most of the participants were married. A study in which the parents were interviewed as couples would provide additional details about conceptualization and implementation of the intervention. Further, information that was overlooked or minimized by one parent, would have a greater likelihood of being revealed when both parents were involved.
In addition to interviewing both parents, exploring the child’s point of view would strengthen the research. In the present research, the parents reported their understanding of their children's feelings regarding social struggles. Previous research suggests, that parents and children hold different views regarding stressful social events (Bagdi, & Pfister, 2006). Would the parent's children agree with the feelings that were reported? The parents noted that their own socialization influenced the intervention process. It would be fascinating to discover how children conceptualized the impact of their parent's socialization on the intervention process. In administering bibliotherapy, the parents believed that particular modifications were necessary. What variations to the approach would the children want their parents to implement? A research design including the perspective of children, would address the aforementioned questions and improve the knowledge gained concerning the parent intervention process.

In the present study, some of the parents were familiar with bibliotherapy, whereas others were not. Comparing the experience of the two groups of parents could help to highlight information regarding intervention motivation.

Also in regards to future bibliotherapy investigations, further examinations of the most effective implementation steps would extend current knowledge. Criterion additions that highlight parent disclosure would help in understanding factors that contribute to increased child participation in bibliotherapy.

Because the current study unintentionally focused on the intervention use of parents working as helping professionals, the next logical step could involve examining the experience of parents with a range of occupations. Exploring the experience of parents in a range of career fields could help to highlight how career impacts parent intervention use.
Lastly, in this study, even though the majority of the participants were African American parents, there were no direct references to race or culture in the semi-structured interviews. Future research might include interview questions that tap into the specific benefits and challenges related to ethnicity and intervention use.

**Implications for Practice**

The current findings suggested that parents did not forget their childhood social struggles. It was found that these social memories influence parent conceptualization of intervention. The allowance of negative associations between past social events as well as the process to manage them would breed a host of negative emotions toward the intervention process. If parents were feeling resistance, intimidation, or anger, these feelings would ultimately deter the parents from participating in the intervention process. Previous research shows that parent perception of the intervention process may contribute to a lack of effort or participation in intervening (Kazdin, Holland, & Crowley, 1997). Workshops, trainings, or classes that provide an opportunity for parents to explore their perception toward intervention would assist in strengthening parent efforts in implementing interventions.

Another finding from the interviews was that parents feel that it is their responsibility to intervene when their child has social issues. A practical perception of their responsibility role is important, however if parents overlook the available resources, they may feel overwhelmed, pressured, or confused regarding their ability to manage their child's social development. In order to maintain a healthy sense of responsibility, it is essential that parents access the social supports available for their children. Pursuing an open dialogue with professionals such as school counselors, school social workers, and representatives from parenting organizations would be beneficial in facilitating parent use of support services.
In regards to utilizing books as a social intervention, a few challenges were noted by the participants. For parents that would be receptive to this intervention, a dialogue with teachers, librarians, or counselors regarding the challenges of bibliotherapy would be beneficial. An understanding in advance of the considerations in using the approach such as book selection issues and the advantages of modifications would help in maximizing the potential of the intervention.

Conclusion

In closing, the parent interviews provided insight as to how parents experience the intervention process and specifically how they perceive bibliotherapy as a social tool. Social experiences as youth, stay with Kim, Tina, Sherry, and Chris over time these experiences provided a vehicle to relate and empathize with the inevitable social struggles that lay ahead for their children. The parents desired to emotionally protect their children and found that intervening involved negotiating feelings of obligation, understanding their own helping capabilities, as well as exploring external sources of support. Furthermore, their desire to intervene, helped the parents to welcome bibliotherapy as a means to address their children's social needs. It was discovered that recognizing parent childhood feelings surrounding reading, and individualizing the approach were keys to effectively implementing the intervention.
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