

# Designing and Evaluating A Read-Aloud Program for Hospitalized Children As Recreation Participation: A Bibliotherapy Approach

Charlie Lenn & Melissa Kelly

Faculty Sponsor: Susan 'BOON' Murray  
Department of Recreation Management and Therapeutic Recreation

## ABSTRACT

The goal of this project was to design and evaluate the effectiveness of a bibliotherapy program for hospitalized children as a means of recreation participation and enjoyment. Program design and evaluation was the method to gain insight into the usability of such a program based on children's ratings of read-aloud sessions and the researchers' written observations utilizing post-session report forms.

**Keywords:** bibliotherapy, hospitalized children, program design, program evaluation, recreation participation, Therapeutic Recreation Service Model

## INTRODUCTION

The purpose of this project was to utilize developmental bibliotherapy as a form of recreation participation with pediatric patients in a hospital setting. "Books relating to a child's inner needs combined with story experiences initiated by thoughtful, caring adults, can and frequently do, help children grow" (Anderson, 1992, p. 65). Recreation participation is a component of the Therapeutic Recreation Service Model, along with treatment and leisure education, where a purposeful structured program provides opportunity for fun, enjoyment, and self-expression (Stumbo & Peterson, 2004).

Developmental bibliotherapy is typically provided by a host of professionals including librarians, school counselors, teachers, and community workers. Therapeutic recreation specialists can provide developmental bibliotherapy as a method of client adaptation, growth, or change to normalize life tasks within their scope of practice as a recognized modality (ATRA, 1997). This type of bibliotherapy contrasts with clinical bibliotherapy which is the use of literature by mental health professionals to treat severe problems. Bibliotherapy programs have been implemented in settings other than with hospitalized pediatric patients, for example, in schools, libraries, churches, community settings, camps, retreats, support groups, and with children who are gifted and talented (Hynes & Hynes-Berry, 1994).

Developmental bibliotherapy is interactive where "the process of growth and healing is centered not as much in the act of reading as in the guided dialogue about the material" (Hynes & Hynes-Berry, 1994, p. 11). Insight into the reading content arises from the facilitator posing questions before, during, and after the read-aloud moving the participant to unfold and interpret the meaning for themselves. Read-alouds have potential therapeutic value for pediatric patients because they provide children the opportunity to project themselves into fun or silly situations of characters in books. An organized program can normalize the hospital environment by bringing to mind everyday humorous situations, "Humor is often the stuff of life, especially in a pediatric hospital" (Anderson, 1992, p.14). Therefore, designing a program with a focus on humorous read-alouds may be naturally therapeutic.

## METHOD: PROGRAM DESIGN AND EVALUATION

Stumbo and Peterson (2004) describe a specific program as "a set of activities and their corresponding interactions designed to achieve predetermined goals selected for a given group of clients" (p. 145). Program design in Therapeutic Recreation includes: (a) assessment, (b) planning, (c) implementation, and (d) evaluation.

*Assessment* for this proposal involved creating and utilizing an annotated bibliography of humorous read-alouds as foundation content for a bibliotherapy program. The researchers were inspired to design a bibliotherapy program as a University of Wisconsin - La Crosse undergraduate research project after completing *RTH 491 Workshop in Bibliotherapy* Spring 2003. In this course, program designers focused on a theme for a specific population or setting and constructed an annotated bibliography (e.g., books on character education for youth at risk) for individual or

group sessions. For their grant proposal, the researchers constructed an annotated bibliography exclusively focused on humor and fun (see Table 1). Steps in literature selection included:

- a. Reviewing Internet-based annotated bibliographies for recommendations on the theme of humor and fun, for example, Lots of Laughs @ the Library ([dlis.dos.state.fl.us/bld/Youth\\_services/FLYP/laughs.html](http://dlis.dos.state.fl.us/bld/Youth_services/FLYP/laughs.html));
- b. Visiting libraries and bookstores and reviewing children's literature applying the criteria of *humor* (promotes exchange of fun information) and *relevance* (well written with appropriate language and comprehension levels for children 2-18 years, clearly printed with style and rhythm, and featuring artwork that matches the story and is pleasing to the eye), and
- c. Gathering suggestions and approval of the annotated bibliography from a librarian, formal assessment and approval from the bibliotherapy course instructor who was also the faculty mentor for this undergraduate research, and review and approval by the child life specialist who supervised the undergraduate research project at Gundersen Lutheran in La Crosse, Wisconsin.

Assessment also included a client analysis of the needs of hospitalized children, primarily reducing unfamiliarity by creating a playful environment (Thompson & Stanford, 1981), and using books to express feelings, "Make believe is the key that helps a child unlock his feelings" (Anderson, 1992, p. 67).

**Table 1.** Excerpt from Annotated Bibliography of Humorous Read-Alouds

---

*Charlie Lenn and Melissa Kelly's Silly Books  
To Make Your Tummy Giggle and Your Face Smile!!*

**Alexander and the Terrible, Horrible, No Good, Very Bad Day.** Viorst, Judith. (1972). Atheneum Books. 28 pages. ISBN: 0689300727. Available in: Paperback (\$5.99) Hardcover (\$15.99). Ages: 5-9

Do you ever wake up and automatically know it's going to be a rough day? When Alexander woke up with gum in his hair he knew it was going to be a terrible, horrible, no good, very bad day. Moving to Australia seems to be his only option. The day continues to get worse for Alexander, mom forgot to pack a dessert in his lunch and after school he found out he had a cavity, too bad he will be in Australia when he is supposed to get it fixed. In this wonderfully told story we find out that everyone has bad days . . . even in Australia.

#### Discussion Questions

- If you were moving away with your family to anywhere in the world, where would you go?
- What is the worst day you have ever had? What happened?
- What lesson did Alexander learn at the end of the book?

**Baghead.** Krosoczka, Jarrett J. (2002). Knopf. 40 pages. ISBN: 037581566X. Available in: Hardcover (\$15.95). Ages: 4-8.

*Some days we all feel like being silly and on one day in particular Josh insists on wearing a paper bag all day, much to the chagrin of many of the grown-ups he encounters. They all ask him how he can do this or do that with a bag over his head. All day long they tell me he can't wear the bag on his head and all day long Josh proves the adults wrong. When he gets home at the end of the day it is Josh's sister who asks the question that the adults failed to ask "Why are you wearing a bag Josh?" Now the truth can be revealed in this hilarious story of a simple childhood mistake.*

#### Discussion Questions

- Have you ever done something that didn't quite turn out the way you wanted it to? What happened?
- Has anyone ever told you that you can't do something, maybe because you are too small or not old enough even though you know that you can? How does that make you feel?
- What would you have chosen to do if you were Josh and you wanted to fix your hair?

**Click, Clack, Moo: Cows That Type.** Cronin, Doreen. (2000). Simon & Schuster. 30 pages. ISBN: 0689832133. Available in: Hardcover (\$15.95) Ages: 3-7.

*"Farmer Brown has a problem, his cows like to type. All day long he hears click, clack, moo..." and so begins the hilarious story of what happens when the animals on the farm are able to communicate, soon they start making demands and that is when the trouble really begins. Read this Caldecott Honor book and*

*see what happens when the animals finally have their voices heard and a few lessons in compromise are learned.*

### Discussion Questions

- Have you ever been to a farm? Do you know anyone who lives on a farm?
- Have you ever had a chance to look through some of your parents or grandparents old things they don't use anymore? Like the typewriter in the story?
- What do you do when you want or need something? Who do you ask here at the hospital?

*Planning* included setting goals for the specific read-aloud program and designing read-aloud sessions based on reading content. Goals for the read-aloud program were:

- a. Provide a sense of pleasure and enjoyment through humorous read-alouds.
- b. Provide normalization by providing imaginative separation from the hospital environment through pre-occupation with read-alouds.

*Planning* also included choosing and purchasing 40 humorous read-alouds representing genres of literature for variation (i.e., picture books, poetry, board books) and art supplies and props for playful embellishment. In preparation for careful facilitation, the researchers created a discussion guide for each selection specifying general aspects of the book (i.e. author, publisher, cost, etc), a synopsis, description of the illustration, the language/reading level, suggested audiences, thematic insights, discussion questions, and "embellishments" as creative activities to draw out the meaning with art or poem-making) (see Table 2). Additionally, the discussion guide served as a session plan that specified needed supplies or props so these would be ready-to-hand. Discussion questions enumerated on the discussion guide were converted to "discussion cards" for the child to select and respond to before, during, and after the read-aloud to make it interactive.

The *Implementation* stage of this program involved the recruitment of appropriate participants by the child life specialist which included gaining parental consent and participant assent, and the researchers gaining access to the pediatric unit by becoming trained hospital volunteers assigned to the pediatric unit as facilitators of the program. The researchers provided consent forms that invited parents to censor the annotated bibliography of humorous read-alouds, and were mentored by a nurse researcher to format the assent form in child-oriented language (see Table 3). The child life specialist notified the researchers when an eligible participant was interested and a read-aloud session could be scheduled. The researchers introduced themselves to the patient and family (if present) and presented the participant with a selection of books to choose from as well as the option for both the participant and parent(s) to read or be read to.

After the child selected the read-aloud, the facilitator began with a "warm-up" discussion question and then proceeded into the read-aloud. Depending on the child's condition and preference, the read-aloud could be extended with art-making (e.g., drawing their own characters with a Magnadoodle). After the read-aloud, the participant was asked to rate the selection. Immediately after leaving the patient's room, the facilitator completed a post-session analysis form that summarized the facilitated interaction and the child's response.

**Table 2.** Storybook Discussion Guide for *The Cat Barked?*

Title: *The Cat Barked?*

Author: Lydia Monks

Publisher: Dial Books for Young Readers

In Print As:

hardcover

hardcover with CD

paperback

oversize

Out of print

Illustrator: Lydia Monks

ISBN: 0-8037-2338-5

Available used from:

Amazon.com from \$2.40

Number of pages: 24

**Storybook Starter**

Have you ever wished you were somebody else? In this cute and humorous children's story, a cat wishes that she were a dog. Her owner reassures her of all of the great things cats can do that dogs cannot. Along with the clever rhymes, this story helps children understand that it is good to be different and to be yourself.

**Illustration**

This story is full of bright collage work. The pages are filled with pictures of cats and dogs of different colors, shapes, and sizes. The text is large and very visible.

**Language/Reading Level**

The suggested reading level is ages 4-8. However, the colorful pictures and meaning behind the storybook could be enjoyed by all ages.

**Suggested Audiences**

- Children ages 4-8
- Animal lovers
- Animal-assisted therapy program

**Restorative or Thematic Insights**

- Many people at sometime in their lives question who they are and wish to be somebody else.
- There are many good differences between cats and dogs...also humans!
- It is important to be happy with you and to rejoice in all of the opportunities we have in our lives.

**Discussion Questions****BEFORE**

- ✓ Do you like cats or dogs more? Why?
- ✓ If you had to choose, would you be a cat or a dog? Why?

**DURING**

- ✓ Which dog on this page do you like the best? Why?
- ✓ If you have a dog, do they do any of these things? What is your favorite thing that they do?
- ✓ If you have a cat, do they curl up in your lap? Why do you think they do this? How does it make you feel?

**AFTER**

- ✓ Have you ever wanted to be somebody else (e.g., a celebrity)? Explain.
- ✓ Why do you think so many people struggle with wanting to be somebody other than who they are?
- ✓ What is the message of this story?

**EVALUATION**

Evaluation strategies included formative and summative approaches (Stumbo & Peterson, 2004). Formative data collection included two data sources. First, the researchers systematically assessed the enjoyment of read-alouds by (a) collecting children's ratings of a selected book based on their reaction to the book itself, and (b) whether the child would want someone to read the book to them again. Second, the researchers completed a Post-Session Report Form (Stumbo & Peterson, 2004) after each read-aloud containing nine areas of questions to assess the session's strengths and weaknesses in terms of facilitation, interaction, and adequacy of resources. The purpose of formative evaluation was to develop and improve the reading program. For example, assessing how humorous or enjoyable the reading selections are may result in continued use of certain storybooks and reconsideration of others for future read-aloud programs. Finally, the researchers synthesized the same nine questions on the Post-Session Report Form by summarizing, analyzing, and interpreting patterns across all sessions as the Generic Evaluation Model (Stumbo & Peterson, 2004).

**Table 3.** Assent Form For Pediatric Patients Participating In Bibliotherapy Program

---

**Information and Assent Form: Read-Aloud Program**

You are invited to help some scientists look at whether funny picture books help kids who are sick enjoy themselves when they are in the hospital.

*Purpose*

The reason you are invited is that some scientists want to see if reading and discussing silly and funny picture books really helps kids who are sick enjoy themselves.

*Why Have I Been Asked to Help?*

You are invited to participate because you are a patient at Gundersen Lutheran Hospital. Your ideas may help us learn more ways to take care of kids who are sick.

*What Will I Have to Do?*

While you are here, a scientist will read and discuss a funny picture book with you. You can choose whether you'd rather read the book yourself or if you want to be read to. Your family members or guardians can choose whether they want to participate in any read-aloud with you. All the picture books are short stories or funny poems that won't take longer than 15 minutes. The scientist will ask you questions about the book using discussion cards. He/she might invite you to draw pictures or write your own poem about the book. He/she will ask you to give the book a star rating on how much you enjoyed it. The scientist might ask you to write down comments about the book to let professionals know how a kid really feels about the book. Someone will show the books and discussion cards to your mom or dad or the person who takes care of you.

You will answer some questions today to see if you're interested. Your Mom or Dad or the person who takes care of you said it's okay for you to participate. It will take about 15 minutes to answer the questions. Someone will help you if you can't read or feel too sick to read the questions yourself.

If you do not want to do these things, that's okay. Your doctors and nurses will not be upset and will still take care of you. Every time the scientist brings a new book, she will ask you if you feel like reading and discussing and you will always be able to tell them whenever you don't feel like reading.

*Will this Help Me Feel Better?*

We don't know for sure if the books will help you enjoy yourself. That is what the scientists are trying to find out. Then they will know what to tell another boy or girl who gets sick.

*Is There Something Else I Can Do to Relax?*

You can do what you usually do when you try to relax or calm down. If you don't want to answer the questions you don't have to.

*Will it Hurt?*

It won't hurt to read or listen to funny picture books and answer questions about them, but it might make you feel uncomfortable to think about some of the characters in the books. Some of the questions may seem strange but they will help the scientists know whether you enjoy the book.

*When and Where Will I Read and Discuss Books and Rate Them Too?*

The scientist will ask you to rate each book and to write down a few comments about the book each time he/she reads to you either in your room, in the play room, or wherever you feel comfortable on your unit. He/she might invite you to make some artwork or write a poem about the book. If he/she asks you to keep your artwork or poem, he/she will bring you a color copy of your artwork or poem the next time he/she visits.

*Who Will See My Artwork or Poetry or My Ratings and Comments About Books?*

Only the scientists trying to figure out what books kids who are sick enjoy will see your answers (your star rating and your comments). The scientist might show your artwork or poetry in a report but it will not have your name on it. Your parent will not be given a copy of your answers. Your parents and your doctors and nurses will not see your answers either.

Your name will not be on any of the papers you or the scientists write on. You will just be given a number. Only the scientists will know what kid has which number.

After they are done the scientists may write a report to help other people who take care of kids who are sick. They might make a big poster with your star ratings and other kids' star ratings to show at a college. They might write a big report that shows your comments along with other kids' comments. They might show your artwork or poetry in a report to prove how you felt about the book.

*Can I Change My Mind?*

You can change your mind about doing read-alouds or tell the scientists not to use your ratings or comments or artwork whenever you want. This will not change how your doctors or nurses take care of you.

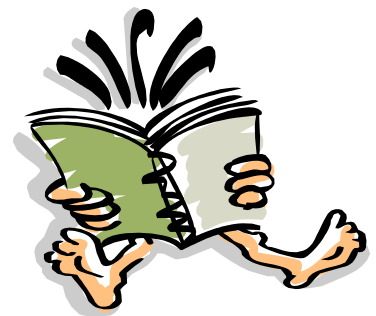
**What if I Have More Questions?**

If you have questions please ask the scientists doing the study or the people who supervise the scientists.

Authorization:

\_\_\_\_\_ has talked to me and answered my questions and I agree to be in the study.

\_\_\_\_\_  
Signature of minor subject



If you have questions about this research, please call one of these people listed below:

- Carol Bell, CCLS, (608-785-0530), Child Life Specialist and Charlie and Melissa's boss
- Susan 'BOON' Murray, (608-785-8199), Charlie and Melissa's teacher at college in La Crosse
- Charlie Lenn (608-385-8322), the scientist doing this research
- Melissa Kelly (608-385-7919), the scientist doing this research

**RESULTS***Participants*

All participants were patients on a general medicine pediatric unit with an assortment of diagnoses including asthma, cancer, eating disorder, cystic fibrosis, orthopedic injuries, birth defects, pneumonia, routine tonsillectomy, and muscular dystrophy. Among 17 participants, there were six females and 11 males ranging from one toddler (age three), three pre-schoolers (age four), seven school-age (two @ age six and four @ age seven), three pre-adolescents (all age nine), and three adolescents (two @ age eleven and one @ age twelve).

*Bibliotherapy Program*

The researchers conducted 29 read-aloud sessions including two sessions with patients who were unable to verbalize or rate the book. Two data sources yielded a measure of program impact. First, for 27 sessions, participants rated enjoyment of the selection on a scale of 1 to 5 stars where (1 = "I don't like this book") and (5 = "An Awesome Book") on the Child's Storybook Rating Form. The average mean rating across 27 read-alouds was 4.44 which indicates a high level of enjoyment (see Table 4). Secondly, another measure of enjoyment was whether participants would want someone to read the book to them again. For 27 read-alouds, 17 participants (62%)

responded “yes”, eight participants (29%) responded “maybe”, and two participants (7%) responded “no”. These results should be interpreted with caution because the researchers did not adequately probe the context behind the response. Finally, post-session reports were completed for 29 sessions. An interesting finding was that no parent chose to censor the annotated bibliography. A synthesis of post-session reports further indicates results that answer nine evaluative questions:

- 1) Were sessions implemented as designed? If not, what changes or modifications were made?
  - Sessions followed the preplanned guidelines as outlined in the storybook discussion guide. Each session was designed to last 30 minutes thereby eliminating or minimizing fatigue. Participants were given the opportunity to select which reading they preferred as an ethic of choice in an environment where they are allowed little input. Following the read-aloud and discussion, participants were given the option to engage in extended activities that related to the specific read-aloud. This planned approach was not implemented because children were satisfied with the reading and discussion due to fatigue and interruptions for medical procedures or family visits.
- 2) How appropriate were the activities (content) used in relation to program objectives addressed in the sessions?
  - An assortment of literature was offered at each session based on the child’s age and/or developmental issue per the discussion guides, and assessment information from the child life specialist. Each discussion guide was prepared based on the suggested age of the specific book. Children overall enjoyed being read to and varied in their responses to discussion. Some children were shy or reticent and gave an abbreviated response such as a nine-year-old boy who explained what he would tell a friend about *The True Story of the Three Little Pigs*, “It’s good.” Other children were animated in their discussion such as a nine-year-old girl who explained what made *Amelia Bedelia* humorous, “She would make a good babysitter because she makes good pie. She always did the opposite of what she was supposed to do.” An eleven year-old boy explained what made *Walter the Farting Dog* funny, “You should read the whole book because Walter farts a lot.”
- 3) How appropriate was staff (facilitator) interaction or intervention strategies (process) in the sessions?
  - The facilitator made every effort to accommodate the needs of the child above all else. This included assuring patients that participation was optional. The researchers utilized "process consent" (Munhall & Oiler Boyd, 1993) checking throughout each session whether the child wanted to continue. For example, midway through a session a participant’s medication began to take effect, causing the participant to feel nauseous. The facilitator noted the change in the patient’s demeanor and ended the session. While most sessions were successfully completed, this example shows the degree of flexibility, maturity, and sense of responsibility the facilitator must possess.
- 4) Did the sequence of activities appear to be logical and appropriate during sessions?
  - Every aspect of the session was planned placing the child’s well-being first. The typical sequence began with an introduction to put everyone at ease. The facilitator paced the reading and discussion to suit the child's comprehension and involved family members in the process.
- 5) Was a sufficient amount of time available for the objectives and activities planned for the sessions?
  - Extension activities were usually not implemented due to patients' compromised energy. The read-alouds were typically more successful because they tended to be a passive activity versus the extension activity which may have required more energy than the patients had. All sessions occurred in the afternoon and early evening between 2:00p.m. and 7:00p.m. due to availability of the researchers.
- 6) Were required materials, supplies, equipment, and facilities available for the sessions?
  - The facilitators had an adequate selection of literature thanks to grant funding where Kelly received \$911 and Lenn received \$960 to purchase a bibliotherapy library, props, and art supplies. The facilitators became “mobile libraries” carrying everything that would be needed for a session and all sessions were delivered bedside in patients' rooms.
- 7) Were an adequate number of staff members, appropriately trained, involved in the sessions as planned?
  - The facilitators were trained through coursework in their major, specifically *RTH 491 Workshop in Bibliotherapy*, Spring 2003. This training included choosing age-appropriate literature, creating annotated bibliographies and discussion guides and questions, mastering facilitation techniques for reading aloud, and guiding insight with therapeutic populations.
- 8) What was the nature of client and staff (facilitator) involvement in the sessions?
  - All children preferred to be read to by the facilitator rather than read themselves. Involvement was directly affected by a number of factors including the health status of the participant, the age of the participant, and

whether or not family or staff was present at the time of the session. For example, one participant who was involved in multiple sessions was noticeably more involved and eager to discuss her opinions and feelings when her parents and siblings were not in the room whereas other patients wanted family members to be present. Mothers were present with their child at 45% of the read-aloud sessions.

- 9) What unanticipated events or outcomes occurred in sessions that were not planned in the original design?
- The hospital census directly affected availability of participants. In their limited free time between procedures and treatments, pediatric patients had other competing options such as visiting with family, watching television, being in the playroom, and playing video games, all of which may be preferred to a read-aloud. A weakness of the study is not knowing how many patients were invited to participate and how many declined because child life specialists screened patients for participation. Exploring this context could be a question for future investigations.

**Table 4.** Rating of Enjoyment of Book Selections

<b>Title of Selection</b>	<b>Mean Child's Rating</b>	<b>Number of Times Read</b>
Alexander and the Terrible, Horrible, No Good Very Bad Day	4.0	2
Amelia Bedelia	5.0	3
Baghead	3.0	1
Chicka Chicka Boom Boom	4.0	1
Click Clack Moo Cows That Type	4.0	1
Cloudy with a Chance of Meatballs	5.0	2
Farley Farts	5.0	1
Farmer Brown Shears His Sheep	4.0	1
Imogene's Antlers	4.0	2
Marsupial Sue	2.0	1
Miss Nelson is Missing	5.0	1
The Book of Bad Ideas	4.67	3
The Day Jimmy's Boa Ate the Wash	5.0	1
The True Story of the 3 Little Pigs	4.67	3
Today I Feel Silly and Other Moods that Make my Day	4.5	2
Walter the Farting Dog	5.0	1
What! Cried Granny	5.0	1
<b>Total</b>	<b>4.44</b>	<b>27*</b>

\* There were a total of 29 sessions; two of the sessions were unrated because the patient was unable to communicate verbally.

## DISCUSSION

The researchers found that trying to introduce and deliver a program that has not already been in existence, and where they were unable to garner the support required for greater participation, made program delivery difficult. However, children's ratings of the literature indicated that the program goals were met. Bibliotherapy offers a unique fostering of enjoyment:

At almost any age, a book we've enjoyed becomes a kind of extension of ourselves. If a book has moved us, tickled us, informed us, or touched our imagination, owning that book means we can return to it and to the experience, whatever it was that moved us, again and again. Isn't that what sets a book apart from a ball game, a TV show, a party and most other entertainment? . . . Compared to most toys we buy, books offer children more long lasting and meaningful enjoyment. (Oppenheim, Brenner, & Boegehold, 1986, p. 18)



Many parents found the annotated bibliographies useful as they contained relevant information regarding current and appropriate children's literature with carryover value for enjoyment at home. Overall, the researchers found the experience and knowledge gained regarding the process of research more valuable than the overall results of the program.

## LIMITATIONS

A number of factors led to extensive delays and limitations to the project, especially the Institutional Review Board process. Due to the fact that this project dealt with human subjects the researchers were required to submit IRB's to both the UW-La Crosse and the participating hospitals. Because hospitalized children are a vulnerable population, the UW-La Crosse required a full review. The researchers had not accounted for parental censorship and were required to revise the informed consent for parents and guardians including an invitation to censor the annotated bibliography. Originally, the researchers' proposals were submitted and funded separately. Therefore, the two researchers applied to separate children's hospitals requiring external IRB reviews. Melissa Kelly received IRB approval from a hospital in Green Bay, Wisconsin but was unable to perform more than two read-alouds during Summer 2003 because admissions to the pediatric unit were predominantly infants and older teenagers. Charlie Lenn's external review from a Madison, Wisconsin Children's Hospital was delayed so long that no Summer 2003 data collection was possible. Therefore, in Fall 2003 Kelly and Lenn submitted a revised proposal to UW-La Crosse for re-approval as a combined project and to Gundersen Lutheran in La Crosse, Wisconsin where it received an expedited external review.

While child life staff at Gundersen Lutheran were interested in the project, they work part-time. Therefore it was difficult to coordinate securing informed consent and assent. This led to challenges in scheduling, as well as finding a consistent method of recruiting participants. The researchers persistently left voicemail inquiries to see if there were read-aloud candidates. Another issue was lack of participation. From September 2003 to April 2004, Kelly and Lenn worked on the pediatric unit as official volunteers yet were only able to facilitate 29 read-alouds. When writing the proposal in Spring 2003, the researchers naively assumed they could each facilitate at least 50 read-alouds during Summer 2003. A practical recommendation would be to conduct undergraduate research of a programmatic nature only in a facility where staff have the resources to support access and entire completion of a project. Also, undergraduate researchers should never underestimate the unexpected delays of the institutional review process and should be prepared to amend their schedule of project implementation.

## ACKNOWLEDGEMENTS

The faculty mentor for this project, Dr. Susan 'BOON' Murray, CTRS, inspired and guided the research. Her persistence through multiple institutional review boards and her knowledge of bibliotherapy resources were especially helpful. Funding from the UW-La Crosse Undergraduate Research Grant Program is greatly appreciated and will be applied to continued use of the bibliotherapy library each researcher was able to purchase.

## REFERENCES

- American Therapeutic Recreation Association. (1997). *Guidelines for competence assessment and curriculum planning in therapeutic recreation: A tool for self-evaluation*. Hattiesburg, MS: American Therapeutic Recreation Association.
- Anderson, M. (1992). *Hospitalized children and books: A guide for librarians, families, and caregivers*. Metuchen, NJ: Scarecrow Press.
- Hynes, A. M., & Hynes-Berry, M. (1994). *Biblio/Poetry therapy the interactive process: A handbook*. St. Cloud, MN: North Star Press.
- Munhall, P.L. & Oiler Boyd, C. (1993). *Nursing research: A qualitative perspective*. NY: National League for Nursing Press.
- Oppenheim, J., Brenner, B., & Boegehold, B. (1986). *Choosing books for kids: Choosing the right book for the right child at the right time*. NY: Bank Street College of Education.
- Stumbo, N. & Peterson, C., (2004, 4<sup>th</sup> ed.). *Therapeutic recreation program design: Principles and procedures*. Needham Heights, MA: Allyn & Bacon.
- Thompson, R. & Stanford, G. (1981). *Child Life in hospitals: Theory and practice*. Springfield, IL: Charles C. Thompson