

Conservative Christian Parents' Perceptions of Child–Parent Relationship Therapy

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The purpose of our study was to understand, document, and report conservative Christian parents' perceptions of the effectiveness of an intensive 5-week filial therapy program, Child–Parent Relationship Therapy (CPRT). A transcendental phenomenological approach (C. Moustakas, 1994, Phenomenological Research Methods, Thousand Oaks, CA. Sage) was used to gather, analyze, and report the findings from this study. A 14-question, semistructured interview was used with 10 parent participants to ascertain the parents' perceptions of the CPRT model. Overall, the parents thought the CPRT model was effective and had a positive change on the parent–child relationship and behavior problems the child was experiencing. Several techniques and interventions were described by the parents as the most helpful and beneficial. The results of our study suggest that CPRT may be effective for conservative Christian parents when certain modifications are made. The themes that emerged may be used to provide alternative methods to assist clients who hold conservative Christian beliefs.

Keywords: Child–Parent Relationship Therapy, CPRT, conservative Christian, parents, phenomenological

As our society continues to grow, many people in the United States report that their religious beliefs and faith play an important role in their day-to-day lives (AP/Ipsos Poll, 2005). Consequently, mental health clinicians are learning ways to integrate clients' religious and spiritual beliefs into the counseling process as counselors are learning that this integration is helpful in creating change in the therapeutic process (Cornish & Wade, 2010; Pargament, 2007; Richards & Bergin, 2005; Rollins, 2009). Even though counselors are encouraged by the American Counseling Association (ACA) and the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) to recognize the importance of a client's religious and spiritual values within the counseling relationship, many

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counselors are still unsure how to include these values in sessions (Blundo, 2006; Rollins, 2009).

Related to working with parents and children, filial therapy has been found to be effective for many different presenting problems and populations (Landreth & Bratton, 2006; Bratton, Ray, Rhine, & Jones, 2005). Filial therapy originated from client-centered therapy tenets, and uses a group format to teach parents how to interact with their children using play therapy methods (Guerney, 1964). It was designed to be a long-term parenting program for parents of children with emotional and behavioral issues (Landreth & Bratton, 2006). Currently, several models of filial therapy are used by mental health workers. One of these models, Child–Parent Relationship Therapy (CPRT), has been shown to be effective in reducing parent stress and decreasing behavioral problems in children (Landreth & Bratton, 2006; Bratton et al., 2005).

A large amount of research has been conducted on the effectiveness of CPRT with diverse populations (Bratton & Landreth, 1995; Edwards, Ladner, & White, 2007; Garza, Kinsworthy, & Watts, 2009; Grskovic & Goetze, 2008). At the time of our study, looking specifically at the conservative Christian population, we found only one study, by McClung (2007), which examined the effectiveness of CPRT. She suggested conservative Christian clients can be seen as a distinctive cultural group because they have specific group-differentiating characteristics and values. McClung found that conservative Christian families may be open to CPRT, but cultural modifications and adaptations may be needed, such as holding treatment sessions within the church and spending more time processing the parents beliefs associated with parenting and discipline. Discussing future research in this area, she determined that more studies are needed on the effectiveness of filial therapy in working with religiously conservative clients. In sum, even though the utilization of clients' spiritual and religious beliefs within the counseling process is becoming more common, we found very little research that explored the use of play therapy and filial therapy treatment methods with specific religious communities.

PURPOSE AND RESEARCH QUESTIONS

According to the ACA Code of Ethics (2005) and the 2009 competencies described by ASERVIC (2009), integration of spiritual and religious values is important in helping create change in the therapeutic process. Filial therapy is effective for many different presenting problems and populations (Bratton et al., 2005; Landreth & Bratton, 2006). Little has been done, however, to integrate these two ideas to help clients with religious and spiritual views. The purpose of our study was to understand, document, and report conservative Christian parents' perceptions of the effectiveness of an intensive 5-week CPRT group. In our study, the following research questions related to Christian parents and CPRT were explored:

- What are the perceptions of conservative Christian parents regarding the compatibility of CPRT with their religious beliefs?
- What are the perceptions of conservative Christian parents regarding the process and procedures involved in CPRT?
- What are the perceptions of conservative Christian parents regarding the effectiveness of CPRT?

REVIEW OF LITERATURE

Many people believe religion as well as family values and practices are closely tied together (Walsh, 2009). Walsh identified spirituality as being important to healthy family functioning, in that spiritual practices lead to greater connections between family members. Aponte (1999) encouraged counselors to develop good working relationships with people and institutions that assist clients in their spiritual growth. By working closely with such people and institutions, clients are able to use all the supports available to them in the community. Spirituality and religion are important to a person's belief and values system, and are being used more often in counseling sessions (Richards & Bergin, 2005; Walsh, 2009). Moreover, counselors can use their client's spirituality as a strength and resource in building the relationship with their children. CPRT may be one method through which counselors can begin to help parents strengthen their relationship with their children while also providing parents an opportunity to model religious and spiritual values for their children.

In a Gallup poll, researchers indicated 56% of people in the United States affirmed that religion plays an important role in their daily lives (Gallup Poll Organization, 2008). Unfortunately, as Pargament (2007) noted, most mental health workers know little about the integration faith and counseling, and only vaguely understand how it may be beneficial to a client's mental health and well-being. Therefore, it is good practice for mental health professionals to learn about integrating clients' religious and spiritual beliefs into counseling discussions and sessions with clients who desire such integration (Duba & Watts, 2009; Watts, 2001, 2007).

Conservative Christians

Richards and Bergin (2005) found that many clients of religious backgrounds, especially clients who define themselves as conservative, are hesitant to seek mental health assistance from secular therapists and prefer guidance and counseling from clergy or lay professionals. Further, some people who identified themselves as conservative, or devout, typically choose counselors or mental health providers who are of the same religious faith, use services only after other supports or resources have failed, and underutilize mental health and counseling resources.

The above information presented by Richard and Bergin (2005) suggests that some individuals with conservative Christian beliefs are more open to receiving professional counseling or mental health services when they believe these services follow and respect their religious beliefs. Counselors find it productive to take a *not knowing* stance in understanding the client's beliefs and use the client's own faith language in the counseling relationship to help the client recognize how his or her religious beliefs can be a support during the counseling process (Watts, 2007; Watts, Polonyi, & Bornsheuer, 2010).

Conservative Christian Parenting Beliefs

Within the biblically focused parenting literature, researchers present ideas drawn directly from the Bible. These researchers and authors have suggested that, in order for parents to develop a strong child–parent bond, parents must raise their children to have good moral character by using the commandments and instructions of the Bible as a guide (MacArthur, 2000; Rosemond, 2007). MacArthur (2000) and Bartkowski and Wilcox (2000) promoted the concept of biblically based parenting, and argued that parents have an ethical and moral duty to teach children right and wrong using Scripture as a guide. Support of this is exemplified in the results of Bornsheuer, Garza, and Nichter’s (2012) study. They found themes of congruence between biblically based parenting and (Child-Centered Play Therapy (CCPT)) tenets. Bornsheuer, Garza, and Nichter (2012) discovered commonalities within the areas of (a) modeling caring relationships with children, (b) disciplining with love to teach healthy boundaries, (c) teaching children to choose responsible behaviors, and (d) encouraging positive relationships and acceptance. Because of this, we suggest that CPRT may be effective with conservative Christian parents and a fit with the religious parenting beliefs.

Play Therapy

Play therapy is defined as “the systematic use of a theoretical model to establish interpersonal processes in which trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (Association for Play Therapy, n. d., para. 2). Counselors, using play therapy, allow children to explore their feelings, to increase positive interactions with others, and to develop appropriate social skills using his or her natural form of communication (Kottman, 2003; Landreth, 2002). Numerous researchers have indicated positive results with play therapy and diverse populations (Bratton et al., 2005; Garza & Bratton, 2005), although we found no researcher who explored the commonalities of CCPT and Christian beliefs.

CPRT: The Landreth 10-Week Model

A child’s well-being is strongly influenced by the amount of parent involvement in the child’s daily life. Moreover, parent involvement in the play therapy process has also been linked to greater parental satisfaction in counseling and a decrease in the child’s identified problem behaviors (Kottman, 2003; Landreth & Bratton, 2006; McGuire & McGuire, 2001). The belief that parents have a greater ability than a therapist to create an emotional bond with their child and become a more significant change agent is the basis of filial therapy (Guerney, 1964; Landreth & Bratton, 2006).

In the 1980s, in response to a need for a more short-term, cost-efficient model, Garry Landreth adapted the Guerneys’ model to a 10-week model (Guerney, 1964; Landreth, 2002; Landreth & Bratton, 2006). Landreth’s model has been refined and

is now called CPRT (Landreth & Bratton, 2006). The main focus of the CPRT model is to strengthen the parent–child relationship and to create positive change within the relationship. Prior researchers have shown CPRT to be effective in that it helps parents (a) to increase confidence in their parenting and rapport-building skills, (b) to gain a sense of mastery and support, and (c) to increase the child's internal locus of control (Bratton et al., 2005; Landreth & Bratton, 2006).

A substantial number of the CPRT studies have been conducted with diverse populations, including German mothers (Grskovic & Goetze, 2008), a Jamaican mother (Edwards et al., 2007), Hispanic parents (Garza et al., 2009), and parents of children who have witnessed domestic violence (Kinsworthy & Garza, 2010). Recently, McClung (2007) suggested the CPRT model may be culturally appropriate with conservative Christian populations. McClung established in her study that multicultural considerations and adaptations of CPRT were needed for CPRT to be the most effective treatment modality with this population. She reported that CPRT might be useful in working with religious clients, specifically Southern Baptists, as long as counselors are aware of their different cultural values and beliefs, and adapt the model to meet the cultural beliefs within this community. These adaptations include holding CPRT groups at local churches and being open to parent dialogue about religious parenting beliefs and child discipline. In our study, we sought to explore the use of CPRT with conservative Christian parents more fully.

METHOD

The purpose of our study was to understand, document, and report on 10 conservative Christian parents' perceptions of the effectiveness of an intensive 5-week filial therapy program, CPRT. We used the 5-week intensive format to decrease the possibility of parents dropping out (attrition) and of the outside maturation effects of the parents' skills and relationship with their children during the CPRT group activities. We were interested in exploring parent perceptions of CPRT because past researchers have noted that secular therapy methods might not be of interest to conservative Christian parents, given that they may view the tenets and process as contrary to their religious and parenting beliefs. Written approval was obtained from the Sam Houston State University Institutional Review Board, along with written approval from the pastors whose members were interviewed.

A transcendental phenomenological approach (Moustakas, 1994) was used to gather, analyze, and report the findings from our study. Phenomenological research is the most effective way to understand the essence of participants' experiences (Moustakas, 1994). This research method was used to explore the experiences of those participating in CPRT groups and the extent to which their religious beliefs were congruent with CPRT tenets.

Selection of Participants

Qualitative research does not require a large number of participants, because the results are not generalized to a larger population and because the results are

only used to describe the phenomena of a particular group or experience (Creswell, 2007). In gathering the 10 participant interviews obtained during our study, common themes were identified and selected from among participants' stories about their experiences as a member of a CPRT group and how the CPRT tenets related to their religious views and beliefs.

The population from which participants volunteered was conservative Christian parents seeking education and skills that they might use in relating to their child or children. Participants included Christian members from Evangelical Baptist, Church of Christ, and Southern Baptist churches. A total of 10 parents participated. Each CPRT group was led by the first author to maintain consistency across the groups. The first author is trained in CPRT, and she followed the CPRT manual for each group. After participants completed the CPRT sessions, they were asked to complete a semistructured interview during which their thoughts and perceptions about the 5-week CPRT were explored. The CPRT groups consisted of 10 sessions. Each parent session included a 2-hr psychoeducational session, using a support-group format, which met twice a week and included seven 30-min at-home play sessions. The aforementioned format follows the one previously created by Landreth and Bratton (2006). The content and structure of each CPRT group was not changed, and the clinician leading the groups did not deviate from the CPRT manual.

In the three CPRT groups, there were a total of two men and eight women. The average age of the women was 35 years and for the men, 38 years. Of the 10 participants, four were attending the groups as married couples and the other six were attending without their spouse. All participants were married and came from two-parent households. The size of the family households ranged from three to six individuals. Three of the parents noted that their household income was between \$20,000 and \$50,000, four were between \$50,000 and \$100,000, and three were \$100,000 and above. Four of the women noted they were moderately conservative in their religious values and four were conservative. One male parent was conservative and the other was moderately conservative in his religious values. All 10 participants stated that they believed a parent training class should fit with their religious values "a great deal." Eight parents identified themselves as White, one identified as African American and White, and one identified as Japanese American. All parent participants provided pseudonyms that were used to protect their privacy and confidentiality.

Instrumentation

In our study, we used several means of data collection to obtain a description of participants' experiences. Participants were given a short demographic questionnaire that included information about their age, ethnicity, marital status, household income, number of children in the household, and religious views. Participants were interviewed using a semistructured interview. Questions posed in the face-to-face interviews were adapted from previous research interviews conducted with a similar population (Bornsheuer, Irby, & Henriksen, 2012) and were based on the existing body of knowledge about religious groups and CPRT. An example of the interview questions includes: (a)

How do you see the CPRT process as effective in helping increase your level of empathy for your child and his or her current identified problem?; (b) In what ways has the CPRT process strengthened your relationship with the child of focus?; and (c) What are your perceptions regarding the compatibility of CPRT with your religious beliefs?

Data Collection and Analysis

An intensive version of Landreth's 10-week CPRT group format was used. Previously, Kidron (2003) used a modified 5-week format version in her study, and found that the change from 5–10 weeks did not negatively affect the parents' efficacy or their relationship with their child. Based on her report, in our study, we also used the same modified 5-week format as Kidron. Our version was an intensive 5-week variant in which 10 therapy sessions occurred over a 5-week period. For example, a group met on Wednesdays and Sundays for 5 weeks and discussed one CPRT session each day. We used the same tools used in the original 10-week model created by Landreth and Bratton (2006), and we did not deviate from the CPRT model.

After using various means of data collection, the different themes found in the data were objectively analyzed, and the information gathered was confirmed by participants. Lincoln and Guba (1985) stressed the importance of developing trustworthiness and credibility within qualitative research. Researcher bias, a constant threat to credibility, was taken into account and reduced through the use of bracketing, an independent reviewer, and peer debriefing. In addition, reliance on peer debriefing, member checking, and an independent reviewer was helpful in assuring every effort was made to remove all personal biases from the findings in order to most accurately report the experiences and perceptions of participants (Creswell, 2007). Because the lead author was the leader of the CPRT groups, she bracketed or removed researcher bias before beginning the CPRT groups by discussing her values and goals with colleagues and faculty so that it did not influence the CPRT group or the collection and analysis processes in any way. Further, after the interviews were conducted and transcribed, the lead author met with a colleague familiar with play therapy and CPRT methods. The goal was to discuss her thoughts on the CPRT groups and interviews. The purpose of this peer debriefing method is to remove researcher bias by encouraging the researcher to discuss and explore how his or her values may influence the study and participant interviews with colleagues who are knowledgeable and familiar with qualitative research and the topic under investigation (Onwuegbuzie, Leach, & Collins, 2008).

A qualitative phenomenological analysis of the data included participants' perceptions of the CPRT process. Participant interviews of their perceptions were transcribed, and then coded using the Stevick–Colaizzi–Keen (SCK; Stevick, 1971; Colaizzi, 1973; Keen, 1975) method to identify common themes in parents' stories and views on the CPRT process and methods. Moustakas's (1994) adapted version of the SCK method was used in the data analysis to describe the meaning of participants' experiences and perceptions.

RESULTS

Parents in our study overwhelmingly found that the CPRT group sessions were beneficial in bringing about change in themselves, their children, and in the family system. Several techniques and skills were noted as beneficial, such as: (a) encouragement, (b) using statements to reflect feelings, (c) limit-setting and choices, and (d) being a thermostat rather than a thermometer (e.g., parents remaining calm when the child is becoming more intense or escalating in behavior). Further, parents reported that holding the groups at churches and incorporating Scripture into the sessions would be important and of value to parents who identify themselves as conservative Christians. Parents suggested several different ideas about structural changes to the CPRT model that could be helpful for future groups. Even though parents suggested these changes, they were pleased with the information provided, how the groups were set up, and how the sessions were conducted.

Compatibility of CPRT With Christian Beliefs

From the interview questions associated with the research question determining the compatibility of CPRT and parent religious beliefs, two themes emerged: (a) opportunities for parents to model biblical teaching and Christian behaviors between parent and child, and (b) hesitancy about the CPRT regarding fit (i.e., how well the application and lessons of CPRT were compatible with the conservative Christian ethos), newness of the skills and methods learned, and applicability to discipline methods.

Opportunities for Parents to Model Biblical Teaching and Christian Behaviors Between Parent and Child

A common theme that emerged from all parents' stories was that the CPRT group process was compatible with parents' religious beliefs, because it provided structure and opportunities for parents to connect with their children and to communicate biblical values and stories. This resonates with previous research findings that have indicated conservative Christian parents believe and desire for their religious beliefs and values to be passed down to their children (Walsh, 2009). All parents in our study noted that teaching their children about biblical principles, values, and stories within the parent–child relationship were of utmost importance. Six parents mentioned that they viewed themselves as “guides” in teaching their children to follow “Biblical standards” and “Christian values.”

Sharon believed that CPRT was a “very Biblical model” and Laura, in regard to the compatibility of the CPRT process with her religious and parenting beliefs, stated that the CPRT process was “never contrary to our religious beliefs. I think we keep them too separate. . . Maybe they do need to be more integrated . . . go hand-in-hand.” Another mother, Vicky, mentioned:

Christianity to me is about building relationships so you can display God's love and I think that what we're doing is building that relationship and trust. I mean if they don't trust you, they're not gonna accept what you have to say and do.

Hesitancy About CPRT

Fifty percent of parents mentioned that they were hesitant about the group process. They expressed some anxiety over what would be taught, the newness of the skills and techniques for communicating with their children, and whether it would be a "fit" for their parenting and religious beliefs. These five parents stated they experienced these concerns during the initial three-to-four group sessions, but, as they began to realize these concerns were being addressed, their fears and anxieties diminished because they began to understand how the group could benefit their family and relationship with their children. The parent concerns about the fit of the group were addressed in the first group session. The group leader discussed with parents the CPRT process and the benefits to both parent and child. This discussion is encouraged in the CPRT manual, and a handout about CPRT was provided.

Even though several parents reported they were unsure of how to incorporate different skills and activities into the daily routine, all believed that the methods used in the CPRT model were providing direction for introducing certain values and ideas, such as "kindness," "respect," "love," and "quality family time" into the family system and the child–parent relationship. Abby expressed concern about the discipline and limit-setting procedures and whether they would be a "fit" for her family. She stated: "I'm always curious about the forms of discipline that some programs offer." She went on to say:

You know that type of punishment, the rod, and I've been in classes like that where it supports that . . . it doesn't go very well . . . he does not respond well to that type of . . . it escalates him. Because there were times "Well, what do we do, do we try this?" . . . we've gone back and forth and struggled with that so knowing that this is more of action consequence, behavior/action/consequence type of thing, you know, and helping him. Instead of, "Okay, well, you're just gonna have to be submissive to what we tell you to do" and giving him some choice—in his life because he's gonna have to make choices.

CPRT Process and Procedures

Regarding the research question focusing on the parents' perceptions of the CPRT process and procedures, parents overwhelmingly stated that the CPRT group had a positive influence on their interactions with their children and the issues faced by their children. Related to the helpfulness of the CPRT groups, parents stated that it was helpful and positive in (a) addressing specific problems, (b) developing parent skills and techniques, and (c) facilitating positive outcomes with their children as they experienced their own self-growth. The themes noted in parents' evolving understanding of themselves and their relationship to their children were greater awareness of their children's needs as well as their own, and the development of a more stable and secure parent–child relationship.

Addressing Specific Problems

Five of the 10 parents mentioned that the CPRT group model was effective in addressing specific problems they faced with their children. All parents noted that attending the CPRT group was helpful in improving their relationship with their children and in their parenting skills. For example, Dee stated:

I like it because it helps define those areas we really didn't know how to pinpoint in the discipline or even how to talk to him about situations. That it helps us to be able to understand more getting on his level where you're ready to pull your hair out before so it helps you have a better understanding of it.

Each parent found the CPRT session handouts and activities helpful in providing specific language and steps with which to better communicate with their children and to help them become more self-sufficient or de-escalate from high levels of anger or frustration.

Developing Parent Skills and Techniques

Of the skills and techniques discussed during the CPRT program, four were routinely discussed and identified as the most helpful for parents. They were using statements instead of questions to allow the child to be heard within the parent-child relationship, being a thermostat rather than a thermometer (e.g., teaching parents to remain calm and balanced instead of escalating in intensity and emotion when a child is escalating), using encouragement versus praise, and using limit-setting and choice language. Six of the 10 parents stated the use of statements rather than questions was one of the most helpful things they learned from the CPRT program. One father, Alex, continually pondered the difference between statements and questions and how it helped him develop a higher level of awareness about his communication.

Along with limit-setting and choice language, conversations about the difference in results between the uses of encouragement versus praise were the most widely and thoughtfully discussed topics during the group sessions. From two different groups, two moms mentioned that, after the CPRT sessions on encouragement versus praise, they heard others on the radio and pastors in their churches stress the importance of encouragement and the divergent behavioral outcomes compared with praise. They both claimed this was a surprise to them; yet it helped to affirm the importance of the use of encouragement for their child's self-confidence and esteem.

The limit-setting and choice-giving skills were the most helpful and influential skills noted by parents. Six of the 10 parents mentioned it was one of the, if not the best, skill that they learned to use with their children. Laura mentioned: "The choice language, very helpful. That's your choice and I focus back on that." Also, Alex found this a helpful tool when teaching his sons about choices and becoming responsible for their actions.

Facilitating Positive Growth and Outcomes

All 10 parents noticed specific changes in their children's moods and improvements. Half of the parents reported significant changes in their own parenting skills, in the interactions with their children, and in self-awareness. In discussing changes in her son, Dee said that he seemed "really happy, really happy" and "to be more free in asking things now than before because he knew that it would just be no and I can see that change."

Effectiveness of CPRT

The last research question focused on parents' perceptions of the overall effectiveness of CPRT. Three significant themes emerged from parents' stories: addressing increased empathy for the child of focus, strengthening the parent-child relationship, and reducing the child's problem behaviors. Parents suggested methods through which CPRT facilitators could integrate discussions of parents' religious beliefs into the sessions. These included ways facilitators might be more culturally aware and sensitive to conservative Christian needs.

Increased Empathy

Seven of 10 parents noted improvements in their level of empathy toward the issues their children are facing. Fred mentioned: "I gotta remember that he does have emotional desires just like anybody else and he doesn't know how to express them." And Laura affirmed: "I know he has a problem. I recognize the problem. He recognizes the problem."

Strengthening the Parent-Child Relationship

When discussing changes and improvements in the parent-child relationship, eight of 10 parents reported significant improvements in their level of connection with the child of focus. Each parent was pleased with the positive changes occurring in the parent-child relationship. Vicky mentioned the changes she saw in her son when she spent time with him one-on-one. She said: "in fact, it's taking the time to make him feel special and individual rather than 'all the boys.'" One father, Fred, said he had seen changes with his son because he learned to stop focusing on the negative. He described it as: "Walk away and just say, 'Okay, go about your business, I'm not gonna battle with you right now, I'll battle with you later, or we will cross another bridge later.'"

Reduction of Problem Behaviors

Regarding changes and reductions in the children's problem behaviors, parents pointed out that the children of focus had developed a greater ability to manage

their feelings and to de-escalate feelings of anger and frustration, and that they acquired increasingly stronger feelings of empowerment in handling various situations. Describing changes in her son, Vicky stated:

For him I think a lot of times they can be diffused early and so recognizing the feelings and emotions quickly and before they escalate. And I think when he can identify it, when he can tell that he's getting—or when I . . . “I can see you're frustrated” then he can . . . pull himself together a little bit with that stuff, too.

Structure and Logistics of CPRT Groups

Even though all 10 participants reported positive changes and outcomes from the CPRT sessions, they suggested some changes that could benefit future CPRT groups with a similar population and setting. Participants were split on the duration and time frame of the CPRT groups. Five parents stated they enjoyed the groups and holding the 10 sessions over 5 weeks, whereas others believed that more parents would be interested in the group if it was held once a week for 10 weeks. Dee stated: “I’m glad it wasn’t very long. But it was . . . we made the adjustment because we had to. It has just truly helped.” All participants reported they preferred groups to be held at a local church or at their own church. Parents also mentioned that by having the sessions held at the church helped facilitate stronger support networks for parents, and that parents found it was helpful to have other parents of the same faith working together on common problems.

Recognizing that some conservative Christian parents’ desire counseling and parenting programs be provided through or in the church, the CPRT facilitator conducted the sessions at the prospective churches. Holding sessions at the local churches and providing childcare for parents, either by the church or by a private babysitter, were significant issues for parents. Two groups were held on Wednesdays and Sundays. Childcare was already provided on Wednesdays because most children attended AWANAS, a weekly children’s bible study group that teaches the gospel, at the church. Seven of 10 parents stated this was beneficial and helped them decide to attend the groups.

DISCUSSION

The themes that emerged from parents in our study expand the current knowledge base on the effectiveness of CPRT with clients of diverse backgrounds. We recognize that the themes that emerged from the parent stories in our study are not generalizable to all conservative Christian parents. The purpose of our findings is to begin to understand how conservative Christian parents perceive CPRT and how counselors and CPRT facilitators can be culturally sensitive to the beliefs and values of parents. Our research suggests that CPRT is an appropriate intervention for conservative Christian parents, but, at the same time, modifications (e.g., location of the group, inclusion of Scripture, how limits are introduced) are needed to make the program meet the requirements and the religious beliefs of parents in this therapeutic setting. The CPRT process and skills taught in the group were beneficial and produced changes in both parents and children during the 5-week

process. There were no discrepancies or issues related to the skills taught or the tenets of the CPRT model with the parents' religious views on raising their children.

All 10 participants believed the CPRT model provided an opportunity to integrate biblical teaching and modeling of religious values and behaviors into their relationship with their children. The parents indicated that passing down their religious values and beliefs to their children was important to them. To adapt the CPRT model to be a better fit for conservative Christian parents, several parents recommended the inclusion of Scripture could be woven into the group session discussions to help parents assimilate their learning into their religious beliefs regarding the raising and caring of their children. From our study, we found that these conservative Christian parents were seeking assistance with methods for improving their relationship with their children congruent with their religious beliefs. Counselors working with this population, or with other populations or parents who find guidance and support for parenting practices through their religious beliefs, are encouraged to integrate methods and interventions in line with these beliefs. Our participants identified ways in which counselors may be culturally sensitive to conservative Christian parents' needs and values during CPRT.

Parents, in our study, responded positively to having the CPRT groups at local churches. Having the sessions at a church also demonstrated to parents an understanding and respect for their belief system that may be desired by conservative Christian parents (Bartkowski & Wilcox, 2000; Richards & Bergin, 2005). They pointed out that they would not have been opposed to the group sessions being held at another location in the community, but they preferred the church because (a) all parents knew the other parents had similar values and believed other parents would not pass judgment, (b) they felt safe at the church, and (c) the church was a common ground for all parents. Several researchers have suggested that many conservative Christian parents and clients are hesitant to seek counseling or mental health supports from the greater community because they fear their religious beliefs would be disregarded or not valued (Duba & Watts, 2009; Richards & Bergin, 2005; Watts, 2001, 2007). By holding the CPRT group sessions at the church, we believe this afforded the parents a feeling of being welcome, and that their parenting and religious beliefs would be valued and respected by the group leader as well as the other parents during the CPRT process.

Similar to previous researchers, we found that all parents in our study reported positive outcomes from attending the group sessions (Garza et al., 2009). We also noticed that many parents experienced some hesitancy regarding the use of setting limits in the play session and in daily activities. Setting limits is an area that other researchers (Edwards et al., 2007; Solis, Meyers, & Varjas, 2004) have reported some difficulty training parents and McClung (2007) has noted that it may be a major issue for conservative Christian parents. In the end, all parents in our study noted that it was a helpful and effective strategy to use with their children, and that became easier to use as they, the parents, became more comfortable with the skill.

Overall, parents believed that the CPRT group sessions were helpful in developing increased empathy toward their children, strengthening the relationship between the parent and the child, and decreasing problem behaviors and issues experienced by the child. The change in the parent-child relationship is one of the most powerful signs that play therapists using CPRT look for in the parents and children so that they assimilate the skills they have been learning. Parents also

reported changes in their children's initial behavior problems or other issues about which the parents had been concerned. These three areas have been addressed in much of the past research evaluating the effectiveness of CPRT. Past researchers have noted consistent positive changes in these areas when studying the effectiveness of CPRT (Garza et al., 2009; Grskovic & Goetze, 2008; Kidron, 2003; Landreth & Bratton, 2006; Solis et al., 2004).

CONCLUSION

We believe that our findings have significant implications for counselors working with parents and children. Parents described specific skills and methods learned within the CPRT program that were effective and helpful for them, and also the many ways in which the CPRT group process was compatible with their religious beliefs. Counselors interested in CPRT, working with parents, and using methods and interventions that fit within clients' religious values and beliefs regarding parenting will find the themes described by the parents' first-hand experience helpful and beneficial. Although these results are not generalizable to the conservative Christian population as a whole, we believe the themes provide an insight into parents' perceptions of the CPRT group. To gain a greater understanding of the effectiveness of CPRT when working with conservative Christian parents and parents from other religious communities, future researchers might explore the effectiveness of the program with different religious groups and identify additional adaptations and changes that might enhance CPRT.

In the counseling profession, there is clear evidence that practitioners must be aware of and use interventions that are culturally appropriate and respectful of clients' religious beliefs if they expect to be successful with clients whose cultural backgrounds differ from their own (ASERVIC, 2009). With awareness of different religious and spiritual values in other cultures and how these values impact mental health and well-being, counselors are more likely to develop and use culturally sensitive counseling interventions. We offer these findings as one way through which play therapists and those working with parents using CPRT may begin to recognize the importance of clients' religious values in parenting. CPRT is an effective intervention for conservative Christian parents, whose values applied in raising their children are of prime importance, in that the program can reflect these clients' values and methods of raising children while applying the appropriate therapy.

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Correction to Ray et al. (2013)

The article “Child-Centered Play Therapy and Impairment: Exploring Relationships and Constructs” by Dee C. Ray, Hayley L. Stulmaker, Kasie R. Lee, and Wendy K. Silverman (*International Journal of Play Therapy*, Vol. 22, No. 1, pp. 13–27) was missing a co-author. Wendy K. Silverman of Yale University School of Medicine has been added to the article byline and author note. The online version of this article has been corrected.

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