AN INVESTIGATION OF THE PERCEPTIONS OF CHRISTIAN SEMINARY COUNSELING STUDENTS REGARDING PLAY THERAPY

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The threefold purpose of this study was to assess the extent to which counseling seminary students’ beliefs corresponded to the tenets of child-centered play therapy, the amount of training seminary counseling students received in the area of child counseling and play therapy, and the applicability of child-centered play therapy courses in seminary counselor education programs. The researcher pursued this purpose through administration of a survey instrument she developed. The instrument consisted of 22 demographic items and 23 5-point Likert scale items based on the tenets of child-centered play therapy.

The sample was comprised of 206 seminary counseling students from 12 Christian seminaries across the United States: 155 female and 51 male participants ranging in age from 21 to 60 years old and including 5.3% African American, 3.9% Asian, 1.5% Biracial/Multiracial, 3.4% Hispanic, 83% White (Non-Hispanic), 2.4% Other. Multiple regression analysis was utilized to determine which demographic variables were significant predictors of respondents’ beliefs regarding child-centered play therapy. Results indicated significance at $p < .05$ level. Specifically, respondents who reported feeling more prepared to counsel children reported beliefs more congruent with child-centered play therapy, and respondents from the Southwestern and Southeastern portions of the United States exhibited beliefs less congruent with child-centered play therapy. Respondents’ reports of their gender, age, denominational grouping, counseling theory, previous training to work with children, parental status, and future plans to counsel children did not significantly predict beliefs corresponding to child-centered play therapy. Descriptive data revealed that 83.5% of respondents intended to counsel children after
completing their graduate studies, yet only 20.4% of respondents reported having completed coursework in child counseling; thus, they appeared inadequately prepared to work with this specialized population. Implications for seminary counselor education programs are discussed.
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Institutions of higher learning dedicated to the profession of ministry originated in what would later become the United States of America in the 17th century with the founding of Harvard University in 1636. Initially Harvard College, the university’s declared purpose was to “advance learning and perpetuate it to posterity; dreading to leave an illiterate ministry to the churches” (Harvard University, 2007). While the importance of adequate ministerial training exists still today, the academic preparation of ministerial students has greatly expanded and evolved since its humble beginnings.

The Association of Theological Schools (ATS) is an accrediting institute comprising 253 member schools located in North America that provide religious education to professionals at the graduate level (Association of Theological Schools [ATS], 2007). Of the 253 graduate religious institutions, 217 are located in the United States (ATS, 2007). Institutions under the umbrella of ATS aspire to “educate persons for the practice of ministry and for teaching and research in the theological disciplines” (ATS, 2007). ATS reports a student enrollment totaling 81,063 within the 253 member schools.

Whereas religious education in the 1600s was limited to few areas of study, theological focus in religious education has broadened significantly. A function of ATS as an accrediting body is to approve degree plans offered by schools accredited by ATS. ATS ensures schools under its jurisdiction operate with the core values of diversity, quality and improvement, collegiality, and leadership. Under this high standard of operation, schools offer degrees divided into six categories: master of divinity, ministerial leadership, general theological studies,
advanced ministerial leadership, advanced theological research and teaching, and other (ATS, 2007).

The division of ministerial leadership includes masters degrees in specialized ministries. The category of ministerial leadership contains master of arts degrees in the areas of counseling, marriage and family therapy, counseling psychology, and pastoral counseling (ATS, 2007). These programs emphasize the importance of training counseling professionals in the areas of theology and psychology in preparation for entering service in an organization, church, or private practice (Covenant Theological Seminary [CTS], 2010; Southwestern Baptist Theological Seminary [SWBTS], n.d.) Additionally, many of the theological counseling programs prepare graduates to meet state academic requirements for licensure and practice (CTS, 2010).

Academic requirements for theological education in the field of counseling are inclined to include courses in theology, Biblical exposition, and counseling (SWBTS, n.d.).

Though the intention of seminary counseling programs is to adequately prepare students for practice within the realm of counseling, of the courses required, few courses focus exclusively on therapy with children. According to the Child Health Care Crisis Relief Act of 2009, 12% of children and adolescents in the United States have a diagnosable mental illness and approximately two thirds of those individuals do not receive treatment. Furthermore, the Child Health Care Crisis Relief Act of 2009 reported a shortage of mental health professionals to serve children and adolescents with emotional disturbances. Due to the current epidemic of childhood distress and lack of adequate interventions, it is imperative that counselors who work with children be adequately prepared to meet the unique developmental needs of their young clients. The difference between an adult’s and child’s cognitive and language abilities has been widely acknowledged by professionals in the field of counseling. Therefore it is prudent that counselors
seek to provide services that appropriately match the cognitive and language abilities of children. Meta-analytic research suggests that play therapy is an effective form of therapy for children regardless of age, gender, or presenting issue (Bratton, Ray, Rhine, & Jones, 2005).

Despite the emergence of play therapy in the field of counseling, a thorough review of the literature indicated no studies that provided an in-depth investigation into the beliefs of counseling seminary students regarding children. Moreover, no studies I found investigated the beliefs of counseling seminary students regarding play therapy as an effective treatment for children.

Statement of the Problem

The problem with which this study is concerned is the inclusion of child training specifically focused on play therapy in seminary counseling curriculum. Due to the dearth of research regarding seminary counselor education programs, Christian education, and the inclusion of play therapy to seminary counseling programs, further research is needed to address the relevance and inclusion of play therapy in seminary counselor education.
CHAPTER 2
LITERATURE REVIEW

Research in the following relevant areas are discussed in this section: (a) seminary education, (b) seminary counselor education, (c) play therapy, and (d) play therapy from a Christian perspective.

Faith based counseling can be traced back to 1200 B.C. when Moses, a spiritual leader, counseled the Jewish nation by imparting wisdom to foster spiritual growth and emotional growth (Kottler & Shepard, 2008). Over time, faith based counseling has evolved and is now practiced by mental health professionals in various settings. Peterson (2002) noted several reasons why individuals seek counseling services in a religious setting as opposed to a secular setting. To begin, Peterson (2002) stated that individuals seeking mental health counseling in a religious setting often have a preference for religious settings and also rely on the local church for assistance. In addition, individuals tend to seek mental health care in a church setting due to a lack of availability of area counselors and an inability to afford counseling services in a non-religious setting (Peterson, 2002). Peterson (2002) further stated that individuals who sought counseling services in a church setting reported that they would not seek mental health care outside a church setting. Regardless of one’s reasoning for seeking church based counseling services, many individuals seek professional mental health services from local churches and Christian based counseling services. Often, seminary curriculum does not require students training to be pastors to obtain course instruction in counseling interventions, counseling theories, or counseling techniques. Therefore, to adequately meet the mental health needs of individuals seeking Christian based therapy services; seminary counselor education programs
must adequately prepare individuals to enter work as competent counseling professionals prepared to meet the needs of individuals both inside and outside the church.

A thorough review of the literature revealed a dearth of information regarding the amount of children engaged in Christian counseling services. Additionally, information was not found which addressed the type of presenting problems with which children present in Christian based counseling settings. However, in a survey of Americans, Gallup poll interviewers found 82% of respondents reported their religious preference as Christian (Newport, 2007). Moreover, the mental health concerns of children has been cited as a major crisis in the United States, with a call for counselors to strive to better meet the emotional, behavioral, and developmental needs of children (Mellin, 2009). Moreover, a shortage of mental health professionals adequately prepared to address the mental health needs of children and adolescents has been cited as a significant concern in the field of mental health care (Huang, Macbeth, Dodge, & Jacobstein, 2004). Mellin and Pertuit (2009) conducted a Delphi study exploring research priorities for mental health interventions with youth. Results of this study indicated that less is known about the mental health concerns of children and adolescents as opposed to adults’ mental health concerns (Mellin & Pertuit, 2009). Further, the authors emphasized the need to evaluate the preparation received by entry-level counseling practitioners to work with children and adolescents (Mellin & Pertuit, 2009). Finally, Mellin and Pertuit (2009) called for the inclusion of specialized curriculum and practicum experience as the most proficient method for improving counselor’s preparation to work with youth populations.

Christian counselors are not exempt from this call to meet the specific developmental and therapeutic needs of children. Sisemore (2003) addressed the unique responsibility of the church in the mental and emotional health of children. Sisemore (2003) cited many opportunities which
exist for mental health professionals to partner with churches in addressing the specific mental health needs of children (Sisemore, 2003). However, Christian based counselors also require specialized training to adequately address the unique counseling needs of children regardless of the counseling setting.

Seminary Education

Theological education in North America exists today for the training of individuals for ministerial purposes. A wide range of theological beliefs and practices are represented within these theological schools. The Association of Theological Schools reported in 2006 that of the 253 member schools, 56% represented Protestant denominations, 22% Roman Catholic, 21% inter/multidenominational, and 1% Greek Orthodox, Orthodox Presbyterian, and Other Orthodox schools (Meinzer & Merrill, 2007). ATS further explained that 65% of the schools act as freestanding institutions, whereas 35% function as essential parts of a larger university or university-seminary combination (Meinzer & Merrill, 2007). Additionally, Fuller Theological Seminary compiled a listing of all degree granting Christian and Jewish theological schools in North America and reported a total of 303 seminaries (Fuller Theological Seminary, 2005).

Student body size of ATS schools range from less than 20 to greater than 2,500. Enrollment in theological schools has risen from approximately 65,000 students in 1997 to a total student enrollment of 81,063 in 2006 (Meinzer & Merrill, 2007). Most recently, Meinzer and Merrill (2007) reported the 2006 ethnic breakdown of student enrollment consisted of 67.5% Caucasian, 7.5% Asian, 11.7% African American, 4.3% Hispanic, 0.4% Native American, and 8.5% international students (Meinzer & Merrill, 2007).
All degrees offered by ATS accredited schools fall into one of six categories: master of divinity, basic ministerial leadership (non-MDiv), general theological studies, advanced ministerial leadership, advanced theological research and teacher, and other (Meinzer & Merrill, 2007). Of the degrees offered, counseling and similar degrees fall within the category of basic ministerial leadership.

To maintain the integrity of educational programs offered, ATS sets forth basic program guidelines to be followed by each accredited seminary. Educational institutions accredited by ATS are expected to actively implement the guidelines as set forth by ATS. ATS delineates that counseling programs fall within the broader category of master of arts degrees in specialized ministry. To begin, ATS determines that the purpose of a program in specialized ministry is to adequately equip individuals to work proficiently within a specialized ministry area (ATS, 2008). ATS further instructs member schools that specialized ministry programs are to meet four primary goals. The first goal is for students within the realm of specialized ministry to have the ability to reflect upon theological constructs. Second, graduates are to demonstrate skill in the implementation of their specified ministry area. Additionally, ATS has determined that graduates are to possess an understanding of the disciplines that are foundational to their specialized ministry area. Finally, graduates are to demonstrate growth both personally and spiritually (ATS, 2008). Furthermore, ATS (2008) mandates that students be educated in regard to the educational goals of the degree program, and are informed about the type of roles that can be assumed as a result of a graduate degree in specialized ministry.

As well as the aforementioned goals set out by ATS (2008), each seminary that offers specialized ministry degrees is expected to provide instruction on both theological disciplines and information foundational to the specific area of specialized ministry. ATS (2008) sets forth
that students enrolled in specialized ministry degree programs are to have opportunities for spiritual growth, as well as opportunities to gain supervised experience within the specific field of ministry. Accredited seminaries are expected to provide a sufficient number of well qualified instructors and supervisors in the field of specialized ministry. Additionally, ATS (2008) guidelines specify that accredited seminaries develop and implement appropriate methods for selection, evaluation, and termination of supervisors and ministry sites. As a final point, ATS (2008) instructs accredited seminaries that programs seeking to meet standards for licensure or certification of graduates are to conform to the licensing organization’s agreed upon standards.

Seminary Counselor Education

Many Christian based graduate counseling programs exist today in North America with the intent to train individuals to integrate theological principles with psychological constructs. As a result of such training, many graduates of Christian based counseling programs have the option to pursue state licensure and are equipped to practice in a variety of both faith-based and secular settings. Such settings include private practice, mental health agencies, churches, parachurch organizations, and school settings. Individuals receiving degrees in Christian or Biblical counseling are specially equipped to evaluate psychological principles as they relate to theology. It is important to note that variety exists among seminary counseling programs in that certain programs emphasize the integration of psychology and theology more than others.

Waller (2008) investigated the demographics of students enrolled in Christian colleges, specifically studying part-time versus full-time status, ethnicity, and gender. The author emphasized the unique struggles of Christian higher education in that these institutions often lack financial support and are striving to meet the unique needs of their student populations (Waller,
2008). Data was analyzed and compared from Christian and non-Christian universities awarding degrees. Waller (2008) found a higher percentage of part-time student enrollment in Christian universities, as well as a smaller amount of ethnic diversity among the students. Furthermore, research indicated that Christian universities have a lower percentage of female enrollment. The author hypothesized that Christian universities quite possibly require female students to conform to gender and behavior roles, which might account for the fewer amount of female students (Waller, 2008). Additional findings indicated that Christian colleges provide services to an older student population who are more focused on future career expectations (Waller, 2008).

ATS (2009) reported that of the 253 member schools affiliated with their organization, 44 offer masters degrees in an area of counseling, marriage and family therapy, counseling psychology, and pastoral counseling. Of the 44 schools offering counseling related degrees, 33 of those institutions have multiple locations offering the same degree (ATS, 2009). Due to a dearth of research regarding seminary counseling programs and for the purpose of a thorough literature review, it was necessary to review seminary catalogs to describe characteristics of seminary course curriculum in the area of counselor education. Among the 33 seminaries identified by ATS as accredited and offering courses in the areas of counseling, marriage and family therapy, counseling psychology, and pastoral counseling; five seminary catalogs were selected for review. The seminaries reviewed were chosen based on the following denominational affiliations, Baptist, nondenominational, Methodist, Presbyterian, Pentecostal. Each denomination selected for review reports being within the top ten most attended Christian denominations in the United States (Graduate Center of the City University of New York, 2001). For the purposes of protecting the anonymity of the participants of this study, none of the participating schools are named. Only schools that elected to not participate in this study are
cited as examples of seminary counseling curriculum. The selected schools for review appear to represent typical characteristics of seminaries within a given denomination and thus provide a description of what might be expected from such an institution. Furthermore, only seminaries accredited by the Association for Theological Schools were considered for review. The following section explains the general content of the counseling program requirements and course offerings.

**Baptist**

Southwestern Baptist Theological Seminary (SWBTS) began in 1905 as Baylor Theological Seminary in Waco, Texas (SWBTS, n.d.). In 1910, the seminary was relocated to Ft. Worth, Texas (SWBTS, n.d.). SWBTS reports their primary purpose as to “provide theological education for individuals engaging in Christian ministry” (SWBTS, n.d.).

The school of educational ministry at SWBTS offers a master of arts in Christian counseling. The Christian counseling degree at SWBTS prepares students to work in churches, local health care agencies, the mission field, and Christian organizations (SWBTS, 2008). SWBTS reports that curriculum required for the master of arts in Christian counseling meets the requirements for licensure in most states (SWBTS, 2008).

SWBTS requires its counseling students to complete 92 credit hours in the areas of seminary core, educational ministries core, counseling core, and counseling electives (SWBTS, 2008). In the seminary area, core classes consist of spiritual formation, evangelism, Bible exposition, theology, and language studies. The educational ministries core portion of the counseling program consists of classes in human development, research, and ministry. Of the counseling core classes, students must complete courses in theory and personality, professional
counseling, abnormal psychology, basic skills in Christian counseling, group dynamics, premarital and marital counseling, three semesters of practicum, and internship (SWBTS, 2008). Furthermore, students select 18 counseling elective hours from vocational guidance, counseling and human sexuality, cross-cultural counseling, family systems, testing and assessment, church counseling, therapy with children and adolescents, counseling with older adults and families, human relations in the home, psychology of religion and personality, relationships in ministry, and an additional elective from the psychology department (SWBTS, 2008).

Southwestern Baptist Theological Seminary is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, and the Association of Theological Schools (SWBTS, 2008).

Non-denominational

Capital Bible Seminary (CBS) in Maryland (2008) was established in 1958 as the graduate school for Washington Bible College. The seminary was founded with the intention of providing a non-denominational theological education on the east coast of the United States (Capital Bible Seminary, 2008). CBS offers both a certificate in Christian counseling and discipleship, as well as a master of arts in Christian counseling and discipleship. For the purposes of this study, only course curriculum for the master of arts degree in Christian counseling and discipleship are reviewed.

CBS reports five core objectives of the counseling degree. The first objective is to provide students with Biblical knowledge and theological understanding for grasping the life issues faced by humanity (CBS, 2008). Second, CBS (2008) explains that their aim to encourage both psychological research and theological insight as avenues to understand counseling, and as
means to prepare graduates to appraise both Christian and secular theories of counseling. Third, CBS (2008) aims to cultivate students’ relationship with God, and to help students develop relationally. Lastly, students are competently equipped to serve as counselors in a multi-cultural society (CBS, 2008). CBS (2008) offers areas of concentration, church and parachurch ministry, youth and family ministry, Christian school guidance ministry, and licensure. In the areas of church and parachurch ministry, youth and family ministry, and Christian school guidance ministry, students must complete between 59 and 63 semester hours. However to earn the licensure counseling concentration, students must complete all areas of concentration resulting in 90 to 94 semester hours (CBS, 2008). Completion of these requirements prepares graduates for licensure in the state of Maryland. Students participating in the licensure counseling concentration spend approximately three years completing this degree.

CBS requires counseling students to participate in courses that focus on the following curricular areas: theology, discipleship, Biblical exposition, Biblical history, study of Greek language, and counseling curriculum. The counseling curriculum requirements include courses in marriage and family therapy, integration of psychology and theological constructs, group counseling, counseling adolescents, career development, guidance counseling, research methods, statistics, development, personality theory, appraisal in counseling, multicultural issues in counseling, abnormal behavior, and counseling practicum (CBS, 2008).

Capital Bible Seminary is accredited by the Middle States Commission on Higher Education, and the Association of Theological Schools (CBS, 2008).
Presbyterian

Covenant Theological Seminary (CTS, 2010) founded in 1956, in St. Louis, Missouri is under the guidance of the Presbyterian Church in America. CTS (2010) was developed with the intention of maintaining the integrity of the Bible and proclaiming Biblical teachings.

CTS (2010) offers a masters degree in counseling and seeks to prepare students to integrate theological and psychological constructs, while preparing students to work in a variety of settings after graduation. Graduates of the counseling program at CTS are equipped to seek licensure in the state of Missouri upon completion of the program. CTS counseling students are required to complete between 60 and 62 course hours to graduate and do so in approximately two to three years.

The counseling curriculum includes emphasis in the following academic areas: Biblical exposition, theological constructs, and counseling. In the curriculum area of counseling, specific course study includes marriage and family counseling, psychological disorders, cross-cultural studies, crisis counseling, counseling theories, counseling techniques, ethics, group counseling, assessment, career counseling, and counseling internship (CTS, 2010).

Covenant Theological Seminary (2009) is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, and by the Association of Theological Schools.

Methodist

Methodist Theological School of Ohio (MTSO, 2007) was incorporated in 1958 in Delaware, Ohio. MTSO (2007) was established to provide individuals with the setting in which to prepare for Christian leadership.
The master of arts in counseling ministries at MTSO seeks to equip students to integrate theology, spirituality, and ethical values with counseling skills (MTSO, 2007). The counseling department at MTSO offers three specific tracks within the counseling specialty. Track one is referred to as the pastoral care and counseling track and it specifically equips religious leaders for service (MTSO, 2007). To fulfill the requirements of Track one a student must complete 58 credit hours. The second track offered in the counseling department is that of addiction counseling (MTSO, 2007). Students specializing in addiction counseling must complete approximately 60 credit hours and 270 hours of chemical dependency education to meet licensure in the state of Ohio as a licensed chemical dependency counselor. The third and final counseling track is termed pastoral and professional counseling and satisfies requirements set forth by the state of Ohio for licensure as a counselor (MTSO, 2009). Students in counseling Track 3 must complete 82 credit hours. Graduates of the counseling program at MTSO (2009) are equipped to work in both religious and non-religious counseling settings.

Of the courses offered to counseling students at MTSO (2007), students are obligated to participate in courses in the areas of Biblical exposition, church history, Christian ethics, theology and counseling. Of those courses specific to counseling, students study pastoral care, counseling assessment, counseling theories, psychopathology, human development, multiculturalism, group counseling, career development and grief care (MTSO, 2007). Moreover, counseling students in Track 3 are required to complete a 600 credit hour internship gaining practical counseling experience (MTSO, 2007).

Methodist Theological School of Ohio is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, and the Association of Theological Schools (MTSO, 2007).
Pentecostal

Assemblies of God Theological Seminary (AGTS, n.d.) was founded in 1972. AGTS is located in Springfield, Missouri and seeks to train individuals to fulfill the mission of the Christian church as set forth in the Bible (AGTS, n.d.). AGTS is identified with the Pentecostal church in the United States. AGTS (n.d.) offers a master of arts degree in counseling and prepares graduates to serve in both religious and community based counseling settings. Counseling graduates of AGTS (n.d.) are prepared to meet state licensure for marriage and family therapy, as well as licensed professional counseling.

The counseling program at AGTS (2009) consists of approximately 60 to 75 course credits centered upon three content areas, core religious coursework, counseling coursework, and a counseling specialization area. AGTS (2009) allows their students to choose from one of four counseling concentrations consisting of marriage and family therapy concentration, professional counseling concentration, marriage and family and professional counseling dual concentration, and intercultural ministries concentration. The coursework grounded in religious studies includes training in the areas of theology and Biblical studies. Required counseling coursework includes training in counseling theories, human development, ethics, research methods, psychopathology, and interpersonal techniques (AGTS, 2009). Coursework for the four counseling concentrations contains some variation. In the area of marriage and family therapy, students are required to take theories, treatment, intervention, and practicum in marriage and family therapy, as well as choosing four of the following elective courses in play therapy, addictions, psychopharmacology, post-traumatic stress disorder, human sexuality, counseling diverse populations, and child and adolescent psychopharmacology (AGTS, 2009). For the professional counseling concentration students are required to take career development,
counseling assessment, group therapy, theories of marriage and family therapy, and three counseling practicums (AGTS, 2009). Additionally, students in the professional counseling concentration choose two courses from elective courses mentioned above. The dual concentration necessitates that students take career development, counseling diverse populations, assessment, group counseling, theories, assessment, intervention, and practicum in marriage and family therapy, as well as five of the aforementioned counseling elective courses (AGTS, 2009). Lastly, the intercultural ministries concentration prescribes that students take courses in emotional and spiritual formation, theology of leadership development, counseling diverse populations, theology, anthropology, career development, counseling assessment, group therapy, marriage and family therapy theories, and three counseling practicums. Students in the intercultural ministries concentration select three of the counseling electives to take in addition to the required courses (AGTS, 2009).

Assemblies of God Theological Seminary (n.d.) is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, and the Association of Theological Schools.

Several similarities exist between the five seminary curricula that were reviewed for the purposes of this study. Each of the seminaries strongly emphasizes the importance of both counselor education and theological training. This commitment to both counseling and theology is evidenced by each school’s inclusion of classes focused on Biblical concepts. Furthermore, all of the seminaries reviewed advertise that their graduate training programs prepare individuals to counsel in both faith-based and secular settings. In addition, each seminary requires coursework beyond the specified minimum hourly requirements of state licensure. Finally, all seminaries reviewed are accredited by the Association for Theological Schools.
Although each seminary requires additional hours to achieve a graduate degree, specific hourly requirements vary among the seminaries reviewed. Additionally, whereas all of the seminaries reviewed emphasized religious training as part of their counseling curriculum, certain institutions placed more emphasis on this type of training requiring students to complete a greater number of courses in the area of theology and Biblical exposition.

Finally, of the five schools, one offered a course in play therapy, and one offered a course in counseling youth and one offered a course in youth and family ministry. Of the two seminaries that offer courses in youth counseling, the course catalogs do not specify the modality in which therapy is delivered to child clients. The remaining two schools did not report course offerings that focus specifically on play therapy.

Play Therapy

The Association for Play Therapy [APT] defines play therapy as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (APT, n.d.). The development of play therapy as an intervention for children dates back to Sigmund Freud who published the first case of a clinician utilizing play and psychology as a therapeutic approach to treating children. Following Freud, Hermine Hug-Hellmuth utilized play as an essential element in child psychoanalysis (1921). From there, Anna Freud (1965) and Melanie Klein (1955) began to employ play techniques in their analysis of children. Landreth (2002) further explained that four major waves of play therapy have existed with psychoanalytic play therapy as the first, release play therapy as the second, relationship play therapy as the third, and nondirective play therapy as the fourth. The
second wave of play therapy, release play therapy, developed by David Levy (1939), utilized a structured play approach for children who had suffered from specific stressful situations. In release play therapy, the child is allowed to engage in free play to become familiar with the environment; however the therapist then utilizes play materials to recreate the stressful situation in order for the child to release pain and tension associated with traumatic circumstances (Levy, 1939). The third significant development of play therapy was relationship play therapy developed by Jesse Taft and Frederick Allen (Landreth, 2002). Relationship therapy is based on the work of Otto Rank (1936). In relationship therapy, the focus is on developing a therapist-client relationship and the continual focus on the here and now (Allen, 1934; Taft, 1933). Past experiences are not explained or interpreted in relationship therapy (Allen, 1934; Taft, 1933). The final development in play therapy was non-directive play therapy, also referred to as child-centered play therapy [CCPT]. Child-centered play therapy was born out of the non-directive therapy principles of Carl Rogers (Axline, 1969). Rogers asserted that all human beings have an innate tendency toward enhancing and maintaining oneself (Raskin, Rogers & Witty, 2008). Moreover, Rogers believed that in a therapeutic relationship the therapist trusts the client’s inherent self-actualization and therefore approaches counseling from a non-directive approach in which the client is allowed to lead (Raskin et al., 2008). Virginia Axline (1969), a child therapist and student of Rogers, believed play to be the “natural medium of self-expression” for children and the most developmentally appropriate means of therapy for children. Axline combined the beliefs of person-centered counseling and play and applied the unique combination to counseling relationships with children (Axline, 1969).
Research in Play Therapy

Play therapy as an effective form of counseling for children has grown and currently many counselors practice play therapy from their own guiding theories. In 2000, Bratton and Ray reviewed play therapy research literature in an attempt to summarize and critique the research regarding play therapy. The authors reviewed six decades of play therapy research and found that most studies included a play therapy treatment group and a control or comparison group (Bratton & Ray, 2000). Studies included in the review reported interventions ranging in sessions from 2 to 100, and participants age range from 3 to 17 years old. Findings from this review seemed to support the effectiveness of play therapy with a variety of mental health concerns (Bratton & Ray, 2000).

More recently, Ray and Bratton (2010) sought to update their review of play therapy studies by investigating play therapy research that has been conducted since their 20th century report. In the past decade, play therapy research has continued to grow as evidenced by 25 additional studies being conducted. As criteria for inclusion into the review, Ray and Bratton (2010) observed the following guidelines: the label of play therapy was clearly stated within the publication, the study was published in a peer-reviewed publication, the intervention utilized was child-focused and not a parent or family intervention, and features of experimental design were utilized in the study. Although not differentiated in the previous review of play therapy studies, researchers sought to make a distinction regarding the rigorousness of the research designs by dividing the articles into one of three categories; experimental, quasi-experimental, and evidentiary (Ray & Bratton, 2010). Per these guidelines, the researchers found 13 articles to be experimental, four quasi-experimental, and eight evidentiary. Results indicated that externalizing/disruptive behaviors were the most researched in the past decade, with
parent/teacher relationship as the second most researched, and internalizing problems, anxiety, and sexual abuse/trauma issues as being the third most researched topics in play therapy (Ray & Bratton, 2010). Among the 13 experimental studies, 12 of those studies reported evidence of positive effects as a result of play therapy. Overall all but one of the 25 studies published in the last decade demonstrated positive effects (Ray & Bratton, 2010). Furthermore, this review of play therapy studies indicated that the majority of play therapy research conducted has utilized child-centered play therapy. Specifically, 18 of the 25 studies reviewed in the last decade reported the use of child-centered play therapy techniques (Ray & Bratton, 2010).

Bratton, Ray, Rhine, and Jones (2005) conducted a meta-analysis of 93 controlled outcome studies to assess the efficacy of play therapy. In order to avoid publication bias, Bratton et al. (2005) conducted an extensive search of online and offline search methods. Studies included in the meta-analysis dated from 1953-2000 and all used a control or comparison group design with pre or post testing measures (Bratton et al., 2005). Further, unpublished studies were included in the meta-analysis, however results of this study suggested that published articles were predictive of higher treatment effect (Bratton, et al., 2005). The results of the meta-analysis revealed a large treatment effect for play therapy treatment of children (Bratton et al., 2005). Moreover, the study indicated that play therapy is effective regardless of the specific theoretical approach. However, humanistic treatments yielded a statistically significant difference and demonstrated a large effect size, whereas non-humanistic treatments yielded a moderate effect size (Bratton et al., 2005). Bratton et al., (2005) reported that humanistic theories appeared more effective in the treatment of children than did non-humanistic theories. Furthermore, the findings of the meta-analysis demonstrated that play therapy was equally effective across age,
gender, and presenting problem (Bratton et al., 2005). This study served to support play therapy as a developmentally appropriate response to the treatment of children.

In addition to the meta-analysis conducted by Bratton et al., many individual play therapy studies exist demonstrating the effectiveness of play therapy as a treatment. As reported by Ray and Bratton (2010), in the last decade 25 studies investigating the outcome of play therapy as a treatment for various presenting problems have been conducted. Due to brevity, 4 of the 25 studies were chosen in which to elaborate on the research findings regarding play therapy.

Shen (2002) conducted a short-term child-centered play therapy intervention with Chinese earthquake survivors. In this study, group play therapy within a school setting was utilized to explore the effect of play therapy on depression, anxiety, and adjustment (Shen, 2002). Shen (2002) used a pretest-posttest control group design with children Grades three through six. Of the 30 participants, 15 were randomly assigned to the experimental group receiving play therapy and the remaining 15 were randomly assigned to the control group not receiving play therapy. Results of the research study indicated that according to child self-report, overall anxiety levels for the experimental group showed a statistically significant decrease and a large treatment effect as compared to the control group (Shen, 2002). In addition, the physiological anxiety level and worry/oversensitivity level for the experimental group also decreased significantly (Shen, 2002). Results of the study indicated a large treatment effect for both physiological anxiety level and worry/oversensitivity level for the experimental group. Shen (2002) reported that the social concerns/concentration level in the experimental showed a non-statistically significant decrease, whereas the control group showed an increase in this area. According to self-report scales utilized in the research study, suicide risk levels decreased significantly in the play therapy treatment group as compared with those in the control group.
yielding a small to medium treatment effect (Shen, 2002). Shen (2002) also found that individuals who received the treatment had a decrease in overall depression levels and an improvement in life adjustment, however the difference between the experimental and control group in these areas were not statistically significant. Recipients of the treatment group showed a non-statistically significant decrease as compared to the control group in the areas of anxiety, self-esteem, sad mood, instrumental helplessness, low energy, pessimism, and defiance (Shen, 2002). Finally, Shen (2002) stated that per parental report improvement in life adjustment increased for children in the experimental group, however the difference between the experimental group and the control group was not statistically significant.

Garza and Bratton (2005) sought to determine the effectiveness of child-centered play therapy with Hispanic children exhibiting behavior problems in school. The researchers employed the use of a pretest-posttest comparison group design comparing child-centered play therapy to curriculum based small group counseling (Garza & Bratton, 2005). Twenty-nine participants age 5 to 11 were randomly assigned to either the child-centered play therapy group or the curriculum based counseling group. Garza and Bratton (2005) reported that according to parental report the child-centered play therapy intervention when compared to the comparison group yielded statistically significant results, as well as a large treatment effect on externalizing behaviors. Teacher report on externalizing behaviors did not review statistical or practical significance in this study. Post-hoc analyses performed on the conduct subscale of the externalizing behaviors composite scale found that children in the treatment group experienced a statistically significant reduction in conduct problem behaviors and a large treatment effect when compared to the children in the curriculum based group per parental report (Garza & Bratton, 2005). Per parental report, children who received the child-centered group treatment as
compared to the curriculum based group showed a reduction of internalizing problems, however results were not statistically significant (Garza & Bratton, 2005). Additionally, results of parental report revealed that child-centered play therapy demonstrated a moderate treatment effect as compared to the comparison group. Statistical and practical significance was not revealed on internalizing problems scale per teacher report (Garza & Bratton, 2005). Post hoc analyses performed on the anxiety subscale of the internalizing scale revealed that when compared to the curriculum based treatment group, children in the child-centered treatment group showed a non-statistically significant reduction in anxiety, and per parental report a moderate treatment effect (Garza & Bratton, 2005).

Danger and Landreth (2005) set out to determine the effectiveness of child-centered group play therapy with children designated as having speech difficulties. Using a pretest-posttest comparison group design, the researchers randomly assigned 21 four to six year old participants into either the comparison control group or the child-centered play therapy treatment group. Children in the comparison control group received their regularly scheduled speech therapy, whereas children in the treatment group received 25 play therapy sessions while simultaneously receiving their regularly scheduled speech therapy sessions. Results of this study did not indicate a statistically significant difference between the child-centered treatment group and the comparison group in articulation skills, however a small practical significance for increasing articulation was detected for the child-centered group as compared to the speech therapy only group (Danger & Landreth, 2005). In the area of receptive language skills, Danger and Landreth (2005) reported no statistically significant difference between the treatment and control group. A large practical significance for the child-centered treatment group was detected indicating an increase in children’s receptive language skills as compared to the speech only
control group. Danger and Landreth (2005) reported no statistically significant difference between the child-centered experimental group and the speech therapy control group in the area of expressive language skills, however, a large practical significance in increasing children’s receptive language skills was detected for the child-centered experimental group. Results of this study indicated no statistically significance difference between the experimental group and comparison group on anxiety per teacher report, and results showed a small practical significance indicating a decrease in anxiety for children in the experimental group (Danger & Landreth, 2005). Per parental report in the area of anxiety, no statistically significant difference was detected between the experimental child-centered group and the speech therapy comparison group (Danger & Landreth, 2005). While not statistically significant in the area of parental reported anxiety, Danger and Landreth (2005) reported a small practical significance in decreasing anxiety in the child-centered group as compared to the speech therapy group.

Ray, Schottelkorb, and Tsai (2007) conducted a study to explore the effectiveness of child-centered play therapy with children displaying symptoms of attention deficit hyperactivity disorder. Within a school setting, the researchers randomly assigned the 60 participants to either a play therapy group or a reading mentoring group. Results of this study indicated that mean difference scores were larger for children in the play therapy group than for those in the reading mentoring group, indicating that children in play therapy were significantly less stressful to their teachers in the areas of emotional distress, anxiety, withdrawal, and personal characteristics (Ray, Schottelkorb, & Tsai, 2007). Students who participated in the play therapy group, as well as the reading mentoring group exhibited a statistically significant effect for time in addition to a large effect size in the area of ADHD symptoms with no statistically significant difference between the two groups (Ray, Schottelkorb, & Tsai, 2007). These findings seem to support that
over time, both the play therapy treatment and the reading mentoring treatment had an equally positive effect on the change of ADHD symptoms (Ray, Schottelkorb, & Tsai, 2007). Overall, this study yielded positive support for the use of child-centered play therapy with children identified as having ADHD symptoms (Ray, Schottelkorb, & Tsai, 2007).

Play Therapy Education

Joiner (2003) found a deficit of research regarding the type of training needed to prepare play therapists to work with children. To address this deficit a study using the Delphi method was utilized to investigate the skills and practical experience play therapy experts believed to be essential to the training of beginning play therapists (Joiner, 2003). Based on information gathered, Joiner (2003) found that experts in the field of play therapy rated all aspects of play therapy as “essential” and “valuable” in the preparation of play therapists (p. 63). These “essential” and “valuable” play therapy aspects included “practicum experience, filial therapy skills, group play therapy skills, and advanced practicum experiences” (Joiner, 2003, p. 63).

Joiner (2003) highlighted the fact that past research has indicated that many APT members reported not participating in a formal play therapy course, but rather acquiring play therapy skills from workshops and conferences. The author cited concern regarding this matter, emphasizing that workshops and conferences may not provide sufficient training for beginning play therapists. Furthermore, the author suggested that counselors be encouraged to participate in formal play therapy courses to increase the quality of services provided to children and their families (Joiner, 2003). Moreover, Joiner (2003) called attention to the ethical obligation of counselors to pursue continuing education in an attempt to maintain awareness of current research and evidence in the fields in which counselors practice. This call highlights the importance of counselors continuing
to stay current with research regarding the field of child counseling. Lastly, Joiner (2003) emphasized the need for standardization of play therapy curriculum to help make certain the quality of play therapy training courses.

Counselors approach play therapy in different ways in an attempt to provide a beneficial therapeutic experience to the child. In a national survey to members of the American Counseling Association [ACA] and the Association for Play Therapy [APT], researchers for the national play therapy in counseling project found the majority of counselors conducting play therapy reported their theoretical orientation as child-centered (66.6%), cognitive behavioral (9.2%), and Adlerian (6.6%) (Lambert, LeBlanc, Mullen, Ray, Baggerly, White, & Kaplan, 2007). For the purposes of this study, characteristics of child-centered play therapy are elaborated on in an attempt to demonstrate the rationale regarding construction of survey questions.

Child Centered Play Therapy Philosophy

Child-centered play therapy [CCPT] is defined as an “encompassing philosophy for living one’s life in relationship with children…it is the complete therapeutic system, not just the application of a few rapport-building techniques, and is based on a belief in the capacity and resiliency of children to be constructively self-directing” (Landreth, 2002, p. 59-60). "Child-centered play therapists believe that children communicate through play because a child’s cognitive development occurs prior to a child’s language development (Landreth, 1993). Play, from a child-centered perspective, has also been described as the symbolic language of a child’s self-expression (Landreth, 1993). Child-centered play therapy is based on the principles of Carl Rogers’ person-centered therapy and was further expounded upon by Virginia Axline (1969). Axline (1969) developed eight principles from which to guide the child-centered play therapists’
interactions with children. Landreth later (2002) revised and extended Axline’s principles to include the following:

1. The therapist is genuinely interested in the child and develops a warm, caring relationship.
2. The therapist experiences unqualified acceptance of the child and does not wish that the child were different in some way.
3. The therapist creates a feeling of safety and permissiveness in the relationship, so the child feels free to explore and express herself completely.
4. The therapist is always sensitive to the child’s feelings and gently reflects those feelings in such a manner that the child develops self-understanding.
5. The therapist believes deeply in the child’s capacity to act responsibly, unwaveringly respects the child’s ability to solve personal problems, and allows the child to do so.
6. The therapist trusts the child’s inner direction, allows the child to lead in all areas of the relationship, and resists any urge to direct the child’s play or conversation.
7. The therapist appreciates the gradual nature of the therapeutic process and does not attempt to hurry the process.
8. The therapist establishes only those therapeutic limits necessary to anchor the session to reality and which help the child accept personal and appropriate relationship responsibility (Landreth, 2002, p. 84-85).

According to Axline, a play therapist does not direct a child’s play or conversation (1969). Because child-centered play therapy is based on self-directive play, the therapist does not force a child to verbalize thoughts or feelings. Rather, children in child-centered play
therapy are provided the opportunity to play out their fears, anxieties, and fantasies in a relationship characterized by acceptance.

As a child-centered play therapist, one is truly interested in the whole child, and seeks to develop a caring relationship (Axline, 1969). The play therapist accepts the child unconditionally and does not seek to change the child (Axline, 1969). The play therapist has a deep unwavering belief in the child’s capacity for growth. In the relationship, the therapist seeks to communicate the following to the child “I am here. I hear you. I understand you. I care about you” (Landreth, 2002). The child-centered play therapist places the responsibility for leading the relationship on the child; therefore the therapist does not ask questions because it would interfere with the child leading (Landreth, 1993). The child is the focus of child-centered play therapy, not the presenting problem (Landreth, 1993). The therapist does not focus on interpretation of behavior, but rather the relationship with the child (Landreth, 1993). The child-centered play therapist avoids judging the behavior of a child, and seeks to understand life from the child’s perspective (Landreth, 1993).

In child-centered play therapy, the therapist strives to return responsibility to the child with the intention of providing opportunities for the child to learn responsibility (Landreth, 2002). In this way the child-centered play therapist demonstrates a belief in the child’s ability to be self-directing and actively seeks to allow the child to make decisions. This process in child-centered play therapy facilitates an intrinsic motivation within the child, and allows the child to feel in control (Landreth, 2002). Furthermore, the child-centered therapist sets only those limits necessary for providing physical and emotional safety for the child, limits that provide physical safety for the therapist, limits that facilitate acceptance of the child for the therapist, limits that foster the development of self-control, responsibility, and decision making within the child,
limits that anchor the session to reality, limits that promote consistency within the therapeutic environment, limits that uphold ethically responsible and socially acceptable behaviors, and limits that protect the playroom materials (Landreth, 2002). In CCPT, the therapist believes in the child’s ability to choose cooperative behavior, and views limit setting as an opportunity to allow a child client the experience to learn responsibility and self-control (Landreth, 2002). The child-centered play therapist allows the child the opportunity to bring themselves into control and demonstrate responsibility for behavior. Additionally, the therapist does not seek to simply extinguish the undesirable behavior but rather to facilitate the child’s expression of the underlying desire, emotion, or need in a more socially tolerable manner, ultimately facilitating opportunities for the child to experience decision making and responsibility (Landreth, 2002).

The purpose of CCPT is to help a child change the unmanageable in reality to a manageable situation through symbolic play (Landreth, 1993). This in turn helps a child learn to cope more effectively and gain a greater sense of control of one’s life. Through an accepting relationship, the therapist helps to release that which already exists in the child that generates growth and healing (Landreth, 1993).

Play Therapy in Christian Settings

The field of child counseling is an important aspect of counselor education in the United States. The Child Health Care Crisis Relief Act of 2009 reported that approximately 9-13% of all children and adolescents in the United States suffer from serious emotional disturbances. Furthermore, this act acknowledged a shortage of mental health professionals to serve children and adolescents with emotional disorders. To adequately meet the needs of suffering children, counselor education programs must adequately train future counselors to address the unique
developmental needs of children. Due to the emphasis of theological counseling programs in North America, it is as equally important that Christian counseling programs seek to offer adequate training for child counselors. The beliefs of Christian counseling students regarding children and the process of child counseling directly impact their work as counselors with children. After a rigorous search of published material, no studies were found that investigated seminary counseling students’ beliefs about child counseling. In addition, to date, no experimental studies utilizing lay therapy in Christian settings have been published.

Sweeney and Landreth (1993) discussed the integration of spirituality with child-centered play therapy principles. In their article, Sweeney and Landreth (1993) asserted that child-centered play therapy serves as a developmentally appropriate approach to counseling children in that it addresses the need children have to use play as their primary method of communication. Moreover, the authors addressed that play therapy provides an emotional environment that is both a spiritual process and a healing journey for a child (Sweeney & Landreth, 1993). The article also emphasized the “Be with” attitudes, “I’m here, I hear you, I understand, and I care” as attitudes that are not only expressed in the play therapy relationship, but also in one’s relationship with Christ (Sweeney & Landreth, 1993). Sweeney and Landreth (1993) highlight importance of allowing children to make choices in order to equip a child to make decisions in adulthood. Just as a play therapist uses choice-giving, the Lord also allows all individuals the freedom to make choices (Sweeney & Landreth, 1993).

Thurston (1994) presented a case study in which play therapy was utilized, along with a projective assessment, to address a Christian child’s feelings of shame and guilt. The author emphasized the wave of interest regarding the inclusion of such topics as religious maturity, religious beliefs and spiritual guilt in therapy with adults. However, Thurston (1994) highlighted
the fact that minimal information exists regarding the inclusion of such spiritual topics with children.

The case study addressed therapy with a child who suffered from severe food allergies and had been hospitalized 36 times. The child’s parents, devout Christians, sought therapy for their child due to the child stealing and lying. The child would steal candy and lie about the empty wrappers. The child’s parents sought wisdom from the therapist in order to develop skills to address such behaviors as theft and lying (Thurston, 1994). The therapist stated that she utilized a projective technique with the client, followed by play therapy sessions. The therapist discussed the rationale for the use of play therapy techniques, however did not specify the theoretical orientation from which she practiced play therapy. Nevertheless, through the use of play therapy techniques, the child was able to explore feelings of guilt and shame associated with his religious beliefs, as well as play out the trauma he experienced from repeated hospitalizations. The therapist conceptualized the child client from a theoretical perspective in which she integrated theology and psychology. Thurston (1994) concluded from this case study that through the utilization of play therapy as a developmentally appropriate intervention with children, therapists can integrate the concepts of grace and compassion into sessions ultimately aiding the child in their theological understanding of sin, punishment and grace.

Summary of Literature

Seminary education within the United States has long existed to equip individuals for ministry within a variety of settings. Counseling ministry is included among those settings for which individuals receive seminary training. Although seminary counseling programs seek to
effectively prepare students for work with a variety of clients, many programs do not offer
courses specifically addressing the developmental and therapeutic needs of child clients.

Researchers have expressed concern regarding the lack of adequately prepared mental
health professionals to address the needs of children and adolescents (Huang et al., 2004; Mellin
& Pertuit, 2009). Furthermore, it has been suggested that specialized coursework focusing on
the specific needs of youth could serve as an adequate approach to addressing the lack of trained
individuals (Mellin & Pertuit, 2009).

Research findings suggest that play therapy interventions are developmentally
appropriate for the treatment of a variety of presenting problems (Bratton, et al., 2005).
Moreover, evidence suggests that most play therapy research being conducted reports having
utilized a child-centered approach (Bratton et al., 2005; Ray & Bratton, 2010). The effectiveness
of child-centered play therapy as a therapeutic intervention has been documented with a variety
of populations. However, no studies have been conducted investigating the relevance and
inclusion of child-centered play therapy in the training of seminary counseling students.

Purpose of the Study

The purpose of this study is to conduct a survey to determine the beliefs of seminary
counseling students regarding children and play therapy. Additionally, I seek to determine how
participants identified denominational beliefs relate to their beliefs about children and play
therapy. Furthermore, I examine if child-centered play therapy as a theoretical orientation is
compatible with the beliefs of seminary students regarding children and play therapy.
CHAPTER 3
METHODS AND PROCEDURES

The focus of this chapter is the comprehensive methods and procedures used to obtain information from masters level counseling students in seminary programs regarding their beliefs about children and play therapy. Specific procedures are presented that were utilized for developing and administering the child counseling survey.

Research Questions

The following research questions were put forth to clarify the central components of this study.

1. What are the descriptive characteristics of a small sample of seminary counseling students currently attending seminary in areas across the United States?
2. What are the basic beliefs of seminary counseling students regarding children?
3. What are the views of seminary counseling students regarding the theoretical rationale and practice of child centered play therapy?
4. What denominational similarities or differences exist regarding seminary counseling students’ views of children and play therapy?
5. Was there a relationship between the factors of gender, age, geographical region, previous training, guiding theory, future plans in working with children, parental status, students’ feelings of adequacy to work with children in a counseling setting and the beliefs of seminary counseling students regarding children and play therapy?
Definition of Terms

*Association of Theological Schools* is defined as “a membership organization of more than 250 graduate schools that conduct post-baccalaureate professional and academic degree programs to educate persons for the practice of ministry and for teaching and research in the theological disciplines” (ATS, 2007).

*Play therapy* is defined by the Association for Play Therapy [APT] as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (APT, n.d.).

*Seminary* is defined as an educational institute that offers theological course study from a Christian perspective at the graduate level.

*Seminary counseling student* is an individual enrolled as a student in a theologically based counseling program.

Survey Development

The goal of this research study was to discover the beliefs of seminary counseling students regarding children and child counseling as well as their compatibility with tenets of child centered play therapy. I followed the proper steps to the development of the child counseling survey using methods outlined by Gall, Gall, and Borg (2006).

To develop the constructs for the exploration of beliefs of seminary counseling students regarding children and child counseling, a comprehensive examination of professional journal articles related to the topics of Christian seminary education, seminary students’ views of children, and their views of child counseling was conducted. Additionally, the course catalogs of
five Christian seminaries within the United States were reviewed to obtain general characteristics regarding course requirements for seminary counseling programs.

Theoretical guidelines were acquired regarding child centered play therapy by reviewing *Play Therapy* (Axline, 1969), *Play Therapy: The Art of the Relationship* (Landreth, 2002), and *Play Therapy: Comparing Theories and Techniques* (O’Connor & Braverman, 2009). By reviewing this literature, general theoretical concepts of child centered play therapy were identified. The Play Therapy Attitude-Knowledge Skills-Survey [PTAKSS], an instrument developed to assess beginning play therapists’ attitudes and beliefs toward children, the beginning therapists’ knowledge of play therapy, and the therapist’s confidence in applying play therapy skills, was also reviewed to gain understanding of the theoretical guidelines of child-centered play therapy (Kao & Landreth, 1997). Several survey items developed for the PTAKSS were utilized in this survey. Furthermore, the Protestant Parenting Inventory [PPI] was examined to develop questions that discuss beliefs that are commonly held by Christians regarding the discipline of children (McClung, 2007). The information obtained concerning child centered play therapy and child disciplinary techniques was used to develop items for the child counseling survey which was utilized in this study.

**Development of Items**

Participants of the child counseling survey were asked to respond to items based on a 5-point Likert scale with 1 = *strongly disagree*, 2 = *mostly disagree*, 3 = *not sure*, 4 = *mostly agree*, 5 = *strongly agree* (Fink & Kosecoff, 1998). Items for the this survey were placed into one of two categories, survey questions based on child-centered theoretical concepts and
questions based on Christian theological constructs. Additionally, participants were asked to complete a demographic portion of the survey.

I, in conjunction with my faculty advisor, identified essential theoretical constructs within child centered play therapy, as identified by Axline (1969) and further expanded upon by Landreth (2002), to develop the specific items for the child counseling survey. Each child-centered theoretical construct expanded upon by Landreth was included in this survey to obtain a comprehensive understanding of seminary counseling students beliefs regarding children and child-centered play therapy. Furthermore, items exploring seminary counseling students’ beliefs about child development were also included in this survey. The child-centered guidelines as developed by Axline (1969) are represented below

1. The therapist is genuinely interested in the child and develops a warm, caring relationship.

2. The therapist experiences unqualified acceptance of the child and does not wish that the child were different in some way.

3. The therapist creates a feeling of safety and permissiveness in the relationship, so the child feels free to explore and express herself completely.

4. The therapist is always sensitive to the child’s feelings and gently reflects those feelings in such a manner that the child develops self-understanding.

5. The therapist believes deeply in the child’s capacity to act responsibly, unwaveringly respects the child’s ability to solve personal problems, and allows the child to do so.

6. The therapist trusts the child’s inner direction, allows the child to lead in all areas of the relationship, and resists any urge to direct the child’s play or conversation.
7. The therapist appreciates the gradual nature of the therapeutic process and does not attempt to hurry the process.

8. The therapist establishes only those therapeutic limits necessary to anchor the session to reality and which help the child accept personal and appropriate relationship responsibility.

Questions investigating respondent’s beliefs regarding child-centered play therapy and child development were developed. These survey questions are presented in Table 1.

Table 1

*Survey Items Exploring Beliefs Regarding Child Centered Play Therapy and Development*

<table>
<thead>
<tr>
<th>Survey Item</th>
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<tbody>
<tr>
<td>1. Play is essential to the healthy development of all children.</td>
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<tr>
<td>2. Children communicate their feelings through play more than other forms of communication.</td>
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<tr>
<td>3. Facilitating expression of feelings through play is an important role of a child counselor.</td>
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<td>4. It is most therapeutically appropriate for the child client to lead the counseling session.</td>
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<tr>
<td>5. Child counselors trust the child’s inner capacity to lead the therapeutic relationship.</td>
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<tr>
<td>6. A therapeutic atmosphere where only necessary limits are set on behavior is essential to the relationship between the child counselor and the child.</td>
</tr>
<tr>
<td>7. Children can be helped to grow and mature faster (Kao &amp; Landreth, 1997).</td>
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<tr>
<td>8. Children usually need considerable structure and direction because they are still learning and developing (Kao &amp; Landreth, 1997).</td>
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<tr>
<td>9. Most children are able to express their feelings, frustrations, and personal problems through verbal expression.</td>
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<tr>
<td>10. Adjusted and maladjusted children express similar types of negative attitudes (Kao &amp; Landreth, 1997).</td>
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<tr>
<td>11. Children communicate in much the same way as adults (Kao &amp; Landreth, 1997).</td>
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<tr>
<td>12. How the therapist feels about the child is more important than what the therapist knows about the child (Kao &amp; Landreth, 1997).</td>
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</tbody>
</table>
In addition to survey items addressing child-centered beliefs, survey items exploring Christian theological foundations were also included. Theological constructs were included in item development to gain understanding regarding seminary counseling students' beliefs about the humanity of children and the role of discipline in the life of a child. One theological construct regarding humanity held by some Christians is the belief in sin. Ryrie (1999) defines sin as “missing the mark, badness, rebellion, iniquity, going astray, wickedness, wandering, ungodliness, crime, lawlessness, transgression, ignorance, and a falling away.” Ryrie (1999) further explained that the doctrine of inherited sin indicates that sinfulness is an inherited condition that originated with the first man and woman of creation and continues to be passed down by inheritance from parent to child. Furthermore, the doctrine of inherited sin indicates, according to Biblical passages, that all individuals are born sinful and in need of God’s salvation. Additionally, some Christians believe that it is important that parents fulfill their Biblical obligation to discipline their children. This belief has been supported scripturally by the following passage in Proverbs 13:24 (New International Version) which states “He who spares the rod hates his son, but he who loves him is careful to discipline him.” Biblical scholars offer various interpretations of this Biblical passage, however the overall theme of discipline of children remains an ever present topic within the Christian subculture. Survey items included in this study sought to explore seminary counseling students’ beliefs regarding the role of adults in disciplining children, as well as the ability of a child to participate in the discipline process. The following survey questions in Table 2 were included to address theological beliefs and constructs of respondents.
Table 2

Survey Items Exploring Theological Beliefs

<table>
<thead>
<tr>
<th>Survey Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children are born with the tendency to be sinful.</td>
</tr>
<tr>
<td>2. Children naturally grow in positive ways and seek self improvement.</td>
</tr>
<tr>
<td>3. Children are born with a natural potential to know right from wrong.</td>
</tr>
<tr>
<td>4. Children possess a tremendous capacity to overcome obstacles and circumstances in their lives (Kao &amp; Landreth, 1997).</td>
</tr>
<tr>
<td>5. Children are capable of positive self-direction if given the opportunity to do so (Kao &amp; Landreth, 1997).</td>
</tr>
<tr>
<td>6. Children’s behavior needs to be molded and directed for optimal growth and adjustment (Kao &amp; Landreth, 1997).</td>
</tr>
<tr>
<td>7. Typically, an adult must intervene directly to stop most children’s aggressive and/or destructive behavior (Kao &amp; Landreth, 1997).</td>
</tr>
<tr>
<td>8. Children should be obedient to authority figures regardless of how the child feels about the authority figure.</td>
</tr>
<tr>
<td>9. When children misbehave, it is important to allow them some time to bring themselves into compliance with the rules without directing the child’s behavior.</td>
</tr>
<tr>
<td>10. Children do not have the ability to generate ideas for consequences that are useful for effective discipline.</td>
</tr>
</tbody>
</table>

Finally, one survey item was also included to explore the respondents’ perceived adequacy to work with children in a counseling setting. This survey item read as follows: I feel adequately prepared to work with children in a counseling setting.

Twenty-two demographic related questions were also included in the survey. These questions included subject matter related to age, gender, ethnicity, denomination, region of country, identified counseling theory, hours completed in counseling program, previous experience with children and anticipated occupational plans post graduation.
As recommended by Fink and Kosecoff (1998), survey participants were directed to respond to survey items using a 5-point Likert scale: 1 = strongly disagree, 2 = mostly disagree; 3 = not sure; 4 = mostly agree, 5 = strongly agree.

To establish face validity of the instrument, the survey was distributed for review to an expert panel of six trained play therapists. The expert panel consisted of individuals trained in play therapy who were either doctoral level graduates or registered play therapists. Each member of the expert panel possessed expert knowledge in the field of play therapy and had experience both training and supervising play therapists. The expert panel of play therapists was asked to review the instrument and provide their responses for recommended modifications. Suggested revisions to the survey were then implemented as recommended by the expert panel.

For another measure of face validity, a focus group was conducted with 22 seminary counseling students from a nondenominational Christian seminary. The focus group participants were asked to complete the survey and discuss any items that the group found ambiguous. Notes were taken during the focus group and modifications as identified by the focus group to clarify ambiguous items were implemented. Based on the suggestions of the focus group and expert panel, modifications were applied to the survey (See Appendix B).

Cronbach’s alpha was run on the data, and reliability was estimated at .544, lower than the recommended .7. However, research indicates that it is common with shorter scales to find low Cronbach values (Pallant, 2008). Furthermore, researchers have reported that clear standards are no longer available regarding acceptable levels of reliability, and current researchers currently characterize lower reliabilities as adequate (Clark & Watson, 1995).

In accordance with Fink and Kosecoff (1998), the child counseling survey was administered to a pilot group of 22 individuals who were enrolled as counseling students at a
nondenominational Christian seminary. The characteristics of the pilot group were similar to those of the identified research population. Once the survey was administered to the pilot group and data collected, data was coded, all negatively phrased items were recoded, and then data was entered into PASW. Descriptive statistics were run using PASW; the mean, standard deviation, skewness, and kurtosis appeared to be within normal limits.

Identification of Population

ATS identifies 26 denominational categories within the United States (ATS, 2007). Whereas theological beliefs vary across denominations, I attempted to identify denominational similarities and dissimilarities regarding students’ beliefs about child counseling. To obtain information from different denominational groups, I contacted each of the 33 seminaries accredited by ATS who offered course study in counseling related areas. I contacted the department of each seminary by phone to obtain permission to distribute the child counseling survey to the institution’s counseling students. Of the 33 seminaries, 12 granted permission for their students to be surveyed. For the purposes of confidentiality and at the request of the seminaries, the names of the seminaries who participated in this research are not identified by name, but rather geographical location and denominational affiliation. The 12 participating seminaries consisted of a nondenominational seminary located in the western portion of the United States, a Mennonite seminary located in the western portion of the United States, two nondenominational seminaries located in the southwestern portion of the United States, a nondenominational seminary located in the northeastern portion of the United States, two nondenominational seminaries located in the southeastern portion of the United States, a Presbyterian seminary located in the southeastern portion of the United States, a Church of
Christ seminary located in the Midwestern portion of the United States, two Baptist seminaries located in the Midwestern portion of the United States, and a nondenominational seminary located in the Midwestern portion of the United States.

Guidelines in educational research suggest for survey research a minimum of 100 participants in each major subgroup and a minimum of 20 for each minor subgroup (Gall, Gall, & Borg, 2006). Based on these recommendations the sample size \((N = 206)\) for this study was considered more than adequate. Furthermore, the sample size exceeded the commonly accepted research guidelines of 15 participants per variable when utilizing multiple regression analysis.

Procedures for Survey Sampling

This study was conducted using the child counseling survey. The instrument included 22 demographic items and 23 items related to beliefs about children and child centered play therapy. Twelve seminaries within the United States accepted the invitation to participate in data collection. Before proceeding with data collection, authorization was acquired to conduct the research study from the University of North Texas Institutional Review Board. Each seminary counseling program was contacted to obtain permission to gather data from their counseling students. An invitation to participate in the study through a flyer posted on the seminary campuses was distributed to key personnel at the seminary (Appendix A). Seminary counseling students interested in participating in the study were directed to an address on the World Wide Web (WWW) where the consent notice and survey were posted for completion. The consent notice informed participants that due to the nature of the Internet, complete confidentiality could not be guaranteed. However, once data was obtained, confidentiality was ensured. Participants who agreed with the consent notice did so by selecting “I have read this page and agree to
Data Analysis

Data analysis for this study included collecting the data, organizing the data, coding the data, analyzing the data and reporting the findings of the analysis (Marshall & Rossman, 2006). Predictive Analytics Software [PASW] version 17.0 was applied for data entry and data analysis. Following data collection, various statistical analyses were employed to analyze data in which to address each research question.

Research Question 1: What are the descriptive characteristics of a small sample of seminary counseling students currently attending seminary in areas across the United States?

Question 1 investigated the characteristics of a small sample of seminary counseling students currently enrolled as students at Christian seminaries in the United States. Descriptive statistical data, including mean, standard deviation, and frequency, was calculated to explore respondents’ gender, age, ethnicity, home country, geographical location of seminary, denomination, number of course hours completed, guiding theory, previous training to work with children, number of child counseling courses offered at the seminary, and expected work environment post graduation.
Research Question 2: What are the basic beliefs of seminary counseling students regarding children?

Question 2 investigated the basic beliefs of seminary counseling students regarding children. Descriptive statistical analyses including frequency, mean, and standard deviation from answers to the belief items of the survey were calculated to address this question.

Research Question 3: What are the views of seminary counseling students regarding the theoretical rationale and practice of child centered play therapy?

Concerning Question 3 regarding seminary counseling students’ views of theoretical rationale and practice of child centered play therapy, descriptive statistical data was calculated to address this question. For the purposes of this question, descriptive statistical data included frequency, mean, and standard deviation from responses to belief questions.

Research Question 4: What denominational similarities or differences exist regarding seminary counseling students’ views of children and play therapy?

Research Question 5: Was there a relationship between the factors of gender, age, geographical region, previous training, guiding theory, future plans in working with children, parental status, students’ feelings of adequacy to work with children in a counseling setting and the beliefs of seminary counseling students regarding children and play therapy.

To address Question 4 pertaining to denominational similarities and differences between seminary counseling students’ views of children and play therapy and to answer Question 5 addressing the relationship between the factors of gender, age, geographical region, previous training, guiding theory, future plans in working with children, and parental status and the beliefs of seminary counseling students regarding children and play therapy, multiple regression analysis was conducted. The predictor variables consisted of students’ identified denominational grouping, gender, age, geographical region, previous training, guiding theory, future plans in
working with children, and parental status. The dependent variable was the calculated mean score of each respondent’s answers to the survey questions investigating beliefs about children and play therapy.
CHAPTER 4
RESULTS

This chapter includes the results of data analysis conducted to examine the beliefs of seminary counseling students regarding children and play therapy as well as the demographic characteristics of the population sampled. Detailed results of descriptive statistics and multiple regression analysis are presented in the text for each research question.

Results of this study are presented in the order in which the research questions were presented. For this study, the alpha (α) level of statistical significance was designated as .05. Data was collected and organized from a survey that was administered to seminary counseling students at twelve seminaries located in the United States.

Research Question 1: What are the descriptive characteristics of a small sample of seminary counseling students currently attending seminary in areas across the United States?

For the purposes of answering Research Question 1, data from 206 participants were included in this section.

Gender and Age

Of the 206 participants, 155 (75.2%) were female and 51 (24.8%) were male. Ages ranged from 21 to 60, with a mean of 32 years old ($M = 32.86; SD = 10.309$). For purposes of reporting, participants were grouped according to age groups as defined by 20 to 29, 30 to 39, 40 to 49, 50 to 59 and 60 to 69. Figure 1 illustrates the number of participants per age grouping, with missing age data on 4.
Figure 1. Sample size of participants in each age group.

**Ethnicity and Country**

Each participant’s ethnicity is reported in Figure 2 with missing ethnicity data on one. Respondents reported “other” as white Ukrainian, Lebanese American, Africa, biracial black/white, and German Jewish.

Figure 2. Sample size of participants’ ethnicity group.
Participants were asked to specify if they were international students and indicate their home continent. Participant responses were as follows: non-international student \((n = 192; 93.2\%)\) and international student \((n = 11; 5.4\%)\). Figure 3 displays participants’ home continent.

![International Student Home Continent](image)

*Figure 3. Sample size of participants’ home continent*

**Region of Seminary**

Participants were asked to report what seminary they attend. For the purposes of confidentiality, respondents’ seminaries were grouped by geographical region. Figure 4 displays participants’ seminary by region.

![Region of Country](image)

*Figure 4. Sample size of participants’ seminary by region.*
Denomination

Survey respondents were asked to report on their identified denominational preference. Responses to this survey item are displayed in Figure 5. Respondents indicated “other” to be Mennonite Brethren, Slavic Baptist, E-Free and E-Covenant, Christian Church Reformation movement, follower of Christ, Apostolic Christian, Restoration/Christian church, Reformed, Wesleyan, Catholic, Evangelical Free Church of America, Messianic Jewish, Episcopalian, Evangelical, Charismatic, and Evangelical Covenant Church.

![Denomination Graph]

*Figure 5. Sample size of participants’ denomination.*

Course Hours Completed and Guiding Theory

Results indicated that respondents completed a range of 0 to 160 course hours, with a mean of 42 ($M = 42.73; SD = 26.64$). Participants were asked to specify their identified counseling theory. Figure 6 displays participants’ identified counseling theory, with missing data on 7. Respondents which specified “other” as their guiding theory included responses of narrative, clinically descriptive/scripturally prescriptive, psychodynamic, developmental psychotherapy, solution focused and child psychology/play therapy.
Figure 6. Sample size of participants’ identified counseling theory.

Previous Training and Experience

Participants were asked to indicate the type and amount of training received outside of graduate training to work with children. Participants indicated the following regarding previous training: 131 (63.6%) reported previous training, 72 (35%) reported no previous training, with missing data on 3. Figure 7 displays participants’ previous training to work with children. Respondents indicated “other” as applied behavioral analysis, nursing, legal guardian, occupational therapist, mental health technician, care of child family members, camp counselor and medical doctor. Reported years of previous experience working with children as a teacher/aide ranged from 3 months to 25 years, with a mean of 4 years ($M = 4.4; SD = 4.81$). Reported years of previous experience in the area of childcare ranged from 3 months to 33 years, with a mean of 5 years ($M = 5.13; SD = 5.07$). Respondents who reported previous experience working with children in a ministry setting indicated years of experience ranging from 3 months to 16 years, with a mean of 4 years ($M = 4.16; SD = 3.49$). Survey participants that indicated previous training as parents reported experience in years ranging from 2 months to 27 years, with
a mean of 9 ($M = 9.80; SD = 8.87$). Individuals that specified “other” as previous experience working with children indicated their experience ranged from 6 months to 25 years, with a mean of 5 years ($M = 5.47; SD = 5.86$).

![Bar chart](Figure 7. Sample size of participants’ previous experience working with children.)

Participants were asked to indicate the number of courses pertaining to counseling children completed outside their seminary setting. Results indicated that 30 (14.6%) completed child counseling courses outside the seminary setting, 168 (81.6%) reported not completing child counseling courses outside the seminary setting, with missing data on 8.

Participants were asked to specify if they had received previous workshop training in the area of child counseling. Respondents indicated the following: 50 (24.3%) indicated previous workshop experience, 152 (73.8%) reported no previous workshop training for counseling children, with missing data on 4.

Participants were asked to indicate if they had previous experience counseling children. Respondents reported that 43 (20.4%) had experience counseling children, whereas 160 (75.8%) reported no experience counseling children, with missing data on 8. Participants who reported
having previous experience counseling children indicated their experience ranged from three months to ten years of experience, with a mean of 2 years ($M = 2.49; SD = 2.63$).

In response to previously utilizing play therapy to counsel children, 23 (11.2%) of respondents indicated utilizing play therapy, 179 (86.9%) indicated not utilizing play therapy, with missing data on 4.

_Seminary Child Counseling Courses_

Survey items pertaining to seminary course offerings in the areas of child counseling and play therapy were included in the child counseling survey. Survey participants were asked to indicate the number of child counseling courses offered at their seminary. Figure 8 displays the number of child counseling courses offered, with missing data on 2.

![Figure 8. Sample size of number of seminary child counseling courses.](chart.png)

Participants were asked to indicate how many child counseling courses they have participated in at their seminary. Figure 9 displays participants’ responses to number of seminary child counseling courses taken at their institution, with missing data on 16.
Figure 9. Sample size of number of seminary child counseling courses taken.

Participants were asked to indicate what percentage of the child counseling courses offered at their seminary contained information regarding play therapy. Figure 10 displays the percentage of seminary child counseling courses containing play therapy instruction, with missing data on 66.

Figure 10. Percentage of seminary counseling courses containing play therapy instruction.

Respondents were asked to indicate the number of play therapy courses offered by their seminary. Figure 11 displays participants’ responses regarding the number of courses in play therapy offered at their seminary, with missing data on 2.
Figure 11. Number of play therapy courses offered at seminary.

Respondents were asked to indicate if they had participated in the play therapy courses offered at their seminary. Figure 12 displays the number of play therapy courses in which respondents participated, with missing data on 39.

Figure 12. Number of seminary play therapy courses taken.
**Preparedness to Counsel Children**

Respondents were asked to indicate if they felt prepared to counsel children. Figure 13 displays participants’ feelings of preparedness to counsel children, with missing data on 18.

![Bar Chart: Preparedness to Counsel Children](image)

*Figure 13. Sample size of participants’ feelings of preparedness to counsel children.*

**Post Graduate Intentions**

Respondents were asked to indicate their intention regarding plans to work with children in a counseling setting after graduation. Figure 14 displays participants’ intention to counsel children after completing graduate training, with missing data on 2.

![Bar Chart: Intention to Counsel Children After Graduation](image)

*Figure 14. Sample size of participants’ intention to work with children after graduation.*
Furthermore, participants were asked to indicate in which setting they hoped to work after completion of their graduate degree. Figure 15 displays participant’s intended work setting after graduation, with missing data on 18.

*Figure 15. Sample size of participants’ anticipated work setting.*

Lastly, survey respondents were asked to indicate, if given the opportunity, whether they would participate in a child counseling course offered at their seminary. Figure 16 displays participants’ intention to participate in a play therapy course if offered at their seminary, with missing data on 18.

*Figure 16. Sample size of participants’ intention to participate in seminary play therapy course.*
Research Question 2:
What are the basic beliefs of seminary counseling students regarding children?

To investigate the basic beliefs of seminary counseling students regarding children, they were asked a series of survey questions concerning the development of children (See Table 1). Participants were asked to respond to survey items based on a 5-point Likert scale with 1 = strongly disagree, 2 = mostly disagree; 3 = not sure; 4 = mostly agree and 5 = strongly agree.

For the purposes of answering research question two, descriptive data from all 206 participants were analyzed. Results of survey responses for all belief questions are represented in Table 3.

Table 3

Sample Size and Percentage of Participants’ Responses to Survey Items

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Strongly Disagree</th>
<th>Mostly Disagree</th>
<th>Not Sure</th>
<th>Mostly Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel adequately prepared to work with children in a counseling setting.</td>
<td>21 10.2</td>
<td>72 35.0</td>
<td>50 24.3</td>
<td>38 18.4</td>
<td>7 3.4</td>
</tr>
<tr>
<td>2. Children are born with the tendency to be sinful.</td>
<td>13 6.3</td>
<td>20 9.7</td>
<td>88 42.7</td>
<td>45 21.8</td>
<td>138 67.0</td>
</tr>
<tr>
<td>3. Children naturally grow in positive ways and seek self improvement.</td>
<td>9 4.4</td>
<td>55 26.7</td>
<td>83 40.3</td>
<td>9 4.4</td>
<td></td>
</tr>
<tr>
<td>4. Play is essential to the healthy development of all children.</td>
<td>1 0.5</td>
<td>1 0.5</td>
<td>45 21.8</td>
<td>138 67.0</td>
<td></td>
</tr>
<tr>
<td>5. Children are born with a natural potential to know right from wrong.</td>
<td>13 6.3</td>
<td>55 26.7</td>
<td>72 35.0</td>
<td>20 9.7</td>
<td></td>
</tr>
<tr>
<td>6. Children communicate their feelings through play more than other forms of communication.</td>
<td>1 0.5</td>
<td>5 2.4</td>
<td>99 48.1</td>
<td>45 21.8</td>
<td></td>
</tr>
<tr>
<td>7. Facilitating expression of feelings through play is an important role of a child counselor.</td>
<td>1 .05</td>
<td>0 0</td>
<td>116 56.3</td>
<td>53 25.7</td>
<td></td>
</tr>
<tr>
<td>8. It is most therapeutically appropriate for the child client to lead the counseling session.</td>
<td>0 0</td>
<td>33 16.0</td>
<td>57 27.7</td>
<td>10 4.9</td>
<td></td>
</tr>
<tr>
<td>9. Child counselors trust the child’s inner capacity to lead the therapeutic relationship.</td>
<td>1 0.5</td>
<td>27 13.1</td>
<td>51 24.8</td>
<td>6 2.9</td>
<td></td>
</tr>
<tr>
<td>10. A therapeutic atmosphere where only necessary limits are set on behavior is essential to the relationship between the child counselor and the child.</td>
<td>1 0.5</td>
<td>7 3.4</td>
<td>52 25.2</td>
<td>17 8.3</td>
<td></td>
</tr>
<tr>
<td>11. Children possess a tremendous capacity to overcome obstacles and circumstances in their lives.</td>
<td>0 0</td>
<td>2 1.0</td>
<td>107 51.9</td>
<td>70 34.0</td>
<td></td>
</tr>
<tr>
<td>12. Children are capable of positive self-direction if given an opportunity to do so.</td>
<td>0 0</td>
<td>11 5.3</td>
<td>110 53.4</td>
<td>29 14.1</td>
<td></td>
</tr>
<tr>
<td>13. Children’s behavior needs to be molded and directed for optimal growth and adjustment.</td>
<td>0 0</td>
<td>8 3.9</td>
<td>122 59.2</td>
<td>42 20.4</td>
<td></td>
</tr>
</tbody>
</table>

(table continues)
Table 3 (continued).

| Survey Item                                                                 | Strongly Disagree | Mostly Disagree | Not Sure | Mostly Agree | Strongly Agree |
|----------------------------------------------------------------------------|-------------------|-----------------|----------|--------------|                |
| 14. Children can be helped to grow and mature faster.                      | 0                 | 0               | 29       | 14.1         | 36              |
|                                                                             | 14.1%             | 0%              | 14.1%    | 86.8%        | 17.5%           |
| 15. Adjusted and maladjusted children express similar types of              | 6                 | 2.9             | 65       | 31.6         | 63              |
| negative attitudes.                                                        | 73.1%             | 17.5%           | 73.1%    | 26.9%        | 25.7%           |
| 16. Typically, an adult must intervene directly to stop most                | 0                 | 0               | 28       | 13.6         | 53              |
| children’s aggressive and/or destructive behavior.                         | 0%                | 0%              | 13.6%    | 86.4%        | 25.7%           |
| 17. Children communicate in much the same way as adults.                   | 57                | 27.7            | 108      | 52.4         | 7               |
|                                                                             | 27.7%             | 108%            | 52.4%    | 47.6%        | 7%              |
| 18. How the therapist feels about the child is more important than          | 18                | 8.7             | 82       | 39.8         | 48              |
| what the therapist knows about the child.                                   | 8.7%              | 82%             | 39.8%    | 60.2%        | 23.3%           |
| 19. Children should be obedient to authority figures regardless of          | 8                 | 3.9             | 68       | 33.0         | 44              |
| how children feel about the authority figure.                              | 3.9%              | 68%             | 33.0%    | 67%          | 21.4%           |
| 20. When children misbehave, it is important to allow them some time         | 2                 | 1.0             | 50       | 24.3         | 49              |
| to bring themselves into compliance with the rules without directing the    | 1%                | 1%              | 24.3%    | 75.7%        | 23.8%           |
| child’s behavior.                                                          | 1%                | 1%              | 24.3%    | 75.7%        | 23.8%           |
| 21. Children do not have the ability to generate ideas for                  | 30                | 14.6            | 112      | 54.4         | 19              |
| consequences that are useful for effective discipline.                      | 14.6%             | 112%            | 54.4%    | 45.6%        | 9.2%            |

In response to the following item “Play is essential to the healthy development of all children,” results indicated a mean score of 4 ($M = 4.70; SD = .574$), with 1 (0.5%) indicating strongly disagree, 1 (0.5%) indicating mostly disagree, 2 (1%) indicating not sure, 45 (21.8%) indicating mostly agree, 138 (67%) indicating strongly agree, with missing data on 19.

In response to the following item “Children communicate their feelings through play more than other forms of communication,” results indicated a mean score of 3 ($M = 3.97; SD = .772$), with 1 (0.5%) indicating strongly disagree, 5 (2.4%) indicating mostly disagree, 37 (18%) indicating not sure, 99 (48.1%) indicating mostly agree, 45 (21.8%) indicating strongly agree, with missing data on 19.

In response to the following item “Facilitating expression of feelings through play is an important role of a child counselor,” results indicated a mean score of 4 ($M = 4.18; SD = .627$), with 1 (0.5%) indicating strongly disagree, 0 (0%) indicating mostly disagree, 17 (8.3%)
indicating not sure, 116 (56.3%) indicating mostly agree, 53 (25.7%) indicating strongly agree, with missing data on 19.

In response to the following item “It is most therapeutically appropriate for the child client to lead the counseling session,” results indicated a mean score of 3 (M = 3.24; SD = .802), with 0 (0%) indicating strongly disagree, 33 (16%) indicating mostly disagree, 87 (42.2%) indicating not sure, 57 (27.7%) indicating mostly agree, 10 (4.9%) indicating strongly agree, with missing data on 19.

In response to the following item “Child counselors trust the child’s inner capacity to lead the therapeutic relationship,” results indicated a mean score of 3 (M = 3.18; SD = .733), with 1 (0.5%) indicating strongly disagree, 27 (13.1%) indicating mostly disagree, 102 (49.5%) indicating not sure, 51 (24.8%) indicating mostly agree, 6 (2.9%) indicating strongly agree, with missing data on 19.

In response to the following item “A therapeutic atmosphere where only necessary limits are set on behavior is essential to the relationship between the child counselor and the child,” results indicated a mean score of 3 (M = 3.72; SD = .705), with 1 (0.5%) indicating strongly disagree, 7 (3.4%) indicating mostly disagree, 52 (25.2%) indicating not sure, 108 (52.4%) indicating mostly agree, 17 (8.3%) indicating strongly agree, with missing data on 21.

In response to the following item “Children can be helped to grow and mature faster,” results indicated a mean score of 3 (M = 3.62; SD = .892), with 0 (0%) indicating strongly disagree, 29 (14.1%) indicating mostly disagree, 36 (17.5%) indicating not sure, 99 (48.1%) indicating mostly agree, 23 (11.2%) indicating strongly agree, with missing data on 19.

In response to the following item “Children usually need considerable structure and direction because they are still learning and developing,” results indicated a mean score of 4 (M
= 4.03; SD = .763), with 0 (0%) indicating strongly disagree, 12 (5.8%) indicating mostly disagree, 15 (7.3%) indicating not sure, 114 (55.3%) indicating mostly agree, 45 (21.8%) indicating “strongly agree,” with missing data on 20.

In response to the following item “Most children are able to express their feelings, frustrations, and personal problems through verbal expression,” results indicated a mean score of 2 (M = 2.20; SD = .804), with 22 (10.7%) indicating strongly disagree, 127 (61.7%) indicating mostly disagree, 16 (7.8%) indicating not sure, 20 (9.7%) indicating mostly agree, 1 (0.5%) indicating strongly agree, with missing data on 20.

In response to the following item “Adjusted and maladjusted children express similar types of negative attitudes,” results indicated a mean score of 2 (M = 2.89; SD = .894), with 6 (2.9%) indicating strongly disagree, 65 (31.6%) indicating mostly disagree, 63 (30.6%) indicating not sure, 50 (24.3%) indicating mostly agree, 3 (1.5%) indicating strongly agree, with missing data on 19.

In response to the following item “Children communicate in much the same way as adults,” results indicated a mean score of 1 (M = 1.90; SD = .843), with 57 (27.7%) indicating strongly disagree, 108 (52.4%) indicating mostly disagree, 7 (3.4%) indicating not sure, 13 (6.3%) indicating mostly agree, 2 (1%) indicating strongly agree, with missing data on 19.

In response to the following item “How the therapist feels about the child is more important than what the therapist knows about the child,” results indicated a mean score of 2 (M = 2.60; SD = .977), with 18 (8.7%) indicating strongly disagree, 82 (39.8%) indicating mostly disagree, 48 (23.3%) indicating not sure, 33 (16%) indicating mostly agree, 5 (2.4%) indicating strongly agree, with missing data on 20.
Research Question 3: What are the views of seminary counseling students regarding the theoretical rationale and practice of child centered play therapy?

To investigate the views of seminary counseling students regarding the theoretical rationale and practice of child centered play therapy, respondents were asked to respond to specified survey items (See Table 2). Participants were asked to respond to survey items based on a 5-point Likert scale with 1 = strongly disagree, 2 = mostly disagree; 3 = not sure; 4 = mostly agree and 5 = strongly agree. For the purposes of answering research question two, descriptive data from all 206 participants were analyzed.

In response to the following item “Children are born with the tendency to be sinful,” results indicated a mean score of 3 (\(M = 3.71; SD = 1.154\)), with 13 (6.3%) indicating strongly disagree, 20 (9.7%) indicating mostly disagree, 20 (9.7%) indicating not sure, 88 (42.7%) indicating mostly agree, 45 (21.8%) indicating strongly agree, with missing data on 20.

In response to the following item “Children naturally grow in positive ways and seek self improvement,” results indicated a mean score of 3 (\(M = 3.15; SD = 1.052\)), with 9 (4.4%) indicating strongly disagree, 55 (26.7%) indicating mostly disagree, 31 (15%) indicating not sure, 83 (40.3%) indicating mostly agree, 9 (4.4%) indicating strongly agree, with missing data on 19.

In response to the following item “Children are born with a natural potential to know right from wrong,” results indicated a mean score of 3 (\(M = 3.17; SD = 1.168\)), with 13 (6.3%) indicating strongly disagree, 55 (26.7%) indicating mostly disagree, 27 (13.1%) indicating not sure, 72 (43.5%) indicating mostly agree, 20 (9.7%) indicating strongly agree, with missing data on 19.

In response to the following item “Children possess a tremendous capacity to overcome obstacles and circumstances in their lives,” results indicated a mean score of 4 (\(M = 4.32; SD =\)

61
.599), with 0 (0%) indicating strongly disagree, 2 (1%) indicating mostly disagree, 7 (3.4%) indicating not sure, 107 (51.9%) indicating mostly agree, 70 (34%) indicating strongly agree, with missing data on 19.

In response to the following item “Children are capable of positive self-direction if given the opportunity to do so,” results indicated a mean score of 3 (M = 3.84; SD = .752), with 0 (0%) indicating strongly disagree, 11 (5.3%) indicating mostly disagree, 37 (18%) indicating not sure, 110 (53.4%) indicating mostly agree, 29 (14.1%) indicating strongly agree, with missing data on 19.

In response to the following item “Children’s behavior needs to be molded and directed for optimal growth and adjustment,” results indicated a mean score of 4 (M = 4.06; SD = .689), with 0 (0%) indicating strongly disagree, 8 (3.9%) indicating mostly disagree, 15 (7.3%) indicating not sure, 122 (59.2%) indicating mostly agree, 42 (20.4%) indicating strongly agree, with missing data on 19.

In response to the following item “Typically, an adult must intervene directly to stop most children’s aggressive and/or destructive behavior,” results indicated a mean score of 3 (M = 3; SD = .825), with 0 (0%) indicated strongly disagree, 28 (13.6%) indicating mostly disagree, 53 (25.7%) indicating not sure, 94 (45.6%) indicating mostly agree, 12 (5.8%) indicating strongly agree, with missing data on 19.

In response to the following item “Children should be obedient to authority figures regardless of how the child feels about the authority figure,” results indicated a mean score of 2 (M = 2.92; SD = .978), with 8 (3.9%) indicating strongly disagree, 68 (33%) indicating mostly disagree, 44 (21.4%) indicating not sure, 62 (30.1%) indicating mostly agree, 4 (1.9%) indicating strongly agree, with missing data on 20.
In response to the following item “When children misbehave, it is important to allow them some time to bring themselves into compliance with the rules without directing the child’s behavior,” results indicated a mean score of 3 (\(M = 3.20; SD = .911\)), with 2 (1%) indicating strongly disagree, 50 (24.3%) indicating mostly disagree, 49 (23.8%) indicating not sure, 79 (38.3%) indicating mostly agree, 6 (2.9%) indicating strongly agree, with missing data on 20.

In response to the following item “Children do not have the ability to generate ideas for consequences that are useful for effective discipline,” results indicated a mean score of 2 (\(M = 2.24; SD = .934\)), with 30 (14.6%) indicating strongly disagree, 112 (54.4%) indicating mostly disagree, 19 (9.2%) indicating not sure, 22 (10.7%) indicating mostly agree, 4 (1.9%) indicating strongly agree, with missing data on 19.

Multiple regression analysis was conducted to address both question four and question five. Results for both questions are addressed in this section.

Research Question 4: What denominational similarities or differences exist regarding seminary counseling students’ views of children and play therapy?

Research Question 5: Was there a relationship between the factors of gender, age, geographical region, previous training, guiding theory, future plans in working with children, parental status, students’ feelings of adequacy to work with children in a counseling setting and the beliefs of seminary counseling students regarding children and play therapy?

Multiple Regression

Correlational research is an area of statistics that is used to illustrate relationships between variables (Fink & Kosecoff, 1998). Whereas correlational studies do not indicate causality between studied variables, correlation coefficients indicate the extent to which variables are related. A correlation coefficient for two scores can range from +1.00, indicating a strong positive relationship, or -1.00, indicating a strong negative relationship (Heppner,
For this study the Pearson product-moment correlation coefficient \((r)\) was utilized to determine the correlation between participant demographic information and participant responses on the child counseling survey. To conduct a Pearson’s \(r\), the data to be analyzed must be expressed as continuous data (Fink & Kosecoff, 1998). In order to run a Pearson’s \(r\) on the data, criterion coding was utilized to adapt the demographic data into continuous data.

Multiple regression is an area of statistics that increases the ability to describe relationships between multiple variables (Heppner, Wampold, & Kivlighan, 2008). Heppner, Wampold & Kivlighan (2008) further explained that “multiple regression can be used to describe how multiple predictor variables are related to a single ‘dependent’ variable” (p. 247). For this study multiple regression analysis was utilized to further determine and describe the relationships between multiple variables.

When conducting multiple regression, several assumptions must be verified prior to interpretation of data analysis. The first assumption is in regard to sample size. Tabachnick and Fidell (2007) recommended approximately 15 participants per predictor for a reliable equation. Furthermore, Tabachnick and Fidell (2007, p. 123) set forth the following equation for determining sample size: \(N > 50 + 8m\) where \(m\) is equal to the number of independent variables. According to Tabachnick and Fidell’s standards, 122 participants were needed for this study due to the presence of 9 independent variables. Therefore, the sample size \((N = 187)\) obtained for this study is sufficient for this analysis.

A second assumption in multiple regression is that of multicollinearity and singularity (Tabachnick & Fidell, 2007). Multicollinearity occurs when independent variables are greatly correlated \((r \geq .09)\), whereas singularity occurs when one independent variable is a mixture of
other independent variables (Pallant, 2008). To assess for this assumption, PASW calculated a
tolerance value and a variance inflation factor [VIF] value. When the tolerance value is small (<
.10) and the VIF is high (> 10) multicollinearity is indicated (Pallant, 2008). Based on these
specifications, the assumption of multicollinearity and singularity were met for this study.
To address the assumptions of normality, linearity, and homoscedasticity, which refer to the
distribution of scores and the nature of the relationship between the variables, analysis of
residual scatterplots were examined and are presented in Figures 17 and 18.

**Figure 17.** Normal P-P plot of regression standardized residual.

**Figure 18.** Scatterplot of standardized residual and standardized predicted total belief scores.
Furthermore, the presence of outliers was investigated by inspecting the Mahalanobis distances. According to Tabachnick and Fidell (2007) the critical chi-square value based on an alpha level of .001 is 27.877. Multiple regression conducted for this study indicated that no cases exceeded the Mahalanobis distance value. Moreover, based on analysis of the normal P-P plot and the scatterplot, the assumptions were deemed met for this analysis.

Effect sizes indicate to what extent the variance in the dependent variable is associated with the independent variable (Tabachnick & Fidell, 2007). Sink and Stroh (2006) specified that a small effect is equal to .01, a medium effect is equal to .06, and a large effect is equal to .14.

**Predictor Variables**

For this analysis, gender, age, denominational grouping, region of country, guiding theory, previous training to work with children, parental status, future plans in working with children, and feelings of preparedness to counsel children after graduation were selected as independent variables.

Respondents were prompted to select their identified denominational affiliation from the following list of denominations: Anglican, Baptist, Bible Church, Catholic, Church of Christ, Church of the Nazarene, Interdenominational/Multidenominational, Lutheran, Methodist, Nondenominational, Pentecostal, Presbyterian, and other. Due to extremely uneven distribution of responses for several denominational categories, denominational groupings were combined to represent larger meaningful categories. Respondents who reported their denomination as Interdenominational/Multidenominational and Nondenominational were combined to form one group. Respondents who specified their denominational affiliation as Methodist, Lutheran, Presbyterian, Church of Christ, and Church of the Nazarene were combined. Respondents who
reported their denominational affiliation as “other” or Anglican were combined to form a group. Respondents who specified their denominational affiliation as Baptist, Bible Church or Pentecostal were combined to form the final category. The sample size, mean, standard deviation, skewness, and kurtosis were explored for the independent variables of this study (shown in Table 4).

Table 4

*Descriptive Statistics of Independent Variables*

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>206</td>
<td>1.75</td>
<td>.433</td>
<td>-1.178</td>
<td>-.618</td>
</tr>
<tr>
<td>Age</td>
<td>202</td>
<td>32.86</td>
<td>10.309</td>
<td>.972</td>
<td>-.195</td>
</tr>
<tr>
<td>Denominational Grouping</td>
<td>206</td>
<td>2.297</td>
<td>1.236</td>
<td>.297</td>
<td>-1.531</td>
</tr>
<tr>
<td>Region of Country</td>
<td>205</td>
<td>2.69</td>
<td>1.109</td>
<td>-.196</td>
<td>-.860</td>
</tr>
<tr>
<td>Identified Counseling Theory</td>
<td>206</td>
<td>5.45</td>
<td>3.434</td>
<td>.311</td>
<td>-1.409</td>
</tr>
<tr>
<td>Previous Training with Children</td>
<td>203</td>
<td>1.35</td>
<td>.480</td>
<td>.612</td>
<td>-1.642</td>
</tr>
<tr>
<td>Parental Status</td>
<td>206</td>
<td>1.68</td>
<td>.466</td>
<td>-.800</td>
<td>-1.374</td>
</tr>
<tr>
<td>Future Plans in Working With Children</td>
<td>204</td>
<td>2.13</td>
<td>.912</td>
<td>-.256</td>
<td>-1.756</td>
</tr>
<tr>
<td>Prepared to Work with Children</td>
<td>188</td>
<td>2.67</td>
<td>1.038</td>
<td>.291</td>
<td>-.655</td>
</tr>
</tbody>
</table>

*Dependent Variable*

One dependent variable was utilized in this study: participants average calculated score on survey items assessing beliefs about children and play therapy. An increase in score indicated beliefs about children and play therapy that are more congruent with the theoretical rationale of child centered play therapy. Whereas a reduction in score indicated beliefs about children and
play therapy that are less congruent with the theoretical underpinnings of child centered play therapy. Table 5 displays the sample size, mean, standard deviation, skewness, and kurtosis of participant’s average calculated survey score. The skewness for this variable was found to be between negative 3 and positive 3, therefore this variable was reasonably normally distributed.

Table 5

Descriptive Statistics of Dependent Variable

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beliefs</td>
<td>187</td>
<td>3.29</td>
<td>.271</td>
<td>.205</td>
<td>.354</td>
</tr>
</tbody>
</table>

Multiple regression analysis was conducted utilizing PASW to test the relationship between 9 predictor variables with respondent’s total beliefs regarding children and play therapy. Results from the multiple regression, as shown in Table 6, signified a statistically significant prediction between the nine predictor variables and respondent’s total beliefs regarding children and play therapy, $F(9, 174) = 4.796, p < .001$. Results of this analysis also indicated $R$ of .446, $R^2$ of .199, and adjusted $R^2$ of .157 in the full model. The nine predictor variables together demonstrated a large effect size and were able to account for 19% of the variance of the estimated total beliefs regarding children and play therapy.
Table 6

*Regression Summary Table for Total Beliefs Regarding Children and Play Therapy*

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
<th>R^2</th>
<th>Adj. R^2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>2.126</td>
<td>9</td>
<td>.236</td>
<td>4.796</td>
<td>.000*</td>
<td>.199</td>
<td>.157</td>
</tr>
<tr>
<td>Residual</td>
<td>8.569</td>
<td>174</td>
<td>.049</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>10.695</td>
<td>183</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Predictors were (constant), gender, age, denominational grouping, region of country, identified counseling theory, previous training with children, parental status, future plans to work with children, feelings of adequacy to counsel children after graduation.

*p < .05.

Because the regression model appeared to account for a large portion of variance among belief scores, predictors were further examined for individual contribution to the model. The unstandardized coefficients (b), standardized coefficients (β), structure coefficients (r_s), and squared structure coefficient (r_s^2) on the dependent variable of total beliefs regarding children and play therapy are displayed in Table 7. Results indicated that preparedness to counsel children (p < .001) and region of country (p = .048) yielded a statistically significant result. Results indicated that feelings of preparedness to counsel children after graduation (β = .331; r_s^2 = .76) had a strong prediction in the full model. Specifically feelings of preparedness to counsel children after graduation was a strong contributor and could explain 76% of the variance of the estimated total beliefs regarding children and play therapy. Furthermore, future plans to work with children (β = -.111; r_s^2 = .25) and previous training to work with children (β = -.111; r_s^2 = .18) had a strong effect on prediction of total beliefs regarding children and play therapy. Future plans to work with children and previous training to work with children accounted for 25% and 18% of the variance, respectively, of the estimated total beliefs regarding children and play therapy. Region of country (β = -.139; r_s^2 = .10), and identified counseling theory (β = .001; r_s^2 = .10) had little prediction in the full model, accounting for approximately 10% (region of
country), and 10% (identified counseling theory) of the variance of the estimated total beliefs regarding children and play therapy. Moreover, gender ($\beta = -.034; r_s^2 = .02$), age ($\beta = -.052; r_s^2 = .05$), denominational grouping ($\beta = -.026; r_s^2 = .01$) and parental status ($\beta = .003; r_s^2 < .01$) had virtually no effect on the prediction of the full model, and explained approximately 2% (gender), 5% (age), 1% (denominational grouping) and less than 1% (parental status) of the variance in the estimated variance of the estimated total beliefs regarding children and play therapy.

Table 7

Coefficients: $b$, Beta Weights, Structure Coefficients, and Structure Coefficients Squares on Dependent Variable of Total Beliefs Regarding Children and Play Therapy

<table>
<thead>
<tr>
<th>Variable</th>
<th>$b$</th>
<th>$\beta$</th>
<th>$r^2$</th>
<th>$r_s^2$</th>
<th>$t$</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>3.81</td>
<td>1.00</td>
<td>22.59</td>
<td>.13</td>
<td>-46</td>
<td>.65</td>
</tr>
<tr>
<td>Gender</td>
<td>-.02</td>
<td>.04</td>
<td>.13</td>
<td>.02</td>
<td>-.46</td>
<td>.65</td>
</tr>
<tr>
<td>Age</td>
<td>-.00</td>
<td>.00</td>
<td>-.23</td>
<td>.05</td>
<td>-.68</td>
<td>.50</td>
</tr>
<tr>
<td>Denominational Grouping</td>
<td>-.01</td>
<td>-.03</td>
<td>-.10</td>
<td>.01</td>
<td>-.37</td>
<td>.71</td>
</tr>
<tr>
<td>Region of Country</td>
<td>-.03</td>
<td>-.14</td>
<td>-.31</td>
<td>.10</td>
<td>-1.99</td>
<td>.05*</td>
</tr>
<tr>
<td>Identified Theory</td>
<td>.00</td>
<td>.00</td>
<td>.31</td>
<td>.10</td>
<td>.021</td>
<td>.98</td>
</tr>
<tr>
<td>Previous Training</td>
<td>-.06</td>
<td>-.11</td>
<td>-.42</td>
<td>.18</td>
<td>-1.53</td>
<td>.12</td>
</tr>
<tr>
<td>Parental Status</td>
<td>.00</td>
<td>.00</td>
<td>-.02</td>
<td>&lt;.01</td>
<td>.045</td>
<td>.96</td>
</tr>
<tr>
<td>Future Plans</td>
<td>-.03</td>
<td>-.11</td>
<td>-.50</td>
<td>.25</td>
<td>-1.52</td>
<td>.13</td>
</tr>
<tr>
<td>Preparedness</td>
<td>.08</td>
<td>.33</td>
<td>.87</td>
<td>.76</td>
<td>4.57</td>
<td>&lt;.01*</td>
</tr>
</tbody>
</table>

*p < .05

Results of structure coefficients specified that gender ($r^2 = .13$), identified counseling theory ($r^2 = .31$), and preparedness to counsel children after graduation ($r^2 = .87$) had a positive relationship, whereas age ($r^2 = -.23$), denominational grouping ($r^2 = -.10$), region of country ($r^2 = .02$)
-.31), previous training to work with children \((r^2 = .42)\), parental status \((r^2 = .02)\), and future plans to counsel children after graduation \((r^2 = .50)\) had a negative relationship with total beliefs regarding children and play therapy. In order to interpret relationships, the mean total belief scores for each grouping of the categorical independent variables were calculated and provided in Table 8.

Table 8

**Mean Total Belief Scores for Categorical Independent Variables**

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Variable Category</th>
<th>N</th>
<th>Total Beliefs Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>51</td>
<td>3.68</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>155</td>
<td>3.71</td>
</tr>
<tr>
<td>Denominational Grouping</td>
<td>Nondenominational</td>
<td>79</td>
<td>3.71</td>
</tr>
<tr>
<td></td>
<td>Methodist/Lutheran/Presbyterian/Church of Christ/Nazarene</td>
<td>43</td>
<td>3.69</td>
</tr>
<tr>
<td></td>
<td>Other/Anglican</td>
<td>28</td>
<td>3.74</td>
</tr>
<tr>
<td></td>
<td>Baptist/Bible Church/Pentecostal</td>
<td>56</td>
<td>3.70</td>
</tr>
<tr>
<td>Region of Country</td>
<td>West</td>
<td>32</td>
<td>3.79</td>
</tr>
<tr>
<td></td>
<td>Southwest</td>
<td>49</td>
<td>3.68</td>
</tr>
<tr>
<td></td>
<td>Midwest</td>
<td>76</td>
<td>3.73</td>
</tr>
<tr>
<td></td>
<td>Southeast</td>
<td>46</td>
<td>3.63</td>
</tr>
<tr>
<td></td>
<td>Northeast</td>
<td>2</td>
<td>3.79</td>
</tr>
<tr>
<td>Identified Theory</td>
<td>None</td>
<td>32</td>
<td>3.56</td>
</tr>
<tr>
<td></td>
<td>Adlerian</td>
<td>6</td>
<td>3.61</td>
</tr>
<tr>
<td></td>
<td>Cognitive-Behavioral</td>
<td>52</td>
<td>3.74</td>
</tr>
<tr>
<td></td>
<td>Existential</td>
<td>5</td>
<td>3.78</td>
</tr>
<tr>
<td></td>
<td>Family Systems</td>
<td>32</td>
<td>3.77</td>
</tr>
<tr>
<td></td>
<td>Nouthetic</td>
<td>5</td>
<td>3.76</td>
</tr>
<tr>
<td></td>
<td>Person-Centered</td>
<td>10</td>
<td>3.76</td>
</tr>
<tr>
<td></td>
<td>Psychoanalysis</td>
<td>1</td>
<td>4.13</td>
</tr>
<tr>
<td></td>
<td>REBT</td>
<td>3</td>
<td>3.87</td>
</tr>
<tr>
<td></td>
<td>Eclectic</td>
<td>52</td>
<td>3.68</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>7</td>
<td>3.59</td>
</tr>
<tr>
<td>Previous Training to Work With Children</td>
<td>Yes</td>
<td>131</td>
<td>3.74</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>72</td>
<td>3.64</td>
</tr>
<tr>
<td>Parental Status</td>
<td>Yes</td>
<td>65</td>
<td>3.71</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>141</td>
<td>3.70</td>
</tr>
<tr>
<td>Future Plans to Counsel Children</td>
<td>Yes</td>
<td>73</td>
<td>3.78</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>32</td>
<td>3.66</td>
</tr>
<tr>
<td></td>
<td>Maybe</td>
<td>99</td>
<td>3.66</td>
</tr>
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</table>
Table 8 (continued).

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Variable Category</th>
<th>N</th>
<th>Total Beliefs Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness to Counsel Children</td>
<td>Strongly Disagree</td>
<td>21</td>
<td>3.59</td>
</tr>
<tr>
<td></td>
<td>Mostly Disagree</td>
<td>72</td>
<td>3.65</td>
</tr>
<tr>
<td></td>
<td>Not Sure</td>
<td>50</td>
<td>3.69</td>
</tr>
<tr>
<td></td>
<td>Mostly Agree</td>
<td>38</td>
<td>3.83</td>
</tr>
<tr>
<td></td>
<td>Mostly Disagree</td>
<td>7</td>
<td>4.03</td>
</tr>
</tbody>
</table>
CHAPTER 5
DISCUSSION

Survey research was conducted for the purpose of exploring the beliefs of seminary counseling students regarding children and child centered play therapy.

Discussion of this section centers on (a) demographic aspects of seminary counseling students, (b) demographic aspects of seminary counselor education programs, (c) seminary counseling students beliefs regarding children, (d) seminary counseling students beliefs regarding play therapy, (e) results of multiple regression analyses of total beliefs regarding children and child centered play therapy, (d) limitations to this study, and (e) implications for further research.

This study was conducted with the purpose of determining the beliefs of seminary counseling students regarding children and play therapy. Furthermore, items were included in the survey that addressed the type and number of child counseling courses offered at the seminary level.

Seminary education has existed for centuries with the intention of preparing Christian leaders to serve in both faith-based and non-faith based settings. The Association of Theological Schools (ATS) serves as a governing agency to guide the curriculum of theologically based institutions. Whereas ATS has determined minimum guidelines for the training of individuals to work in counseling related professions, research regarding the type of training offered in the specialty area of child counseling was not found.

Many researchers have expanded upon the urgent matter regarding the need for effective interventions for the treatment of childhood emotional disorders and further have called for the adequate training of individuals to address the unique developmental needs of children (Mellin,
2009; Mellin & Pertuit, 2009). Seminary trained mental health professionals are not exempt from this call to address the distinctive mental health needs of children (Sisemore, 2003).

Research has shown support for play therapy as an effective form of treatment to address the mental health needs of children. Studies conducted regarding this matter have served to support play therapy as a developmentally appropriate response to the mental health needs of children (Bratton et al., 2005). Specifically, research shows support for the use of play therapy to address such symptoms as depression, anxiety, externalizing behavior problems, internalizing problems, speech and language difficulties, and ADHD symptoms (Shen, 2002; Garza & Bratton, 2005; Danger & Landreth, 2005; Ray, Schottelkorb, & Tsai, 2007). Furthermore, meta-analytic results demonstrated that humanistic play therapy treatments showed a statistically significant difference and a large treatment effect, whereas non-humanistic treatments showed a moderate treatment effect (Bratton et al., 2005).

After an extensive review of the literature, a dearth of research regarding the inclusion of child counseling courses in seminary counseling curriculum was found. To address this issue, a survey was developed with the intention of exploring seminary counseling students beliefs regarding children, child-centered play therapy, and seminary course curriculum. Data from 206 seminary counseling students across the United States was gathered, analyzed, and the results reported in this study. A detailed discussion of the findings of this study is provided in the following section.

Demographic Aspects of Students

Respondents were asked to complete 22 survey items addressing demographic aspects. The demographic items included in this survey specifically discuss the areas of gender, age,
ethnicity, international student status, denomination, seminary, number of course hours completed towards degree, identified counseling theory, past experience working with children, type of child counseling courses offered at seminary, future plans to counsel children, and anticipated work setting.

**Gender and Age**

Results indicated that approximately three fourths of respondents reported their gender as female. This finding is consistent with reported characteristics of gender composition of counselor education programs (Dickson, Jepsen, & Barbee, 2008; Hollis & Dodson, 1999). However, this finding is contrary to reported statistics regarding the male to female ratio of students in theological training. ATS (2007) reported for 2006 there were 53,142 men enrolled as theological students with only 27,921 female students. Interestingly, ATS (2007) further stated that whereas female enrollment in theological training was on the rise, it declined slightly beginning in 2006. The mean age of respondents for this study was 32 years old. Furthermore, when grouped by decade, more than half of participants reported being in their twenties.

**Ethnicity and International Students**

Reported ethnicity of respondents indicated that the vast majority (83%) indicated their ethnicity as white (non-Hispanic). This finding is consistent with reported research from ATS (2007) that found 67.5% of theological students reporting their ethnicity as “white”. Results indicated that the majority of students (93.2%) who participated in the survey were not international students.
Seminary

In the interest of maintaining the confidentiality of participating seminaries, those seminaries that chose to participate in this research have not been named. However, the denomination of the seminary, as well as their geographical location has been reported. Based on those seminaries that chose to participate, nondenominational seminaries outnumbered other denominations. Moreover, a greater number of seminaries in the Midwestern and southwestern portion of the United States chose to distribute the survey to their students. As well, a larger number of students from the Midwestern and southwestern portion of the United States chose to participate in this survey. This might be due to the fact that the Midwestern and southwestern portion of the United States has been labeled by some as the “Bible belt” referring to a greater presence of conservative evangelicals in this region. However, this finding might also indicate that seminaries in these areas are more supportive of counseling research efforts.

Denomination

The majority (35%) of respondents reported their identified denomination as “nondenominational” followed by that of Baptist (19.9%). Interestingly, no participants identified their denominational affiliation as Catholic, indicating a sample comprised of protestant individuals only. This might be due to the fact that no seminaries accredited by ATS offering counseling related programs reported their denominational affiliation as Catholic.

Course Hours Completed and Identified Theory

Results indicated that participants’ completed coursework in the field of counseling ranged from 0 to 160 with a mean of 42 credit hours. Further analysis of this matter was not
included in this study. However, further research in this area might indicate a relationship between knowledge of child counseling and number of course hours completed.

Participants were asked to specify their identified counseling theory. The majority of respondents selected theoretically eclectic (25.7%) as their identified counseling theory, followed closely by cognitive-behavioral (25.2%). This finding is supported by the reported trend in counseling and psychology toward theoretical eclecticism (Brabeck & Welfel, 1985). This finding indicates that seminary counseling programs are also following the trend toward theoretical eclecticism.

Furthermore, Brabeck and Welfel (1985) utilized Kitchener and King’s (1981) theory of reflective judgment to propose that master’s students in the decision-making process of identifying a guiding theory have a tendency to identify their guiding theory based on the theoretical orientation of a favorite professor. This could indicate that many counseling professors at the seminary level identify their guiding theory as cognitive behavioral.

Additionally, the selection of cognitive-behavioral may also be due to this theory possibly being more compatible with Biblical beliefs regarding sin. Jones and Butman (1991) in their evaluation of counseling theories from a theological perspective emphasized that Christian theology shares similar views of humanity with cognitive behavioral therapy, highlighting that both have a more pessimistic view of people as being depraved. The authors further highlighted that person-centered counseling fails to acknowledge limitations on human freedom, such as being in bondage to sin (Jones & Butman, 1991). Although Jones and Butman (1991) highlighted areas in which cognitive behavioral and person-centered counseling both differ from theological beliefs, it may be that seminary counseling students are drawn to cognitive-behavioral counseling because the doctrine of sin and depravity is central to the beliefs of
Christianity. Further, it may present less of a theological struggle for seminary counseling students to align with cognitive-behavioral type therapies as opposed to more humanistic therapies.

Furthermore, this finding that many students reported their identified counseling theory as cognitive behavioral could be impacted by the rise in managed care that specifies which types of treatments and counseling techniques will be reimbursed by insurance companies (McClure, Livingston, Livingston & Gage, 2005). Over 15% of respondents indicated they did not ascribe to any particular counseling theory. This may be associated with the fact that students new to the counseling program had not yet been able to select a theory. Very few (2.4%) indicated they ascribe to Nouthetic or Biblically based counseling as their guiding theory. This finding might indicate that more seminaries favor the instruction of integrating theology and psychology in the training of their counseling students.

**Previous Training and Experience**

In response to survey items regarding previous training and experience working with children outside one’s seminary, respondents indicated that over half (63.6%) had previous experience working with children. The majority (51.9%) indicated previous training and experience to be in childcare which could include both formal childcare settings such as daycares or informal settings such as babysitting. The majority of respondents reporting previous experience and training to work with children might be due in part to the majority of respondents being female. Historically, childcare positions, teaching positions, and children’s ministry work has been dominated by female presence.
Survey participants indicated that most (81.6%) had not completed formal child counseling courses outside the seminary setting. Moreover, a majority (73.8%) of respondents indicated not receiving workshop training to counsel children. These results might indicate that many seminary counseling students are receiving minimal training to counsel children outside their seminary setting. Additionally, survey participants indicated that approximately 20% had previous experience counseling children, some of which students reported was gained during practicum classes at their seminary. Further still, a little over 10% (11.8%) of respondents indicated utilizing play therapy when counseling children. These findings might suggest that seminary counseling students are less inclined to seek training to counsel children outside their seminary setting, and few students enter seminary with previous knowledge regarding how to counsel children or utilize play therapy as an effective intervention.

Demographic Aspects of Seminary Counselor Education

Survey participants were asked to indicate the amount and type of training regarding child counseling that is provided from their institution. When asked to indicate the amount of courses pertaining to child counseling offered by their seminary, nearly half (48.5%) of all participants indicated they were unsure how many courses in this area their seminary offered. This finding might suggest that seminary counseling programs fall short in the area of making students aware of seminary course offerings. This finding also might suggest that the majority of seminary counseling students do not attend seminary counseling programs with the intention of receiving training in the specialty area of child counseling. This finding might be substantiated by results of this study that indicated that 77.4% of seminary counseling students reported not participating in child counseling courses at their seminary, and only 16.5% of respondents
indicating having taken at least one child counseling course at their seminary. Additionally, the lack of child counseling courses offered at the seminary level may be due in part to the already increased number of course hours required to complete a graduate degree at the seminary level. Many seminaries not only require that their students complete the state designated number of counseling curriculum hours, but also a designated number of Bible and theology classes. The lack of child counseling courses may be a result of lack of financial resources of students to afford to take additional classes, a need for students to complete their degree to enter the workforce, or a lack of trained seminary faculty to teach child counseling courses.

Approximately 17% of seminaries surveyed currently do not offer any classes specifically geared toward child counseling. This fact is concerning in light of the aforementioned fact that concerns regarding the mental health and treatment of children are on the rise, and there is currently a lack of individuals trained to meet the counseling needs of children (Mellin, 2009).

In regard to survey items investigating the number of play therapy courses offered at the seminary level, respondents indicated that 75% of their child counseling courses offered no instruction on play therapy. In addition to this, 40.3% of respondents indicated that their seminary offered no courses specializing in play therapy and 38.3% indicated that they did not know if their seminary offered any play therapy courses. Furthermore, 75.2% of respondents reported that they had not taken any play therapy courses at their seminary. These findings may be due to the fact that child counseling courses tend to be lacking at the seminary level, therefore, classes specific to the use of play therapy are even scarcer. These results suggest that at a minimum, knowledge of child counseling courses and play therapy courses is lacking at the seminary level.
Post Graduate Intentions

Survey participants were asked to indicate if their future plans included working with children in a counseling setting. The vast majority (83.5%) of respondents indicated that they definitively or possibly intend to work with children in a counseling setting after completing graduate school. Due to the lack of training in the area of child counseling at the seminary graduate level, this finding is alarming. Although many seminary counseling students intend to include children in their counseling practice, many of these students may not be receiving the needed training to adequately counsel children.

Interestingly, when respondents were asked if they would choose to participate in a child counseling course if given the opportunity to do so, an overwhelming amount (79.1%) of students surveyed indicated yes. This finding seems to indicate that not only is there a need at the seminary level for counseling courses related specifically to children, but that many seminary students would participate in this type of course if given the opportunity to do so.

Beliefs Regarding Children and Play Therapy

Respondents were asked to complete a series of questions exploring beliefs about children and play therapy. One series of survey items explored seminary counseling students’ views about children and a second series of survey items explored seminary counseling students’ views of child centered play therapy.

Beliefs Regarding Children

Survey items investigating the beliefs of seminary counseling students regarding children yielded mixed results. In reference to respondents’ beliefs about children being born sinful, the
majority (64.5%) indicated that they strongly agree or agree with this statement, which is consistent with the Biblical doctrine of sin. In response to children naturally seeking self-improvement, children having the potential to know right from wrong, children possessing a capacity to overcome obstacles, children being capable of positive self-direction, allowing children time to bring themselves into compliance with rules, and children being able to generate ideas for discipline, the majority of respondents indicated that they agree with the statements. These statements are congruent with the philosophies of child centered play therapy, hence these results might indicate that the inclusion of child centered play therapy in seminary course curriculum would be congruent. However, most respondents indicated that they agreed with the ideas that children’s behavior needs to be directed and that adults must physically intervene to stop a child’s destructive behavior. Again, this evidence is possibly linked to seminary counseling students reported theological beliefs that children are born sinful, and therefore require guidance and leading.

Beliefs Regarding Play Therapy

Regarding seminary counseling students’ beliefs about play therapy, the vast majority (67%) of respondents indicated that they believe play is essential to the healthy development of children. Further, most (69.9%) survey participants indicated that they believed children communicate more through play than other forms of communication. Additionally, 72.4% of respondents indicated that they do not agree with the statement that children are able to express their problems verbally, and 80.1% of respondents indicated they also do not agree that children communicate in much the same way as adults. These findings might indicate that seminary counseling students possess a general knowledge of the development of children either from
training or previous experiences. Furthermore, these results support the idea that seminary counseling students understand and believe that play is necessary in the life of a child. Moreover these findings suggest that seminary counseling students believe that play is essential in the therapeutic relationship.

The majority of survey respondents also indicated that they agree that an important role of the child counselor is to facilitate expression of feelings through play and most respondents indicated they agree with only necessary limits being set in the therapeutic relationship. Both of these findings are congruent with theoretical underpinnings of child centered play therapy. Again, this finding might suggest that CCPT is an effective theoretical orientation in training.

Interestingly, a majority of respondents indicated that they were uncertain regarding survey items suggesting that it is most therapeutically appropriate for the child to lead, and that therapists trust the child’s inner capacity to lead the relationship. Or these findings could indicate a lack of knowledge regarding child centered play therapy, or a lack of knowledge on the part of seminary counseling students regarding child counseling as a whole.

Agreement versus Non-agreement with CCPT

Results of this survey indicated that seminary counseling students agreed on some theoretical principles of child-centered play therapy, did not agree on other child-centered play therapy principles, and exhibited confusion regarding others. Specifically, results from survey items 4, 6, 7, 16, and 19 which discussed the developmental need for play, indicated strong agreement from the majority of respondents (See Table 3). Participant responses on survey items 13 and 15 indicated strong agreement with the need for direction and molding of children, which is consistent with theological beliefs regarding depravity and sin (See Table 3.) Further,
survey responses for items eight and nine indicated that seminary counseling students were unsure regarding whether or not child clients should lead the therapeutic sessions (See Table 3). These findings might suggest that seminary counseling students are confused regarding how to integrate their beliefs regarding children’s essential need for play with their theological beliefs regarding the need for guidance and molding of a child. Furthermore, this confusion seems to indicate that seminary counseling students are unsure how to handle this therapeutic situation which suggests a lack of education in this area and even further a lack of preparation to counsel children.

Multiple Regression Analyses

Results of multiple regression analyses conducted for this study indicated the following. Results indicated that the nine predictor variables had a statistically significant impact on seminary counseling students’ beliefs regarding children and child counseling.

Concerning the predictor variable of identified counseling theory, denominational grouping, parental status, age, and gender, no statistically significant results were indicated and almost no effect was detected. This finding might indicate that identified counseling theory denominational affiliation, parental status, age, and gender contributes very little to seminary counseling students’ beliefs about children and child counseling. Furthermore, multiple regression analysis results regarding identified counseling theory were not interpretable due to variance in sample size.

Results of regression analysis indicated that self-report of preparedness to counsel children after graduation yielded a statistically significant result, explaining 76% of the variance of the total beliefs regarding children and play therapy. These findings indicate that the more
prepared students felt to counsel children, the more congruent their beliefs with child centered play therapy. This finding might be due in part to those students who felt more prepared to counsel children had actually sought out more training in the area of child counseling, however the vast majority of respondents indicated not feeling adequately prepared to counsel children.

Findings indicated that region of country yielded a statistically significant result with a small prediction in the full model. Most respondents indicated that they attended seminaries in the Midwestern and southwestern portion of the United States. These findings might indicate that those individuals who live in certain regions of the country report beliefs regarding children and play therapy that are more congruent with child centered play therapy. Comparison of the mean total scores of participants’ beliefs regarding children and play therapy indicated that beliefs of respondents in the Southwestern and Southeastern portion of the United States were less in agreement with child centered play therapy. This finding is interesting given that research has indicated that a higher concentration of play therapy training programs can be found in the southwestern portion of United States, specifically Texas (Shen, 2006). Seminary students’ in the southwestern and southeastern portion of the United States beliefs may be in less agreement with child centered play therapy because fewer seminaries in these areas of the country provide this type of training to their students. Additionally, seminaries may be less inclined, as opposed to their secular counterparts, to include child centered play therapy instruction due to theoretical underpinnings of child-centered play therapy being less congruent with conservative theological beliefs.

Results indicated that future plans to work with children and previous training to work with children had a medium effect on the prediction of total beliefs of seminary students regarding children and play therapy. These results seem to support the idea that the more
knowledge seminary counseling students possess regarding children and the more inclined seminary counseling students are to work with children after graduation, the more congruent their beliefs with child-centered play therapy. Evidence from this study supports that seminary counseling students possess a strong agreement with and knowledge that play is essential to the healthy development of children. Nevertheless it appears that seminary counseling students are unclear regarding how to implement this knowledge in therapeutic settings with children. Specifically, as mentioned previously, seminary counseling students theological beliefs appear less congruent with the tenets of child-centered play therapy, however their knowledge and beliefs regarding children seem to be very congruent with tenets of child-centered play therapy. This finding suggests that overall seminary counseling students might be struggling to integrate their theological beliefs about children with their theoretical beliefs regarding child counseling. Likewise, results from this study seem to suggest that seminary counseling students are unsure of how to implement these integrated beliefs into the actual practice of child counseling which supports the suggestion that perhaps seminary counselor education programs are falling short of adequately preparing their students to counsel children. The implication of seminary counselor education programs inadequately preparing their students to counsel children is compatible with research that suggests an overall shortage of trained mental health professionals to adequately meet the needs of children (Mellin, 2009).

Limitations

The following limitations are presented for the reader’s reflection when interpreting the results of the data analysis.
1. Because a factor analysis was not performed on survey items to develop survey into an instrument, the validity and reliability of the survey items cannot be confirmed. Therefore, caution when interpreting the results of the regression analysis should be used.

2. Due to the fact that this type of study has not been conducted prior to this time, results cannot be substantiated by previous research results.

3. Furthermore, less than half of the seminaries accredited by ATS that offer counseling related degrees agreed to participate in this research project. Therefore, the reader should use caution in generalizing this information to most seminary counseling students due to the fact that less than 50% of the total number of ATS accredited seminaries were represented in this study. Furthermore, the majority of seminaries who participated in this study reported their denominational affiliation as nondenominational, indicating a lack of response from other denominations.

4. Additionally, due the nature of child-centered play therapy and the phrasing of survey items, socially desirable responses might have contributed to respondents answers on survey items. Furthermore, phrasing of child-centered play therapy terms might not have been familiar to respondents’. Findings might have been impacted by this limitation, therefore, results should be interpreted with caution.

5. The vast majority of participants reported attending a seminary in the Midwestern and southwestern portion of the United States, with fewer participants attending seminaries on the East or West coast of the United States. Results should be interpreted with caution due to the fact that the majority of schools surveyed are grouped within the “Bible belt” of the United States.
6. Denominational groupings were determined based on my discretion and the discretion of my faculty advisor. These assignments were made based on general knowledge of denominations; however results regarding this matter should be interpreted with discretion.

7. Cronbach’s alpha was calculated, and reliability was estimated at .544, lower than the recommended .7, however indicative of shorter scales (Pallant, 2008).

Implications

This study served as a preliminary analysis of the beliefs of seminary counseling students regarding children and play therapy. Additionally, the present study served to explore the extent to which seminary counseling students are receiving instruction in the areas of child counseling and play therapy. Given the present cultural climate regarding the mental health concerns of children and the lack of trained mental health professionals to address this crisis, counseling related programs in seminary settings would do well to evaluate the current child counseling training offered by their institution.

Additionally, results from this survey indicated that a majority of participants anticipate counseling children after completing graduate school, and a majority of respondents do not feel adequately prepared to counsel children after graduation. Also, results of this study seemed to suggest that seminary counseling students exhibit confusion regarding the integration of their beliefs about children and their beliefs about actual therapeutic practices of child counseling. This is possibly indicative of a deficit of child counseling training at the seminary level. In light of this finding, it seems important that seminary counseling students be provided the opportunities to become well equipped to work with child clients. This might include offering a
specialty track in child counseling, or simply one course that gives an overview of the developmental and counseling needs of child clients.

Further, results indicated that most respondents would choose to participate in a play therapy course if one were offered at their seminary. Results of this study indicated that many of the reported beliefs of seminary counseling students are congruent with the theoretical rationale of child centered play therapy. In light of this finding, and with research supporting the effectiveness of play therapy as an intervention for children, courses in play therapy might greatly benefit seminary counseling programs.

As indicated from reported findings, many students indicated that they were unaware if their institution offered courses in the areas of child counseling. It seems as though seminary counseling programs could work to increase the knowledge of their students regarding course offerings.

Recommendations for Further Research

Based upon the results of this survey, the following recommendations for further research are proposed.

1. Research to explore seminary counselor education programs and the types of courses offered in the areas of child counseling, as well as perceived limitations to the inclusion of this type of material in seminary counseling curriculum.

2. Research to examine if and when Christian parents pursue mental health services for their child, and from which professionals these parents seek out such counseling services.

3. Research to examine the implementation of a play therapy course with seminary counseling students to better explore the applicability of play therapy in a seminary setting.
4. A study investigating the extent to which faith-based counseling agencies and churches receive referrals for child clients, and how faith-based counseling agencies and churches respond to such clients.

5. Further research investigating similarities and dissimilarities of seminary counseling students and non-seminary counseling students regarding children and child counseling.

6. A factor analysis should be conducted to determine the reliability and validity of the survey utilized in this study.

7. Because results regarding the amount of counseling courses offered at the seminary level were based on student self report, further research should be conducted to determine the actual amount of child counseling courses offered at the seminary level.

Conclusion

A dearth of research exists regarding seminary counseling students’ views of children and child counseling. Additionally, a lack of information is available regarding the amount and type of training seminary counseling students receive in the area of child counseling. The purpose of this study was to explore the beliefs of seminary counseling students in regards to children and play therapy. This study utilized survey items to explore seminary counseling students beliefs about children and play therapy and to gain a better understanding of the amount of child counseling training that is occurring at the seminary level.

Literature has suggested that the mental health of children in the United States is a major concern (Mellin, 2009). Furthermore, researchers have highlighted the lack of trained mental health professionals prepared to meet the distinctive needs of children (Mellin & Perttuit, 2009). Research has shown support for the use of play therapy to address various mental health needs of
children (Bratton et al., 2005). In this study, results demonstrated that a shortage of training in the area of child counseling exists at the seminary level. Moreover, results indicated that an overwhelming majority of students surveyed anticipate working with children in a counseling setting after graduation, do not feel adequately prepared to counsel children after graduation, and if given the opportunity would participate in child counseling, and more specifically play therapy courses.
APPENDIX A

RECRUITMENT OF PARTICIPANTS FLYER
Seeking Volunteers for Counseling Survey

Research team from the University of North Texas is seeking counseling students to be involved in an online survey investigating seminary counseling students’ views of child counseling. Volunteers must be 18 years of age or older and must be currently enrolled as a seminary counseling student.

If you are interested in participating please go to the following website to complete the survey:

http://www.surveymonkey.com/s/childcounselingsurvey

If you have any questions please contact:

Andi J. Thacker, M.A.
Child and Family Resource Clinic
Department of Counseling and Higher Education
University of North Texas
Andi.Thacker@unt.edu
APPENDIX B

CHILD COUNSELING SURVEY FIRST VERSION
Child Counseling Survey First Version

Please answer the following questions:

1. Gender
   - Male
   - Female

2. Age
   - 20-29
   - 30-39
   - 40-49
   - 50-59
   - 60-69
   - 70+

3. Ethnicity
   - Hispanic
   - African American
   - White (Non-Hispanic)
   - Asian
   - Biracial/Multiracial
   - Other

5. Are you an international student? If yes, please specify which continent.
   Yes
   - Africa
   - Asia
   - Australia
   - Europe
   - South America
   - Antarctica
   No

4. Denomination
   - Baptist
   - Catholic
   - Church of Christ
   - Lutheran
   - Methodist
   - Non-denominational
   - Presbyterian
   - Other

5. Please specify the seminary you attend:
   ____________________________________________
6. Do you anticipate working with children in a counseling setting?
   Yes
   No

7. Does your seminary offer a specific course in child counseling, this can include play therapy?
   Yes
   No

10. If given the opportunity, would you choose to participate in a play therapy course?
    Yes
    No

8. In which of the following settings do you anticipate working? (Check all that apply)
    Church
    Private practice
    Secular based agency
    Faith based agency
    University setting
    Psychiatric inpatient setting

9. Please specify your identified counseling theory.
   None
   Theoretically Eclectic
   Nouthetic
   Adlerian
   Person-Centered
   Cognitive-behavioral
   Psychoanalysis
   Existential
   Rational emotive behavior therapy
   Other __________________
Please respond to the items below by circling one of the following options.
1=Strongly Disagree    2=Disagree     3=Not sure     4=Agree     5=Strongly Agree

1. Children are born with the tendency to be sinful.
   Strongly Disagree Disagree Not sure Agree Strongly Agree
   1               2               3               4               5

2. Children will talk about things that are important to them.
   Strongly Disagree Disagree Not sure Agree Strongly Agree
   1               2               3               4               5

3. Children benefit most from non-directive therapeutic modalities.
   Strongly Disagree Disagree Not sure Agree Strongly Agree
   1               2               3               4               5

4. The goal of child counseling is to modify maladaptive thoughts.
   Strongly Disagree Disagree Not sure Agree Strongly Agree
   1               2               3               4               5

5. The primary role of the child counselor is to establish an accepting therapeutic environment.
   Strongly Disagree Disagree Not sure Agree Strongly Agree
   1               2               3               4               5

6. Play is the way children communicate their thoughts.
   Strongly Disagree Disagree Not sure Agree Strongly Agree
   1               2               3               4               5

7. Children naturally grow in positive ways and seek self improvement.
   Strongly Disagree Disagree Not sure Agree Strongly Agree
   1               2               3               4               5

8. Educating the child is an important role of a child counselor.
   Strongly Disagree Disagree Not sure Agree Strongly Agree
   1               2               3               4               5

9. Child counseling may be used as a way children can make changes to the way they think.
   Strongly Disagree Disagree Not sure Agree Strongly Agree
   1               2               3               4               5

10. Play is essential to the healthy development of all children.
    Strongly Disagree Disagree Not sure Agree Strongly Agree
    1               2               3               4               5

11. The use of therapeutic questions by the counselor is an important aspect of child counseling.
    Strongly Disagree Disagree Not sure Agree Strongly Agree
    1               2               3               4               5
12. The goal of child counseling is for the child to become self-directing.  
**Strongly Disagree** 1  
**Disagree** 2  
**Not sure** 3  
**Agree** 4  
**Strongly Agree** 5

13. Children benefit most from directive therapeutic modalities.  
**Strongly Disagree** 1  
**Disagree** 2  
**Not sure** 3  
**Agree** 4  
**Strongly Agree** 5

14. Play within the therapeutic relationship is a technique used to promote talking between the therapist and the child.  
**Strongly Disagree** 1  
**Disagree** 2  
**Not sure** 3  
**Agree** 4  
**Strongly Agree** 5

15. Children are born with a natural potential to know right from wrong.  
**Strongly Disagree** 1  
**Disagree** 2  
**Not sure** 3  
**Agree** 4  
**Strongly Agree** 5

16. Play is the way children communicate their feelings.  
**Strongly Disagree** 1  
**Disagree** 2  
**Not sure** 3  
**Agree** 4  
**Strongly Agree** 5

17. Child counseling can be used as a way children can make changes to the way they feel.  
**Strongly Disagree** 1  
**Disagree** 2  
**Not sure** 3  
**Agree** 4  
**Strongly Agree** 5

18. An important role of a child counselor is to direct the counseling session.  
**Strongly Disagree** 1  
**Disagree** 2  
**Not sure** 3  
**Agree** 4  
**Strongly Agree** 5

19. It is important that the child counselor not ask questions of the child during counseling sessions.  
**Strongly Disagree** 1  
**Disagree** 2  
**Not sure** 3  
**Agree** 4  
**Strongly Agree** 5

20. Children benefit most from non-directive therapeutic modalities.  
**Strongly Disagree** 1  
**Disagree** 2  
**Not sure** 3  
**Agree** 4  
**Strongly Agree** 5

21. Genuineness, warmth, and empathy within the therapeutic relationship are sufficient conditions for fostering growth within the child client.  
**Strongly Disagree** 1  
**Disagree** 2  
**Not sure** 3  
**Agree** 4  
**Strongly Agree** 5
22. It is most therapeutically appropriate for the child client to direct the counseling session.
   
<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

23. The use of therapeutically appropriate toys is essential to child counseling.
   
<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

24. Child counselors trust the child’s inner wisdom to lead the therapeutic relationship.
   
<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

25. An atmosphere of permissiveness is essential to the relationship between the child counselor and the child.
   
<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
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APPENDIX C

CHILD COUNSELING SURVEY FINAL VERSION
Child Counseling Survey Final Version

Please answer the following questions:

1. Gender
   Male
   Female

2. Age ______

3. Ethnicity
   Hispanic
   African American
   White (Non-Hispanic)
   Asian
   Biracial/Multiracial
   Other _____________

4. Are you an international student? If yes, please specify which continent.
   Yes
     • Africa
     • Asia
     • Australia
     • Europe
     • South America
     • North America (Outside U.S.)
     • Antarctica
     • Island ______________
   No

5. Denomination
   Anglican
   Baptist
   Bible Church
   Catholic
   Church of Christ
   Church of the Nazarene
   Interdenominational/Multidenominational
   Lutheran
   Methodist
   Nondenominational
   Pentecostal
   Presbyterian
   Other ______________

6. Please specify the seminary you attend: ______________________

101
7. Please indicate approximately how many hours you have currently completed in your graduate counseling degree. ≈ ____

8. Please specify your identified counseling theory.
   None
   Theoretically Eclectic
   Nouthetic (Biblically Based Only)
   Adlerian
   Person-Centered
   Cognitive-behavioral
   Psychoanalysis
   Existential
   Rational emotive behavior therapy
   Family Systems
   Other __________________

9. Do you have previous training to work with children, which might include teacher training, childcare training, or children’s ministry training?
   Yes
   No

10. Indicate the experience you have working with children other than counseling.
    None
    Teacher/Aide Years of experience __________
    Child care/Babysitting Years of experience __________
    Children’s ministry Years of experience __________
    Parent Years of experience __________
    Other _________ Years of experience __________

11. Have you completed previous courses to counsel children outside the seminary?
    Yes
    No

12. Have you completed workshops/informal training to counsel children outside the seminary?
    Yes
    No

13. Do you have previous experience counseling children?
    Yes Years of Experience __________
    No

14. Do you have previous experience utilizing play therapy when counseling children?
    Yes
    No
15. After graduation do you anticipate working with children in a counseling setting?
   Yes
   No
   Maybe

16. How many courses specific to child counseling are offered at your seminary?
   0 _____
   1 _____
   2 _____
   3 _____
   I do not know.

If you answered 0 or “I do not know” to question 16, please proceed to question 20.

17. If your seminary offers child counseling courses, how many have you taken?
   0 _____
   1 _____
   2 _____
   3 _____

18. In your child counseling course/s what percentage of the curriculum included information about play therapy?
   0% _____
   25% _____
   50% _____
   75% _____
   100% _____

19. How many courses does your seminary offer in play therapy?
   0 _____
   1 _____
   2 _____
   3 _____
   I do not know.

20. If your seminary offers courses in play therapy, how many have you taken?
   0 _____
   1 _____
   2 _____
   3 _____

21. If given the opportunity, would you choose to participate in a child counseling course?
   Yes
   No
22. After graduation in which of the following settings do you anticipate working?
   Private practice
   Secular based agency
   Faith based agency
   University setting
   Psychiatric inpatient setting
   Chaplaincy
   Non-counseling setting
Children are defined as ages 3 – 12. Please answer items according to your own belief system.

Please respond to the items below by circling one of the following options.
1=Strongly Disagree   2=Disagree   3=Not sure   4=Agree   5=Strongly Agree

1. I feel adequately prepared to work with children in a counseling setting.
   Strongly Disagree       Disagree       Not sure       Agree       Strongly Agree
   1                        2               3              4              5

2. Children are born with the tendency to be sinful.
   Strongly Disagree       Disagree       Not sure       Agree       Strongly Agree
   1                        2               3              4              5

3. Children naturally grow in positive ways and seek self improvement.
   Strongly Disagree       Disagree       Not sure       Agree       Strongly Agree
   1                        2               3              4              5

4. Play is essential to the healthy development of all children.
   Strongly Disagree       Disagree       Not sure       Agree       Strongly Agree
   1                        2               3              4              5

5. Children are born with a natural potential to know right from wrong.
   Strongly Disagree       Disagree       Not sure       Agree       Strongly Agree
   1                        2               3              4              5

6. Children communicate their feelings through play more than other forms of communication.
   Strongly Disagree       Disagree       Not sure       Agree       Strongly Agree
   1                        2               3              4              5

7. Facilitating expression of feelings through play is an important role of a child counselor.
   Strongly Disagree       Disagree       Not sure       Agree       Strongly Agree
   1                        2               3              4              5

8. It is most therapeutically appropriate for the child client to lead the counseling session.
   Strongly Disagree       Disagree       Not sure       Agree       Strongly Agree
   1                        2               3              4              5

9. Child counselors trust the child’s inner capacity to lead the therapeutic relationship.
   Strongly Disagree       Disagree       Not sure       Agree       Strongly Agree
   1                        2               3              4              5
10. A therapeutic atmosphere where only necessary limits are set on behavior is essential to the relationship between the child counselor and the child.

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<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
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11. Children possess a tremendous capacity to overcome obstacles and circumstances in their lives.

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<th>Not sure</th>
<th>Agree</th>
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12. Children are capable of positive self-direction if given an opportunity to do so.

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<th>Not sure</th>
<th>Agree</th>
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13. Children’s behavior needs to be molded and directed for optimal growth and adjustment.

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14. Children can be helped to grow and mature faster.

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15. Children usually need considerable structure and direction because they are still learning and developing.

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<th>Agree</th>
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16. Most children are able to express their feelings, frustrations, and personal problems through verbal expression.

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17. Adjusted and maladjusted children express similar types of negative attitudes.

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18. Typically, an adult must intervene directly to stop most children’s aggressive and/or destructive behavior.

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19. Children communicate in much the same way as adults.

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20. How the therapist feels about the child is more important than what the therapist knows about the child.  

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21. Children should be obedient to authority figures regardless of how the children feel about the authority figures.  

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22. When children misbehave, it is important to allow them some time to bring themselves into compliance with the rules without directing the child’s behavior.  

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23. Children do not have the ability to generate ideas for consequences that are useful for effective discipline.  

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