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Sand Therapy Standards: Views from the Field

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Abstract

Identifying standards within sand therapy, a widely used therapeutic method, is of great importance and consequence. Standards need to be sufficiently specific and measurable and broad enough to encompass all clinical theories and approaches. This article reports the findings of the first phase of a World Association of Sand Therapy Professionals research project, which includes survey data from current sand therapy practitioners. The gathered information provides a representative sample of a range of international practitioners who provide sand therapy as a mental health intervention. Findings highlight the importance of education, experience, training, supervision, and several vital personal characteristics. Understanding these essential components and integrating them into credentialing programs will provide a solid base from which clinicians can strive toward and achieve proficiency within their sand therapy offerings.

Keywords: sand therapy, sandtray, Sandplay, standards, competencies

Sand tray therapy has a rich history beginning with Margaret Lowenfeld in 1929 (Lowenfeld, 1993). The expansion and development of various forms of sand therapy began with her work and continues to this day (Bowyer, 1970; Homeyer & Lyles, 2022; Homeyer & Sweeney, 2023; Kalff, 1980; Mitchell & Friedman, 1994; Stone, 2020; Turner, 2017). The professional literature discusses various applications, case studies, theories, best practices, and research articles regarding clinical efficacy. There has been no research on standards to practice sand therapy. Identifying standards for this widely used method is consequently important. Sand therapy standards need to encompass all clinical theories and approaches while being sufficiently specific to be measurable.

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The World Association of Sand Therapy Professionals (WASTP) is developing research-based standards for the practice of sand therapy. With the byline "promoting the ethical practice of sand therapy" (WASTP, 2022), it is an essential topic for exploration and research. To date, there are no research-based developed competencies, training, or skill standards specific to sand therapies. The WASTP research project comprises
of three phases: 1) survey current sand therapy practitioners regarding standards, 2) interview a panel of sand therapy experts about competencies, and 3) review existing sand therapy certification programs. All mental health disciplines in the United States and many other countries indicate competency is an ethical imperative. Competency is based on education, training, and supervision (Corey et al., 2019). Therefore, all these components are assessed in the three phases of this research to establish standards of practice.

Literature Review

Training and competence are critical components of any clinical service, including the provision of sand therapy. Competence is defined as the "quality or state of having sufficient knowledge, judgment, skill, or strength (as for a particular duty or in a particular respect)" (Merriam-Webster, 2019, para 1). Knowledge, experience, and competence of a sand therapist contribute to the direct clinical and therapeutic experience for the client.

Professional associations for various sand therapies, such as the Sandplay Therapists of America® (2018), the International Association for Sandtray Therapy (2019), The International Society for Sandplay Therapy (2022), and The Association for Sandplay Therapy (2022) have each addressed the importance of these critical components. However, each addresses only a particular sect of sand therapy offerings. An unintended consequence of this approach is the continued fragmentation within the sand therapy field.

Other mental health associations and practitioners have addressed the importance of standards, including competencies, specific to their unique modalities. Hartwig and Bennett (2017), among other authors, have also indicated the need for addressing these critical components. Research-based competencies are identified by the Association for Play Therapy as part of its credentialing process (APT, 2022; Turner et al., 2020). The American Counseling Association endorsed the research-based Animal-Assisted Therapy in Counseling Competencies (Stewart et al., 2016). Hartwig (2020) further researched animal-assisted counseling standards. Although not research-based, the International Consortium of Play Therapy Associations (2022) has posted competencies to which national associations are encouraged to aspire. Other professional associations have identified training standards, but their respective websites do not identify competencies. These include, for example, the American Art Therapy Association (AATA, 2022) and Eye Movement Desensitization and Reprocessing International Association (EMDRIA, 2022).

In an effort to further unite sand therapies, this article reports the findings of the first phase of the research project: survey data from current sand therapy practitioners in the field. These findings inform the mental health field from the perspectives of a range of worldwide practitioners who provide sand therapy as a therapeutic intervention. This snapshot of sand therapy standards informs the development of the next research phase: interviewing the panel of experts.

Method

Participants

The participants of this study were mental health practitioners who practice sand therapy. They were recruited through the WASPT membership list and their Facebook page. All recruiting posts included a link to Survey Monkey. Table 1 shows the demographic information of the 208 participants. The primary respondent was 45 to 54 years of age with a master's degree (or equivalent) from a college or university, lived on the North American continent, and had practiced sand therapy for 6 to 10 years. The typical respondent averaged 90 hours of sand therapy training. Notable are those who practiced 20 years and above averaged 149 hours of training, indicating their commitment to lifelong learning and the importance of continuing education. Sixty-four respondents (30.8%) provided sand therapy training, while 144 (69.2%) did not. The survey also inquired if the participants were licensed to practice mental health therapy in their jurisdiction: 97.7% indicated they were, 4.3% indicated they were not. This is a limitation of the study, as some respondents may have resided in jurisdictions that do not require licensure. The majority of participants resided in North America (n=180; 86.5%). Twenty-nine respondents (12.5%) resided in countries on other continents, including Africa (*n*=2), Asia (*n*=5), Australia and Oceania (*n*=4), Europe (*n*=17), and South America (*n*=1). The last demographic information collected was regarding how many hours of sand therapy-specific training they had received. There was an initial range between 0 hours and 2,000 hours. However, the researchers dropped the 10 outliers, 8 entries indicating less than 8 hours and two with more than 1,000 hours. The mean of sand therapy training for all participants without outliers was 89 hours. The researchers reported training hours without outliers according to years of practice (see Table 1).

Materials

The assessment tool used in this study was a research-developed survey constructed by the WASTP Research Committee. The survey included eight questions regarding demographic information (see Table 1), nine related to standards to practice sand therapy, and five regarding sand therapy supervisors and trainers (see Tables 2-7).

Procedure

Western New Mexico University's Institutional Review Board approved the sand therapy standards research project on February 10, 2021. The survey was conducted using Survey Monkey between February 11 and March 12, 2021. Once the data was collected, it was downloaded into a password-protected Excel file. The data was de-identified by removing names and other identifying information before data analysis. Responses were analyzed using descriptive statistics.

Table 1

Participants' Demographic Information (N=208)

Demographic Item	*n*	Percentage
Age Range		
18-24 years	0	0%
25-34 years	20	9.6%
35-44 years	55	26.4%
45-54 years	67	32.2%
55-64 years	47	22.6%
65 and over	19	9.1%
Highest degree from college or university		
Bachelor's degree or equivalent	5	2.4%
Master's degree or equivalent	178	85.6%
Ph.D., other Doctoral Degree or equivalent	25	12%
Years practicing sand therapy		
Less than 5 years	76	36.5%
6-10 years	51	24.5%
11-19 years	41	19.7%
20 years and above	40	19.2%
Mean hours of sand therapy training received, grouped by years of practice		
Less than 5 years	44	21.2%
6-10 years	89	42.8%
11-19 years	104	50%
20 years and above	153	73.6%

Results

The respondents' descriptive data provides insight into the values and beliefs of sand tray practitioners from 15 countries on six continents. The data covers the three areas of standards: education, training, and supervision. Regarding educational background, 85.1% either agree or strongly agree that a master's degree or its equivalence should be required to practice sand therapy. Eighty-six percent agree and strongly agree that sand therapists should be licensed in their jurisdiction. See Table 2 for specific data.

Related to training recommendations, there was an extensive range of suggested hours of training needed to ethically provide sand therapy: 5 to 600, with an overall mean of 54.14 hours. Interestingly, those who had practiced sand therapy during the shortest time period, under five years, suggested the most training hours when organized by years of practice. Table 3 presents these outcomes.

The survey asked respondents to identify the knowledge base they believe necessary to practice sand therapy, see Table 4. Nearly all respondents concurred that knowledge of sand therapy theory and practice should be required. Other areas included development across the life span (90.9%), psychopathology (72.6%), anti-discriminatory practice (70.2%), current

research and practice (61.5%), and ecological systems and social constructionist theories of society (52.9%).

Table 2

Descriptive Data Regarding Education and Licensure

Question	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Do you believe a person needs to have a master's degree or equivalent to practice sand therapy?	61.1%	24%	10.6%	3.8%	0.5%
Do you believe a sand therapy professional needs to be licensed in a mental health field in their state/province/country to practice sand therapy?	64.4%	22.6%	6.3%	4.8%	1.9%

Table 3

Hours of Training to Ethically Practice Sand Therapy

Years of Practice in Sand Therapy	Mean Hours of Training
<5 years	66
6-10 years	45
11-19 years	47
20 + years	56

Table 4

Required Knowledge to Practice Sand Therapy

Question	% Selected
Knowledge of theory and practice of sand therapy	99.5%
Knowledge of theories of development across the lifespan	90.9%
Knowledge of developmental psychopathology	72.6%
Knowledge of theories of anti-discriminatory practice in therapy	70.2%
Knowledge of contemporary research and practice	61.5%
Knowledge of ecological, systems, social constructionist theories of society	52.9%

Knowledge content specific to sand therapy was also explored. Ethics again topped the list at 93.3%, followed by theory at 92.8%. The materials and basic setup of sand therapy, understanding symbols and metaphors, and how to interpret/facilitate the process with a client were almost even in responses. See Table 5 for results.

Less than half of the responses identified a need for training in doing sand therapy with families and groups, how to deliver anti-oppressive practices, the use of scary, dark, and possibly offensive figures, or how to make images. How to do sand therapy with children received the fewest responses at 14.9%.

In a separate question regarding the sand therapist's own experience with the sand tray, the vast majority (93.3%) of respondents believed a person seeking to be a sand therapist should do their own sandtrays as part of their training experience. Sand therapy authors also encourage the sand therapists to have their own experience of working in the sand tray (Homeyer & Lyles, 2022; Homeyer & Sweeney, 2023) Only 6.7% responded that it was not necessary.

Table 5

Content of Training Specific to Sand Therapy

Content area	Percentage
Ethical use of Sand Therapy	93.3%
Theory	92.8%
Materials and basic setup	89.9%
Symbol and metaphor	89.4%
Interpretation/facilitation of process with client	88%
Creation of own tray	86.1%
Documentation of sand therapy process	82.2%
Sand therapy for adults	72.1%
Sand therapy for families	58.7%
Sand therapy for groups	51%
Anti-oppressive practice	50.5%
Use of scary, dark, and images that may offend	50%
Making images	31.7%
Sand therapy for children	14.9%
Other	14.9%

Table 6

Personal Qualities a Sand Therapist Must Possess

Personal Qualities	Respondents Identified All Categories that Applied	Respondents Identified Top Four Qualities
Ethical	97.1%	106
Self-Aware	91.8%	94
Respectful	89.9%	48
Empathic	89.4%	102
Committed to Professional Development	87.5%	108
Committed to Personal Development	85.6%	82
Authentic	88.0%	51
Compassionate	86.5%	45
Knowledgeable of specific model(s)	80.8%	76
Honest	76.4%	8
Critically Reflective	72.1%	32
Sincere	70.7%	6
Accountable	70.2%	8
Other	12.5%	Not applicable

The personal qualities a sand therapist must possess were then explored, see Table 6. First, the respondent was asked to check all those qualities they believe applied. Next, to identify their top four in no specific order. As reported, being ethical was the highest scoring response (97.1%) and being accountable was the lowest at 70.2%. Table 5 also lists the top four qualities. These numbers report how many times a personal quality was identified. The ranking was not requested.

The final section of the survey focused on the elements of supervision and training. There were five questions exploring supervision, the supervisor, and those who provide training in sand therapy. The first question asked whether a person needed supervision specific to sand therapy to practice: respondents indicated Yes (75%) and No (25%). Asked if supervisors and trainers should demonstrate a minimum number of years of experience in sand therapy, 86.5% indicated Yes, and 12.5% indicated No. The range of experience suggested was 2 to 15 years, with a mean of 4.65 years. When asked if supervisors and trainers should witness a particular number of client trays, the responses were similar: 82.7%, Yes; 9.1%, No. The range was 5 to 100 client trays with a mean of 54.49.

Regarding whether a supervisor and trainer should do their own personal trays with a sand therapist, there was a wide range of responses: Strongly agree, 42.3%; Agree, 27.9%; Neither agree nor disagree, 22.1%; Disagree, 6.7%; Strongly disagree, 1.4%. Of those agreeing, the mean number of sessions was 26, ranging from 3 to 100.

Finally, when asked about the importance of supervisors and trainers articulating their own theory of practice, 90.9% indicated it was necessary, while 9.1% indicated it was not.

Discussion

The rich history of sand therapy includes expansions of the original inception from almost one hundred years ago. One result of these expansions is the ability of a wide array of clinicians to utilize sand therapies in ways that are congruent with their theoretical and clinical foundations and experience. To understand the amalgamation of professionals in the 21st century, we explored the perspectives of sand therapy professionals who provided a glimpse into the work of the modern sand therapist. The majority of the 208 participants were between the ages of 45-54, had practiced sand therapy for 6 to 10 years, were licensed to provide mental health services, and averaged 90 hours of sand therapy training. Additionally, those with than 20 years of experience or more averaged 149 hours of training, which highlights a strong dedication to this intervention over time. Valuable information about the sand therapy community can be understood through these levels of expertise and experience.

Understanding more about the qualities of the early 21st-century sand therapist provides valuable information to inform the forward-moving trajectory of the field. This information describes the platform from which standards and credentials can be created to meet the specific needs of the population of clients and clinicians. The descriptive data from this study allows a view of the current sand tray therapist through self-selected survey completion.

An international group, these responders hail predominately from the United States but also from Australia, Canada, Greece, Guam, Hong Kong, Ireland, Japan, Malta, Mexico, New Zealand, Singapore, South Africa, Taiwan, and the United Kingdom, providing an international perspective to these findings. Originating in the United Kingdom by a physician of British and

Polish descent, The Lowenfeld World Technique (the original sand therapy technique) has been studied and utilized by many throughout the world.

Trainers, Training, and Supervision

While only 30% of the respondents indicated that they provided professional sand therapy training, responses indicated a strong need to receive such professional training. Almost all respondents indicated that sand therapy theory and practice training, along with completing one's own trays, should be a requirement for sand therapists. Development across the life span, psychopathology, anti-discriminatory practice, current research and practice, and ecological systems and social constructionist theories of society were also deemed important training concepts. At the top of the list of essential content within training were ethics, theory, materials/setup, and symbol and metaphor.

Training is a central component of the ethical delivery of sand therapies. To provide such services, clinicians who engage in sand therapies should have a fundamental knowledge base through education, experience, and supervision. Along with the fundamentals of sand therapies, clinicians should possess knowledge in other psychological arenas so they can incorporate tray creations into the forward movement of the client's treatment plan and goals.

Almost half of the respondents felt that supervisors and trainers should have completed their own personal trays, with a mean number of 26 trays completed, as well as witness a mean of 54.49 clinical trays. Three-quarters of respondents believe sand therapists should receive supervision specific to sand therapy, and the supervisor should have a minimum a mean of 4.65 years of experience in sand therapy. More than 90% believed supervisors and trainers should be able to articulate their own theory of practice. It is believed that supervisors and trainers should possess advanced knowledge and experience in sand therapy(ies).

Qualifications

According to respondents, sand therapists need to have earned a master's degree and be a licensed mental health provider. This indicates a need for sand therapists to have received a higher education degree and licensure in mental health treatment to provide services. However, it is important to note that this is not required and, at times, difficult to access higher degrees to provide mental health treatment in many countries.

In addition to education and licensure, endorsed sand therapist requirements include significant additional training (mean = 54.14 hours) over time. This ongoing training, in several key areas, allows the sand therapist to be well-rounded and incorporate sand therapy into their services and the body of their work. Important qualities within a sand therapist include being an ethical, self-aware, respectful, empathetic, and authentic clinician with a strong commitment to personal and professional development.

The lack of endorsement for sand therapist training in families, groups, and children is of interest. These findings warrant more investigation. Perhaps respondents felt they had sufficient training in these areas or did not provide services to these types of clients, etc. Family, group, and pediatric sand therapy are each important components of sand therapy services.

Education, experience, training, and supervision were endorsed as important qualifications of the sand therapist; however, personal characteristics were deemed important as well. The sand therapist will serve clients best when they strive toward and have achieved competence within their theoretical framework and look within toward self-knowledge.

Limitations

Self-selection bias to participate in this survey is a limitation of this research. To access those knowledgeable about sand therapy and thus increase viable data, the researchers used the WASTP membership. This focused on the option to participate for those motivated to belong to a professional association dedicated to the field of sand therapy. The selected social media accounts also targeted members who were more likely to practice sand therapy. However, the motivation to self-select may impact the findings. The demographic questions did not collect gender/sex or racial/ethnic data. This data could provide crucial information on those currently practicing sand therapy. Future research should include this demographic data to better understand the perspectives of diverse clinicians using sand therapy.

Another limitation is the need for more appropriately formed questions regarding the respondents' mental health practice. As an international survey, respondents may reside and practice in jurisdictions where licensure and graduate degrees may not be required. Separate questions for these respondents would inform the sand therapy field on developing standards inclusive of these practitioners.

An additional limitation was in the content of the training. When asking for opinions on training for specific populations, there were limited options regarding couples or adolescents. Sandtray can be a beneficial tool for working with couples and families (Carey, 1994; Gil, 1994; Higgins-Klein, 2013; Homeyer & Sweeney, 2023). Understanding what types of training would be helpful for practitioners working with couples or families would have provided greater depth to survey outcomes. While there was an option regarding sand therapy practice with children, more specificity would be helpful. Developmentally, children use sand differently in play therapy settings. Future research should explore the uses of sand therapy by children and adolescents and recommend standards for these populations.

Finally, a limitation resulted in collecting combined data regarding supervisors and trainers. While information regarding the length of sand therapy practice and the amount of sand therapy training is helpful for each, asking respondents to respond for both roles in the same answer may confound the resulting data.

The next phase of the WASTP research project to develop sand therapy standards involves a qualitative study of a panel of sand therapy experts. The study's limitations identified above will inform the development of the questions for the panel of experts.

Conclusion

This study sought to complete the first of three research phases to identify standards within sand therapy. A widely used therapeutic method, sand therapy has been of great importance and consequence for almost 100 years. The clinicians who facilitate sand therapy are tasked with understanding what the client is communicating about their inner worlds and

experiences and integrating the information into the therapeutic treatment plan. Given the importance of education, experience, training, and supervision for the sand therapist, it is imperative that credentialing standards be identified.

With an emphasis on standards being both specific and measurable, along with broad enough to encompass different clinical theories and approaches, these research findings aim to define early 21st-century international sand therapist requirements. Survey data from 208 active sand therapists were gathered to provide a representative sample of a wide range of international practitioners who provide sand therapy as a mental health intervention. The importance of professional education, experience, training, and supervision, as defined in terms of hours required, provides a structure for the minimum requirements of a sand therapist. Key personal characteristics were also deemed important aspects of the sand therapist, such as being ethical, self-aware, respectful, and empathetic.

Along with the upcoming second and third phases of the WASTP research project, the findings within this study sets the beginnings of the important framework for the evaluation of standards for sand therapy practitioners and the field in general. Integrating these into credentialing programs will provide a solid base for future standards within the sand therapy community.

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