

A Phenomenological and Qualitative Pilot Study Addressing the Necessary Competencies for Becoming a Competent Sandtray Therapy Practitioner

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Abstract

This phenomenological and qualitative pilot study aimed to understand mental health practitioners' perspectives on the competencies that sandtray therapy providers should include in their training programs for individuals to become competent sandtray therapy practitioners. While this creative and sensory-based approach was developed for young children, mental health practitioners have found it a valuable therapeutic tool for non-verbally communicating their innermost thoughts and feelings across the lifespan. Even though sandtray therapy has been used by mental health practitioners for over thirty years as an alternative to traditional talk therapy, it is not widely recognized as an evidence-based psychotherapeutic approach by the mental health profession. Through semi-structured interviews and a focus group discussion, the study's four participants articulated how the International Association of Sandtray Therapy (IAST) training program imparted specialized knowledge and skills essential for mental health practitioners in developing vital competencies to become competent sandtray therapy practitioners. While the World Association of Sand Therapy Professionals (WASTP) has proposed that sandtray therapy training programs adopt a universal set of competencies, the study's four participants debated whether this is necessary. Analysis of the study's data revealed three themes: professional integration of sandtray therapy, integrating somatic experiences

and neurological processes, and establishing criteria for becoming a competent sandtray therapy practitioner. This pilot study examined how these three themes relate to the competencies these participants perceived as critical for becoming competent sandtray therapy practitioners.

Keywords: Competencies, neuroscience, sandtray therapy, training

Introduction

Research into integrating psychotherapeutic interventions and strategies used by mental health practitioners with neuroscience and neurobiology has increased over the past few decades (Cozolino, 2014; Goss, 2016; Wheeler & Dillman Taylor, 2016). Neuroscience, a scientific study of the human nervous system, has offered the counseling field a broader perspective within its field due to how the neural constructs of the brain directly affect individuals' psychological and physiological well-being (Beeson & Field, 2017; Goss, 2016). Moreover, integrating neuroscience with psychotherapeutic approaches has prompted a metamorphosis of counselors' professional identity as behavioral health and neuro-informed mental health practitioners (Beeson et al., 2019). Despite some mental health practitioners voicing concerns about the interdisciplinary collaboration and integration of behavioral health science and neuroscience, Beeson and Field (2017) highlighted the therapeutic efficacy of brain-based psychotherapeutic interventions in enhancing clients' psychological and physical well-being. Therefore, this qualitative study examined the experiences of mental health practitioners' perspectives on the need for sandtray therapy training programs to use standard competencies in the credentialing process to become certified sandtray therapy practitioners. Moreover, the pilot study's participants engaged in a focus group discussion on whether sandtray training programs and certification courses must all adhere to a standardized set of competencies, like registered play therapy certification programs and sandplay therapy.

Body-Brain Connection

The body-brain connection is based on the theory of embodied cognition, which shows that the body is directly involved in perception and thinking processes (Fincher-Kieffer, 2019). Historically, psychotherapists have emphasized strategies targeting the mind's cognitive processing skills (Duros & Crowley, 2014). However, current neurobiological research has begun investigating strategies addressing the body first (Duros & Crowley, 2014). Long after a stressful event or situation has ended, neurobiology reveals that the body may continue to experience physiological symptoms (Harris, 2021). Stress and trauma may impair the frontal lobe and the midbrain region, resulting in a lack of safety and difficulty regulating emotions (Harris, 2021).

Despite the research that confirms a strong connection between counseling strategies and the theoretical framework of a body-brain connection, the traditional philosophical belief remains firm in the belief that they are separate entities (Mende & Schmidt, 2021; Beste, 2021).

Connecting the Embodied Brain Theory with Psychotherapeutic Practices

In recent years, creative modalities such as sandtray therapy, dance, music, art, and drama have been adopted as alternative methods to conventional talk therapy (Dumaresq & McFerran, 2024; Shafir et al., 2020). Mental health practitioners have found that sensory-based and creative interventions are safe and non-threatening psychotherapeutic modalities that promote client engagement in the therapeutic process (Gladding, 2021). With approximately 80% of the sensory neurons originating from the body rather than the brain (Porges, 2022), there is a greater need for mental health practitioners to embrace the efficacy of creative approaches that target the sensations stored in the body associated with stress and trauma (Perryman et al., 2019). Although individuals cannot prevent stressful and traumatic events, mental health practitioners must help clients develop emotion regulation strategies to mitigate adverse psychological and physiological effects (Wang et al., 2022). However, the mental health profession has not fully acknowledged the effectiveness of creative and sensory-based approaches, possibly due to insufficient training and educational background in neuroscience and the body-brain connection (Rogers et al., 2020).

Integrating psychotherapeutic strategies targeting the client's body and brain enables the mental health practitioner to address the psychological and physiological symptoms associated with various mental health issues (Duros & Crowley, 2014). For example, neuro-informed counseling strategies, which aim to integrate top-down approaches from the prefrontal lobe with bottom-up approaches from the limbic system, are more effectively suited to assisting clients experiencing a dysregulated nervous system (De Little, 2020). Moreover, neuroscientific evidence has shown that bottom-up or body-based therapies promote more resilience than top-down therapeutic strategies that require cognitive processing skills in the brain's frontal lobe (Grabbe & Miller-Karas, 2017). Mental health practitioners with the knowledge and skills about the therapeutic benefit of integrating bottom-up therapeutic strategies have sought to become certified or trained in creative approaches as an alternative to traditional top-down psychotherapeutic approaches (Beeson & Field, 2017). While traditional talk therapies (top-down strategies) help individuals in verbalizing a narrative about what happened or in cognitive reframing, the multi-sensory approach of body-based psychotherapeutic interventions addresses the traumatic stress embedded in the nervous system (Grabbe & Miller-Karas, 2017). Furthermore, sandtray therapy, like other

sensory-based bottom-up therapeutic approaches, is considered less threatening than traditional talk therapy (Schoonover et al., 2024).

It is equally important to recognize neuroscience's influence on psychotherapeutic strategies that integrate the brain's left- and right hemispheres. The left hemisphere of the brain is responsible for functions such as logic, reasoning, abstract cognition, language, and conscious knowledge (Field, 2014). Conversely, the right hemisphere is linked to intuition, empathy, creativity, and unconscious social and emotional learning (Field, 2014). Therefore, therapeutic strategies that target the prefrontal region of the brain's left and right hemispheres are designed to regulate and balance the nervous system (Perryman et al., 2019). However, mental health professionals from Western cultures often use left-brain psychotherapeutic approaches that tend to dominate the mental health profession (Grayson, 2021). The limited research on integrating sensory and nonverbal components of right-brain therapeutic approaches with the verbal and cognitive processing associated with left-brain approaches (Field, 2014) may contribute to mental health practitioners not fully embracing the concept of using neuro-informed clinical practices.

Sandtray Therapy

In the 1920s, Dora Kalff developed sandplay therapy, and Margaret Lowenfeld created sandtray therapy to cater to young children's limited verbal abilities (Homeyer, 2019). While Carl Jung's theoretical work influenced these two early pioneers of sandplay and sandtray therapy, sandtray therapy has evolved over the last hundred years. The term "sandtray therapy" was developed to distinguish it from the Jungian method known as sandplay therapy (Homeyer, 2019). Mental health practitioners departing from the Jungian approach began integrating sandtray therapy with Gestalt, person-centered, and solution-focused approaches (Homeyer, 2019). Over the last decade, most sandtray therapists have used a humanistic approach because of the curative value of developing a strong therapeutic alliance with the client (Armstrong et al., 2017). However, Homeyer and Sweeney (2017) emphasized integrating sandtray therapy with a consistent theoretical approach that aligns with the mental health practitioner's philosophical beliefs. Although limited studies emphasize the advantages of sandtray therapy from different theoretical perspectives, numerous practitioners incorporate it within non-humanistic frameworks such as cognitive processing therapy, EMDR, emotionally focused therapy, and trauma-focused CBT. Furthermore, a literature review revealed scant research on integrating sandtray therapy with these non-humanistic theoretical approaches.

Research has shown that sandtray therapy provides a less threatening (safe) method for clients to express themselves and to develop a

phenomenological awareness of their innermost thoughts, feelings, and experiences compared to traditional talk therapy (Armstrong et al., 2017). According to Sweeney (2017), sandtray therapy involves hands-on interaction with the physical world to engage the brain. This expressive and sensory-based psychotherapeutic intervention emphasizes the value of using body-based strategies to integrate the functions of the left and right hemispheres of the brain (Homeyer & Sweeney, 2017). Rather than relying on the brain's left hemisphere to function correctly following a traumatic or stressful experience, sandtray therapists have clients create a symbolic narrative in the sand to explore their inner world (Grayson, 2021). Sandtray therapy allows the brain's right hemisphere to process the event without relying upon verbal language (Grayson, 2021).

For individuals with a dysregulated nervous system, it is more effective for the mental health practitioner to have the client engage the creative processes of the brain's right hemisphere to communicate their emotional experiences and body sensations non-verbally (Reid, 2021). During a sandtray therapy session, the counselor has the client create, explore, and process their inner and outer world from the creative right hemisphere of the brain to transfer current information to the left hemisphere (Schadler, 2023). Unlike traditional left-brain therapeutic approaches, the therapeutic approach of sandtray allows for the integration of the left and right hemispheres of the brain to express and process subconscious thoughts and feelings in a less threatening manner (Kern Popejoy et al., 2020; Freedle et al., 2021). Therefore, sandtray therapy allows the integration of the brain's hemispheric functions to compensate for impaired language and cognitive processing skills negatively affected by a traumatic or stressful situation (Schadler, 2023).

Purpose of this Study

Published peer-reviewed articles have concentrated on the best practices and uses of sandtray therapy, rather than listing the competencies and skills needed for effective implementation (Homeyer & Stone, 2023; Holliman & Foster, 2023). Only a few peer-reviewed research articles associated with the World Association of Sand Therapy Professionals (WASTP) advocated sandtray training programs offering a universal set of competencies (Hartwig et al., 2023). A WASTP survey highlighted that education, experience, training, and supervision are essential for becoming a competent sandtray therapy practitioner (Homeyer & Stone, 2023). Since the International Society of Sandplay Therapy (ISST), Sandplay Therapy Association (STA), and the International Consortium of Play Therapy Associations (IC-PTA) all have specific standards and competencies associated with training and certification requirements, Hartwig et al. (2023) conducted a qualitative study that resulted in the development of WASTP

adopting a set of 33 competencies. Of these 33 competencies, 15 were associated with knowledge, seven with skills, seven with attitudes, and four with professional engagement competencies (Hartwig et al., 2023).

The 33 competencies adopted by WASTP encompass technical ability and a deep comprehension of how creative and sensory-based interventions impact clients' emotional and physiological healing (Hartwig et al., 2023). Practitioners must be adept at integrating theoretical frameworks with practical techniques, ensuring that their methodologies align with the nuanced needs of their clients (Homeyer & Stone, 2023). Creating a therapeutic environment that respects cultural and individual differences is essential for fostering exploration and healing (Hartwig et al., 2023). While the International Association of Sandtray Therapy (IAST) credentialing organization has a specific credentialing process for candidates pursuing a sandtray therapy certification, the WASTP and the Texas SandTray Association have a credentialing process that does not recognize other sandtray therapy certifications. Moreover, in reviewing various sandtray therapy organizations and associations, WASTP stands out as the sole organization advocating for a standardized certification program for sandtray therapy.

The individual semi-structured interviews and a focus group discussion associated with this pilot study provided data on the participants' perspectives on mental health practitioners' vital competencies for implementing sandtray therapy effectively. During the individual semi-structured interviews, these four participants described how their clients experienced positive outcomes from this creative and sensory-based approach. Furthermore, the study's participants engaged in a focus group discussion that discussed the educational value of their sandtray therapy training program and the beneficial results of this approach with specific clients. The pilot study's participants debated whether sandtray therapy should be identified as a stand-alone therapeutic approach or a therapeutic tool. The consensus among the participants was that, despite this approach being referred to as sandtray therapy, it is a therapeutic tool because it is commonly integrated with various therapeutic approaches such as eye movement desensitization and reprocessing (EMDR), cognitive behavioral therapy (CBT), etc.

Methods

Four IAST-trained mental health practitioners took part in this qualitative and phenomenological study. All participants are licensed mental health practitioners in Texas. Additionally, Participant JK holds certification as a licensed professional counselor in Arkansas. Three out of four participants have completed the formal training and are now certified by IAST. Participant BZ is expected to complete the credentialing process in May 2025. Table 1

provides the participants' demographic information, credentials, and certifications.

Table 1: The Credentials and Professional Backgrounds of the Participants

Name	Race	Age Group	Credentials	Certifications
Participant JK	White	30-40	TX LPC (2020) AR LPC (2023) LPC (2022)	Certified Sandtray Therapist (2022) and Registered Play Therapist (2024); Certified Trauma-Focused Cognitive Behavior Therapist Certified Sandtray Therapist
Participant TP	African American	30-40		
Participant KY	White	58 and up	LMSW (2004)	Certified Sandtray Therapist (2020); Pursuing Registered Play Therapy certification; Trained in EMDR
Participant BZ	Hispanic	30-40	LMSW (2020) LCSW (2022)	Scheduled to complete the sandtray certification training program in May 2025. She is currently in the third phase of the Registered Play Therapy Certification. She is undergoing formal training in EMDR.

An International Association of Sandtray Therapy training provider was instrumental in recruiting mental health practitioners to take part in this qualitative pilot study. The inclusion criterion for all participants was that they regularly utilized sandtray therapy with their clients and had received formal training in sandtray therapy. Due to the diverse availability of the participants, all interviews and focus group sessions were conducted via Zoom.

Each semi-structured interview, lasting 45 to 60 minutes, was conducted and recorded using Zoom. Participants responded to questions outlined in the pre-designed interview protocol. Additional questions were posed to obtain further details on the participants' responses. Zoom's transcribing function created a transcript for each of the four interviews. A qualitative software program, Intellectus Qualitative, helped in coding the transcripts to find the themes from the data collected from the individual interviews and focus group discussion. Member-checking was employed during the focus group discussion to verify themes found from the personal interviews.

The study aimed to delve deeply into the competencies mental health practitioners perceive as vital for competently using sandtray therapy in their clinical practice. Each participant brought unique insights shaped by their varying levels of certification and years of experience, creating a nuanced foundation for analysis. The interviews emphasized professionals' technical skills, theoretical knowledge, personal growth, and reflective practices in sandtray therapy. To ensure the richness of the collected data, the qualitative design provided flexibility for participants to share anecdotes and reflections,

offering glimpses of how sandtray therapy has transformed their clinical interactions. The participants emphasized sandtray therapy's adaptability, allowing it to complement a range of therapeutic modalities.

In addition to gathering data through semi-structured interviews, the focus group allowed all four participants to share their perspectives on the competencies necessary for utilizing sandtray therapy competently and effectively with their clients. The researcher assumed the role of co-moderator alongside the IAST provider and trainer to facilitate the focus group discussion comparing the WASTP and IAST credentialing processes. Like the individual semi-structured interview process, the focus group session was recorded and transcribed using Zoom. The themes from the focus group session and the individual interviews were derived partly using Intellectus Qualitative software, carefully examining all transcripts and conducting member-checking.

Results

The Intellectus Qualitative software helped analyze the four interview transcripts and the focus group discussion. The transcripts were systematically analyzed to identify themes pertinent to the research question: "What competencies and skills do mental health practitioners consider essential for proficiency in sandtray therapy? Two major themes were derived from the semi-structured interviews: educating mental health practitioners about neuro-informed sandtray therapy and providing them with the skills to apply it effectively. Furthermore, focus group participants recognized the importance of formal training in sandtray therapy. Nonetheless, participants did not recognize the need to create standardized competencies or a universal credentialing process for sandtray therapy training providers. The four pilot study participants unanimously viewed sandtray therapy as a tool rather than a stand-alone approach. The participants referred to sandtray therapy as a cross-theoretical approach that can be integrated with many theoretical approaches. However, the individual interviews and focus group discussion revealed that sandtray therapy programs must adhere to criteria that align with the basics and neurobiological impact of sandtray therapy. Tables 2, 3, and 4 provide the themes, each theme's description, the associated codes, and the number of excerpts related to each theme.

Theme 1 of Semi-Structured Interviews: Professional Integration of Sandtray Therapy

This theme highlights that mental health practitioners recognize the necessity of developing and implementing specific competencies through formal sandtray therapy training prior to employing this modality with clients. Furthermore, it highlights the importance of integrating neuroscientific

theories into sand therapy and incorporating sand therapy with other therapeutic approaches to address diverse clients' mental health issues. Table 2 presents the coded excerpts associated with this theme.

Table 2: Number of Excerpts by Code

Code	Excerpts
Theoretical Integration	11
Sandtray Implementation	7
Sandtray Therapy Training	11

Theme 2 of Semi-Structured Interviews: The Benefit of Integrating Somatic Experiences and Neurological Processes in Sandtray Therapy

This theme addresses the importance of mental health practitioners having the competence to inform clients of the neuroscientific rationale behind sandtray therapy. Furthermore, this theme highlights the importance of communicating the value of using body-based approaches to address specific mental health issues. Table 3 identifies the coded excerpts affiliated with this theme.

Table 3: Number of Excerpts by Code

Code	Excerpts
Body-Brain Connection	13
Client Communication	2
Client Perceptions of Sand Tray	4

Theme 1 from the Focus Group Discussion: Establishing Criteria for Becoming a Competent Sandtray Therapist

This theme addressed the participants' perspective on training programs providing the knowledge and skills for integrating sandtray therapy as a tool with multiple theoretical approaches.

Table 4: Number of Excerpts by Code

Code	Excerpts
Flexibility vs. Rigid Competencies	5
Sandtray as a Therapeutic Tool	5
Training Approaches and Credentials	7

Discussion

The IAST provider, who served as the co-moderator for the focus group discussion, provided the participants with an overview of IAST and WASTP. The co-moderator explained that while WASTP requires mental health practitioners to acquire more hours to become certified as sandtray therapists, both programs emphasize the same knowledge and skills. Furthermore, like WASTP, IAST provides members with additional training and consultation opportunities. Using Table 5, the focus group participants discussed the similarities between the IAST training program and WASTP. One observable difference between the two certification programs was that

WASTP had specific training for using sandtray with individuals, groups, and couples. Participants KY and JK expressed that this specific training was not necessary. Both participants verbalized that their graduate training in their respective fields had effectively equipped them to use sandtray therapy with individuals, groups, and couples. As the focus group participants verbalized their thoughts about becoming a credentialed sandtray therapist, they emphasized how valuable the training was in providing scientific evidence for why sandtray therapy was so beneficial to clients, especially for those who had experienced a traumatic event. Each participant provided an example of a client who had experienced inner healing from engaging in sandtray therapy. All four participants acknowledged the benefits of sandtray therapy obtained through the International Association of Sandtray Therapy. The pilot study's participants concurred that their sandtray therapy training program assisted them in using sandtray as a therapeutic tool across the lifespan. They highlighted how it enhanced their understanding of themselves, improved their practice, and provided a more effective method for working with clients who did not make progress with traditional talk therapy. After reviewing the excerpts from each participant's transcripts, it was evident that each continued to engage in ongoing consultation and attended sandtray therapy training to maintain their certification as a sandtray therapist.

During the focus group discussion, the participants were provided with a side-by-side comparison of the sandtray therapy training programs of WASTP and IAST. All four participants agreed that the WASTP required more hours of instruction and supervision than the IAST. However, the participants noted that each organization emphasized the same competencies. The thematic analysis of the semi-structured interviews revealed that all participants emphasized the importance of sandtray therapy training programs providing mental health professionals the basic knowledge and skills to integrate sandtray therapy from a cross-theoretical approach competently. However, Table 5 reveals that the WASTP training program has designated 12 hours to utilize sandtray with various theoretical approaches. The study's participants emphasized sandtray training programs, including competency in basic knowledge and skills of the sandtray process. However, they verbalized the importance of using their professional skills and specific training to use sandtray as a therapeutic tool with other theoretical approaches. In the individual interviews and the focus group discussion, the importance of gaining knowledge about the competency of integrating neuroscience into the participants' clinical practice was another central theme that emerged. While the WASTP training program dedicated 18 hours to this concept, the IAST training program embedded this competency across all four levels for 12 hours. The study's participants agreed that all training programs must include the developmental and relational foundations of sandtray therapy due to the

healing power of utilizing a sensory-based approach that addresses the body-mind connection. All participants acknowledged that the IAST training program provided newly acquired knowledge on how trauma is stored in the body and the mind. Furthermore, they all agreed that the IAST training program enhanced their clinical practice by providing an alternative to traditional talk therapy that was not effective with many of their clients who experienced trauma.

Table 5: Aligning the WASTP Competencies with IAST

Competencies	WASTP	IAST
Basic Knowledge & Skills (Equipment Set-up & Sandtray Process)	6 Hours (Basic Knowledge & Skills); 12 Hours (Theory)	13 Hours (Embedded in Level 1)
Theory (Theories & Approaches, Symbols & Metaphors, Non- directive versus Directive, and Transference & Countertransference)		
Developmental & Relational Foundations (Neuroscience, Trauma Work, and Sandtray Across the Lifespan)	18 Hours	12 Hours (Embedded throughout all four levels)
Person of the Sand Therapist (Ethics, Legal Issues, Therapist Self- Awareness, and Diversity & Inclusion Issues)	12 Hours	13 Hours (Embedded throughout all four levels but emphasized in Level 3)
Skills Practice (Basic Therapy Skills, Working with Individuals, Working with Couples & Groups, and Application of Theory)	48 Hours	8 hours (embedded throughout all four levels, but application of theory emphasized in Level 2) plus 15 hours of Consultation.

Table 6 provides an overview of the competencies established by the WASTP. While the four participants in this qualitative study believe mental health practitioners must possess these competencies aligned with the knowledge, skills, attitudes, and professional engagement competencies as WASTP purports, they did not see the necessity in establishing universal competencies for all sandtray therapy training programs. Participant KY warned of the tension that may separate rather than unite sandtray therapy organizations regarding training practices, competencies, and hours needed to obtain a certification in sandtray therapy. It was noted that organizations offering a sandtray therapy certification program do not offer reciprocity with other certification programs. The participants agreed that training programs must incorporate a broad set of sandtray competencies. However, these four participants purported that sandtray therapy training programs should have flexibility in how the competencies are presented.

Table 6: Competencies Established by the World Association of Sand Therapy Professionals

Knowledge	Skills	Attitudes	Professional Engagement
Sandtray process	Therapeutic presence	Trust/respect the client	Ongoing consultation/supervision
Theories	Application of theory	Trust/respect process	Ongoing training
Approaches	Basic skills	Openness	Collaboration with other professionals
Neurobiological impact	Questioning strategies	Humility	Ongoing personal work
Trauma	Cultural inclusion, humility, and awareness	Unconditional positive regard	
Development	Working with individual clients	Powerful work	
Sand therapy basics	Working with couples, families, & groups	Ongoing consultation/supervision and training	
Symbols			
Limitations			
Diversity			
Directive & non-directive uses			
Ethics			
Metaphor			
Healing power of play			
Person of the sand therapist			

(Hartwig et al., 2023)

All four participants reported having a high concentration of clients who are trauma survivors. Participants JK and BZ described integrating sandtray therapy with trauma-focused cognitive behavior therapy by having the client create their trauma narrative in the sand rather than using verbal language or a writing exercise. While Participant KY is trained in the psychotherapeutic approach of eye movement desensitization and reprocessing (EMDR), she has not received the formal training to integrate sandtray therapy with EMDR. However, Participant KY reported that she enjoys implementing sandtray therapy from an Adlerian perspective, due to the significant importance of the fundamental Cs: connect, capable, count, and courage. By examining the sandtray from an Adlerian approach, Participant KY revealed that she could examine her client's creation to indicate conflict

and confidence. Participant TP stated she primarily integrates a person-centered approach when engaging in sandtray therapy with her clients. Participant BZ reported that beyond receiving training in integrating sandtray therapy into different modalities, “experiencing” this approach firsthand means “knowing what your clients are going through.” All four participants unanimously agreed that mental health practitioners should be required to experience sandtray therapy personally in their training program. Despite differences in theoretical approaches, all four participants in this qualitative study used sandtray as a therapeutic tool 50% to 75% of the time with clients.

All four participants revealed how the competencies presented in their formal sandtray therapy training provided therapeutic strategies to address emotional dysregulation and somatic awareness. The sandtray therapy training provided a rationale for using a bottom-up therapeutic approach that integrated both hemispheres of the brain to meet the therapeutic needs of a dysregulated client. In the focus group discussion and semi-structured interviews, the participants emphasized the importance of becoming knowledgeable about the neurobiological mechanisms of the brain, which provides a rationale for why sandtray therapy is an effective therapeutic tool. Participants agreed that mental health practitioners must be competent in utilizing sandtray therapy as a therapeutic tool for activating neural pathways within the most primitive (bottom) brain structures. Furthermore, each participant verbalized how this neuroscience-informed therapeutic approach has altered their perspective on the therapeutic practices needed to promote a client’s healing process.

There was a consensus among all participants that their graduate training in their respective fields did not fully emphasize integrating neuroscientific principles into their clinical practice. Participant BZ stated, “I know all graduate programs are different, but they could have focused more on being a therapist.” While all four participants agreed that their graduate training reviewed the brain structures and how the brain responds to traumatic events, their programs did not differentiate between bottom-up and top-down therapeutic approaches. Participant BZ revealed that she became knowledgeable about the distinction between bottom-up versus top-down therapeutic approaches when she pursued the training to become a certified play therapist and a registered sandtray therapist. Working as a forensic interviewer at a child advocacy center in Texas, Participant JK was introduced to bottom-up therapeutic approaches by her colleagues. As Participant JK learned more about how the brain responds and processes trauma, she chose to pursue training as a trauma-focused cognitive behavior therapist and become a certified sandtray therapist.

Traditional talk therapy focuses on the brain’s left hemisphere, where language is stored. However, the pilot study’s participants agreed that sandtray therapy is valuable because it engages the brain’s left and right hemispheres.

Participant KY remarked, “People cannot talk about their trauma, which is stored on the right (hemisphere) of the brain, and the verbal center is on the left (hemisphere). To marry those two (hemispheres) up, we must get them talking while they do something creative.” Participant JK reinforced Participant KY’s remarks by stating that trauma causes a “disconnect between the brain and the body; therefore, you cannot fully heal unless you are healing both parts.”

At the close of the focus group discussion, each participant was asked to provide a word or words that they would associate with their lived experiences of utilizing sandtray therapy with their clients. Figure 1 provides a word cloud to summarize the words the participants provided. This activity summarized the participants’ perspectives on why sandtray therapy is such a valuable therapeutic tool. Although terms like attending, safety, freedom, acceptance, connection, flexibility, self-regulation, interpretation, and non-verbal communication are common across many therapeutic approaches, the term 'science' emerged in all semi-structured interviews and focus group discussions. Participants shook their heads affirmatively as the term ‘science’ was uttered because, from the transcripts, they all agreed on the neurobiological impact of sandtray therapy.

Figure 1: Words Participants Associated with Sandtray Therapy



Limitations of the Study

A pilot study aims to determine the quality and efficiency of a main study (In, 2017). Despite the limitations of the small sample size that restricted the generalizability of the results, this phenomenological and qualitative study allowed the researcher to evaluate the feasibility of the study’s methodology. Conducting a small-scale version of a similar, but much larger study enabled the researcher to assess whether the semi-structured interview questions and the focus group discussion protocol were free from subjective bias. To

enhance the generalizability of the results, the main study will utilize a much larger sample size. Therefore, the researcher will recruit participants trained by various sandtray therapy training programs and certification courses to increase the generalizability of the results. Furthermore, examining the pilot study's data revealed that applying the same methodology on a larger scale with participants from different sandtray therapy training organizations was essential for substantiating the answer to the primary research question, "What competencies and skills do mental health practitioners consider essential for proficiency in sandtray therapy?"

Conclusion

By describing their experiences in gaining the knowledge and skills to become a certified sandtray therapist, these four participants debated whether all sandtray training programs should adopt a universal set of competencies. Even though the International Society of Sandplay Therapy (ISST), Sandplay Therapy Association (STA), and the International Consortium of Play Therapy Associations (IC-PTA) all have specific standards and competencies associated with training and certification requirements, the study's participants discussed whether the lack of standardized competencies limited the effectiveness of implementing sandtray therapy competently. Unlike play therapy and sandplay therapy, the study's participants agreed that sandtray therapy should be identified as a therapeutic tool because they all used sandtray as a cross-theoretical approach. However, the participants agreed that to be competent sandtray therapy practitioners, individuals must be trained in recognizing the necessity of developing and implementing specific competencies through formal sandtray therapy training before employing this modality with clients. Furthermore, participants recognized that training programs must emphasize the value of using body-based approaches in addressing specific mental health issues.

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