

Article 48

Utilizing Sandtray With Adolescents in Individual Counseling

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Abstract

The number of mental health disorders in adolescence is growing, and counselors must apply appropriate counseling techniques that meet the developmental needs of this specific population. Counselors are turning towards expressive interventions, such as sandtray, as a way to connect and engage with adolescent clients, who are between childhood and adulthood. Sandtray interventions assist in creating a collaborative relationship between the counselor and client, as well as fostering autonomy and freedom of expression for adolescents in the therapeutic setting. The authors explore the utilization of sandtray as an expressive technique with the adolescent population by highlighting the uniqueness of adolescent development, defining the sandtray technique, and providing a case example from a private practice setting under the service of a Licensed Professional Counselor (LPC).

Keywords: sandtray, adolescent counseling, expressive counseling, adolescent development

Adolescence is a critical yet awkward stage in human maturation due to increased emotional pressures and increased biological changes (Shen & Armstrong, 2008). Teenagers have not yet mastered executive functioning, such as planning, emotional

control, and problem-solving due to the underdeveloped prefrontal cortex in the brain (Gogtay et al., 2004). Therefore, adolescents may experience developmental difficulties adjusting to social and environmental changes (Gogtay et al., 2004). These developmental and environmental factors increase the risk for mental health issues in adolescence (National Institute of Mental Health, 2011). In the United States, one in five children meet the criteria for a mental disorder, or approximately 20% of adolescents (Schwarz, 2009; Swank & Lenes, 2013).

Due to the rising number of teenage clients in counseling, counselors need to consider appropriate interventions and techniques to use with this specialized population. Adolescent clients present with various issues including domestic issues, bullying issues, relationship issues, depression, generalized anxiety, self-harm, and suicidal ideation when brought to counseling (Schwarz, 2009). Although children and adults may experience some of these same issues, adolescents are unique clients due to the radical changes experienced regarding mental, social, and emotional needs. Adolescent clients are different because they may lack awareness of their experiences or they may be mandated to enter counseling by concerned parents (Kestly, 2005). Understanding the impact of adolescent development and the concept that teenagers rarely hold continual one-on-one conversations with adults, counselors need to consider creative, developmental approaches, such as play therapy interventions, in counseling to meet the needs of adolescent clients (Gallo-Lopez & Schaefer, 2005; Straus, 1999).

Play therapy is an evidenced-based practice for children and adolescents and has many techniques for counselors to perform (Bratton & Ray, 2000; Bratton, Ray, Rhine, & Jones, 2005; Gallo-Lopez & Schaefer, 2005; Roaten, 2011). Sandtray, an expressive play therapy technique, is an artistic intervention that invites adolescents to explore the uncertain world between childhood and adulthood. Several studies have provided evidence to support the effectiveness of sandtray in school counseling and group counseling with adolescents (Breen & Daigneault, 1998; Kestly, 2005; Shen & Armstrong, 2008; Swank & Lenes, 2013). Kestly (2005) described how sandtray may help adolescents to explore identity development in a creative way. Sandtray gives adolescent clients a safe balance between play therapy and traditional talk therapy by promoting play and the client-counselor relationship (Kestly, 2005).

Existing literature provides support for play therapy techniques with adolescents as well as addresses the importance of counselors considering adolescent developmental tasks (Bratton et al., 2005; Bratton & Ray, 2000; Flahive & Ray, 2007; Gallo-Lopez & Schaefer, 2005; Roaten, 2011). There is available literature regarding adolescents and sandtray in group counseling, yet there is limited research concerning the effectiveness of sandtray as a technique utilized with adolescents in individual counseling (Flahive & Ray, 2007; Shen & Armstrong, 2008; Swank & Lenes, 2013). The purpose of this article is to explore the utilization of sandtray as an expressive technique with the adolescent population by reviewing adolescent development, defining the sandtray technique, and providing a case example from private practice.

Adolescent Development

Counselors working with teenagers need to consider how adolescent development influences the counseling relationship, as well as the techniques utilized in counseling

sessions. Working with a teen is very different than working with an adult client due to biological, developmental, and psychosocial tasks these groups are faced with (Roaten, 2011). Developmental tasks for adolescents include physical maturation, sexual relationships, peer group memberships, emotional development, and formal operations (Kail & Cavanaugh, 2016). The psychological impacts of puberty include increased awareness of body image, response to menarche and spermatarche, moodiness, and the rate of maturation (Kail & Cavanaugh, 2016). Finally, with the transition into high school, teenagers are faced with many psychosocial challenges regarding role identity and peer acceptance.

Adolescence is a period where biological changes occur and various environmental factors mold individuals. Girls typically develop about two years before boys, yet both experience growth in height and increased weight gain as well as other physical changes (Kail & Cavanaugh, 2016). Adolescents may look awkward due to asynchronous growth, or the fact that body parts do not mature at the same time; therefore, the head, hands, and feet may be disproportionate to the rest of the body (Rathus, 2016). The pituitary gland marks adolescent onset by releasing growth hormones and signaling to other glands to regulate pubertal changes, also known as puberty (Kail & Cavanaugh, 2016). During puberty, the primary and secondary sex characteristics are triggered by sex hormones that make reproduction possible, and physical changes transform the body (Rathus, 2016). Also, hormones, such as testosterone, estrogen, and progesterone, and neurotransmitters, such as dopamine and epinephrine, dramatically fluctuate during adolescence (Jensen & Nutt, 2015).

Adolescents also experience a second wave of dramatic brain changes that occur approximately from age 12 through age 24 (Jensen & Nutt, 2015). Jensen and Nutt (2015) reported that the adolescent brain is only 80% developed and lacks maturity. Due to the lack of pre-frontal cortex development, the adolescent brain has an automatic dependence of the amygdala, which often defaults to intense emotions and instinct when challenges arise (Jensen & Nutt, 2015; Roaten, 2011). These pleasure-seeking areas of the brain mature faster than the self-control areas of the brain, which may help to explain the increase of adolescent risk-taking behaviors (Kail & Cavanaugh, 2016).

In addition to the developing body and brain of teenagers, counselors may benefit from understanding the common adolescent identity developmental tasks when working with clients. In Erikson's fifth stage of psychosocial development, adolescents participate in the ego identity versus role diffusion stage with the primary goal of gaining self-understanding (Rathus, 2016). Due to formal operational thinking, adolescents have the ability to question their roles and their futures, as well as try out various alternative roles (Rathus, 2016). Adolescents learn by trial and error and observations from others as they search for identities. Common characteristics of adolescents' thinking include egocentrism, imaginary audience, personal fable, and the illusion of invulnerability (Kail & Cavanaugh, 2016). Therefore, due to these characteristics, teenagers are incapable of responding to life's challenges in the same manner as adults, which is why having an understanding of adolescent development may be beneficial to clinicians working with this age group.

Defining Sandtray

Counselors use sandtray in individual, group, couples, or family counseling with children, adolescents, and adults (Homeyer & Sweeney, 2011). Sandtray is a creative counseling technique created by Lowenfeld in 1939 and founded in play therapy that allows clients to externalize their inner thoughts (Homeyer & Sweeney, 2011; Pearson & Wilson, 2001). Homeyer and Sweeney (2011) defined sandtray therapy as

an expressive and projective mode of psychotherapy involving the unfolding and processing of intra and interpersonal issues through the use of concrete sandtray materials as a nonverbal medium of communication, led by the client(s) and facilitated by a trained therapist. (p. 4)

Rae (2013) defined sandtray as a bridge that connects the gaps in personal meaning between the client and counselor. Similar to play therapy, where toys are the child's words, in sandtray, the figurines or miniatures are the client's words (Homeyer & Sweeney, 2011). The client's work is through the selection, thought, and placement of figurines and designs in the sand to create a picture or story, while the counselor's work is through observing and processing the tray with the client (Taylor, 2009).

Sand is a universal medium that does not discriminate and draws people into the counseling process (Rae, 2013; Taylor, 2009). Counselors from various theoretical orientations use sandtray to promote play, independence, and the client-counselor relationship, and to help expedite the clients' healing by assisting clients to process their past, present, and future (Roaten, 2011; Taylor, 2009). Homeyer and Sweeney (2011) reported several reasons for why counselors use sandtray including, but not limited, to: a) expression of nonverbalized emotional issues, b) the kinesthetic quality of sand and touch, c) provision of therapeutic distance for clients, d) providing a setting for therapeutic metaphors, e) effectiveness in overcoming client resistance, and f) helping clients control the counseling experience. In other words, sandtray allows clients a safe environment to independently create concrete representations as a way to explore their inner emotions, thoughts, and experiences.

Sandtray allows clients to become mindful and allows clients the opportunity to blend memories, fantasies, wishes, and emotions without verbal constraints (Rae, 2013). In addition, sandtray allows clients the

experience of being seen, deeply known, and understood by a compassionate witness [counselor]. Such encounters can also be the foundation for a secure relationship, which may lead to further verbal exploration of emotions, thoughts, and bodily states that are unapproachable without this sense of trust. (Rae, 2013, p. 29)

Sandtray With Adolescents

Most adolescent clients are reluctant to come to counseling due to the idea of having to trust an adult or the idea of adults being unable to understand their personal experiences. Teenagers need a place where they can feel accepted and not judged by an adult (Kestly, 2005). Counselors working with adolescents need to create empathetic, safe, trustworthy, and supportive client-counselor relationships where adolescents'

desires for control, respect, and autonomy are valued (Roaten, 2011). Also, adolescents often have difficulties expressing their feelings or what is troublesome in session; therefore, sandtray provides a protected space for adolescent expressions in the therapeutic environment (Swank & Lenes, 2013).

Traditional talk therapy often reflects adult rules and may be ineffective with adolescents because they are not “mini adults” (Roaten, 2011). Through sandtray, collaborative relationships develop, and clients may take ownership in the counseling process (Roaten, 2011). The therapeutic alliance allows clients to see the counselor as a partner or collaborator, and not as an authority figure (Roaten, 2011). Sandtray promotes independence by providing a therapeutic distance from the counselor that allows clients to communicate within natural boundaries (Homeyer & Sweeney, 2011).

Play therapy may be ineffective with adolescents because they feel more mature than children and think toys are childish. Sandtray creates a happy medium between talk and play therapy, especially for adolescents who have difficulties expressing themselves verbally (Roaten, 2011). “Adolescents need avenues for creation of identity as they tear down parts of the old to rebuild the new” (Kestly, 2005, p. 22), and sandtray provides these avenues. Sandtray helps adolescents express their thoughts by gaining greater insight; identifying their feelings; and instilling hope and encouragement for the future (Swank & Lenes, 2013).

Implementing Sandtray With Adolescents

There are various ways to implement sandtray into counseling with adolescents. Sandtray may be a primary or secondary intervention, as well as a directive or non-directive intervention, depending on clients’ goals. Sandtray can introduce counseling to clients, change the pace of sessions, or provide an evaluation of clients (Homeyer & Sweeney, 2011). Counselors allow clients the freedom to interact with the tray on their own, or provide prompts if the clients need more structure (Homeyer & Sweeney, 2011). For sandtray to be successful with adolescents, counselors need to have the appropriate materials required for sandtray, provide either nondirective or directive prompts, and finally be able to process the sandtray experience with their clients in a meaningful way.

Materials needed. For sandtray to be successful in counseling, the counselor needs to provide the appropriate materials required so that clients have the ability to express their thoughts, feelings, and experiences (Homeyer & Sweeney, 2011).

The primary sandtray is a rectangular tray 30 by 20 inches, 3 inches deep, painted blue on the bottom and sides to convey water or sky, and filled halfway with sand purchased from a craft store or taken from nature (Homeyer & Sweeney, 2011). The overall size is more significant than the shape; however the rectangular shape allows clients to section off areas or “hide” figurines in the corners if necessary (Homeyer & Sweeney, 2011). Counselors may create alternative trays out of common household items such as a plastic salad box container, Tupperware, or plant saucers.

For adolescent clients to create meaningful trays, there needs to be a well-rounded collection of figurines. There is no set number or type of figurines required, yet it is important that the collection reflects the diversity of clientele. Figurines are various sizes, shapes, colors, and textures (Rae, 2013). Play therapy stores, second-hand shops, dollar stores, toy stores, or nature are beneficial places to purchase or find figurines (Homeyer & Sweeney, 2011). Counselors consider with care how each figurine serves a purpose

within the sandtray intervention (Homeyer & Sweeney, 2011). Figurines are grouped into categories such as people, places, fantasy, animals, spiritual, and nature (Homeyer & Sweeney, 2011). For adolescent clients, counselors also consider items that are in the everyday worlds of teenagers, as well as popular characters from television shows or movies. There is no required arrangement of figurines; however, counselors should place the collection of figurines in a logical order that is easily viewable and accessible to clients (Kestly, 2005).

Sandtray prompts. Sandtray may be directive or nondirective depending on the needs and ages of individual clients. Whether directive or nondirective, counselors should remain fully present while the client interacts with the figurines and the tray (Homeyer & Sweeney, 2011). Counselors listen, observe, and only participate when engaged by the client. Clients should be given as much time as needed to view the figurines and create scenes.

In directive settings, counselors may provide a prompt to clients as to what type of scene clients should build. Some adolescents may need more structure than others. For instance, a counselor may say, “Please use these figurines to create a scene about your family. I will sit here, and you can let me know when you’re finished.” Example scenes may include specific topics about family, friends, school, or other relevant issues to the client.

In nondirective settings, counselors would provide either minimal or no directions to clients, allowing clients to create whatever scene they feel is needed. For instance, a counselor may state, “Here are some figurines, you may use any that you like and place them in the sand. I will sit here, and you can let me know when you’re finished.” The adolescent has total freedom to create whatever is needed.

Processing Sandtray With Adolescents

Sandtray therapy is an effective intervention when incorporated with purpose and connection to a client’s treatment goals by a trained counselor (Homeyer & Sweeney, 2011). Counselors need to have experience and skills with sandtray so that they can properly process the experience with clients (Homeyer & Sweeney, 2011). A well-trained counselor can “contain the play in the miniature world without judgment or efforts to control or interpret the play” (Kestly, 2005, p. 26), as well as help adolescents expand meaning of their sandtray experiences to incorporate into their everyday worlds. Through the art of processing the sandtray, clients work on the developmental tasks of identity formation. The purpose of processing sandtray with adolescents is to “help adolescents contain and integrate the experiences they portray in their sandtray worlds. Through the process of these integrating experiences, youngsters can actually revise the mental models by which they live” (Kestly, 2005, p. 27).

Before processing the tray, the counselor and client should both be able to view the tray easily. By the counselor being close to the tray, the counselor portrays interest and respect (Homeyer & Sweeney, 2011). Another rule of thumb is that counselors should not name or touch the figurines in the tray, as clients may feel like this an invasion of their personal space (Homeyer & Sweeney, 2011). Otherwise, there is no “right” way to process the sandtray with clients.

Counselors may use a global approach to begin the process by discussing the scene as a whole, then breaking the tray into sections, and then finally concentrating on

individual figurines (Homeyer & Sweeney, 2011). Counselors may be directive with questions or simply ask the client to talk about the tray. For example, after a client finishes a tray, the counselor may invite the client to share anything the client feels comfortable sharing (Shen & Armstrong, 2008). As the client shares, the counselor may use reflective responses and clarification questions to help assist the client in self-discovery (Shen & Armstrong, 2008). The key for counselors to remember when processing a tray is to “keep the discussion within the metaphor or story of the tray” (Homeyer & Sweeney, 2011, p. 45). The exception to this rule would be if the client breaks the metaphor first, then the counselor may proceed with caution.

Sample processing questions include: What is the title of your tray? What does this tray represent? What was it like for you to put this tray together? Who are the figures in the scene? What figure do you identify with, if any? What figure has power or is weak? Can you describe your tray to me? What might this figure say to the others? What might happen next? Tell me about it. . . Tell me more about what’s happening in this scene. . . I noticed. . . What did you think about the experience? What feelings occurred during the experience? What did you like or not like about it? What’s going through your mind as you look at your tray? (Homeyer & Sweeney, 2011; Shen & Armstrong, 2008; Swank & Lenex, 2013).

Although there are loose guidelines about processing sandtray work, ultimately the client and counselor decide together when the process is complete. Upon the conclusion of sandtray work, it is important for the work to remain intact until the client leaves, as it may be considered an invasion if the counselor touches anything within the tray while the client is still present (Homeyer & Sweeney, 2011). Further information on processing the sandtray technique may be referenced in Homeyer and Sweeney (2011) and Rae (2013).

Case Example

Sandtray may be used as an intervention at various times when working with adolescents in counseling. The following case is from the primary author’s private practice experiences and demonstrates how counselors may implement sandtray in the rapport-building phase of counseling, as well as throughout the counseling process, as a way to connect to clients.

Carrie was a 15-year-old Caucasian freshman student at a private high school who was brought to counseling by her mother. Presenting issues as stated by the client’s mother, included failing grades, depressed mood, friendship issues, and an argumentative mother-daughter relationship. At the intake session, Carrie entered with resistance as evidenced by crossed arms, sighs, rolling of eyes, and verbalizations of not wanting to be in counseling towards the counselor. A psychosocial and informed consent were completed with the client and the client’s mother present. In addition, the counselor reviewed the importance of confidentiality.

First Counseling Session

In the first counseling session, the client did not want to share anything and made no eye contact with the counselor. In an attempt to build rapport, the counselor offered Carrie choices for the session including a) talking about any topic the client desired, b)

creating a “Who am I?” collage through either artwork or sandtray, or c) playing a therapeutic game such as Old Maid with a deck of feeling cards. The client hesitantly agreed to the sandtray because she said she was curious about the figurines on the shelf and she liked the idea that she did not have to come in and talk. The only directive given to the client was that she could use anything in the room to make a scene in the sand to answer the question, “Who am I?”

As she studied the various figures in her space and time, the client’s body language shifted to a more relaxed state as observed by the counselor. Carrie picked up figurines one by one to analyze what they were, and then she positioned them with care back on the shelf in their original placement. Next she sat down by the tray, put her right fingers in the tray, and started brushing the sand with her fingers. After a few minutes, she then started to place figurines into the tray. She placed the figurines quickly into the tray. Carrie chose a small, plain, abstract wooden doll figure and on the right of the figure, she placed a purple dinosaur and on the left she placed a small tiger. She then arranged four plastic fences around the figurines in the middle of the tray. After she had finished, she looked at the tray and then looked at the counselor and hesitantly stated, “I’m done.”

As a way to process the tray, the counselor asked Carrie to share anything she felt comfortable in sharing about her work. The tray depicted a closed, empty world and seemed to indicate low self-esteem and high self-protection which was confirmed from Carrie’s self-report that followed. Carrie reported that the wooden doll figure was a representation of her and that she liked the dinosaur and tiger because they were strong and protective. Carrie did not mention the fences, and, when probed by the counselor, Carrie stated, “They keep me safe.” The counselor reflected Carrie’s thought and reflected that safety was important. Carrie hesitantly stated, “people just suck,” and then Carrie explained how she experienced cyberbullying from her friends at school and that her mom took her phone away because of bad grades. The tray gave Carrie time and space to collect her original thoughts and feel comfortable to share with the counselor.

Next, the counselor prompted Carrie to imagine what her world would look like if she could change anything about her life and make a new tray. Carrie incorporated some of the same elements from her previous tray showing consistency. The client placed the small wooden doll in the center next to a larger wooden doll with a butterfly between the two figures. On the side of the wooden figures was the tiger and dinosaur, in front of the wooden figures was a treasure box filled with tiny beads, and behind the wooden figures was a cross. Little female Lego people were scattered around the sides of the tray with miniature trees and near the borders of the tray were fences. This world seemed to demonstrate Carrie’s desires to open up and allow more people into her life while still being protected or safe. Carrie reported that this tray depicted her having a good relationship with her mom and her friends.

Through using sandtray in the first counseling session, the counselor built rapport by respecting Carrie’s privacy and need for autonomy. In addition, the counselor assessed Carrie’s current thoughts about her life and what her goals for counseling were through the two completed trays. The sandtray intervention helped Carrie understand that this was her time and space and that she was in control of the counseling relationship.

Continuing Counseling With Occasional Sandtray

Carrie came into counseling willingly after the first session. Sandtray interventions were not utilized in every session with Carrie but were always an available option to Carrie. At various times in weekly sessions, Carrie worked with the sandtray. In these sessions, the counselor allowed Carrie nondirective sandtray experiences and did not prompt Carrie with a direction for the trays. The counselor simply prompted Carrie to make trays for whatever she felt essential or that she needed to express at these times.

In session four, Carrie chose the same wooden doll from the first session to represent herself and placed the figurine in the left corner of the tray next to a butterfly. On the opposite corner of the tray, Carrie placed three fences barricading a spider in the corner. In front of the fences were signs that stated “Go Back,” “Do Not Enter,” “Beware,” and “Danger” along with two knight figurines and two trees. When asked the title of the tray, Carrie stated, “My mom and me.” Carrie described her mother as the spider and discussed how she felt like she tries to get close to her mother, but that every time she does, something backfires. The tray and Carrie’s description seemed to represent issues of power, conflict, and inadequacy in her relationship with her mother.

In session seven, Carrie completed a tray about friendships. In the center of the tray was the plain wooden doll and Disney princess Tiana figurine. Off to the left side of the tray were three female Lego figurines, a plain purple figurine, and a plain red figure behind a large snake figurine; and to the right side of the tray were two school buildings. Carrie made a jagged line in the sand with her finger as a way to divide the figurines. After her tray had been completed, Carrie discussed how she was currently in a fight with most of her friends due to a rumor that was being spread around school about Carrie and her ex-boyfriend. Carrie reported that her best friend, represented by Tiana, was helping her but that she was also unsure if she trusted her. She also talked about how she wanted to switch schools because she felt uncomfortable in her current school environment due to the people and due to the struggles she faced academically in the classroom but that her mother would not allow her to change schools.

Summary

Carrie seemed to benefit from participating in sandtray as a therapeutic intervention. The sandtray allowed Carrie the freedom to express her thoughts and feelings about herself and the relationships in her life. For Carrie, sandtray was an accommodating intervention to use in the rapport-building phase because it allowed her autonomy, boundaries, and escape from counseling. Furthermore, sandtray was a helpful intervention throughout the counseling relationship because it allowed Carrie to explore different facets of her life in a safe method. Through sharing her interpretations of her trays, Carrie opened up to the experience of counseling and was able to gain new ideas or thoughts about her life.

Discussion

The case example illustrates how sandtray may be effective in either establishing or improving the client-counselor relationship and may be effective in working with a resistant adolescent in counseling. Sandtray “provides a safe distance from the reality of life experiences. It creates an environment free of anxiety where adolescents can address

the most serious issues in a productive and vital manner” (Kestly, 2005, p. 28). The first author was able to gain insight into Carrie’s worldview through her various trays that she created, and Carrie was able to construct her narrative in a safe manner. Furthermore, “words can be embarrassing to an adolescent” (Kestly, 2005, p. 28) and, since sandtray is not dependent upon verbalization, the modality creates a freeing experience for teenagers to express themselves in a unique manner. For Carrie, the tray was a tool for her to process what she was experiencing and come to new conclusions about how to cope with her difficult relationships.

Swank and Lenes (2013) explored sandtray and group work and identified five themes based on their qualitative inquiry, including self-expression, development of insight, growth opportunities, hope, and group dynamics. Although the case example presented focused on individual counseling, the first author identified that Carrie experienced these same themes with the exception of group dynamics. For example, when the counselor prompted Carrie to imagine what her world would look like if she could change anything about her life and make a new tray, the client illustrated hope for her potential, healthier relationships, and Carrie developed insight into the impediments that blocked her from obtaining these relationships. Overall, sandtray offered the first author a creative intervention to incorporate into her work with a challenging adolescent client.

Implications, Limitations, and Future Research

Due to the rise of adolescent mental health disorders, counselors need to study and apply appropriate counseling techniques that meet the developmental needs of this specific population. The current article provides an overview of sandtray and how it may enhance the counseling experience for adolescent clients. There are many possible ways in which sandtray may be utilized with adolescents, yet the research is needed to support the intervention. Traditional talk therapy may be effective with adolescents, but when dealing with issues such as resistance in counseling, trauma, or other developmental issues, sandtray offers an indirect method allowing clients to more fully express their worldviews in a safe space. Many researchers suggest the effectiveness of sandtray as a developmentally appropriate intervention to utilize with adolescents (Breen & Daigneault, 1998; Kestly, 2005; Shen & Armstrong, 2008; Swank & Lenes, 2013). However, slight consideration has been given to finding effective counseling techniques to utilize when counseling adolescent clients in an agency or private practice setting.

Since this paper is based on a presentation, there was no research design present; therefore, it is not clear whether individual sandtray work with adolescents is a more effective modality compared to other types of techniques available. Based on the observations of the authors and their beliefs in utilizing play therapy techniques for adolescents, there is a clear bias for the promotion of sandtray techniques with adolescents in individual counseling. Given these limitations and the lack of available literature, future research is needed to further examine the effectiveness of sandtray techniques with adolescents in individual counseling settings.

Conclusion

Sandtray interventions provide counselors with an expressive tool to integrate into individual counseling. Counselors who utilize sandtray create a collaborative relationship with a safe environment where adolescents feel supported and accepted. Through the sandtray technique, adolescent clients can express their emotions, increase awareness of self, work through difficulties, and develop self-esteem. Ultimately, sandtray may assist adolescents to develop cognitively, emotionally, and socially.

Many authors have written about play therapy techniques with children, yet there is little reference regarding play therapy techniques, such as sandtray, with adolescents. The purpose of this article was to provide information on adolescent development, information on sandtray with adolescents, and a case example. Counselors need to be aware of the biological and environmental developmental tasks of adolescence to effectively counsel this population. The case example provided an illustration of using sandtray in individual counseling and suggested that adolescents do respond well to creative interventions.

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