

## Sandtray Therapy with Traumatized Adolescents

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## Disclosure

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Dr. Sweeney has no relevant disclosures to make, other than royalties received from the following book mentioned in this session:

*Sandtray therapy: A practical manual* (4th ed.)

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## Learning Objectives

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1. Participants will discuss the effects of trauma and the benefits of sandtray therapy.
2. Participants will identify the basic materials used in sandtray therapy.
3. Participants will explore strategies involved in the process of doing sandtray therapy.

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## My goals in trauma treatment




*Recognizing that trauma:*

- ☐ Forever changes teens [& their families].
- ☐ Significantly alters their ability to cope.
- ☐ Limits (or arrests) their development, & therefore hampers potential.

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## My goals in trauma treatment



*My primary goals are to:*

1. Give **hope** to teens/parents.
2. Provide teens with a **safe, reparative & relational** experience so that development and potential may be realized.

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## Some trauma treatment principles

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- All trauma is by nature intrusive. Therefore, therapeutic interventions should be facilitative & not be a recapitulation of this intrusion.
- Trauma always occurs within the framework of a *system* — thus a family therapy/systemic approach must be a crucial element of the treatment process.

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### *Some trauma treatment principles*

- The focus of treatment should never be the trauma or the teen's symptomatic response to the trauma. The focus of treatment should always be the person of the teen.
- Treatment must attend to a continuum of issues, including physiological, cognitive, psychological, and spiritual concerns.

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### *Trauma treatment principles*

- Clinical work in the area of trauma often involves direct encounters with horrible & horrifying circumstances. The professional & personal impact of this on the therapist should never be underestimated.

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### *My definition of Trauma...*



Physiological, psychological, sociological, spiritual or relational harm caused by external stimuli – *or the withholding of external stimuli* – usually resulting in internal &/or external impairment

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### *Another definition of Trauma...*

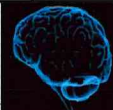


"Trauma by definition involves speechless terror: patients often are simply unable to put what they feel into words and are left with intense emotions simply without being able to articulate what is going on"

(van der Kolk, 2002, p. 150)

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### *Therapy in light of Neurobiological Response*



- ✓ Neuroimaging study with PTSD clients showed:
  - Deactivation of the prefrontal cortex (*executive functioning*) – interfering with the ability to formulate a measured response to a threat
  - Increased activation of the limbic system
  - Decreased activation in the Broca's area in the brain (related to verbalization)

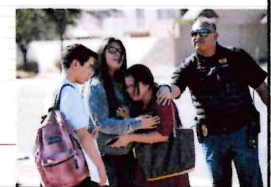
(van der Kolk, 2014)

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### *Treatment of Trauma*

"No matter how much you talk to someone, the words will not easily get translated into changes in the midbrain or the brain stem."

(Perry & Pate, 1994)



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## Treatment of Trauma

- If therapy focuses directly on the emotionally charged content of the trauma, a client's basic physiological state may shift
- This shift may lead to the client essentially being what Perry (2006) calls "brainstem-driven"
- This renders the language of therapy less accessible, or perhaps useless

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## Sensory Nature of Trauma

- ❑ All trauma is sensory in nature – or at least has a large sensory component.
- ❑ The diagnostic criteria (DSM-5-TR) for PTSD is sensory in nature
  - Persistent re-experiencing of traumatic event
  - Avoidance of stimuli associated with trauma
  - Persistent physiological hyper-reactivity or arousal
- ❑ Perhaps – trauma treatment should be sensory in nature (**sandtray therapy?**)

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## Sandtray Therapy with Traumatized Teens

- ❖ symbolization – teens can use the media (e.g., miniature) to represent an abuser
- ❖ "as if" quality – teens can use the pretend quality of sandtray therapy play to act out events as if they are not real life
- ❖ projection – teens can project intense emotions onto the minatures/tray, which/who can then safely act out these feelings
- ❖ displacement – teens can displace negative feelings onto the tray/minatures rather than expressing them toward family members

(Schaefer, 1994)

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## Process of Sandtray Therapy with Traumatized Clients

- ❑ The sandtray therapy process should be *primarily* facilitated.
- ❑ The goal of sandtray therapy is to help process the trauma – verbally or nonverbally.
- ❑ Simply reenacting trauma in therapy – without movement towards resolution is not helpful, and may be dangerous.
- ❑ My perspective: understanding the meaning of the trauma may be important – but not as important as processing it so that life can become tolerable and manageable.

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## Process of Sandtray Therapy with Traumatized Clients

- ❑ As previously noted, it is my goal to provide clients with a safe, reparative & relational experience.
- ❑ This takes priority over [*but not to the exclusion of*] focusing on insight and/or cognitive restructuring.
- ❑ My role is therapeutic, not investigative – to be fellow sojourner on the journey & a witness to the story.
- ❑ The need for safety extends beyond the therapeutic experience. There may be a need to work with family, school, etc.

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## Sandtray therapy definition . . .

**Sandtray therapy** is an expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and inter-personal issues through the use of specific sandtray materials as a nonverbal medium of communication, led by the client or therapist and facilitated by a trained therapist.

(Homeyer &amp; Sweeney, 2023)

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### *Tools of the sandtray therapist*

- Sand & water – basic elements of the earth
- Tray – in which to contain the work
- Collection of miniatures – serve as a universe of symbols and images

(Homeyer & Sweeney, 2017)

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### *Rationale & Benefits for Using Sandtray Therapy*

1. Sandtray therapy gives expression to nonverbalized emotional issues – the sandtray therapy process is the language, and the sandtray miniatures are the words.
2. Sandtray therapy naturally has a unique kinesthetic quality. The innate and novel sensory and kinesthetic experience in sandtray therapy serves as an extension of foundational attachment needs.

(Homeyer & Sweeney, 2023)

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### *Rationale & Benefits for Using Sandtray Therapy*

3. Sandtray therapy serves to create an indispensable therapeutic distance for clients, as issues are projected onto the media.
4. This therapeutic distance that sandtray therapy furnishes creates a safe place for abreaction to occur – where unexpressed issues can emerge in the context of safety.

(Homeyer & Sweeney, 2024)

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### *Rationale & Benefits for Using Sandtray Therapy*

5. Sandtray is an effective neurobiological intervention for traumatized clients. For example – trauma can eventuate in prefrontal cortical dysfunction, overactivation of the limbic system, and deactivation of the Broca's area (van der Kolk, 2014) – therapy clearly points to the benefit of nonverbally based interventions.

(Homeyer & Sweeney, 2024)

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### *Rationale & Benefits for Using Sandtray Therapy*

6. Sandtray therapy provides an effective (and possibly necessary) communication medium for the client experiencing verbal challenges (e.g., stuttering).
7. Conversely, sandtray therapy cuts through verbalization used as a defense. A nonverbally-based intervention such as sandtray therapy simply cuts through defenses.

(Homeyer & Sweeney, 2024)

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### *Rationale & Benefits for Using Sandtray Therapy*

8. The potential challenge of transference can be effectively addressed – because through sandtray therapy, the miniatures and tray become the objects of transference (rather than the therapist).
9. With sandtray therapy – there is no artistic talent needed!

(Homeyer & Sweeney, 2024)

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## *Sandtray Therapy: materials needed*



- ❑ **Sand tray**
  - Standard = 30" x 20" x 3"
  - Various shapes
- ❑ **Sand**
  - Texture
  - Color
  - Alternatives
- ❑ **Miniatures**
  - Typically – 500+
  - Scale not an issue
  - Regional/cultural sensitivity
- ❑ **Water**
  - Preferable, but not mandatory

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## *Sand*

- ❑ Playground sand?
- ❑ Should be sterilized
- ❑ Not too coarse or too fine
- ❑ Color
- ❑ Alternatives



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## *Sandtray*

- ❑ Standard size - 30" X 20" X 3"
- ❑ Blue inside
- ❑ 1- wet, 1-dry, or
- ❑ 1, with limited use of water
- ❑ Round, square, octagonal, etc.
- ❑ Placement



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## *The therapist's primary task*

- ❑ Observe the process of the making of the scene
- ❑ Provide a "free & protected space"
- ❑ Honor the process and the product

*(Homeyer & Sweeney, 2023)*

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## *Provide this free & protected space*

- ❑ Temenos
  - Boundary between the sacred & profane
- ❑ Listens
- ❑ Observes
- ❑ Participates empathically & cognitively
- ❑ As little verbalization as possible
- ❑ Active sharing in the act of creation

*(Homeyer & Sweeney, 2023)*

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## *After the tray is done ... then what?*

- ❑ **Visually** observe the world
- ❑ **Emotionally** observe the world
- ❑ Evaluate **organization** of the tray
- ❑ Identify any evident **theme(s)** of the content
- ❑ **Two basic options . . .**
  - Allowing the creative process to stand alone
  - Using sandtray as a springboard for discussion

*(Homeyer & Sweeney, 2023)*

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### Beginning to process

For example...

- ❑ Ask the client to **name** or **title** the tray
- ❑ Invite the client to tell
  - you a **STORY** about the scene
  - is (not "where is") the **CLIENT** in the scene
  - what (not "who") has the most **POWER** in the scene



(Homeyer & Sweeney, 2023)

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### Other considerations...

- ❑ Since the focus is on the *creation* – & not the client – it should grant more freedom to client
- ❑ Just as client has freedom in creation of tray, they should have freedom in the processing
  - Should clients be pressured to disclose?
- ❑ Mutual reflection – both client & therapist
- ❑ Client can/should be the "tour guide" – bringing the therapist &/or family members on a "tour" of their creation

(Homeyer & Sweeney, 2023)

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### Other considerations...

- ❑ Important – can questions be reframed as a statements?
- ❑ Inquire about specific areas or action within the tray?
- ❑ Does it appear that two (or more) miniatures are interacting? – and the client has not talked about this
- ❑ *Invite* a conversation / role-play
  - An invitation can be declined or refused

(Homeyer & Sweeney, 2023)

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### Other considerations...

- ❑ Item(s) in the middle of tray *may* be important
- ❑ Buried items *may* be important
- ❑ Therapist can inquire, invite, or request "rearranging" (some cautions here)
- ❑ Should client take their own photo of tray?
- ❑ Regarding the photo – from what perspective/direction should the photo be taken
  - Ask client!
- ❑ Point to miniatures – never touch

(Homeyer & Sweeney, 2023)

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### Session is over

- ❑ Take a picture of the tray (with client permission)
- ❑ Return miniatures to the shelves (after client has left)
 

*To destroy a picture in the patient's presence would be to devalue a completed creation, to break the connection between the patient and his inner self, and the unspoken connection to the therapist. (Estelle Weinrib)*

(Homeyer & Sweeney, 2023)

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### Session is over

- ❑ Cleaning sand & miniatures?
- ❑ Knock sand off of miniatures – perhaps brush them off
- ❑ Occasionally, wipe off miniatures with sanitizing wipe
  - Plastic miniatures in dishwasher?
- ❑ Cleaning sand?
  - *Jurassic Sand* videos
  - [www.jurassicsand.com](http://www.jurassicsand.com)

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## Stages in sandtray therapy (John Allan)

### □ Chaos

- No order or deliberate selection
- Upheaval – miniatures & sand mixed up
- Reflects chaos in client's life

### □ Struggle

- Fighting – often soldiers or monsters
- Both sides often annihilated
- Usually moves towards there being a victor

### □ Resolution

- Order being restored – balance
- Life back to normal
- Indicates readiness for termination



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## Interpretation in the sandtray therapy process

- Sandtray therapists should generally avoid interpretation, since it is the client's interpretation that is most important and relevant
- Sand trays should never be interpreted during the creation process so that the client can stay close to the living experience and not be distracted

(Homeyer &amp; Sweeney, 2023)

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## Sandtray Therapy Techniques?

I am not opposed to sandtray techniques.

- However, therapists should ask themselves three questions:
  - 1) Is this technique *developmentally appropriate*?
  - 2) Does this technique have a *theoretical basis*?
  - 3) Does my use of this technique have specific *therapeutic intent*?

(Sweeney, 2011)

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## Sandtray Therapy Techniques?

- ❖ We need to acknowledge that theory alone is inadequate, and that in fact, *theory without technique* is mere philosophy
- ❖ At the same time, we need to recognize that techniques alone are inadequate, and that in fact, *techniques without theory* is potentially reckless and dangerous

(Sweeney, 2011)

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## Structured Technique

- "Pain Getting Better" Technique  
(adapted from Mills & Crowley, 1986)

### Three sand trays

1. Make a tray of the "pain"
2. Make a tray of the "pain getting better"
3. Make a tray of what would help the first tray change to the second

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## Structured Technique

- *Kinetic Family Drawing*: the client is asked to draw a picture of themselves, and everyone in his or her family – doing something
- *Kinetic School Drawing*: the client is asked to draw a picture of themselves, a school friend, and a teacher – doing something
  - ❖ Clients can be asked to do trays instead of drawings

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### Structured Technique – SFT

#### ❑ Solution-focused miracle question

- Traditionally – “If you woke up tomorrow, and sometime during the night a miracle happened and the problem that brought you here today was solved just like that, how would you know it happened? What would it look like?”
- Adapted – Could you make a sandtray of what that would look like?

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### Sandtray Genograms

Creative & often safer way for clients to recall family issues & share

- ❑ Materials: drawing paper, markers, miniatures
- ❑ 1st — draw genogram
- ❑ 2nd — select miniature that represents each member of the family
- ❑ 3rd — select miniature that represents the relationship with each member

Deborah Buurma, *The Family Play Genogram*

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### Trauma & Expressive Therapy? (Malchiodi, 2020)

“Trauma’s impact often requires approaches that address the sensory-based experiences many survivors report. Expressive arts therapy – the purposeful application of art, music, dance/movement, dramatic enactment, creative writing, and imaginative play – are largely nonverbal ways of self-expression of feelings and perceptions. More importantly, they are action-oriented and tap implicit, embodied experiences of trauma that can defy expression through verbal therapy or logic.”

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### Summary quotes . . .

“It is the ‘relationship’ which enables access to parts of the brain involved in social affiliation, attachment, arousal, affect, anxiety regulation and physiological hyper-reactivity. Therefore, the elements of therapy which induce positive changes will be the relationship and the ability of the *teen* to re-experience traumatic events in the context of a safe and supportive relationship.”

(Perry & Pate, 1994)

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### Summary quotes . . .

“Just as a traumatic experience can alter a life in an instant, so too can a therapeutic encounter”

(Perry & Szalavitz, 2017, p. 308)

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