



**Sand Therapy Competencies:
A Qualitative Investigation of Competencies for Sand Therapy Practitioners**

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Sand therapists are in a unique and honored position to enter into a client's world through their powerful, creative, and expressive tray depictions. The access to the emotional and experiential content available through sand therapy requires that a therapist exhibit a high level of competence. Per Merriam-Webster, competence is "the quality or state of having sufficient knowledge, judgment, skill, or strength (as for a particular duty or in a particular respect)" (2019, para 1). A competent sand therapist possesses and employs skills, knowledge, and experience to assist a client through the process of furthered self-knowledge.

Complications can arise, however, when we attempt to quantify and define what sufficient and desirable competence means across various theories and disciplines. The path toward healing and growth can be defined differently; the process toward interaction and understanding can vary significantly from approach to approach. This can lead to a fragmented field and the outward appearance that sand therapy is a fringe intervention. Additionally, fragmentation within the sand therapy community diminishes the strength of this medium and the practitioners who comprehend its power.

This research study sought to define competence standards for the broad, inclusive work of all sand therapists. Focusing on four key categories (knowledge, skills, attitudes, and professional engagement), a researcher-developed sand therapy competency survey and a secondary member-checking process were utilized to determine a final list of competencies for sand therapy practitioners. Competent sand therapists of any discipline can use these competencies to guide them as they strive to provide the highest level of care for their clients.

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Literature Review

Research-based competencies for specialty areas of mental health practice are rare. The American Counseling Association (ACA) states that their members should practice a specialty "only after appropriate



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education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm" (ACA Code of Ethics, Standard C.2.b.). As noted in a previous research article about sand therapy standards (Homeyer & Stone, 2023), no professional association for sand therapists (sandplay or sandtray) defines competencies. These associations or training groups may identify criteria for training or for their unique certification process. Two professional organizations with research-based competencies exist: ACA and the Association for Play Therapy (APT). Researchers in Australia, von Treuer and Reynolds (2017), identified competencies for psychologists.

The International Consortium of Play Therapy Associations (IC-PTA) has competencies based on academia and consensus among national play therapy associations. A professor and experienced sand therapist, Dee Preston-Dillon has established sand therapy competencies for her certification program. Turner et al. (2020) developed Play Therapy Competencies used by Association for Play Therapy (APT) to identify more rigorous standards for play therapy credentialing and the profession's credibility.

The American Counseling Association (ACA) states its commitment to the development of competencies essential for both general counseling and specialty areas (Stewart et al., 2016). The competencies for specialty areas are in addition to their general counseling competencies. Competencies for the specialty area of animal-assisted therapy in counseling (AATC) were studied by Stewart et al. (2016). The researchers used the grounded theory qualitative research method. Twenty subjects identified as experts participated in their qualitative research project. The researchers organized the research-based competencies into three domains: 1) knowledge, 2) skills, and 3) attitudes. Each category has three primary sub-points, providing further differentiation. The Knowledge domain includes formal AATC training, in-depth animal knowledge, and knowledge of existing ethical requirements. The Skills domain includes mastery of basic counseling skills, intentionality, and a specialized skill set. The final domain, Attitudes, includes animal advocacy, professional development, and professional values.

APT researchers identify three areas of "essential indicators that represent professional competence in play therapy" (Turner et al., 2020, p. 3). They are identified as 1) knowledge and understanding of play therapy, 2) clinical play therapy skills, and; 3) professional engagement in play therapy. Each competency is further defined with specific items for each. Knowledge and understanding have 11 indicators, including knowledge of history, therapeutic powers of play, seminal theories, child development, treatment process, ethics, and impact of trauma. The second category, skills, has 9 indicators, including applying therapeutic powers of play, demonstrating basic play therapy skills, articulating the play therapy process, building relationships, and exhibiting multicultural orientation through a culturally and socially diverse playroom and process. The third category has seven indicators: maintaining credentials, involvement in professional organizations, recognizing the scope of practice, integrating



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continuing education, research, literature, supervision, and consultation. The research design used the Delphi method, a qualitative, systemic approach that involves communicating with a panel of experts until consensus occurs. Eleven experts participated in the research. Their competencies are required for their credentialing programs and are secondary to a graduate-level mental health degree.

The Australian researchers von Treuer and Reynolds (2017) used a modified Delphi research design to identify competencies to practice psychology within the Australian context (p. 6). Their first-round group comprised eight psychologists with over 20 years of experience. The group included psychology academics and registered psychologists. The second round consisted of focus groups with 98 participants, including practitioners, academics, graduates, and students (p. 3). The research found two meta-competencies: 1) practices professionally, and 2) communicates and collaborates effectively. These intersect with four interactive 'pillar' competencies 1) determining client needs, 2) designing evidence-based interventions, 3) implementing interventions, and 4) evaluating outcomes. All are set within the health practice context and identified as a scientist-practitioner process.

International Society of Sandplay Therapy (ISST) and the Sandplay Therapy Association (STA) have well-defined training, certification standards, and competencies which are continually assessed through personal mentoring (Personal communication, Lorraine Freedle, January 15, 2023). Freedle states

two overarching competencies as described by Dora Kalff in our handbook (e.g., knowledge and applications of symbolic language in clinical practice; and ability to hold the free and protected space of sandplay). Our handbook (rev Jan 2023) also provides a competency-based rationale for each training requirement.

These competencies are woven throughout their certification program and are unavailable as a separate document.

The International Consortium of Play Therapy Associations (IC-PTA) has written competencies for the global practice of play therapy. Understanding that countries have various educational requirements for mental health professionals, their competencies include general mental health academic requirements. The IC-PTA identifies these competencies as aspirational (IC-PTA, 2023). These competencies are based on those of the British Association for Play Therapy and the Australasia Pacific Play Therapy Association and are grounded in academic and professional standards.

Dee Preston-Dillon established sand therapy competencies for her certification program, Advanced Narrative Sand Therapy®. Preston-Dillon (personal communication, January 15, 2023) developed competencies grounded in phenomenological exploration, and subsequent iterations were designed within a hermeneutic circle. She created four categories of competencies: 1) sensibilities, 2) attitudes, 3) intuitions, and 4) skills. Preston-Dillon also articulated a relational circle of the client, therapist, and symbols in the sand.



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The varied and limited competencies studied and identified in the mental health field provide a foundation for exploring sand therapy competencies. Sand therapy requires a specialized set of skills and competencies for mental health practitioners to proficiently incorporate this technique into the counseling process. There is currently no definition of sand therapy-specific competencies to guide practitioners in this specialty area. The purpose of this study is to define the knowledge, skills, attitudes, and professional engagement indicators that are essential for the competent practice of sand therapy. The research question for this study is: *What knowledge, skills, attitudes, and professional engagement are required of competent practitioners of sand therapy?* This qualitative study used a grounded theory approach to investigate the research question.

Method

Participants

Participants for this study were mental health practitioners identified as experts in the sand therapy field. We used a purposive sampling method (Creswell & Plano Clark, 2017) to select participants who were especially knowledgeable about and experienced in sand therapy. The inclusion criteria for this study were that participants have a clinical license or equivalent, five years of post-degree clinical experience in sand therapy and received 50 or more hours of sand therapy training. The experts were from several different countries and with various theoretical approaches. We had two sets of participants from this purposive sample of 38 practitioners: participants who completed the Sand Therapy Competencies (STC) Survey ($N=15$) and Member Checking Survey ($N=18$). Table 1 presents demographics from the STC and Member Checking Surveys. STC Survey participants indicated a range of clinical experience in sand therapy from 10 to 42 years with a mean of 24.6 and a range of sand therapy training hours from 0 to 2000 hours with a mean of 231.7 with two outliers removed (i.e., 0 and 2,000). Member Checking Survey participants indicated an array of clinical experience in sand therapy from 7 to 48 years with a mean of 26.7 and a range of sand therapy training hours from 40 to 1,500 hours with a mean of 170.4 with one outlier removed (i.e., 1,500). The most common demographics for a participant completing either survey is a female practitioner from the U.S. in the 65+ age range with a doctoral degree in counseling, 25 years of sand therapy clinical experience, 200 hours of sand therapy training, and experience providing sand therapy training and supervision. Notably, both samples were represented by highly educated and experienced practitioners residing in multiple countries and with diverse theoretical orientations.



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Table 1

Participant Demographics for STC and Member Checking Surveys

Variables	STC (N=15)		Member Checking (N=18)	
	<i>n</i>	Percentage	<i>n</i>	Percentage
Sex				
Female	13	86.7%	14	77.8%
Male	2	13.3%	3	16.7%
Non-binary/Third gender	0	0%	1	5.6%
Age Range				
35-44	2	13.3%	2	11.1%
45-54	3	20%	3	16.7%
55-64	4	26.7%	4	22.2%
65+	6	40%	9	50%
Ethnicity				
Native American or Alaska Native	1	6.7%	0	0%
Asian	1	6.7%	0	0%
Black	1	6.7%	1	5.6%
Hispanic or Latino	1	6.7%	1	5.6%
White, non-Hispanic	11	73.3%	16	88.9%
Country of Residence				
Australia	1	6.7%	1	5.6%



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Canada	2	13.3%	1	5.6%
Indonesia	1	6.7%	0	0%
United States of America	9	60%	15	83.3%
United Kingdom of Great Britain and Northern Ireland	2	13.3%	1	5.6%

Highest Degree

Master's	5	33.3%	8	44.4%
Doctoral	9	60%	10	55.6%
Other	1	6.7%	0	0%

Field of Study

Counseling	7	46.7%	5	27.8%
Marriage and Family Therapy	1	6.7%	3	16.7%
Psychology	3	20%	5	27.8%
Social Work	3	20%	4	22.2%
Other	1	6.7%	1	5.6%

Sand Therapy Type

Sandplay	6	40%	5	27.8%
Sandtray	7	46.7%	9	50%
Other	2	13.3%	4	22.2%

Primary Clinical Theory

Adlerian	1	6.7%	4	22.2%
Existential	1	6.7%	1	5.6%
Gestalt	1	6.7%	1	5.6%



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Humanistic	2	13.3%	2	11.1%
Jungian	3	20%	5	27.8%
Person-centered	2	13.3%	1	5.6%
Psychodynamic	2	13.3%	2	11.1%
Other	3	20%	2	11.1%
Provided Sand Therapy Training				
Yes	15	100%	18	100%
No	0	0%	0	0%
Provided Sand Therapy Supervision				
Yes	15	100%	17	94.4%
No	0	0%	1	5.6%
Authored Sand Therapy Articles, Chapters, or Books				
Yes	10	66.7%	14	77.8%
No	5	33.3%	4	22.2%

Materials

This study utilized two online surveys created in the university's Qualtrics program. The first page of each online survey was the informed consent form, which covered procedures, benefits, risks, voluntary participation, data collection procedures, and a summary of results procedures. The surveys also included a demographics section. In this section, participants were asked to identify the following information: sex, age range, ethnicity, country of origin, highest degree, field of study, sand therapy type, primary clinical theory, years of sand therapy clinical experience, and hours of sand therapy training received. Participants were also asked if they had provided sand therapy training and supervision and authored sand therapy articles, chapters, or books.



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STC Survey

The STC Survey was a researcher-developed survey that employed questions focused on essential indicators of competency in the four sand therapy categories. These questions were adapted from Stewart et al. (2016), who investigated animal-assisted counseling competencies. The questions used on this survey were:

1. What do you see as essential indicators of competency in knowledge to provide effective sand therapy? (e.g., What knowledge should competent sand therapy practitioners have?)
2. What do you see as essential indicators of competency in skills to provide effective sand therapy? (e.g., What skills should competent sand therapy practitioners have?)
3. What do you see as essential indicators of competency in attitudes to provide effective sand therapy? (e.g., What attitudes should competent sand therapy practitioners have?)
4. What do you see as essential indicators of competency in professional engagement to provide effective sand therapy? (e.g., What types of professional engagement should competent sand therapy practitioners have?)
5. Is there anything else that you think we should know about competent sand therapy practice or practitioners that was not covered by the previous questions?

Participants were able to respond to these open-ended questions on the online survey.

Member Checking Survey

The Member Checking Survey was a researcher-developed survey that included a demographic section and then employed questions designed to elicit feedback from the purposive sample regarding how well they think the outcomes accurately reflect sand therapy competencies identified in each category. For each sand therapy category, a list of the initial competencies was provided and was followed up with the following questions:

1. What competency indicators from the list above do you believe accurately represent [knowledge, skills, attitudes, professional engagement] competencies to provide effective sand therapy?
2. What competency indicators from the list above do you believe do NOT accurately represent [knowledge, skills, attitudes, professional engagement] competencies to provide effective sand therapy?
3. What new [knowledge, skills, attitudes, professional engagement] competencies, if any, would you add to this list that are not already represented?

Participants were able to respond to these open-ended questions on the online survey.

Procedure

The STC Competencies study was approved by an Institutional Review Board (IRB) at a university in the southwestern United States in October 2022. The STC Survey was sent out to



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the purpose sample in October 2022 after IRB approval was received. Participants had one month to complete the initial STC Survey. The STC Survey used a grounded theory approach.

Grounded theory was first established by Glaser and Strauss (1967), who identified it as the systematic exploration of data in an open-minded and comparative manner for developing a novel theory that is grounded within the data. By applying grounded theory to this study, practitioners' knowledge, skills, and experiences can be understood by integrating definitions and meanings from their perspectives. This study used Charmaz's (2006) constructivist grounded theory method, wherein the researchers and participants co-construct meaning during data collection and analysis. In this method, the coding process involves two phases: initial coding and focused coding. In initial coding, specific expressions used by participants are identified as in-vivo codes. In initial coding, Charmaz encourages researchers to remain open, stay close to the data, keep codes simple and precise, construct short codes, preserve actions (e.g., identify verb codes and use gerunds), compare data with data, and move quickly through the data (p. 49). In focused coding, these initial codes were selected and tested against broader data. Focused coding uses the most significant or frequent initial codes to categorize data.

After the STC Survey was closed, data was downloaded by the Principal Investigator (PI) to a password-protected Excel file. Prior to data analysis, the PI de-identified the data by replacing participant names with codes and removing demographic information. The password-protected Excel file was then shared with the co-investigators for data analysis. All three researchers individually completed initial coding on participant responses using Excel. For focused coding, the researchers met together to compare initial codes and identify frequent or significant codes for each of the sand therapy categories. The researchers used a threshold of four or more indications of a code and looked for agreement of initial codes with at least two researchers applying the same code in the same category. Researchers took time to discuss and understand focused codes to create a finalized set of codes. Having multiple researchers code the data mitigates subjectivity of a single coder and has the potential to produce a more valid analysis.

A final step used by the researchers to increase validation was member checking. This process involved providing participants with a summary of results to check for accuracy and resonance with their ideas about sand therapy competencies. The Member Checking Survey was sent out in January 2023 to the purposive sample, who had one week to provide feedback by completing the survey. The researchers did not ask for participant names, and thus some of these participants may have completed the initial STC Survey, and some may have only provided feedback on the Member Checking Survey. After the Member Checking Survey was closed, the PI used a similar process as before to download the data to a password-protected Excel file, de-identify the data, and share the data with the co-investigators. In this final meeting, the researchers reviewed the feedback provided by Member Checking participants regarding competencies that accurately represented the categories, ones that did not accurately represent



the categories and new competencies that were not included in the original competencies list. The STC outcomes will be shared in the next section.

Results

The purpose of this study was to identify sand therapy competencies. One set of participants out of the purposive sample completed the STC Survey to identify competencies in four categories: knowledge, skills, attitudes, and professional engagement. Through the process of member checking, a second set of participants from the purposive sample provided feedback related to the accuracy and resonance of the sand therapy competencies in each category. In the tables below the researchers provided information about the identified competencies and examples used to describe the competencies. Based on feedback in the Member Checking Survey, there were changes to both the competencies and the examples used to describe the competencies. Researchers discussed outcomes after each survey and developed a final set of competencies in each category. The knowledge category identifies knowledge content areas for which competent sand therapy practitioners should be proficient. Table 2 provides the knowledge category outcomes from both surveys.

Table 2

Knowledge Outcomes from STC and Member Checking Surveys

STC Survey Codes	Changes Based on Member Checking Survey
Sand therapy process (e.g., conducting a session)	Examples added to competency: "documentation" and "set up"
Theories	
Approaches	
Neurobiological impacts of sandtray	
Trauma	
Development (e.g., lifespan development)	Example added to competency: "developmental psychology"



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Sand therapy basics (e.g., figures, sand trays, categories, setup)

Took "set up" out and added it as an example of sand therapy process

Symbols

Limitations of sand therapy

Diversity

Directive and nondirective uses

Ethics

Metaphor

Example added to competency: "symbolic meaning"

Healing power of play

Example added to competency: "expressive and creative approach"

Competency added: Person of the sand therapist

The skills category identifies skills needed by competent sand therapy practitioners. Table 3 provides the skills category outcomes from both surveys.

Table 3

Skills Outcomes from STC and Member Checking Surveys

STC Survey Codes	Changes Based on Member Checking Survey
Therapeutic presence	Included "unconditional witnessing" as part of therapeutic presence
Unconditional witnessing	Removed as a separate competency



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Application of theory

Reflections - basic skills

Reworded as "Basic skills"

Questions - asking and responding to

Cultural inclusion, awareness, and humility

Working with various populations, children, adults, couples, families, diverse clients

Changed this competency to two competencies: "Working with individual clients" and "Working with couples, families, and groups"

The attitudes category identifies attitudes, values, and dispositions needed by competent sand therapy practitioners. Table 4 provides the attitudes category outcomes from both surveys.

Table 4

Attitudes Outcomes from STC and Member Checking Surveys

STC Survey Codes	Changes Based on Member Checking Survey
Trust/respect client	
Trust/respect process	
Openness	Example added to competency: "curiosity"
Humility	
Unconditional positive regard	



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Powerful/sacred work

Removed "sacred" in the competency term

Ongoing consultation/supervision and
training

The professional engagement category identifies professional activities and involvement needed by competent sand therapy practitioners. Table 5 provides the professional engagement category outcomes from both surveys.

Table 5

Attitudes Outcomes from STC and Member Checking Surveys

STC Survey Codes	Changes Based on Member Checking Survey
Ongoing consultation/supervision	
Ongoing training	
Collaboration with other professionals	Removed "professional organization" as a term in this competency and changed it to an example of this competency
	Competency added: "Ongoing personal work"

Once the research team had a final list of competencies, they created a document with a description of each competency within each sand therapy category. The description and examples are based on participant responses from both surveys. See the Appendix for the final list and descriptions of the Sand Therapy Competencies.

Based on the outcomes of this study, the researchers identified that the four categories of sand therapy are interconnected, cross-theoretical, and affiliated. Given this finding, the researchers developed a graphic to represent the overlapping and interdependent categories of sand therapy practice. This graphic represents the four categories with their identified competencies as well as four interactional components between each category: training,



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experience, collaboration, and supervision. The union of these four categories, components, and competencies is exemplified by the competent sand therapy practitioner.

Figure 1
Sand Therapy Competencies Graphic



Discussion

Practitioners have been utilizing the powerful medium of sand therapy for nearly 100 years. Although different approaches and theories have evolved over time, a commonality lies in recognition of the visceral impact of this creative, expressive technique. With the acknowledgment of such power comes the necessity of responsible and ethical use and, therefore, a need for professional competencies. According to von Treuer & Reynolds, "Competency models represent important signposts and reflect the standards of practice expected by regulators, educators, and the profession generally" (2017, p. 5). The recognition of



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standards of practice for sand therapists, across theoretical foundations and approaches, benefits both the profession and clients alike.

Professional competencies provide standards for professionals to strive toward and meet. These competencies also supply clients with a structure upon which they can evaluate the practitioner's educational and experiential skill sets. External sources, such as collateral contacts, other disciplines, and payers, also benefit from the establishment of professional competencies as they can recognize the professionals and techniques as valid, evaluated, and organized.

The primary goal of this research study was to identify the competencies of sand therapy professionals. Utilizing a purposeful sample of 38 highly knowledgeable and experienced international practitioners, the researchers identified sand therapy competencies in the four key categories. Thirty-three competencies were indicated and included 15 knowledge, 7 skills, 7 attitudes, and 4 professional engagement competencies. These findings allow for the creation of standards that provide the structure within a multidisciplinary field.

Great importance lies in the inclusion of many different theoretical foundations and approaches within the sand therapy community. Sand therapies encompass multiple perspectives and belief systems, nomenclature and reference, and conceptualizations and visualizations. Competencies that are overarching and inclusive allow for greater generalizability amongst professionals.

Due to the varied professional approaches and personal belief systems included in this study, much care and attention was given to the data coding process. Sand therapy competencies must preserve the fundamental tenets of sand therapy, while remaining inclusive and honoring the diversity within. It is clear that some of the focal points and verbiage provided within the respondent's answers were quite theory specific. For instance, requirements for training and/or personal sand work can vary greatly, as can references to the sand therapy process. Phrases such as the healing power of play, the therapeutic powers of play, play therapy, play, and even playful arose frequently, however, were determined to be theoretically and discipline driven. Terms like symbols, images, and miniatures were important to honor as critical to specific disciplines and incorporated in ways which are competency-driven. It is our hope that practitioners will hear the voices of many, unified in experience and passion, within the competencies that arose from this research.

Limitations and Future Research

All research has its limitations. The researchers acknowledge the limited diversity of the respondents. The invited panel of experts purposely included a wide range of countries, ethnicities, and cultures. However, the primary respondent was White and female. It's noted that several areas were represented: Australia, Canada, Indonesia, the United Kingdom/Northern Ireland, and the United States. Thus, limited cultures and perhaps wider diversity in ethnicities.



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A broader inclusive sample may have provided a more robust response. The sample size was within the recommended range for the qualitative research design; at 15 and 18 for the respective rounds, within the range of Turner et al.'s (2020) 11 respondents for play therapy competencies and Stewart et al.'s (2016) 20 respondents for animal-assisted competencies. However, researchers always seek a larger sample size.

Recommendations include seeking to increase the diversity of experts in the sand therapy field. Future research might include the development of competencies within each of the theoretical approaches. Also, explore the effects of training for participants in specific programs to identify if significant change occurs in competency before and after the training and supervision process.

Conclusion

These outcomes provide a framework of competencies with which sand therapy training programs, professional organizations, and credentialing standards should be aligned. The practice of sand therapy does not currently have a credentialing process that aligns with specific competencies. Optimal client mental health is best attained when standards and gatekeeping are established to ensure solid clinical skills are practiced (Bond, 1993; Teixeira, 2017). The outcomes from this study identify sand therapy competencies that can support the development of a sand therapy credentialing process. These findings also have the potential to increase the quality of sand therapy training, supervision, and clinical practice by identifying important knowledge content areas, sand therapy skills that should be demonstrated, attitudes that guide practitioners in their work with clients, and professional engagement activities that promote continued growth, learning, and involvement in sand therapy practice. Future research can extend this study by exploring requirements for sand therapy training providers and requirements and training for sand therapy supervisors. As the interest and training opportunities in sand therapy grow, the sand therapy community has a duty to strive for a better understanding of competencies and quality training, supervision, and credentialing standards.

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Appendix

Sand Therapy Competencies

Knowledge Competencies

1. **Sand therapy process** – Practitioners have knowledge of how to conduct a session including setting up, facilitating, ending, and documenting the session.
2. **Theories** – Practitioners have knowledge of various clinical theories that can be used to facilitate sand therapy. Practitioners identify with a primary theoretical orientation and have knowledge of how to apply that approach using sand therapy with clients.
3. **Approaches** – Practitioners understand different approaches to sand therapy, including sandplay, sandtray, sand therapy, SandStory, and sand-based play therapy.
4. **Neurobiological impacts of sandtray** – Practitioners understand the neurobiological basis and impacts of sandtray including access to implicitly held memories, arousal patterns, regulation, and sensory experience of sand.
5. **Trauma** – Practitioners recognize that sand therapy can access embedded trauma, trauma stored in images and senses, and attachment and trauma wounds. Practitioners have knowledge of states of regulation and dysregulation, mind-body integration, and facilitating trauma work with trauma-informed care.
6. **Development** – Practitioners have knowledge of developmental theories and all forms of lifespan development including physical, social, cognitive, and emotional development. Practitioners understand concepts of developmental psychology and the unfolding of psychological development in sand therapy.
7. **Sand therapy basics** – Practitioners understand the basics of sand therapy including different types of sand and trays used in this modality. Practitioners have knowledge about figures, symbols, images, and miniatures used in sand therapy work. Practitioners can identify categories for grouping these figures and symbols.
8. **Symbols** – Practitioners have knowledge about the use of symbols, symbolic representation, and symbol interpretation.
9. **Limitations of sand therapy** – Practitioners acknowledge and respect the limitations, contraindications, and boundaries of sand therapy.
10. **Diversity** – Practitioners have knowledge and respect for diverse clients with respect to race, ethnicity, age, gender identity, gender expression, sexual orientation, neurodiversity, disability, spirituality, and socioeconomic status.
11. **Directive and nondirective uses** – Practitioners have knowledge of both directive and nondirective uses of sand therapy.
12. **Ethics** – Practitioners acknowledge and attend to legal and ethical issues that arise in sand therapy. Practitioners utilize ethical tools in sand therapy practice including an understanding of ethical principles, informed consent, confidentiality, limits to



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confidentiality, dual relationships, transference, countertransference, and telemental health.

13. **Metaphor** – Practitioners recognize the use of metaphor and symbolic meaning to elicit insight and awareness.
14. **Healing power of play** – Practitioners understand that sand therapy is an expressive and creative approach. Practitioners recognize the healing nature of play and the therapeutic powers of play inherent in sand therapy.
15. **Person of the sand therapist** – Practitioners recognize the influence of the person of the therapist in the sand therapy process. This involves practitioners' understanding, awareness, and acceptance of their own personal issues, qualities, and culture and how this influences clients and their work in sand therapy.

Skills Competencies

1. **Therapeutic presence** – Practitioners demonstrate therapeutic presence through unconditional witnessing and nonverbal communication, including facial expressions, gestures, eye contact, and physical proximity.
2. **Application of theory** – Practitioners demonstrate clinical skills through the application of a primary theoretical orientation, including an understanding of key concepts, techniques, and the role of the therapist.
3. **Basic skills** – Practitioners demonstrate a mastery of basic counseling skills. These include attending, silence, authenticity, reflection of content, feeling, and behavior, empathy, summarizing, and challenging skills.
4. **Questions** – Practitioners demonstrate intentional and appropriate use of open-ended and close-ended questions to facilitate sand therapy processing. Practitioners exhibit skills for responding to client questions in sand therapy sessions.
5. **Cultural inclusion, awareness, and humility** – Practitioners demonstrate the ability to understand, appreciate, and interact with people from diverse cultures and communities that are different from their own. Practitioners embody skills of cultural inclusion, awareness, and humility with all clients.
6. **Working with individual clients** – Practitioners exhibit skills for working with individual clients, including an understanding of skills for different developmental levels and ages of clients such as children, adolescents, and adults.
7. **Working with couples, families, and groups** – Practitioners exhibit skills for working with more than one client, including relational skills for facilitating sessions with couples, families, and groups. This includes an understanding of systems work, family and group dynamics, stages of groups, and relational skills such as linking and redirecting clients.

Attitudes Competencies



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1. **Trust/respect client** – Practitioners demonstrate trust and respect of the client and what they bring to the sand therapy session.
2. **Trust/respect process** – Practitioners demonstrate trust and respect of the client's process and how they engage and respond in the sand therapy session.
3. **Openness** – Practitioners demonstrate openness, curiosity, patience, and flexibility in the sand therapy process.
4. **Humility** – Practitioners demonstrate humility by reducing the emphasis of the therapist as all-knowing and increasing the emphasis on the clients as expert in their own lives and experiences.
5. **Unconditional positive regard** – Practitioners value unconditional acceptance and respect for the client without evaluation or judgment.
6. **Powerful work** – Practitioners acknowledge that sand therapy is powerful work that can uncover deeply held beliefs, values, memories, and experiences.
7. **Ongoing consultation/supervision and training** – Practitioners value ongoing consultation, supervision, and training.

Professional Engagement Competencies

1. **Ongoing consultation/supervision** – Practitioners engage in ongoing consultation and supervision, even if they are already licensed and/or have years of professional practice.
2. **Ongoing training** – Practitioners engage in ongoing training and continuing education to continue to learn and grow in the field of sand therapy.
3. **Collaboration with other professionals** – Practitioners engage in collaboration with other professions, including conversations, writing, developing community, and mentoring. Practitioners can also collaborate through involvement in a professional organization.
4. **Ongoing personal work** – Practitioners engage in ongoing personal work in sand therapy, such as personal creations of sand therapy trays and sand therapy sessions with a therapist.