

QUALITATIVE OUTCOMES OF HUMANISTIC SANDTRAY THERAPY TRAINING:  
COUNSELORS' PERSONAL AND PROFESSIONAL EXPERIENCES

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A Dissertation

Presented to

The Faculty of the Department of Counselor Education

Sam Houston State University

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In Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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by

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May, 2019

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## ABSTRACT

Timm-Davis, Naomi Leigh, *Qualitative outcomes of Humanistic Sandtray Therapy training: Counselors' personal and professional experiences*. Doctor of Philosophy (Counselor Education), May, 2019, Sam Houston State University, Huntsville, Texas.

The purpose of this transcendental-phenomenological study was to explore the lived experiences of counselors who received certification in Humanistic Sandtray training from the Sandtray Therapy Institute. Specifically, the researchers hoped to better understand meaningful changes regarding participants' personal and professional development from the advanced sandtray therapy training. There is limited research that examines the qualitative outcomes of counselors who seek advanced training in sandtray therapy to meet their personal and professional development needs. Eight licensed professional counselors who had completed the training requirements to earn the certification of a Humanistic Sandtray Therapist completed a demographic questionnaire and semi-structured interview which were transcribed and analyzed for themes.

Results of the thematic analysis yielded two major constructs: (a) professional development and (b) sandtray therapy; eight superordinate themes: (c) professional identity, (d) integration of Humanistic Counseling and emphasis on the relationship, (e) importance of mentorship and the presence of parallel processing, (f) influence of professional development on personal development, (g) sandtray training and aspects of the training, (h) the sandtray therapy *process*, (i) sandtray therapy *processing*, and (j) utility and application of sandtray therapy in various settings; as well as three subordinate themes: (k) practicality of the training, (l) style of the training, and (m) theoretical integration. Results from my study suggest that HST training was a validating personal and professional growth experience for counselors.

Implications include integrating sandtray therapy and other expressive arts experiences into counselor education curriculums. The researchers encourage credentialing bodies, counselor education programs, and continuing education providers to offer more advanced trainings focused on creative and experiential approaches to assist counselors to not only meet their continuing education requirements, but also revitalize their practice and protect against burnout and stagnation. Additionally, we encourage counselors to engage in personal sandtray work to improve clinical skills, personal growth to foster continued wellness, and counselor sustainability.

**KEY WORDS:** Sandtray therapy, Counselor development, Humanistic counseling, Professional development, Personal development

## ACKNOWLEDGEMENTS

There are several people to acknowledge for helping me complete my educational journey and ultimately this dissertation.

To the Counselor Education faculty at Sam Houston State University, thank you for the guidance, insight, and support. You all helped me become the counselor and counselor educator I want to be.

To my supportive dissertation committee, thank you all for your flexibility as I took on this project from a distance. Dr. Armstrong, thank you for agreeing to be a part of this project. Your spark for sandtray has truly opened doors for me and I am most grateful for your commitment. Dr. Sullivan, thank you for your unwavering support and commitment to my success as a student, researcher, and professional. You taught me how to approach things with a curious mind, strategic eye, and a humble heart. Dr. Garza, my heart swells when I think about the investment you made in me. You opened my eyes to play and the power of *being with*. Your kind, dependable, encouraging, and supportive spirit is one I aim to replicate.

To Dustin and Heidi, thank you for being the perfect cohort blend of fun, motivation, angst, and unconditional support. Heidi, you always provide perspective, kindness, and listening ear, thank you for your friendship. Dustin, you and your family have opened your hearts and home to me and I am forever grateful for your humor and kindness. I treasure the fact that you two are my 12-ish cohort family.

To my colleagues and students at South Dakota State University, your support and encouragement has helped me persevere and finish strong. Teresa and Jamie, thank

you for your commitment, energy, curiosity, and hard work. I truly appreciate your willingness to embark on this research experience with me.

To Dr. Kate Walker, your mentorship has shaped both who I am as a counselor and who I am as a person. I admire your spirit for life, your ability to make the important things a priority, and your courage to lean in and make things happen. Thank you for taking me under your wing.

To my Timm and Davis families, thanks for your unconditional love and support. Mom and dad, you never questioned my goals nor doubted my abilities. Even when I was not as sure, you always assured me that I could do anything I set my mind to. Adam, Heidi, Katie, and Natalie, your fun, loving, and competitive spirits inspired me to go into this field and motivated me to finish out the journey. I am forever grateful for our family.

Finally, to my loving and supportive husband, Brandon. I am grateful for your patience and commitment as we leaned into my education and career. Thank you for your humor, unconditional support, and never letting me quit. From beginning to end and from Howard to Houston, you have been my rock. Thank you all!

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## **CHAPTER I**

### **Introduction**

The professional development process for a counselor is a life-long journey, and a variety of influences contribute to a person's decision to enter the counseling profession. Regardless of the inspiration, all licensed professional counselors must seek a graduate level degree (American Counseling Association [ACA], 2010; Rønnestad & Skovholt, 2003; 2013). Furthermore, licensed professional counselors are required to seek postgraduate school supervision if they plan to seek state licensure or credentialing (Barnett & Molzon, 2014; ACA, 2010). Even after years of formal training and supervision, professional development remains a requirement for counselors. But because a counselor, as a person, is part of the change process for the client (Cain, Keenan & Rubin, 2016; Raskin, Rogers & Witty, 2014), professional development and personal development coincide (Wilkins, 1997). Consequently, the life-long journey of counselor professional development is also a life-long journey of counselor personal development.

### **Background of the Study**

Currently, there are state licensing boards for professional counselors in all 50 states, the District of Columbia, and Puerto Rico (ACA, 2010). The main task of the members of credentialing boards is to oversee the licensing laws that are set in place as minimum standards for which licensed professional counselors abide (ACA, 2010; Wilkinson & Suh, 2012). Each board member is tasked with protecting the public by enforcing state regulations and handling ethical complaints (ACA, 2010). Additionally,

they assist by ensuring the professional counselors have met specific standards, which presumes competence in their counseling skills.

State licensing boards are not the only credentialing body that provides set standards and communicates counselor credibility to the public consumer. The National Board of Certified Counselors (NBCC) serves as another credentialing opportunity for counselors and requires certified counselors to adhere to their ethical code and standards. The American Counseling Association (ACA) is a professional organization that also requires members to adhere to its own ethical code. Counselors who seek various forms of credentials and licenses have the benefit of being recognized as clinicians who have met rigorous standards. Moreover, third-party payers and insurance companies only offer reimbursement to counselors with specific credentials (ACA, 2010). However, obtaining and maintaining such credentials requires deep professional commitment to actively pursue professional and personal development opportunities. Alongside earning a graduate level degree, licensed counselors are required to seek supervision for their postgraduate work, and required to seek continuing education hours or professional development opportunities in order to renew their credentials.

Obtaining professional development hours is not only a best practice in counseling, it is an ethical and legal obligation. The NBCC requires 100 hours of continuing education every five years for National Certified Counselors (NCCs) (NBCC, 2018). The ACA expects members to pursue professional development and continuing education opportunities to ensure counselors are actively engaging in best practices that meet the various needs of diverse clients (2014). Depending on a state's licensing board rules and regulations, counselors may be required to obtain a specific amount of

professional development hours in the area of ethics to promote a higher standard of ethical practice (ACA, 2010). Benefits of ethical standards are twofold: they protect the public and they protect the counselor by establishing accountability.

The counseling profession is comprised of caring, compassionate, and helpful people. As they help clients journey inwards, they too must be willing and able to journey inward and often risk fully experiencing painful and challenging emotions. Counselors are encouraged to reflectively become more aware of their intrapersonal experience while building upon their professional interpersonal skills. Counseling is a relationship-based treatment process and the counselor as a person is the main change agent. Thus, counselor personal development (i.e. attending to wellness and *being* needs) is just as important as professional development (i.e. clinical competence and the *doing* needs) (Naslund, 2015; Wilkins, 1997). Members on credentialing boards recognize the tandem relationship between professional and personal development and thereby directly or indirectly require counselors to engage in both throughout their counseling career. In fact, the Council for Accreditation of Counseling and Related Education Programs [CACREP] (2016), a leader in counseling accrediting programs, assembled both personal and professional growth opportunities into their 2016 standards. These standards encourage counselor educators in graduate programs to help students embrace a personal and professional development foundation.

### **Statement of the Problem**

United States citizens are experiencing a growing amount of unmet mental health needs and services. Unfortunately, these unmet needs and services significantly outweigh the number of trained professionals who are willing and able to help. The most

recent Substance Abuse and Mental Health Services Administration (SAMHSA) publication of the National Survey on Drug Use and Health (SAMHSA, 2016) highlighted significant occurrences of mental health concerns with 44.7 million adults reporting a mental illness condition. However, according to the ACA (2011) there are only 120,000 state licensed professional counselors to meet the 44.7 million adults in need of mental health services. Because of this disparity, more is expected from professional counselors, which can negatively affect counselors' career longevity. Their growing caseloads become emotionally taxing and make it difficult to maintain personal wellness and high standards of professional counseling. Like clients, counselors are humans with their own complexities of being in the world and must navigate these experiences alongside the challenging and tragic client cases they encounter. Counselors may experience the undesirable "cost of caring" (Figley, 2002) resulting in significant compassion fatigue or even burnout. So with growing needs in mental health services, we see a growing need for counselor sustainability.

Board members of credentialing bodies recognize the growing struggle experienced by counselors, which has prompted the development of standards and ethical obligations to attend to one's own personal needs as well as professional development needs. However, specifics as to how, when, and how much professional and personal development counselors need remains undecided and subjective based on the specific credentialing body. Of course, leaving such details undefined aligns with seminal research surrounding adult learning. Malcom Knowles, the foundational theorist in adult learning, suggested that motivation towards learning increases when adults feel independent and autonomous in their decision of what to learn and can do so creatively

(Knowles, 1990). Here lies the dilemma: How do credentialing boards mandate personal and professional development without removing counselor autonomy and creativity?

Professional organizations offer multiple forms of professional development opportunities to allow for autonomy to meet counselors' various interests; however, little research is dedicated to illuminating the dual propose (i.e. meeting personal and professional development needs) of such opportunities and very few integrate the experiential and creative methods. In fact, there is scant research devoted to counselor professional and personal development post formal training and supervision. Even less research exists when exploring creative approaches to counselor development. Certainly, there are creative and expressive advanced trainings and counselor development opportunities available such as Humanistic Sandtray therapy (HST), but empirical research studies have yet to validate them. I have found no research that looks at the qualitative outcomes of counselors who sought advanced training in sandtray therapy to meet their personal and professional development needs. Consequently, my study seeks to address the gap and contribute to the developing literature of sandtray therapy.

### **Purpose of the Study**

The purpose of this study aims to explore experiences of Certified Humanistic Sandtray Therapists (CHST), counselors who received certification from the Sandtray Therapy Institute. Specifically, I am interested in meaningful changes regarding participants' personal and professional development. Researchers and clinicians have demonstrated the relevance of sandtray therapy among various populations in multiple journals articles, texts, and published case studies; however, little empirical research has

been conducted to specifically explore how counselors perceive, experience, and apply this advanced training.

### **Significance of the Study**

As a result of this study, I hope to better understand how HST has impacted counselor professional and personal development. I hope to better understand how counselors make use of HST in their efforts to meet client needs (professional needs) as well as their own personal needs. With mental health needs growing in the United States, it is important to support professional counselors in their efforts to meet the increasing demand and foster counselor sustainability. This study can serve as foundational empirical research in counselor development and sustainability as it explores *both* personal and professional aspects of development. Future research can build upon this study as it offers insight into the phenomenon that drives practice-based research, not just research based practice.

Additionally, because credentialing bodies and professional organizations directly and indirectly mandate counselors to seek professional and personal development opportunities, this study can better inform credentialing stakeholders and counselors when selecting and promoting counselor development opportunities. The current proposal can provide perspective for credentialing bodies as board members navigate the dilemma of requiring both personal and professional counselor development without removing counselor autonomy and creativity that is needed for adult learning. Furthermore, professional workshops and trainings often provide learning outcomes or objectives, but very few are qualitatively validated in scientific research. The study will provide specific qualitative context into how counselors perceive their being needs



(personal growth) and their doing needs (professional growth) after their completion of HST.

Finally, I hope to better inform curriculum development by integrating what has been found beneficial by those who pursued advanced training in sandtray. Certainly, counselor development is a reflective process that requires time, practice, and supervision. However, I believe information shared by the participants can help identify key elements of counselor development, both personally and professionally. Then, counselor educators can incorporate this information at the foundational level of a master's counseling program or a more advanced doctoral program. Infusing what has been learned from HST into the graduate school classroom, counselor educators can better prepare counselors-in-training for a sustainable career in counseling. Furthermore, the findings of this study can help doctoral students, counselor educators and supervisors go deeper in their professional and personal development by enabling a positive parallel processing with their students, supervisees, and ultimately the clients that hopefully confronts the nation's growing mental health needs.

### **Definition of Terms**

The following definitions are provided to guide the reader's understanding of how specific terms will be used within the study.

#### **Certified Humanistic Sandtray Therapist**

Certified Humanistic Sandtray Therapists (CHST) are licensed professional counselors who have completed the Level I and Level II training courses and supervision from the Sandtray Therapy Institute and are actively using sandtray therapy within their clinical practice.

## **Counselors**

For the purpose of this study, counselors are professionals engaging in a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (Kaplan, Tarvydas, & Gladding, 2014). Throughout this study, the term *counselor* and *therapist* will be used interchangeably with the preceding definition.

## **Counselor Development**

Counselor development is the ongoing process of counselors progressing within their counseling profession. It includes both personal and professional advancements and growth that ultimately lead to more therapeutic effectiveness and greater self-actualization (Elton-Wilson, 1994; Donati and Watts, 2005; Wilkins, 1997).

## **Creativity in Counselor Professional Development**

For the purposes of this study, creativity in counselor professional development refers to the use of novel, original, and diverse approaches to promote and support the mutually supportive, positive, growth-fostering relationships that take place in counselor development over the life-span.

## **Humanistic Therapy**

Humanistic therapy is a psychotherapeutic theoretical approach in which therapists view clients as social beings who are capable of growth, possess the resources to be self-aware, and are responsible for making choices (Armstrong, 2008). In humanistic theory, the therapist accepts clients for who they are and works within the scope that an authentic client-therapist relationship is at the core of client change and

growth. For the purposes of this study, *humanistic therapy* and *humanistic counseling* will be used interchangeably with the preceding definition.

### **Reflective Processing**

Reflective processing, also known as reflectivity or self-reflection, in counselor development is the process where counselors “reconstruct therapeutic experiences by processing multiple perspectives, images and actions to reframe a difficult event so that they can problem-solve in complex situations” (Young, Lambie, Hutchinson, & Thurston-Dyer, 2011, p. 3).

### **Sandtray Therapy**

Sandtray therapy as defined by Homeyer and Sweeney (2017) 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. (p. 6)

It uses sand, a tray, and miniature figures to help clients more deeply explore their experience through symbols and metaphor.

## **Theoretical Framework**

Historically, Humanistic psychology has been considered the Third Force compared to its predecessors, Freudianism and Behaviorism (Ansbacher, 1971), because it offered a new way of understanding a person. Rather than assuming a person’s choices and experiences were solely deterministic or learned, Humanistic psychology challenged these assumptions and proposed the idea that people are growth oriented. It embraced the notion that people have the inherent potential to develop and grow into their actualized

self and were fully capable of doing so provided the right environment. The third force psychological movement presented the notion that clinical change unfolds when clinicians focus on *being with*, rather than focusing on analysis or behavior modification. The *be with* approach is more thoroughly articulated as I describe the basic premises that unite several counseling theories and lay the foundation of common counseling factors.

### **Defining Humanistic Psychotherapies**

Humanistic psychology is an overarching umbrella that includes several theories of psychotherapy and counseling (Cain, Keenan & Rubin, 2016; Raskin & Rogers, Witty, 2014). Such theories include Client-Centered counseling, Adlerian counseling, Gestalt therapy, and Existential therapy (Raskin et al., 2014), all of which are woven with experiential, existential, relational, and phenomenological foundations (Cain et al., 2016). Many of these subscribers to the humanistic approach placed their unique spin on psychotherapy and counseling, but they are all united by the basic premises of humanistic psychology. In fact, Cain et al. (2016) articulated the connecting core variables and values of the humanistic umbrella. First, there is an optimistic perspective that people will naturally grow and develop their creative potential. Humanistic counselors also believe that a quality relationship is growth inducing in and of itself. Third, the role of a humanistic counselor's empathy is to foster a client's self-reflective process that leads to more effective ways of living. Next, humanistic counselors believe in a phenomenological emphasis to better understand a client's subjective world. Additionally, there is a belief that emotion plays a critical role in mental health/unhealth. A humanistic counselor aims to enhance the client's self-exploration and self-efficacy. They believe that meaning is constructed by the client rather than given by the therapist.

Additionally, they believe in the existential aspects that people are essentially free to choose their course of life. Consequently, they understand that people must confront such existential givens. Finally, they embrace a holistic view of people and strive to understand a person as beings-in-the-world.

In 2014, the Association for Humanistic Counseling (AHC) issued a revision to their mission and vision statements to more accurately reflect the influence of constructivist, cultural, and postmodern ideologies on humanistic counseling (Lemberger, 2015). The prominent changes emphasize environment and background, relationships, and a person's "becoming in the world" (p. 3). The new mission statement of the AHC reads:

We value the dignity of the individual and the right for each to function as an agentic human being in the context of social and cultural milieus. We value authentic human relationships that contribute to the actualization of individuals and communities. As such, we are devoted to facilitating the client's development and becoming in the world, holding the experience and authority of the client in the highest regard. (Lemberger, 2015, p. 3)

Significant parallels are evident between Cain et al. and the AHC mission statement as they ground subscribers of humanistic counseling in their priorities to *be with* clients as they strive to be fully themselves. The overlaps emphasize viewing clients as their own creative change agent with unique contextual experiences that contribute to their unique purpose and growth. In addition to recognizing the phenomenological view and encouragement of a client's personal agency, both accentuate the power of the

relationship. In humanistic counseling, embracing clients for who they are and embracing an authentic relationship is at the core of change and growth.

### **Humanistic Counseling and Counselor Development**

The basic premises are not isolated to direct client-counselor relationships; rather they can be seen in counselor development models. Counselor development is the ongoing process of counselors progressing within their counseling profession.

Counselors and clients alike are growth oriented and capable of achieving their full potential. For counselors, this development and growth includes both personal and professional advancements that ultimately lead to more therapeutic effectiveness and greater self-actualization (Donati & Watts, 2005; Elton-Wilson, 1994; Wilkins, 1997).

Counselor development models share the value that a quality relationship is growth inducing in and of itself, but this becomes especially important when considering counselor educator-student relationships or supervisor-supervisee relationships. The strong working alliance creates space for the counselor-in-training to feel safe enough to look inward at themselves as they learn to help others do the same. Such a reflective processing and self-exploration is integral to counselor development just as it is a key component in client growth.

Another key overlap of the basic premises in humanistic counseling and counselor development is the holistic view of people and understanding them as beings-in-the-world. Counselors are humans with their own unique story. They are individuals becoming in the world. Counselors are also professionals that hold very unique professional standards, and throughout their career they are continuously becoming counselors, striving for their full potential. They are tasked with developing and

extending their professional *doing needs* like techniques and skills, theory, research, as well as developing their personal *being needs*, such as authenticity, interpersonal engagement, intimacy, and self-valuation (Elton-Wilson, 1994).

### **Common Factors in Counseling.**

Just as the above-mentioned premises of humanistic counseling are woven throughout counselor development and counseling theories such as Gestalt therapy, Person-Centered counseling, Existential counseling, and Adlerian counseling, these core factors are represented in most effective counseling treatment approaches. Hubble, Duncan, and Miller (1999) pointed out what humanistic counselors have embraced for years. The common therapeutic factors such as empathy, congruence, and the therapeutic relationship correlate more highly with successful client outcomes than any specific treatment modalities.

**Empathic understanding of the client's frame of reference.** Raskin et al. (2014), founding contributors to humanistic counseling, classified empathy as part of the core conditions of person-centered counseling. They described the practice of empathic understanding as a way of placing the client's understanding and meaning at the heart of the therapeutic process, in which the counselor strives to fully grasp his or her experience and narrative (Raskin et al., 2014).

Certainly, empathy is a construct that can be perceived by the client and may even be measured by behavioral traits. However, I wish to highlight the process-oriented nature of empathic understanding. It is one thing for counselors to simply state they have empathy for clients and an entirely different thing for clients to perceive a counselor's understanding as empathic. Reflections are a common counseling technique used to

communicate to clients that counselors *get* what they are saying and experiencing. However, if reflections are always provided verbatim to the client's narrative to the extent of parroting, they may seem inauthentic and incongruent as to how the counselor is experiencing the client and ultimately negatively impact the therapeutic relationship.

**Congruence.** In addition to empathic understanding, congruence is another core condition of person-centered counseling (Raskin et al., 2014). Similar to how empathic understanding is a process-oriented counseling skill, congruence is also process-oriented. Congruence represents the counselor's ongoing process of acknowledging his or her experience as energy that is exchanged intra-personally and inter-personally. A counselor's personal awareness and management of this process is fundamental to humanistic counseling because a counselor's inner state is often manifested in perceptible physical mannerisms (Raskin et al., 2014).

Gestalt therapy, another humanistic theory, addresses this notion of congruence relevant to the intra and inter-personal exchange of experiences. The gestalt term for this phenomenon is *bodies forth* where essentially the body tells on the self and highlights the incongruent experience (Mann, 2010). As counselors aim to guide clients to a more congruent or fully integrated experience, they must also model this behavior and be willing to do the necessary internal work. Dismissing their true experience or denying it into awareness, as Gestalt theory explains, hinders the therapeutic process and can ultimately hinder the therapeutic relationship as clients perceive the counselor to be phony or incongruent.

**Therapeutic relationship.** Raskin et al. (2014) attended to the fact that both counselor and client are unique individuals of subjective experiences, a parallel to the



humanistic premises, and therefore the therapeutic relationship that unfolds cannot be predicted or prescribed. Rather the counselor is encouraged to view the organic interactive process as a core common factor to be co-constructed and based on the trust that clients are capable of pursuing and articulating their goals and experiences (Raskin et al., 2014). The working alliance between the counselor and therapist is considered necessary in humanistic counseling. Whereas person-centered counseling may argue it is also sufficient, the remainder of the humanistic counseling umbrella may contest an additional focus on key process techniques to encourage clients to fully *become* in the world.

In sum, humanistic counseling theories share core values that speak to a person's natural creative power to grow and develop from a relationship, make their own meaning, and to choose their course in life. Humanistic counselors believe in holism, subjectivity, and the therapeutic relationship. These values parallel the AHC's mission statement and include the common factors of counseling: empathic understanding of the client's frame of reference, congruence, and the therapeutic relationship. Such a phenomenologically rooted theoretical framework lends itself well to my qualitative research question, which will explore the experiences of counselors who have sought HST training.

### **Research Question**

What are the professional and personal experiences of counselors who have received training in Humanistic Sandtray Therapy from the Sandtray Therapy Institute?

### **Limitations**

My study has the limitation of sampling bias. The participants will not be randomly selected from the population, rather I will use purposive sampling and snowball

sampling to recruit participants who have completed the training phenomenon in which I aim to explore. Qualitative researchers often use such purposeful selection methods to help guide them to individuals that can provide them with the information needed to answer and explore their research questions (Maxwell, 2013). Although, I believe this sampling method is the most appropriate for the research design, there is a possibility that participants may want to speak favorably of the training and/or the trainer because they feel a connection to the trainer. Additionally, participants may know collaborators of this study and want to be supportive to the study and the researchers. Furthermore, it is worth noting that the participants may have encountered other life experiences or personal counseling to which they attribute personal and professional development.

### **Delimitations**

The delimitations I use in this study have been selected to more effectively explore the perceptions of counselors who have completed their CHST training at the Sandtray Therapy Institute. Additionally, selection criteria included counselors who were using sandtray therapy in their clinical work or supervision, and have minimally graduated from a university with a Master's level counseling related degree in the South Central part of the United States. Future research studies may include different locations, other mental health fields, and other advanced sandtray training approaches.

### **Assumptions**

My study included the following assumptions:

1. I assumed participants were honest and forthcoming in answering questions. This included the assumption that participants were open to admit both positive and negative experiences.

2. I assumed that through my efforts of bracketing and epoche, I was able to set aside my biases and ask questions in an objective manner that did not skew participant responses to favor my beliefs or assumptions. This included the assumption that the research team with entered into a state of epoche during the data analysis process as well.
3. I assumed participants understood the purpose and language contained in my study.
4. I assumed interpretations of the data collected accurately reflected the intent of the participants.
5. I assumed that my methodology was appropriate for understanding and explaining my study.

### **Organization of the Study**

My study is organized into five chapters. Chapter I presented the introduction to the study, background information on the study, statement of the problem, the purpose of the study, the significance of the study, definition of terms, theoretical framework, research question, limitations, delimitations, and assumptions of the study. In Chapter II, a review of the literature is presented and includes the following main sections: counselor professional and personal development; sandtray therapy; and using sandtray therapy to promote counselor development. Chapter III contains a description of: phenomenological qualitative research design, participants, instrumentation, data collection, data analysis, as well as trustworthiness and credibility. In Chapter IV, I present the results of my data analysis. Finally, Chapter V will include a discussion of the results, implications, and recommendations for future research.

## CHAPTER II

### Review of Literature

Several databases were used in search of literature relevant to the topics of sandtray therapy training and counselor development: Academic Search Complete, ERIC, Humanities & Social Sciences Index Retrospective, Humanities Full Text, Humanities Source, PsycARTICLES, PsycINFO, Psychology and Behavioral Sciences Collection, Sam Houston State University's Newton Grisham Library EBSCOhost-all databases, SocINDEX, and Social Sciences Full Text. Keywords and keyword combinations included: sandtray therapy, sandplay, play therapy, counselor development, counselor education, counselor career development, professional development, continuing education, clinical mental health counseling, humanistic counseling, and humanistic sandtray therapy. Several articles regarding sandtray therapy and play therapy were suggested. I excluded articles that pertained strictly to client treatments rather than counselor professional development. Furthermore, I reviewed reference pages of the articles I found to continue the search for additional information. Additionally, relevant books and websites were utilized to obtain current information on the application of sandtray therapy and counselor development as well as current research pertaining to the theoretical framework used in this study (humanistic counseling) as it relates to characteristics of effective counselors. To manage the plethora of literature related to my topic, I divided this review into three main sections. First, I explored two major constructs of counselor development: professional and personal development; and then discussed the intersection of the two. Additionally, I will outline the characteristics and development of master counselors as well as describe how reflective processing and

creativity promote counselor professional development. Secondly, I thoroughly discussed sandtray therapy, including the history and development, materials, therapeutic rationale, and application. Finally, I will reviewed the research surrounding the use of sandtray therapy to promote counselor development.

### **Counselor Professional and Personal Development**

Professional development is a term that is used across fields and professions to indicate progression and growth in one's profession or career. The progression and growth may be a result of a formal education, specific trainings or workshops, and even apprenticeships or internships. In the field of professional counseling, a majority of the research surrounding professional development covers the development of counselors-in-training (Germain, 2003; Gibson, Dollarhide & Moss, 2010; Ieva, Ohrt, Swank & Young, 2009; Levitt & Jacques, 2005; Naslund, 2015; Ohrt, Foster, Hutchinson & Ieva, 2009). Scholl & Smith-Adcock, 2007; Woo, Harris & Cauley, 2017). Comparatively, little research is focused on counselor development post Master's level training (Farmer et al, 2017; Rønnestad & Skovholt, 2001; Smith, 2004). Moreover, scant research is dedicated to verifying the effectiveness of continuing education programs that foster both personal and professional counselor development (Miller & Barrio Minton, 2016). In this section, I define counselor professional and personal development, discuss the need and how counselors obtain them, and discuss the overlapping phenomenon of both. Furthermore, I discuss the development and characteristics of master counselors and how they use reflective processing and creativity to promote professional development.

## **Counselor Professional Development**

Like any in field, professional development is a process of improving or increasing capabilities that is required to earn or maintain credentials. Counselor professional development is about improving the service offered to clients. Wilkins (1997) described counselor professional development as the “extension of skills and knowledge through training, reading, reflection and research” (p. 24). Donati and Watts (2005) referred to it as “the maintenance and development of therapeutic effectiveness” (p.476). For the purposes of this study, counselor professional development is defined as the advancement and nurturing of counseling skills, knowledge, and therapeutic effectiveness. Certainly, training includes graduate counseling programs and supervision for which counselors seek to obtain their initial credentialing. But in this study, professional development targets the extension of skills beyond graduate programs by means of conferences, workshops, and advanced/specific trainings, developing a stance of a *reflective practitioner* (Donati & Watts, 2005; Wilkins, 1997) that is learning from experience, engaging in research, and reading relevant journals to name a few.

While in this study counselor professional development refers to the advancement of professional knowledge and skills, there are several branches of professional counselor development that can be explored. First, there is the formal training counselors get from graduate programs and post graduate supervision. Extensive research is dedicated toward this realm of counselor professional development, primarily surrounding clinical supervision, counselor education, and counselors-in-training. Second, life-span career development is considered from the moment counselors choose to enter the counseling field to retirement. Though there is a growing amount of research devoted to life-span

professional development (Rønnestad & Skovholt, 2001, 2003, 2013; Skovholt & Rønnestad, 1995), most of the literature encompasses all mental health professions (i.e. psychologist, family therapists, professional counselors, clinical social workers) not specifically professional counseling. Last is the process of obtaining continuing education beyond a counselor's initial formal training. There is very little research devoted to examining the impact and efficacy of counselor professional development opportunities beyond graduate school and supervision. I highlight the layering elements of counselor professional development to emphasize the progression and growth that *development* connotes at the various levels of expertise for counselors.

Professional counselors are required to pursue continuing education and professional development activities by their state licensure boards, professional organizations, and voluntary certification boards (ACA, 2010; Wilkinson & Suh, 2012). The National Board for Certified Counselors (NBCC) requires 100 hours of continuing education every five years for National Certified Counselors (NCCs) (NBCC, 2018). The American Counseling Association (ACA) indirectly requires its members to pursue professional development and continuing education opportunities through their ethical codes.

Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. Counselors maintain their competence in the skills they use, are open to new procedures, and remain informed regarding best practices for working with diverse populations. (ACA, 2014, p. 9).

Counselors often seek consultation, supervision, or training when they are looking for additional tools or insight to treat different and diverse clients.

Just as clients' needs change over time and spark the motivation for professional development, a counselor's needs change over time as well. The approach to meeting those needs may vary from counselor to counselor and may even vary over the course of a counselor's developmental career. For instance, for beginning counselors, supervision is needed for their entire caseload because the beginning counselors are building their expertise. However, for the experienced professional, advanced training and supervision may be sought to invigorate his or her practice. A counselor's career is developmental in nature and while some state regulatory boards and professional associations may require certain number of hours in specific areas such as counseling ethics, the method and type of professional development is ultimately the decision of the counselor (Wilkins, 1997).

### **Counselor Personal Development**

Whereas professional development isolates the extension of skills and knowledge, counselor personal development is the "process of attending to counselors' needs in such a way as to increase their ability to be with their clients" (Wilkins, 1997, p 24). Elton-Wilson (1994) suggested that professional development relates to the *doing needs*, like techniques and skills, theory, research, and training, whereas personal development relates with *being needs*, such as authenticity, interpersonal engagement, intimacy, and self-valuation. Elton-Wilson noted that *doing needs* involve conditional acceptance or competencies that can ultimately be measured, but *being needs* were not competency issues and involved unconditional acceptance, they require a counselor to look inward. Personal development can unfold in a variety of ways including reflective journaling,



mediation, physical exercise, spiritual readings, educational readings, and of course personal counselor and supervision (Naslund, 2015; Schure, Christopher & Christopher, 2008; Wilkins, 1997). When counselors attend to their own wellness by way of physical, emotional, spiritual, social, and financial well-being, they contribute significantly to their personal development.

Just as every human experiences a unique journey, so too does every counselor. Counselors are assumed to have attained a degree of psychological health and awareness in order to help their clients do the same, but counselors are not exempt from unexpected life happenstances. The life events (for better or worse) that happen for counselors in their personal lives create opportunities for blind spots and/or resistance in their professional interactions with clients. Counseling is a relationship-based treatment process and from a Humanistic counseling perspective, the counselor as a person is the main change agent for the client in treatment (Cain, 2002; Hansen, 2005; Rogers, 1961). Where as in Western medicine, emotional objectivity and specific medications are sought to treat ailments, professional counselors are encouraged to journey inward to become more aware of their intrapersonal experiences and bring that awareness into the counseling room with clients. If counselors are unaware of blocks (or potential blocks) that exist, they may be unable to fully *be with* the client, thereby putting the alliance at risk and consequently the treatment at risk.

But personal development is not just a clinical best practice, it is also recommended, if not required by state licensing boards, professional associations, and credentialing bodies. For example, the American Counseling Association (2014) indicates that counselors are to engage in self-care activities and personal development to

ensure they are meeting their professional responsibilities. However, unlike professional development, specific quantities or hours devoted to personal development are not delineated by credentialing bodies unless mandated within remediation plans. Thus, the methods and avenues counselors take to engage in personal development are dependent on the counselors themselves.

### **Intersections of Professional and Personal Development**

Counselors may engage in self-care activities or personal development to ethically maintain their wellness, prevent harm, and prevent burnout, and in doing so, they indirectly foster their counseling skills (professional development) and ultimately their clients. Wilkins (1997) emphasized this point: “personal and professional development is about becoming a more complete practitioner and a fuller, more rounded person. It is for the benefit of the counselor and also for the benefit of the client” (p. 23). As counselors engage in professional development it becomes a catalyst for personal development, just as the engagement of personal development inherently contributes to the counselors’ professional development.

It is not a new concept for personal development to accompany professional development. Personal development dates back to the work of Freud who insisted personal analysis was a prerequisite for becoming an analyst. Rogers (1961) recognized and articulated the power of fully knowing and becoming oneself can have on becoming an effective counselor in his book, *Becoming a Person: A Therapist’s View of Psychotherapy*. More recently, several researchers have written in support of this phenomenon (Johns, 2012; Kottler, 2017; Naslund, 2015; Rønnestad & Skovholt, 2003, 2013; Skovholt & Rønnestad 1995; Wilkins 1997).

Johns (2012) talked about how personal and professional development make up the “essential membrane through which all other learning- theories, skills, legalities, ethics and relationships- must filter” (p. 22). Skovholt and Rønnestad (1995) described personal development and professional development as two threads woven into the same process of counselor development. They proposed that counselors engage in a complex interplay between the two over the course of their counseling career. For example, beginning counselors (i.e. counselors-in-training) are tasked with acquiring and mastering certain micro-skills or interpersonal skills (i.e. active listening, eye contact, body posture). At the same time, they are expected to develop their intrapersonal skills such as becoming aware and managing their anxieties that often inhibit them from fully *being with* a client.

While certainly relevant to counselor development, this task of managing anxieties while taking in new information is also a concept researched by those in the field of adult education and adult learning (Knowles, 1990; Merriam & Bierema, 2014; Taylor, & Marienau, 2016). Adult and professional education needs to be conceptualized within a professional and human-life-cycle perspective. Meaning, professional development needs may be different for young adult counselors, middle adulthood counselors, and late adulthood counselors. The authors noted, “Early life experiences, adult personal experiences, and client experiences need to be continually addressed and processed” (p. 186). The influence of prior life experiences and knowledge needs to be reflected upon and respected in order to make space and foster development and learning of new knowledge (Taylor & Marienau, 2016; Smith, 2004). This overlapping personal and professional development is not isolated to only new counselors, rather it holds

validity for all adult learners, even the most experienced counselors and master therapists. In the next section, I highlight the characteristics of master counselors who are further along in their career development.

### **Characteristics of Master Counselors**

The literature contributing to counselor expertise (Crisp, 2014; Kottler & Carlson, 2008; Sullivan, Skovholt & Jennings, 2005) sheds light onto lessons that may be learned from the Masters of therapy and counseling. Jennings and Skovholt (1999) conducted a qualitative study on 10 peer-nominated master counselors and therapists and identified nine characteristics that make up the complex construct of a *master therapist*. These nine characteristics of a master therapist were categorized into three domains: cognitive, emotional, and relational. The authors explained that master therapists are (a) voracious learners; (b) they utilize their accumulated experiences as a major resource; and (c) they value the ambiguity and cognitive complexity of the human condition, all of which make up the cognitive domain. Additionally, master therapists are (d) emotionally receptive, self-aware, reflective, nondefensive, and open to feedback; (e) attend to their own emotional well-being; and are (f) aware of how their emotional health impacts their work. And finally making up the relationship domain, master therapists (g) possess strong relationship skills; (h) hold the belief that a strong working alliance is the foundation for therapeutic change; and (i) are experts at using their exceptional relational skills in therapy. The authors hypothesized that master therapists have highly developed cognitive, emotional, and relationship domains that are all at play when working with clients. With such expert characteristics identified, the relevant questions that remain

include: How do master clinicians achieve such status? What is involved in their developmental process?

Rønnestad and Skovholt (1991) used a grounded theory interview approach to their research into counselor/therapist development. They interviewed 100 American counselors/therapist with various experience levels and created an eight stage model from their findings. Ten years following their original research, they continued to strive for a deeper understanding of counselor development and reanalyzed their findings (Rønnestad and Skovholt, 2003). Rønnestad and Skovholt collapsed their initial eight stages into a six-phase lifespan counselor development model. After an additional ten years, Rønnestad and Skovholt fine-tuned their model again by condensing their work into five phases: a) the novice student, (b) the advanced student, (c) the novice professional, (d) the experienced professional, and (e) the senior professional.

According to Rønnestad and Skovholt (2013), the novice student phase includes the beginning of the graduate training program to the first practicum or through their second year. This stage involves the balancing act between the excitement of starting the professional training process and managing the anxiety of the new and different. A vast amount of literature surrounding the counselor-in-training phase (Ellis, Kregel & Beck, 2002; Kocarek, 2002; Levitt & Jacques, 2005) and several supervision models (Bradley, Gould & Parr, 2001; Stoltenberg & McNeill, 2009) acknowledge the highly anxious, highly motivated and dependent traits of a beginning student. However, these traits can also be seen in the advanced student phase, where students are at the end of their training in their internships or practicum placements. Advanced students are likely receiving regular supervision and are beginning to integrate theory into practice as they find the

balance between dependency on supervisor and autonomy. In the novice professional phase, counselors experience a sequentially ordered change. First, they seek to *confirm* the validity of their training and then are confronted with a *disillusionment* of their training and of self (Rønnestad & Skovholt, 2013). Lastly, they engage in a period where they more intensely *explore* the professional environment as well as the self. In this phase, counselors experience a deeper level of self-awareness and have a more autonomous drive to seek out specific professional development opportunities that fill in gaps in their graduate training.

According to Rønnestad and Skovholt (2013), the central developmental tasks for counselors in the experienced professional phase is to establish a practice congruent and authentic to their self-perceptions and to avoid burnout and stagnation. Experienced counselors integrate their cognitive, emotional, and relational domains in a creative manner. They are more flexible and authentic within their treatment approaches and use their creative skills to help the client move toward growth. Experienced professionals understand the crucial importance of the therapeutic relationship for client progress. One participant in their study attributed part of their expertise to awareness, understanding, and use of their own “power, attention, expectations and personality, including shortcomings and strengths” within the relationship (p. 20). The re-emergence of self in their clinical practice echoes both the counselor’s way of being within a humanistic counseling approach as well as engaging in personal and professional development.

The fifth and final phase, the senior professional, encompasses professionals who have been practicing for 20 to 25 years. These professionals are highly regarded within the field and possess many of the same traits of those in the experienced professional

phase. However, a few traits that stand out are a continued commitment to grow professionally, a sense of self-acceptance, and satisfaction within their work. One senior professional in Rønnestad and Skovholt's study spoke about their humbling experiences with clients, "it became remarkable to me that someone would have the willingness to share their private world with me" (p. 27). The insightful and modest self-reflective skills that evolve not only outline goals for master counselors, but also align strongly with a Humanistic philosophy towards self-actualization.

The five phases of counselor development (Rønnestad & Skovholt, 2013) outline characteristics of counselors as they progress in their profession and provide counselors with a road map to achieving mastery in their counseling profession. In every phase, counselors encounter challenges in cognitive, emotional, and relational domains. Novice students and advanced students often rely on counselor educators and supervisors to facilitate their growth within these domains until they become self-sufficient with their reflective skills. Whereas the novice, experienced, and senior professionals have developed and fine-tuned their reflective skills, they might look to their internal resources and experiences to problem solve and work through their challenges. Should they acknowledge a need for additional support and reflection, they might look to peer consultation and continuing education opportunities to reconcile issues within the cognitive, emotional, and relational domains. It is worth noting that such challenges are often not isolated to clinical cases. As discussed above, the intersection of professional and personal development is ongoing, and counselors must rely on reflective processing to navigate those inevitable challenges.

## **Reflective Processing**

In the previous section, I discussed characteristics of master counselors and described Rønnestad and Skovholt's (2013) lifespan counselor development model to highlight the principle tool of reflective processing to promote professional and personal development. Reflective processing, also known as reflectivity or self-reflection, in counselor development is the process where counselors "reconstruct therapeutic experiences by processing multiple perspectives, images and actions to reframe a difficult event so that they can problem-solve in complex situations" (Young et al., 2011, p. 3). The counseling profession is made up of complex situations. The client and counselor both enter the therapeutic process with his or her own unique stories, concerns, and personal temperaments. By the very nature of the profession, counselors will continuously be presented with unknown challenges, which will require self-reflection. In fact, fostering a supervisee's reflective processing skills is often the primary goal in clinical supervision (Neufeldt, 1997; Young et al., 2011) as it generates cognitive complexity.

However, a counselor's ability to self-reflect and think more deeply is not only applied to client cases, it also sparks the process of self-supervision and counselor sustainability. For example, Skovholt and Rønnestad (1995) looked at the relationship between counselor reflectivity and professional development in a qualitative study and found that counselors who reflected upon their clinical work and relationships were more likely to develop creative clinical approaches with their clients. Furthermore, they found that counselors engaging in reflective practices were less likely to prematurely leave the counseling field suggesting significant contribution to their personal development and



wellness as well. Counselors who practice reflectivity invite adaptability, flexibility, and creativity into their problem solving skills (Coburn, 1997; Gladding, 2008; Gladding, 2010; Kottler & Carlson, 2009; Kottler, 2017) in both their professional and personal lives.

To summarize, reflective processing is a critical skill used through the lifespan of a counselor's professional development. During the beginning phases of counselor development, educators and supervisors are tasked with nurturing a counselor's reflective processing skills so that they develop their own reflective, self-supervision skills. Consequently, counselors with strong self-reflection abilities are inherently more creative, flexible, and confident in their practice (traits seen among master and experienced counselors). Thus, a bidirectional relationship is evident between reflective processing and creativity. Just as reflectivity promotes professional development, so too does the use of creativity. In the paragraphs to follow, I will highlight the practical necessity of integrating creativity to promote counselor professional development.

### **Using Creativity in Counselor Professional Development**

Many counselors believe creativity in counseling is a necessity (Duffey, Haberstroh, & Trepal, 2009; Gladding, 2017; Hecker & Kottler 2002; Kottler, 2017; Kottler & Carlson, 2009; Lumadue, Munk, & Wooten, 2005; Maslow, 1963; Rogers, 1954; Waliski, 2009). Counselors are called upon to help clients explore and create solutions, some that may seem uniquely creative and off the beaten path of typical talk therapy solutions. There is a constant need to spontaneously respond to the unpredictable moments during sessions, especially because every client is unique with a unique story and treatment plans are rarely one-size fits all. Counselors also need creativity to remain

fresh, invigorated, and energized in learning within their practice as well as in their personal lives. Creativity exists where growth and development occur. Maslow (1959) understood this as a human experience, that a person's urge to create was woven into the intrinsic growth motive. Kottler (2017) emphasized how this is particularly true for counselors when he stated, "personal growth and creativity are synonymous in the life of a therapist" (p. 224). Therefore, not only does creativity serve as a clinical strength, but also as a self-actualizing, personal resiliency factor. However, engaging in a creative process is a vulnerable experience for counselors and it requires courage and openness.

By definition, creativity involves the production of work that is novel, original, or unexpected (Gladding, 2017). But in order to arrive at such innovative insights or creations, counselors need to move beyond the familiar to make space for the new and rise to a challenge of creative reconciliation. This learning process is difficult. People cling to what they already know and often resist creativity because it pushes boundaries and risks safety. Kottler (2017) used the following examples to illustrate resistance to creativity for beginning and midcareer counselors. Beginner counselors may resist creativity for fear of doing harm to a client if they try a new technique or approach. Midcareer counselors may fear more creative clinical endeavors because they recognize the safety and effectiveness of what has been proven tried and true. Certainly, such hesitancy can be empathized with, but counselors ask clients to risk vulnerability every session, thus unveiling a parallel processing. It is not uncommon for isomorphic experiences to unfold in the counseling process; in fact, it highlights the necessity for counselors to remain reflective and creative with their counselor development. Creativity

increases a counselor's tolerance for ambiguity and confusion, thereby widening the space for better understanding and empathy.

When counselors employ creative and alternative modalities to counseling, they promote a shared creativity within the therapeutic relationship (Kottler, 2017). Ultimately deepening the counseling relationship and potential for growth (Gladding, 2017). Several researchers have sought to illustrate the effectiveness of using creative and alternative approaches in counselor development such as journaling (Bassot, 2014; Germain, 2003), art (Keller-Dupree & Perryman, 2013), drama (Scholl & Smith-Adcock, 2007), yoga (Schure, Christopher, & Christopher, 2008), music (Ohrt et al., 2009), bibliotherapy (Bruneau & Pehrsson, 2014), and play (Bell, Limberg, Jacobson & Super, 2014). Of course, from a Humanistic Counseling perspective, these modalities are simply "tools" in a counselor's "tool box" to foster the client's therapeutic movement within a therapeutic space. With all the adjunctive methods that have been researched to promote counselor development, there is one particular method that appears to be significantly unexplored: sandtray therapy.

### **Sandtray Therapy**

Grounded in the specialty area of play therapy, sandtray therapy is an expressive arts technique "involving the unfolding and processing of intra- and interpersonal 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 & Sweeney, 2017, p. 6). For counselors unfamiliar with sandtray therapy, it is a common misconception that sandtray therapy is a technique used solely with children. However, now the approach is more frequently researched and its effectiveness is expanding across

populations. In this section, I discuss the history and development of sandtray, materials, rationale and therapeutic process, and applications of theory, specifically humanistic sandtray therapy.

### **History and Development**

The foundation of sandtray therapy dates to the early 1900's when H.G. Wells wrote the book *Floor Games* about his interactions with his young children on the floor playing with wood, paper, plastic, and miniatures of animals and people (Mitchell & Friedman, 1994). Although Wells' book was aimed to describe experiences of his fantastical father-son play moments on the floor of the nursery, it inspired a new way of therapeutically interacting with children.

Using sand and miniatures in a therapeutic setting began when Margaret Lowenfeld, a British pediatrician influenced by Freudian principles, designed a "magic box" to assist her in clinical work with children (Homeyer & Sweeney, 2017). She observed how her child clients often pulled miniatures stored in drawers and placed them into the metal box in her office partially filled with sand. Lowenfeld asked her child clients to build their worlds using the miniatures and the sand. In line with Freudian principles, Lowenfeld believed that children were projecting their unconscious experiences onto the tray in a manner that allowed children to developmentally communicate with the therapist (Mitchell & Friedman, 1994). Margaret Lowenfeld named this approach "the World Technique" (Lowenfeld, 1979) and thus the movement of using sand, water, and miniatures as a therapeutic technique was born.

Although Lowenfeld was credited with sparking the use of sandtray as a therapeutic tool, the Swiss Jungian analyst, Dora Kalff, is known for kindling the flame.

Kalff studied with Lowenfeld in 1956 and adapted the method to what is known as *sandplay* (Kalff, 2003). Sandplay, a term largely associated with a Jungian approach to psychotherapy, differs from Lowenfeld's World Technique in that the counselor or observer interprets the tray and the figures (Boik & Goodwin, 2000). In Sandplay, the counselor believes tray and figures symbolize fundamental Jungian archetypes that are to be confronted, challenged and explored to bring unconscious experiences into awareness, thus stimulating change (Kalff, 2003).

Alongside Lowenfeld and Kalff, another major contributor to the development and practice of sandtray was Gisela De Domenico. In the 1980's, De Domenico coined the approach "sand tray world play" (1988). Her approach aligned with her predecessors in that she believed in the self-healing power of the psyche; however, she was less interpretive of the client's tray and figures (Boik & Goodwin, 2000). De Domenico's approach funneled a more humanistic lens in sandtray work where she acted as a co-explorer or empathic witness of the client's tray and less of an expert analyst (De Domenico, 1988; De Domenico, 2002). While these major contributors varied in their theoretical and technical approaches to sandtray work, they shared the common belief of the self-healing power of the psyche and the power of symbols and sand.

Another common thread among these historic sandtray pioneers is their contribution to the broader fields of play therapy and expressive arts. Rarely are Lowenfeld, Kalff, and De Domenico acknowledged in the history and development of play therapy (Homeyer & Sweeney, 2017), but their research and practice in sandtray (the term associated with a Humanistic approach) and sandplay (the term associated with a Jungian approach) strengthened the evidenced-based approaches to counseling.

Furthermore, the materials and therapeutic rationale for sandtray therapy significantly overlap with materials and therapeutic rationale used in play therapy and other expressive arts.

### **Materials**

There are four basic materials needed to conduct sandtray therapy: sand, a sand tray, miniature figures, and a therapeutic space. The choice to use sand as a therapeutic medium is a deliberate choice. Sand is a common, natural element that serves as a literal and metaphorical reminder of history and creation (Homeyer & Sweeney, 2017). Sand is compilation of small grains of matter that can be modeled, moved, and sifted. Earth's forces erode pieces of rock and matter providing opportunity to protect and expose other elements of Earth. This is the same therapeutic process that occurs within sandtray therapy. The client is allowed the opportunity to uncover protected elements of self, explore those elements, and decide how to proceed with what has been exposed with greater awareness.

Just as the use of sand is a deliberate choice, so is the tray that contains the sand. Homeyer and Sweeney (2017) described the sand tray as not only a container for the sand, but also a container for the psyche. The tray serves as a protected, sacred place to hold a client's inner-knowing self. The traditional wooden box dimensions of 30 inches by 20 inches' that is three inches deep with a blue painted interior and filled with sand (Homeyer & Sweeney, 2017), serves as a protective holding space for the clients inner-knowing space during the sandtray processing.

Whereas the sand and sand tray invite a protected holding place for the clients' inner-knowing experiences, the miniature figures are the words, symbols, and metaphors

for the client's inner-knowing experiences. Homeyer and Sweeney (2017) described how the use of miniatures allows clients to express feelings, thoughts, beliefs, and desires that may be too overwhelming to discuss with words. The miniatures provide another dimension of communication for the client, so offering the client a variety of figurines to choose from fosters a greater level of client expression. Both real world and fantasy miniatures are encouraged and should be culturally diverse, include people, animals, vehicles, bridges, buildings, fences, natural items, aggressive and nurturing items, and religious or spiritual figures (Homeyer & Sweeney, 2017).

The therapeutic space is the fourth and final basic materials of sandtray therapy and that includes both the physical setting and the presences of the therapist. The storage and display of the miniatures is of similar importance to providing clients with diverse miniature choices. Homeyer and Sweeney (2017) suggested that miniatures should be organized by categories and placed on thematic continuums, such as more "good" or positive items on the left with more neutral items in the middle and "evil" or negative items on the right. This not only provides consistency and predictability, but it also promotes safety (Homeyer & Sweeney, 2017). Armstrong (2008) emphasized that before engaging a client in sandtray work, the client needs to feel a great sense of safety within the therapeutic relationship and trust in the therapist.

### **Rationale and Therapeutic Process**

As discussed above, the materials used in sandtray therapy are not haphazardly chosen, rather they are deliberate and congruent with the extensive and well researched rationale for using sandtray in a therapeutic setting. Homeyer and Sweeney (2017) thoroughly described the benefits of using sandtray therapy: (a) gives nonverbalized

expression to emotional issues, (b) provides a kinesthetic and tactile experience to help soothe the brain's limbic system, (c) allows for safe therapeutic distance for clients, (d) creates a safe place for abreaction to occur, (e) serves as an effective trauma treatment, (f) creates a developmentally inclusive experience in family therapy, (g) naturally provides boundaries and limits, (h) provides a unique setting for the emergence of therapeutic distance, (i) serves as an effective approach to overcome client resistance, (j) serves as an effective medium of communication for clients with poor verbal skills, (k) cuts through verbalization used as a defense, (l) helps clients experience control, (m) provides a means for transference issues to be safely addressed, and (n) generates an atmosphere where deep and complex intra- psychic issues can be safely approached. Because of these many and varied contributing benefits, sandtray therapist believe such an approach allows clients to go deeper-faster (Timm & Garza, 2017).

The benefits from sandtray are not isolated to the specific technique, rather sandtray therapy involves a holistic therapeutic process. Homeyer and Sweeney (2017) argue that hurting people are not healed through technique, rather emotional healing happens when hurting people encounter someone and self. They described the healing experience as “an inner process, a relational process, and a heart process” (p. 15). Much like the play therapy, the relationship in sandtray therapy cannot be overemphasized. Sandtray therapy is an evocative approach (Armstrong, 2008) and a significant level of trust must exist in the client-counselor relationship. For the client to feel safe enough to explore inward, he or she must trust that the counselor will create and maintain a safe environment to help fully express and explore the self.



## **Applications and Theory**

The recognition of sandtray as an effective and powerful therapeutic modality continues to grow and counselors are integrating the technique into many different theoretical approaches and populations (Felton, 2016). For instance, there is a growing amount of research geared towards the use of sandtray and clinical supervision (Anekstein, Hoskins, Astramovich, Garner & Terry, 2014; Stark & Frels, 2014; Stark, Frels & Garza, 2011; McCurdy & Owen, 2008). which will be discussed later in this literature review. As for theory application, researchers continue to explore the integration of specific counseling theories into the practice and processing of the sandtray technique, such as Adlerian (Eberts & Homeyer, 2015; Even & Armstrong, 2011; Bainum, Schneider, & Stone, 2006), Gestalt (Timm & Garza, 2017; Eberts & Homeyer, 2015), Solution-Focused (Taylor, 2009), Choice Theory and Reality Therapy (Sori & Robey, 2013), and Humanistic counseling (Armstrong, 2008; Armstrong, Foster, Brown, & Davis, 2017). Because all the participants in the current study sought training from the Sandtray Therapy Institute, a training program rooted in a Humanistic approach, this study will expand the Humanistic sandtray therapy research.

**Humanistic Sandtray Therapy.** Humanistic therapy encompasses several different theories including person-centered, existential, gestalt, and experiential therapies, all of which subscribe to the understanding that humans possess an inherent growth oriented nature to self-actualize. Humanistic sandtray therapy (HST) shares this philosophy and is heavily theoretically rooted in person-centered and gestalt therapy (Armstrong, Foster, Brown, & Davis, 2017) where emphasis is placed on the therapeutic relationship, the core conditions, facilitation of awareness, and holistic experiencing.

Even and Armstrong (2011) defined HST as “a dynamic and expressive form of psychotherapy that allows clients to express their inner worlds through symbol and metaphor” (p. 395). By integrating the various strengths of sandtray therapy (i.e. safety of therapeutic distance, non-verbal expression, kinetically tactile, etc.) and theoretical values of humanistic therapy, HST creates an opportunity for clients to explore, experience, and accept.

The therapeutic process in HST emphasizes the importance of the relationship and aims to provide specific core conditions (i.e. empathy, unconditional positive regard, and congruence) (Armstrong, 2008). During HST, therapists are required to put themselves into their work with clients so that they may allow for genuine therapeutic contact. Essentially, the client encounters the therapist as a person (Armstrong, 2008). The client not only needs to experience an authentic encounter, they also need to perceive an empathic and accepting demeanor from the therapist. When the core conditions are in place, it promotes safety and trust within the relationship, thereby creating space for disclosure and awareness (Armstrong et al., 2017). Armstrong (2008) stressed that without the therapeutic relationship and core conditions, any techniques used in HST may be of little value and little change.

In addition to emphasizing relationship and core conditions, HST differs from other forms of sandtray therapy in that change is believed to come from within the client out of greater awareness and acceptance (Armstrong, 2008; Armstrong et al., 2017). The humanistic therapist understands that change is paradoxical. When clients fully accept their organismic experience without intentions to change or alter, they then open up space for growth and change. Another difference between HST and other sandtray approaches

is the emphasis on awareness versus insight. Armstrong (2008) distinguished the two by noting that awareness embraces a somatic lens about exploration of the *what* and *how*. Whereas insight assumes a cognitive lens about interpretations and the *why*. In HST, the focus is on what a client is experiencing in the *here and now* to create awareness and when the goal is achieved insight follows suit (2008).

As shown above, sandtray therapy has historic roots within the field of psychotherapy and counseling that not only lends it application to children, but also adults. Using earthly elements of sand and symbols, sandtray therapy enables a deeply therapeutic experience. Sandtray therapy is also versatile among various theoretical applications, especially humanistic counseling, which influenced HST's focus on the relationship and core conditions to facilitate awareness and change. However, the application of sandtray therapy is not isolated to the client counselor relationship. In fact, there is a growing amount of research surrounding the use of sandtray therapy in clinical supervision and counselor education. Below is a review of the literature regarding the application of sandtray therapy to support counselor professional development.

### **Using Sandtray Therapy to Promote Counselor Professional Development**

Sandtray therapy has a growing utility in counselor development, several of which emphasize the integration of various supervision theories. Anekstein, Hoskins, Astramovich, Garner, and Terry (2014) highlighted the practical use of sandtray therapy in supervision by integrating Bernard's (1979) Discrimination Model. The supervisor can assume one of the three roles: teacher, counselor, and consultant to help the supervisee address the foci of supervision (intervention, conceptualization, and personalization). Using another supervision theory, Stark, Frels, and Garza (2011)

described how sandtray modality is compatible with solution-focused supervision because both approaches enhance strengths and help supervisees develop new perspectives to solve problems. The aforementioned articles contribute to the literature by detailing the application of sandtray therapy and supervision theories from a conceptual perspective. The authors offer the reader opportunities to transfer the implications to counselors-in-training and postgraduate supervisees alike. However, the use of sandtray therapy in counselor professional development is not limited to contextual literature.

In addition to conceptual articles, I will discuss quantitative experimental studies as well. A pilot study by Markos, Coker and Jones (2007) compared supervisory working alliances for practicum counseling students engaged in traditional didactic supervision to ratings of those in supervision using sandtray therapy. The authors reported that there was no statistical significance among their small sample size, but ratings on both supervision styles were quite positive. The authors supplemented their results with qualitative observations and a case study that illustrated the benefits that sandtray provided in helping students process counter-transference and parallel processing.

McCurdy and Owen (2008) built off the previous study by integrating a specific supervision theory: Adlerian supervision. They conducted a comparison study on supervisory working alliances between traditional didactic self-report supervision and Adlerian sandtray supervisory methods with counseling students in practicum and internship. While the comparative analyses unveiled higher reports of working alliances for the Adlerian supervision compared to the traditional supervision method, the results

were not statistically significant. However, the authors reported that the use of Adlerian sandtray supervision was an effective supervisory method to connect with supervisees, as participants reported positive working alliances during supervision.

As noted in the previously discussed studies, the use of sandtray in supervision offers a positive supervisee-supervisor alliance. Stark and Frels (2014) expanded upon the collaborative benefit in their heuristic example of supervision by integrating the developmental model of supervision (IDM) (Stoltenberg & McNeil, 2009). They presented their use of sandtray therapy as a collaborative assessment tool for counselor development which included five phases: (a) the introduction of the sandtray; (b) the building phase; (c) experiencing phase where the collaborative assessment comes together; (d) connecting phase; and the (e) post-session phase. In the example provided, Stark and Frels discussed how the eight domains of the IDM are used to assess levels of autonomy/knowledge gained, motivation, and awareness of self/others. The authors emphasized the uniqueness of this assessment approach as it allows for an artifact in illustrating learning outcomes, promotes reflexivity for increased understanding, and it documents progress overtime within a story similar to heuristic research.

Integrating sandtray therapy into counselor supervision is not the only documented application of sandtray therapy to foster counselor development. However minimal, I have found two cornerstone studies that illustrate the beneficial use of sandtray therapy to promote counselor professional development beyond the counselor-in-training and supervision stages. Felton's (2016) dissertation study explored how Humanistic Sandtray Therapy facilitated professional identity development with emerging counselor educators. Through sandtray creations, journaling, and interviews,

his grounded theory study revealed themes of increased reflection and awareness, deeper value integration, new thinking, strengthened sense of self, and increased confidence for the emerging counselor educators. Felton discussed how the Humanistic Sandtray experience helped participants explore inter and intra- personal aspects of self and the profession that fostered reconciliation and professional identity development within the transition of becoming a counselor educator.

The second cornerstone study found to use sandtray therapy to promote counselor professional development post supervision experience was a single reflective case study. Garrett (2015) illustrated her journey of professional and personal development through the practice of a daily sandtray. She devoted 30 minutes to 1 hour each day to create at least one tray and process the tray(s) through journaling. Upon completion of the 365 days of sandtray, Garrett identified three main lessons from this experience: (a) every tray has value; (b) processing each sandtray is a unique process; and (c) committing to a lengthy self-growth project should be required periodically for all practicing and teaching counselors. Although Garrett conceded she is unsure whether to solely attribute her insights to the power of the sandtray or the commitment to the reflection and process, she acknowledged that the process significantly revitalized her teaching and counseling experience. Even though Garrett's study supports the notion of using sandtray therapy to promote professional and personal growth, it falls short of detailing how such a phenomenon occurs.

Certainly, the existing literature addresses the value in using sandtray therapy in promoting counselor professional development both during the formal supervision phase and after (experienced and senior professional phase). However, after an exhaustive

literature review, I have found no research on the personal and professional experiences of counselors who complete advanced training in sandtray therapy. Therefore, my study is significant and necessary because it adds to the existing literature on sandtray therapy and counselor professional development.

### **Summary**

In summary, counselor professional development encompasses the extension of clinical skills and knowledge, whereas counselor personal development involves the counselor attending to his or her own being needs. Personal and professional development are woven threads within counselor development. Credentialing bodies recognize this and often indirectly and directly require counselors to pursue both developmental opportunities. However, because of the developmental nature of the counseling profession, counselors often seek those opportunities when personal and professional needs arise. For beginning counselors, awareness of when such needs arise often requires the help of a supervisor. But for master counselors, recognition of needs becomes second nature because they engage in reflective processing. Furthermore, they will attend to those needs with creativity. They risk vulnerability to creatively spark insight, awareness and solutions.

Sandtray therapy, a projective play-based technique, is one of the creative approaches that counselors may seek training in to attend to their personal and professional development needs. Counselor educators and supervisors have recognized the practicality and effectiveness of using sandtray therapy in the promotion of counselor development. However, I have found no research that looks at the qualitative outcomes of counselors who sought advanced training in sandtray therapy to meet their personal

and professional development needs. Consequently, my study seeks to address the gap and contribute to the developing literature of sandtray therapy.



## **CHAPTER III**

### **Methodology**

The purpose of this study was to explore experiences of counselors who received certification in Humanistic Sandtray training from the Sandtray Therapy Institute. Specifically, I was interested in meaningful changes regarding participants' personal and professional development from the advanced sandtray therapy training. In this study, I attempted to answer the following research question: What are the professional and personal experiences of counselors who have received training in Humanistic Sandtray Therapy from the Sandtray Therapy Institute? In this section, I discuss my qualitative research design, the selection of research participants, and the data collection methods. I finish this chapter by detailing my data analysis and reviewing my efforts to establish trustworthiness and creditability.

### **Qualitative Research Design**

I used a transcendental phenomenological qualitative approach to help me explore the lived experiences of participants in the study and allow such experiences to be described using the participants' own words (Creswell, 2013; Moustakas, 1994). In Chapter II, I discussed how there is a lack of published qualitative research that describes the lived experiences of counselors who seek advanced training in sandtray therapy. Because phenomenology is the process by which researchers seek to describe the essence of an experience (Creswell, 2013), this design was appropriate for my intention to understand the phenomenon that takes place when counselors are trained in Humanistic Sandtray Therapy.

A key focus of transcendental phenomenology is in the descriptions of the participants' experiences and Moustakas (1994) emphasized the importance of researchers setting aside their experiences as much as possible to explore the phenomenon with a fresh new perspective. In fact, *transcendental* means, "in which everything is perceived freshly as, if for the first time" (Moustakas, 1994, p. 34). Additionally, this methodological approach required *epoche* or bracketing, the process of setting aside preconceived ideas and beliefs about a certain experience. Because I had sought various forms of sandtray training and actively use the skills in my clinical teaching and supervision practice, epoche was essential in this study. The specific method of bracketing will be discussed in more depth later in this chapter. As I approached this study, I mindfully attempted to suspend my previous perceptions and biases towards the training and clinical use of sandtray. This bracketing allowed me to genuinely understand the experiences of my participants.

### **Selection of Participants**

In an effort to further understand the experiences of counselors who have completed humanistic sandtray training, I used purposeful sampling of participants in this study. Creswell (2013) argued that purposeful or criterion sampling aligns appropriately with phenomenological studies because a specific phenomenon was being investigated and recruitment needed to be narrowed to participants who have had that experience. My population included eight Certified Humanistic Sandtray Therapists (CHST) who completed the Level I and Level II training courses and supervision from the Sandtray Therapy Institute, and were actively using sandtray within their clinical practice or in supervision. All participants were licensed professional counselors in their state of

residence. The Sandtray Therapy Institute was located near me, in the southcentral part of the United States, which allowed ease in recruitment of participants. This factor allowed me some ease in using snowball sampling as a recruitment method. The specific sandtray training protocol is typically offered in a cohort model, which allowed me to recruit participants by asking them to refer colleagues who completed the training with them. I have provided a summary of the training protocol in Appendix C and a detailed description of the course in Appendix D.

### **Instrumentation**

In this study, I used three forms of instruments to collect my data. The first included an initial demographic questionnaire that inquired about the participants' background information including gender, age, race, license(s), education, primary clientele served, years of practice, point in career they received the training, previous sandtray training, the frequency of sandtray use in their practice, and their guiding counseling theories. Additionally, an open-ended question was included on the demographic questionnaire to help participants focus their experience before the interview (Moustakas, 1994), which read: "Please briefly describe how your experiences with Humanistic Sandtray Training offered by the Sandtray Therapy Institute, informs your personal and professional work?" A copy of my full demographic questionnaire is included in Appendix A.

The second instrument that I used to collect data was a semi-structured interview. I asked participants to participate in a tele-video interview via Zoom with the grand tour question: "What was your experience learning Humanistic Sandtray Therapy?" Follow up questions included: (a) tell me about your decision to seek formal training in

Humanistic Sandtray Therapy; (b) how have your experiences in the training shaped your personal growth and development; (c) how are you different professionally because of the training; (d) how has your training impacted your level of awareness during sessions; (e) how has your training impacted your level of insight outside of clinical sessions; (f) tell me about your experience with integrating your training into your guiding counseling theory; (g) how have these experiences impacted your counseling outside of sandtray work; (h) how has your training impacted your relationship with your clients; (i) if someone asked you about the most significant benefit from the training how would you respond; (j) talk about a specific experience or topic of the training that was most memorable to you. In addition to taking notes on their responses, I took observation notes on participants' nonverbal responses.

The third instrument used to collect data included the participants' selection of a companion miniature regarding the actual interview. I asked participants to select miniature that reflected what they found most significant about our discussion. Selecting the companion miniature and then discussing it allowed the participant to visually represent their perceived significance of the interview and enable me to more deeply understand their overall perception. Participants took pictures of their miniature and sent the picture to the lead researcher. Given the criterion that participants were actively using sandtray in their profession, participants selected miniatures from their own miniature collection. A full description of my semi-structured interview protocol, including interview questions and my sandtray prompt, can be found in Appendix B.

## Data Collection

Upon receiving study approval from the institutional review board, I began recruiting participants. One consultant of this research study, Dr. Stephen Armstrong, is the primary trainer at the Sandtray Therapy Institute and has access to names and emails of CHSTs. Referencing the list of CHSTs provided by Dr. Armstrong, I sent recruitment emails to CHSTs who have completed the training within the last five years. Once interested participants responded to the email, I coordinated with the participants to schedule an interview time. I informed participants of their rights regarding the study including their right to end the interview at any time and asked them to provide verbal consent. Next, they completed the demographic questionnaire and were given a pseudonym that I coded with their interview to ensure confidentiality and anonymity. Additionally, I asked participants to refrain from providing any identifying information during their recording. I began the interview using the semi-structured interview protocol.

Data was collected via tele-video (i.e. Zoom) interviews. Each interview was approximately 45 minutes in duration. I allowed time for participants to respond to questions in great depth and seek clarification in their responses by asking follow-up questions to ensure my accurate understanding during the interview. This served as a legitimization strategy as described by Hays and Singh (2012). Following the interview, I transcribed the recording and removed any identifying information to protect the anonymity of the participants. All electronic collected data was stored and encrypted on the primary researcher's external hard drive and data and recordings were destroyed upon completion of the study.

## **Data Analysis**

I used Miles and Huberman's (1994) method for qualitative data analysis. Miles and Huberman outlined a thematic analysis protocol that includes a pre-analysis phase followed by six general phases conducted with the use of a coding team. Using a coding team not only allowed for triangulation of themes, but it also increased the credibility of the study. The coding team included two Master's level graduate students and myself. In this section, I discuss my method of pre-analysis as well as my process in Miles and Huberman's six phases.

### **Pre-Analysis**

Prior to viewing the data, members of the coding team met to discuss the purpose of the study and were oriented to the background of the study and summary findings from the literature review. To further bracket personal biases and experiences, the coding team discussed their personal experiences with sandtray therapy training. This allowed members of the coding team to become more deeply aware of potential influences on their perceptions and interpretations of the participants' responses.

Members of the coding team included Coder #1, Coder #2, and myself. Coder #1 was a graduate student pursuing a Master's degree in clinical mental health counseling and specializing in play therapy. She was first introduced to sandtray therapy in a play therapy context as an undergraduate student and then later exposed to additional sandtray therapy academic literature as a graduate assistant to a play therapy faculty member. At the time of coding, she had completed graduate level courses in play therapy where sandtray therapy approaches (i.e. Jungian Sandplay and Humanistic Sandtray Therapy) were present in the curriculum. Coder #2 was a graduate student pursuing a Master's

degree in clinical mental health counseling, specializing in play therapy and marriage and family therapy. Her first exposure to sandtray therapy happened at a young age in context to her mother's co-worker who was a play therapist. Coder #2 was formally introduced to sandtray therapy in her graduate level counseling courses. Similar to Coder #1, Coder #2 completed graduate play therapy classes with sandtray therapy integrated in the curriculum.

In this study, I served as the main researcher and initiated the bracketing process through a reflexive journal. I am a 31-year-old American. I am a Licensed Professional Counselor, a Licensed Marriage and Family Therapist, a trained play therapist, and a doctoral candidate. Currently, I am a university professor teaching undergraduate courses in human development and family studies and graduate courses in counselor education. My introduction to sandtray therapy took place in Zurich, Switzerland on a visit to the Jungian Institute during a study abroad trip. I was attending a lecture on *Sandplay* and was intrigued by the speaker's explanation of client movement and insight through such a playful modality. However, it was not until years later in the first semester of my Master's program that I rekindled my interest in the play-based technique.

My personal experience with sandtray training includes Master level courses in play therapy and specifically sandtray therapy via a Humanistic lens. I have also attended workshops on sandtray therapy and participated in Level I training from the Humanistic Sandtray Therapy Institute. I used sandtray techniques on a weekly basis when I was in clinical practice and I integrate elements of sandtray therapy in my graduate course each semester. Additionally, I have also found sandtray therapy to be

extremely beneficial in my personal and professional development. It is because of the personal growth I have experienced in conjunction with sandtray therapy that I was curious about this phenomenon. I understood the importance of acknowledging my own journey and perceptions of sandtray training and diligently attended to my biases to limit the potential of impeding my interpretation of the data. I attended to my biases by keeping a reflexive journal throughout the entire research process. In the pre-analysis phase, I listed my hunches about this study in my journal and discussed them with my coding team. My hope for this step was to set a standard transparency within the coding team so that we held each other accountable to our potential biases as we analyzed the data.

### **Phase One**

In phase one, each member of the coding team received a copy of the first three transcripts. These transcripts were numbered by line. Each coding member independently analyzed the first transcript and they began by writing margin notes and reflective passages (Miles & Huberman, 1994) to acknowledge personal inquiries, key statements, and/or interpreted meaning or themes. The team then examined the data and combined all notes generated by the team into one central database. I used Microsoft Excel to compile the database where number lines were listed in one column. Each coding member had their individual column within the Excel spreadsheet and I typed each coding member's margin notes verbatim in the corresponding number line.

### **Phase Two**

The next phase of the analysis required the team to compare margin notes, discuss ideas, and identify points of agreement and disagreement within field notes (Miles &



Huberman, 1994). Using the same database compiled in phase one, the coding team identified an agreed upon phrase, theme, or note that encompassed all pertinent information for each line and I typed it into the consensus column. All three coding members agreed upon the phrase, theme or note. We repeated phase one and phase two with the next two transcripts. At this point in the analysis, I copied the consensus column of each transcript's database into a draft summary sheet. The coding team members then reviewed this summary sheet and individually listed out a draft of themes and subthemes we each thought surfaced from this point in the data analysis process to help centralize key statements and themes. This set the stage for the next steps of creating and norming the coding manual. The coding team took a week to step away from the data to encourage reconvening during the next phase with fresh eyes.

### **Phase Three**

Phase three involved collapsing of data and working with words. The research team referenced the draft summary sheet created from the compiled consensus columns in phase two and again individually listed out themes and subthemes. The team compared all lists (including the lists made in phase two) and identified themes that were present in all six lists. I wrote these themes down on note cards and spread out the cards on a large table. The individual consensus lines for each of the three transcripts were printed on three different colors of paper. Then the coding team cut out each line that represented an agreed upon phrase, theme, or note from the transcript. Using the themes preliminarily identified on the note cards, the team began placing the cutout individual consensus lines near the note card that most closely fit the draft theme. For consensus lines that did not fit the themes on the note cards, the team identified a more appropriate

theme on a new card. Once we collapsed all the consensus lines into the draft themes, the coding team grouped note cards into major themes, superordinate themes, and subordinate themes (Miles & Huberman, 1994). The team created a preliminary coding manual using the identified major themes, superordinate themes, and subordinate themes and used words within specific consensus lines to define each theme.

#### **Phase Four**

Following phase three, the research team returned to the first three transcripts and independently analyzed each transcript using the preliminary coding manual. The coding team divided transcripts into lines of ten and each coding member individually read the transcripts and placed the corresponding code in the margin whenever a particular theme appeared. The goal of this phase was to establish inter-rater reliability (IRR) of 80% (McAlister et al., 2017) for all transcripts. However, the IRR was found to be 51-70% when using the preliminary coding manual. At this point, the coding team went back to reexamine the coding manual to discuss varying interpretations of each code. Together the coding team clarified definitions to ensure the use of the codes would be consistent across all three coding members.

All three coders independently reviewed the first three transcripts again using the updated coding manual. The team conducted an intercoder agreement analysis and it revealed an IRR of 83.1%, 79.7%, and 78.1%. After discussing some of the discrepancies in the coded transcripts, the team decided to each independently code a fourth transcript with the same updated coding manual. The fourth transcript yielded an IRR of 81.7%, thus solidifying our confidence in the coding manual and the emerged themes of the data.

## **Phase Five**

Upon reaching an average IRR above 80% (McAlister et al., 2017) during phase four, the research team applied the finalized coding manual to the remaining four transcripts. All three team members independently coded a minimum of 66% of the transcripts (Marques & McCall, 2005). Results of the IRR analysis revealed 80.9%, 81.9%, 82.3%, and 80% of the final four transcripts. At this point in the analysis, I stepped away from the data and returned to the findings a week later to enter a fresh state of *epoche* to perform a crosschecking of the themes. In addition to organizing the data, crosschecking added an element of trustworthiness. The crosschecking process involved assigning all themes (i.e. major constructs, superordinate themes, and subordinate themes) their own color and reviewing the transcripts again. Working one theme at a time, I reviewed each transcript and highlighted specific quotes that articulated strongly with that theme. This process helped me check for representativeness of the themes within each transcript.

### **Trustworthiness and Credibility**

I used several methods to maximize credibility and trustworthiness in my qualitative design. First, I used a *reflexive journal* to help me bracket my experiences and biases. I made notes of personal thoughts before, during, and immediately after each interview as well as while listening to the recordings of each interview. Additionally, I made reflexive notes during and after coding meetings. Notable comments in my journal included connections to themes proposed in my literature review as well as surprising disagreements to those themes. I also included participant patterns in responses and similarities and differences to my own sandtray training experiences.

Secondly, I provided a clear *audit trail* of my procedures and research methods (Miles and Huberman, 1994). I included a detailed account of my data collection process, use of instrumentation, data analysis process, and development of the coding manual throughout this study. Not only did this provide transparency to my study, but it also provided the opportunity for study replication.

Thirdly, I used a coding team in my data analysis process to offer measures of credibility that Miles and Huberman (1994) referred to as *checking for researcher effects*, *triangulation of investigators*, and *checking for representativeness*. Prior to beginning the analysis process, the coding team met to discuss everyone's personal sandtray exposure and training experience. Through this process of *bracketing*, the team provided each other a transparent lens of their experiences. *Bracketing* and entering in this state of *epoche* allowed members to increase their awareness to how their biases may influence the coding process and help hold each other accountable. Furthermore, the *triangulation of investigators* took place when the coding team individually analyzed transcripts, corroborated the conclusions regarding themes with an IRR of 80%, which thereby increased trustworthiness. The purpose of crosschecking or *checking for representativeness* ensured that the majority of themes were present within the majority of the transcripts.

Finally, I provided *thick, rich descriptions* (Creswell, 2013) of the raw data within my results to allow readers to draw their own conclusions about transferability, credibility, and trustworthiness. Such detailed description was not only evident to the data collected during the semi-structured interview, but also included details of the demographic data of the participants and their responses to the open-ended question listed on the demographic

questionnaire. I included the photograph of the companion miniature as well so readers could clearly see the connecting themes that emerged from all forms of instrumentation.

### **Summary**

In summary, in Chapter 3 I provided a description of my research design for my transcendental phenomenological study exploring experiences of CHSTs in relation to their learning humanistic sandtray therapy from the Sandtray Therapy Institute. I recruited participants using purposeful and snowball sampling in order to explore the phenomenon experienced by CHSTs. Semi-structured interviews and demographic questionnaires were employed to gather data. The data was recorded, transcribed, and analyzed using the Miles and Huberman' (1994) method. Efforts of credibility and trustworthiness included providing an audit trail, *checking for researcher effects with reflexive journaling*, coding team bracketing and triangulation, *checking for representativeness*, and providing *thick, rich descriptions*. In the following chapter, I discuss the results of the study.

## **CHAPTER IV**

### **Results**

In Chapter IV, I thoroughly discuss the results of my study. First, I present a detailed outline of the data retrieved from the demographic questionnaire, including the participants' responses to the open-ended question. Second, I present the results from the phenomenological thematic analysis of the transcripts of the semi-structured interviews. Finally, I provide pictures of the participants' companion miniature that they selected to reflect the significance of the semi-structured interview.

#### **Demographic Information**

Eight Certified Humanistic Sandtray Therapists in the south central region of the United States agreed to participate in this study. Prior to the interviews, participants completed a demographic questionnaire (Appendix A) indicating participant background information: (a) gender, (b) age, (c) race, (d) license, (e) education, (f) point in career they received training, (g) primary clientele served, (h) years of practice, (i) previous sandtray training, (j) the frequency of sandtray use in their practice and (k) their guiding counseling theories. In addition to background information, the demographic questionnaire included an open-ended question to help participants focus their experience before the interview (Moustakas, 1994) and articulate how their Humanistic sandtray therapy training informed their personal and professional work. The participants' responses to the demographic questionnaire are provided in Table 1 as well as in narrative form below.

Table 1

*Demographic Characteristics of Participants*

Pseudonym	Age	Gender	Race/Ethnicity	License(s)	Highest Level of Education	Theoretical Orientation(s)
Amanda	56	F	White	LPC, CEH	PhD	Humanistic, Adlerian
Steve	42	M	Native American & White	LPC	PhD	Adlerian
Benjamin	40	M	Hispanic	LPC-S, RPT-S, CCPT-S, CPRT-S	PhD	Humanistic, Person-Centered
Fiona	41	F	White	LPC, LCDC-I	MA	Humanistic
Rae	40	F	Middle Eastern & White	LPC-S	MA	CBT, Family Systems, Gestalt, CCPT
Kari	36	F	White	LPC-S, RPT-S, CCPT-S	PhD	Person-Centered
Joe	32	M	White	LPC	MA	Adlerian, Gestalt, Person-Centered
Carl	36	M	White	LPC, RPT	MS	Gestalt, Humanistic Person-Centered

*Note. Certified Child Centered Play Therapist Supervisor (CCPT-S), Cognitive Behavioral Therapy (CBT), Child Centered Play Therapy (CCPT), Certification in Ericksonian Hypnosis (CEH), Licensed Professional Counselor (LPC), Licensed Professional Counselor Supervisor (LPC-S), Licensed Chemical Dependency Counselor Intern (LCDC-I), Registered Play Therapist (RPT), Registered Play Therapist Supervisor (RPT-S)*

**Participant #1 – Amanda**

Amanda is a 56-year-old female who identifies as White. She has been practicing in the mental health field for the last ten years and received her Humanistic sandtray training while completing her doctoral program. Amanda indicated that she has been using sandtray therapy in her collective clinical work for two to four years. The process in which she received her training followed the Humanistic sandtray therapy intensive training protocol (Appendix C) for Level I, Level II and supervision. Her primary clinical population includes children, adults, and families, and she uses sandtray therapy on a monthly basis. When asked to “please describe how your experiences with Humanistic Sandtray Training offered by the Sandtray Therapy Institute, informs your personal and professional work?” Amanda responded: “I have a solid foundation of expertise that allows me to confidently guide consumers of the services to a shift in perspective that greatly enhances positive outcomes in a brief therapy approach.”

**Participant #2 – Steve**

Steve, a 42-year-old male who identifies as a Native American and White American, has been practicing in the mental health field for eight years. He received his Humanistic sandtray training during the middle of his doctoral training and indicated using sandtray therapy in his collective clinical work for two to four years. The process in which he received his training followed the Humanistic sandtray therapy intensive training protocol (Appendix C) including six hours of supervision. Steve’s primary clinical population is adults and indicated that he uses sandtray mostly with his student and supervisees. When asked to “please describe how your experiences with Humanistic Sandtray Training offered by the Sandtray Therapy Institute, informs your personal and



professional work?” Steve responded: “Learning to process polarities has been remarkably beneficial in working with clients. My students have also reported processing polarities as a worthwhile technique in the schools and community.”

### **Participant #3 – Benjamin**

Benjamin is a 40-year-old male who identifies as a Hispanic. Benjamin initially received some exposure to sandtray during his Master’s program and then took a sandtray course as a doctoral student. He completed his Humanistic sandtray training after he received his PhD. Benjamin has practiced in the mental health field for 14 years and has been using sandtray therapy in his collective clinical work for more than 8 years. Prior to completing his CHST program, Benjamin took a graduate course in sandtray and attended at least 10 hours of training at various conferences. He identified his guiding counseling theories as Humanistic and Person-centered. His current primary clinical population is postgraduate supervisees and he uses sandtray on a monthly basis. When asked to “please describe how your experiences with Humanistic Sandtray Training offered by the Sandtray Therapy Institute, informs your personal and professional work?” Benjamin responded:

I enjoyed the training. Dr. Armstrong continues to provide me with mentorship and support. I have met with him several times after the supervision period for guidance with clients and professionally. As far as the professional experience, I like how focused the training is on theory and how it provides rationale for how to process trays. I do not really think that you get that level of training anywhere else.

**Participant #4 – Fiona**

Fiona is a 41-year-old White female and doctoral student in counselor education. She received her Humanistic sandtray training at the end of her Master's program and into her postgraduate internship. She has been practicing within the mental health field for four years and noted that she has been using sandtray therapy in her collective clinical work for two to four years. Fiona was first introduced to sandtray therapy in her Master's level practicum course. She independently read sandtray books, began using sandtray with clients while in her Master's internship, and then completed the CHST training protocol (Appendix C). Adult women and couples are her primary clinical populations and she uses sandtray on a monthly basis. When asked to "please describe how your experiences with Humanistic Sandtray Training offered by the Sandtray Therapy Institute, informs your personal and professional work?" Fiona responded:

I have found that my personal life has been mildly influenced by sandtray in that it serves as a type of expressive arts therapy, which informs how I view myself and others (as people who have a right hemisphere that primarily communicates without spoken/written language). I have also had several personally moving sandtray therapy experiences when partnered during trainings with other counselors that have allowed me to go deeper into my own experiencing and understanding of my life (primarily focused on the current state of my marriage). Professionally, I have found sandtray therapy to be a way to help clients experience their own emotions in the here-and-now in a safe and supportive environment. This has helped my clients grow in self-awareness and self-compassion.

**Participant #5 – Rae**

Rae identifies as a 40-year-old, Middle Eastern and White female who received her Humanistic sandtray therapy 10 years into her clinical practice. She has been practicing in the mental health field for 11 years. While she has been using sandtray in a play therapy capacity for more than 8 years, she noted that she has been using her Humanistic sandtray training less than a year. Rae indicated the process in which she received her training followed the Humanistic sandtray therapy training protocol (Appendix C) for Level I, Level II and supervision. Her primary clinical population includes individuals, families, and couples from age three and up. She uses sandtray on a weekly basis when working with her play therapy clients and on a monthly basis with other clients. When asked to “please describe how your experiences with Humanistic Sandtray Training offered by the Sandtray Therapy Institute, informs your personal and professional work?” Rae responded:

Sandtray allows me to communicate and connect with clients in a new way. [It’s] another tool to use in session with clients. Sandtray allows for a sometimes deeper and more abstract expression from a client. It is helpful at points when talk alone is not enough in order to move forward.

**Participant #6 – Kari**

Kari is a 36-year-old White female who completed her Humanistic sandtray therapy training after completing her PhD program in counselor education. She has been practicing in the mental health field for 12 years and has been using sandtray in her collective work for more than eight years. Her sandtray training included a few classes in her PhD course work that integrated information and experiential training on sandtray as

well as the Humanistic sandtray therapy training protocol (Appendix C) for Level I, Level II, and supervision. Her primary clinical population includes children and supervisees and uses sandtray therapy on a monthly basis. When asked to “please describe how your experiences with Humanistic Sandtray Training offered by the Sandtray Therapy Institute, informs your personal and professional work?” Kari responded:

First of all, it helped me go further in my own personal growth. Also, it helped me understand further how to implement the use of sandtray with clients of various ages. Particularly it was very helpful to my work as a supervisor.

#### **Participant #7 – Joe**

Joe is a 32-year-old White male and doctoral candidate in counselor education who received his Humanistic sandtray training after he received his full professional licensure as a professional counselor. He has been practicing in the mental health field for four and a half years and has been using sandtray therapy in his collective clinical work for two to four years. Joe’s sandtray therapy training included a doctoral level course in Gestalt therapy that integrated sandtray and followed the Humanistic sandtray therapy training protocol (Appendix C) for Level I, Level II, and supervision. His primary clinical population includes teens, adults, couples and supervisees. Joe indicated he uses sandtray therapy on a monthly basis. When asked to “please describe how your experiences with Humanistic Sandtray Training offered by the Sandtray Therapy Institute, informs your personal and professional work?” Joe responded: “I am much more focused on feelings, resistance, polarities expressed by clients, and my own experience as the therapist.”

**Participant #8 – Carl**

Carl, a 36-year-old White male and doctoral student in counselor education, first learned about sandtray therapy to a minimal degree in his Master's program. He received his Humanistic sandtray training after he was fully licensed as a professional counselor and after he enrolled in his doctoral program. Carl has been practicing in the mental health field for five years and using sandtray therapy in his collective clinical work for four to six years. Carl described the process in which he received his sandtray training as

In my master's program, I learned the basics of sandtray in an activity therapy class. We spent two days learning about it and had to buy the Homeyer book on it for class. Then I took a level 1 and level 2 training that included six hours of supervision through Dr. Armstrong's CHST training. I took an advanced play therapy class and a Gestalt therapy class in my doctoral program where we spent time learning about sandtray and how it could be used in advanced play or Gestalt therapy.

Carl indicated his primary clinical population as children and adolescents and noted that he uses sandtray on a monthly basis. When asked to "please describe how your experiences with Humanistic Sandtray Training offered by the Sandtray Therapy Institute, informs your personal and professional work?" Carl responded:

My Humanistic Sandtray Training has helped me to be more aware of my own emotions and concentrate on my feeling to help feel them fully instead of denying them. It has helped me to see my feelings in a different way, i.e. fear as not being scary but serving a purpose. In my professional work, I feel it has made me more in tune with the here and now of clients, as well as being able to focus on the

immediacy of client's non-verbals. Also, it has helped me realize the power of looking at one's thoughts to help get past the block that a client is experiencing or help them put words to what is going on for them. The training also helped me to be with my client in their experiences in the here and now, and helped me in strengthening my therapeutic relationship with clients.

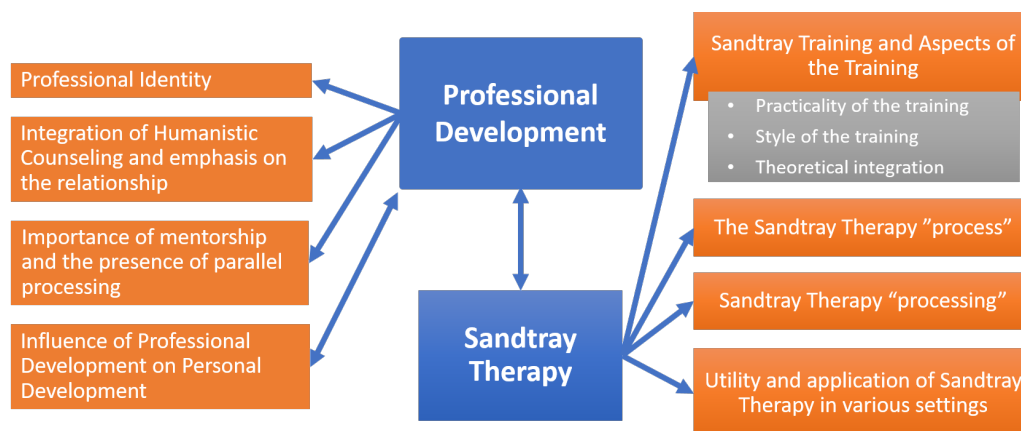
### **Significance of Demographic Results**

The instrumentation of the demographic questionnaire added value to the study in a variety of ways. First, it helped to discern practical information like years of practice, licenses, educational degrees, and theoretical orientations with ease. From this information, I recognized that all participants ascribed to theories under the humanistic theoretical umbrella prior to seeking the training. It is worth noting that while one item asked about educational degrees, the item did not specifically account for participants currently enrolled in programs. However, through other items on the questionnaire (e.g. At what point in your career did you receive your training?) I was able to deduce that all but one participant had received their PhD or was currently enrolled in a PhD program. Second, I was able to compare and contrast participant interview responses to their demographic information. For example, I observed that participants with five or less years of experience in the mental health field spoke more in depth about their personal growth and development that unfolded as a result of the training compared to participants with more than five years of experience. I also noticed participants with five or more years of clinical mental health experience, many of whom were also supervisors and/or counselor educators, spoke more about the personal development that observe with students and supervisees when they integrate sandtray therapy into class and supervision.

Finally, one of the items on the questionnaire directly informed me to what point in the participants professional developmental career that attended the HST training. All but one participant received their training after they were fully licensed as a LPC. Fiona was the only participant who received this advanced sandtray therapy training early in her career. She started Level I as an advanced student and completed her certification as a novice professional.

### Identified Themes

Two major constructs, eight super-ordinate themes, and three sub-ordinate themes emerged from the data analysis. A detailed account of the coding manual and the theme definitions is located in Appendix E. These themes and major constructs are represented in Figure 1.



*Figure 1.* Thematic analysis diagram.

The two major constructs of professional development and sandtray therapy were present in all eight participants' interviews. The researchers identified a reciprocal interaction between professional development and sandtray therapy where participants: a) advanced their sandtray therapy skills and that influenced a broad range of their professional development; and b) advanced their professional development that influenced their sandtray therapy skills and understanding. When looking at the

superordinate themes, their professional development directly benefited participants' professional identity, integration of Humanistic Counseling, and emphasis on the therapeutic relationship, as well as revealed the importance of mentorship and the presence of parallel processing. The fourth superordinate theme influenced by professional development was the beneficial and reciprocal influence of professional development on personal development. All eight participants made comments and spoke to experiences where their personal development was positively impacted by the training. Sandtray therapy directly influenced the superordinate themes of participants' sandtray training and the aspects of the training, sandtray therapy *processing*, the sandtray therapy *process*, as well as the utility and application of sandtray therapy in various settings. Within these four superordinate themes, the researchers identified three subordinate themes. Sandtray training and aspects of the training specifically included practical aspects of the training, the style of the training, and the theoretical integration. Below, I provide thick and rich descriptions of the identified themes with raw data from the interviews.

### **Professional Development**

The research team identified professional development as a major construct as all eight participants spoke about their decision to seek out HST training as a professional development opportunity and all eight discussed specifics of how they developed as a professional because of the training. Rae mentioned how engaging in the training affected her professional development by reminding her to explore creative therapeutic approaches beyond her typical approach:



It really reminded me to not rely so heavily on traditional talk therapy. I guess I mean that's how it's sort of, you know, guided me and that there are those times where therapy seems to get, like, kind of get stuck or be a little bit stale or whatever. And so it's just reminding me to, you know, remember to think outside the box a little bit more. It's like a reminder, hey there are way more ways to do this, you know, and so there's some element of, you know, an artistry or creativity to the sandtray therapy. . . so kind of inspires you to be more creative and other aspects of your practice.

Fiona reported her enthusiasm about integrating things she loves into her professional development:

I got to realize that I can use things that I love together, right, that counseling is not just about talking. I've always been a person that loves artistic expression and grew up around it. . . and so that's been really, really fun. And it's given me as a counselor an alternative, a really valuable alternative when talk therapy isn't working. . . . It's a completely different way of working. So knowing that I have that to offer is huge for me.

To further articulate the nuances of the professional development major construct, I will detail the results of the four superordinate themes that were identified by the research team.

**Professional identity.** All eight participants mentioned how their professional identity was shaped, impacted, and affirmed because of the training. For example, Fiona explained how the training added to her previous knowledge of sandtray therapy and other expressive arts and fit with her Humanistic professional identity.

The idea of learning how to process the tray in a way that fit better with my theoretical orientation, so I'm humanistic, I'm kind of person-centered and Gestalty and that fits really well for me with expressive arts and stuff anyways. . . things really just clicked for me and fit for me.

Carl noted that the training was a rewarding experience for him as it affected his professional identity and developmental journey.

The experience of doing it was very rewarding. Because I feel like it helped project me on a path of, like, who I want to be as a therapist more after I got done with the training. . . I want more training in Gestalt Therapy or at least join a Gestalt group so like a five year group to where we're really focusing on that. Because I saw the power of the here and now and saw the power of being able to sit with the person through their emotions.

Kari spoke about how the training shaped her clinical work outside of sandtray work with clients and affirmed her person-centered theoretical approach. "I have grown so much more on not relying on questions, but using reflecting feelings and reflecting content to keep people maybe more in the affective realm of processing. I think it's made me better interpersonally in that regard."

Benjamin spoke to how he wanted to add to his previous sandtray training and establish credibility with it, "so it's kind of twofold of wanting to prove my own experience with a medium, while also kind of, if I can have credential behind my name." Many other participants talked about how this type of credibility and training added to their confidence as a professional. Rae mentioned:

I have a little more confidence in my ability to help my clients because I have an additional like tool that I can offer them an additional way of expressing themselves in the session, you know, so I feel kind of more confident as a clinician, as I just have more to add to my repertoire.

Amanda reported that her sandtray training has helped reaffirm her trust in the therapeutic process with clients and working within her Adlerian theoretical lens:

Trusting the process. Realizing that at the end of the process. I can ask the client to shift their perception in some special way. Even without a sandtray. And that they can still enjoy a sense of profound change or at least a little hope for their future. I think probably working in Sandtray has sured up my confidence to just step into that space and work that way with a client.

Additionally, several participants mentioned how they felt a sense of pride adding an additional credential to their name and being a part of a club that shared the same passion for sandtray. For instance, Steve discussed “I’m proud. You know, I finished another certification.” Later in the interview Steve added, “Not a lot of people know about sandtray or speak the sandtray language. So I think I’m part of a club.”

Consequently, many participants spoke about how they had a sense of protection over the therapeutic medium of sandtray. For example, Amanda mentioned interacting with other professionals who were not trained in sandtray therapy and do not speak the sandtray language, “I love Sandtray and I value it and I started to feel very protective over sandtray.” Participants spoke to a sense of gatekeeping with their protection of sandtray therapy and its use with clients. Steve described, “I would never want to

introduce sandtray as like a gimmick, or something that I want to try for my own sake. I want it to be organic and for them to feel safe.”

Benjamin emphasized the importance of properly training clinicians to use sandtray with clients, “my hope is that the therapist, who's conducting the session, is trained in order to effectively help the clients as they process the sandtray.” Not only did participants speak to their own development within their professional identity, but they also spoke to the identity of the counseling profession as a whole and protecting the integrity of that identity.

**Integration of Humanistic Counseling and emphasis on the relationship.** The current superordinate theme was developed from the words and phrases that all eight participants used. Participants repeatedly mentioned terms such as genuine, authentic, real, organic, safety, safe space, sacred space, deep respect, compassion, acceptance, trust, patience, empathy, understanding the whole person, their whole story, making meaning, presence, and being with when referencing their understanding of counseling relationship. All of the participants spoke to how their training in sandtray influenced or affirmed their emphasis on the relationship and their integration of Humanistic Counseling principles. For example, Benjamin discussed how the training reinforced his following of Rogerian principles:

Creating an environment where the client feels safe and accepted for who they are as they are in that moment, having a non-judgmental attitude where you genuinely care about the client in front of you for themselves. And then to me it's also really important to really be able to demonstrate empathy to the client really going into, I see your experiences as you see your experiences, although I'm not you, I'm still

me, I'm my doing my best to really understand what that's like. And the more you can continually communicate that and the more the clients perceive that the more your relationship will be enhanced to then doing more expressive arts in the future.

Later in the interview, Benjamin noted, "I love working with kids and I think my sandtray work, only enhanced what I already know about working with kids. It only reaffirmed that sometimes you have to be very patient." Kari added to this theme of connecting deeper in the client-counselor relationship:

I think why I'm humanistic in my approach to therapy is I think what sets the stage for change to happen and what produces change is the relationship and I think doing sandtray with clients and students, it takes the relationship to a deeper level. . . I approach it in a way of this is sacred ground. You have my utmost respect because you're willing to do this. I want to protect this and protect you in this. I think it deepens the relationship and shows how valuable I see that experience for the client and that it is very meaningful.

Amanda discussed how her training influenced her Humanistic Counseling practice:

I truly believe it's helped me. I've always had a sense of empathy and compassion for my clients. But I truly think that the training and the work I've done around Sandtray has helped me be more authentic in that because again, not to be the expert of my client's lives, right? They're the only expert.

Alongside the Humanistic belief that client is the expert, Fiona shared how the training allowed her to embrace her intuitive clinical skills:

I've always been the kind of person who is okay, sitting with people in silence. So I took to sandtray from that, you know, because that feels right to me to be able to sit with them and not need to talk and just let them feel and being with them but it may be that it's enhanced it. . . and I think it is good because it gave permission. That's okay, that that's all that needs to happen.

Joe highlighted how he appreciates how the Humanistic traits, specifically Adlerian, embraces a holistic view of clients:

It's not limiting at all. And what I appreciate about that is conceptually, it takes them into consideration. The full person and all of the influences and experiences that make up that person, who they are. . . there's still a focus on understanding the full person and sand tray.

Steve spoke to how the training expanded his Humanistic Counseling knowledge to his surprise, “I learned a lot about the Humanistic idea, like for example, I've never forgotten that they're actually six core conditions, instead of three and nobody else has ever told me that, you know, I've never seen that anywhere else.” Steve also mentioned how his has been able to integrate these Humanistic elements into his role as a counselor educator:

Having that genuine experience, but also being present, you know, as if I have nothing else to do except teach this class today. . . I'm going to be present and will be genuine with this time right now. And that has significantly positively impacted my student evaluations and it also builds rapport, builds that relationship, you know. Student know that they can reach out to me for help with advising or whatever, even if I'm not their advisor.

All eight participants spoke to their professional development surrounding their integration of Humanistic Counseling concepts and their emphasis on the relationship. However, their development was not isolated to just their professional growth, participants' experiences unveiled a superordinate theme surrounding their personal growth as well.

**Importance of mentorship and the presence of parallel processing.** All eight participants discussed how other professionals influenced and inspired their pursuit to seek out additional training in sandtray therapy. Some participants reported being referred to the training by another colleague or instructor who had received the training and others reported directly working with the trainer in previous professional relationships (i.e. supervisor, graduate instructor). Seven out of eight participants reported being exposed to sandtray therapy during their graduate training. Fiona noted, "I was exposed to sandtray really early on in my training and fell in love with it right away. Just the depth of emotional processing that it can bring about and I loved it from the beginning."

Many participants discussed how the exposure to sandtray therapy during their early counselor development was particularly impactful because of the highly regarded relationships they had with other mentors who also received sandtray training and integrated in the classroom or in supervision. Alongside the highly regarded relationships of mentors, nearly all the participants spoke to having a therapeutic connection with the trainer and feeling safe to work in an experiential manner during the training. Participants spoke to liking the trainer as a person, respecting him as a clinician, and valuing his therapeutic knowledge and skills. Some participants reported having

worked with the trainer in other settings and wanting to seek out the training as another opportunity to take in his insight. Kari expressed:

I definitely wanted to do it just because I highly value him as a clinician and as a supervisor and just wanted to glean more from his wisdom, knowing that that's something that I use in my practice and my training of counselors and supervision of counselors. I just knew that it would be really beneficial to have more training from him.

Carl added, "He's always wanting to kind of stick with a feeling, he doesn't shy away from a feeling. And the way he works just kind of the way in which he conceptualizes the world, his clients, people-it was very appealing."

Additionally, participants spoke to the presence of parallel processing during their sandtray training. Several referenced how the influence of mentors trickled down to other generations of counseling professionals. Fiona discussed, "it's passed on almost like counselor generations of sandtray and these ideas of connecting with clients more in the here and now, and very much into doing one's own work that's been passed down generationally."

Some participants were counselor educators and supervisors, and reported that not only did the training help them feel more confident in using the modality, but it also contributed to a confidence in being able to teach their students and supervisees to use it too. Benjamin noted, "It made me feel more confident and just be able to teach others the approach." Steve added, ". . . it was modeled to me in the sandtray training. I'm modeling it to my students and their hopefully picking it up and catching on. . . that's how I want to learn, so that's how I teach." Amanda reported,



So it was a two-fold benefit. I enjoyed being able to learn sandtray and then immediately begin practicing it because I felt it really sharpened my skills. At the same time, I was also teaching my interns how to work with figures on the field and use sand play.

Joe mentioned bring sandtray into his classroom, “I try to bring and introduce sandtray- I’m teaching a group class this semester and we’ve done sandtray and we’ve talked about sandtray.” Just as the participants reported being positively influenced by sandtray therapy exposure from their past mentors, instructors, and supervisors, they are repeating the process to introduce the next generation of counselors to an additional way of working with clients.

**Influence of professional development on personal development.** All eight participants spoke to specific examples of how their experience in the training has influenced both their professional and personal development. For example, Carl shared:

It was very personal shaping and professional shaping. You know being in a room or a workshop that was so focused not only on yourself and getting to know yourself more and improving yourself, but also then professionally in a way that you see a client and how you practice with a client. They were both very changing things for me.

Benjamin referenced this theme as well: “I always feel like I could learn more and anytime you do any training you always learn parts of yourself either if it’s just personally or professionally. It kind of enhances not only your learning, but others’ learning as well.”

Many participants expanded on how their development as a person directly reciprocated their development as a professional. Carl reported, “I find so much overlap for what it's done for me personally and for me professionally. A part of that is like me trying to be just a genuine person and no matter if I'm here professionally or personally.” Steve discussed how he sees the overlap and intersection of his personal and professional development, “when I'm happy at work when I'm proud of what's going on at work. I'm happier at home, too. So they directly relate to each other when I'm happier at home and after your work.” Benjamin also spoke to the overlap of development from his experience:

I think for me it was really more the confidence and the having the experience under your belt that you have more training. And having a better understanding of what you're doing when you're in the room is one piece and then I think that also goes out to the confidence outside of the room and just your day-to-day living. I know that a lot of people when they did the sandtray trainings, they were really impacted just from seeing their life differently via going to the training. And I think for me it was more of a confirmation that I'm doing what I believe is the right thing for me. That I think you could argue that's professional and personal development.

Rae shared her experience of the reciprocating development, “for me, the whole point was to learn, self-discovery or to shed something. I really liked that experience- that taste of being a client. I think that's important, it kind of puts you in the hot seat a little bit.”

Kari shared this sentiment of a deeper understanding of the client's experience:

I think it definitely spurred me on my personal life. To be willing to do the work, because I'm asking clients and students do that work. But it also reminds me regularly the courage it takes to really to do therapy and engage in that process as a client. So I think it continues to deepen my appreciation for anyone's willingness to venture into those places of I really don't know what I'm going to find here and it's pretty scary and it may not go well what I find so to speak. So I think it just spurred me on to do my own work, but it also reminds me of how hard it is to do that how anxiety provoking and how vulnerable.

Joe added to this theme when he noted, “in making me more cognizant of my own emotions and resistance to them, it allowed me to understand or empathize with my resisting clients a lot more.”

Several of the participants discussed specific insights that they gained from processing their own trays during the training. Carl shared one of those insights, “it was personally changing because it showed me- this was a big piece of it, how much I’m denying my own feelings, how much I don't want to experience my own feelings. . . realizing my real lack of awareness that I have.” Joe shared similar insights:

I'm a lot more cognizant of my own emotions and others' emotions in a really big way. It was when I started doing sandtray that I started realizing that there were things in my life that I was resisting or emotions that I was resisting or suppressing. . . It was kind of more understanding what was going on below the surface for me brought on by sandtray that I started realizing that I don't have as much freedom, emotionally, as I would like.

Fiona discussed her experience of personal growth:

It was one of the first times that I've ever been able to see, like to physically see what was going on in my life represented in such a compact way and be able to talk about it. . . it was almost like sandtray then helped me process some things personally about my marriage and what was going on with it. About my kiddos and what was going on with them. . . Personally, it was impactful because it was a new way to do personal work and it was a way for you to actually see what was going on.

Steve reflected on a specific insight of personal growth, “There was kind of a not so happy, darker miniature. And I remember thinking, Oh, well that would fit my past, but that's not me anymore. . . it was really awesome that that wasn't part of my tray anymore.”

Participants spoke to how their experience in the training positively influenced their personal relationships. Amanda reported, “It has enhanced my relationships personally and professionally.” Joe referenced, “I’m a lot more observant of other people’s emotions.” Carl noted that his training “has helped me understand people. . . what’s going on with them more and I can keep that connection. To have more of like a patience with their awareness.” Steve referenced the positive influence on his relationships as well:

I think that it helps me be more present, you know, and it helps me be more present with a client or students, and actually my family too. . . if I'm somewhere else, I'm just not the best me I can be. I’m much better when I'm present with clients, people, and myself too.

. Kari discussed:

I think, had I not done the work that I've done I would not have the level of self-awareness that I have about certain things and I think it would hinder the health of the relationships that I'm in because I wouldn't have worked on those specific issues. . . I think sandtray has helped me get to that place of seeing those things and realizing kind of the undercurrent of what's going on in my world.

Polarities was a major concept discussed within the training and six participants referenced how processing polarities has influenced both their personal and professional development. Fiona highlighted her experience:

Definitely recognizing polarities, even in my own life and you know with my own relationships. . . knowing kind of how to help them and myself, walk through those has been really interesting, you know, knowing how to land on one side, asking you know which side is bigger to you right now? Which side is more prominent to you right now? And then just, you know, not, not being their counselor or my own counselor, but just thinking or conceptualizing I got this part of me that thinks this or wants this or feels this and part of me that doesn't. . . It's been a jumping off place for me personally and professionally to understand times when there are no words and what that looks like.

Carl discussed his increase awareness and the polarities he experiences, "I'm a more aware person now. I'm definitely more aware of what's going on for me and aware of being able to pick out polarities in my head, being like what's the struggle going on for me and my head."

Steve reported how the concept of polarities has benefited his understanding of loved ones and friends using substances, "I think that I'm more compassionate and I keep

going back to the polarities thing, but I'm more compassionate with my friends or family members who are trying to stop using. . . it's helped build some compassion build some empathy.” Joe shared a similar benefit as he discussed his increased sensitivity to how people in his personal life experience polarities. “I noticed that what crossed his face was this polarity between I want to be known, but I don't want to share and be vulnerable. And sandtray didn't make me say that I was just more sensitive to it.” It was a common consensus that the skills developed within the professional sandtray training infused into the participant's personal lives.

### **Sandtray Therapy**

As participants shared their experiences, it was clear that each had a unique and special connection to sandtray therapy. All eight participants spoke to how sandtray therapy fit or connected to their personal and professional styles, more so than other forms of expressive arts therapies or even traditional talk therapy. Joe discussed how other expressive arts “. . . didn't really connect me in the same way that sandtray did. There was something more powerful about sand tray to me.” Carl added, “I was someone that always kind of found sandtray as a medium that really worked for me and I could always get to much deeper levels using sandtray than I could others like just talk therapy.” Because of the saturation in the discussion surrounding sandtray therapy, the research team identified it as the second major construct. However, there were several nuances, which led to four superordinate themes and three subordinate themes. The details of those results are presented below.

**Sandtray training and aspects of training.** While many of the participants had sandtray training prior to their formal HST training, it was evident that this particular

training was significantly different. Participants spoke to how the different levels of training helped them progressively build upon their skills and the supervision component allowed them to seek direct feedback on the application of those new skills. Benjamin shared, “Oftentimes trainings fall short, in the sense, they talk about here is what we do, here's how you can do it. But then I'll go and go out and do it. And good luck. And I really love the supervision component piece.” Carl shared how aspects of HST training was unique to any other training:

I don't think I've ever taken a training to where I've learned as much about myself. So if someone wanted to take it, I would say, well, you have to be willing, like you're going to learn so much about yourself. And it's going to challenge the way that you conceptualize clients. It's going to challenge the way that you do therapy. But I would also tell them this will probably be one of the greatest tools in your professional life that you can get if you're a counselor.

Another aspect of the training appreciated by the participants was the smaller size of the group training. With 8 to 10 people in the HST training, participants reported experiencing a safe environment to engage in experiential personal work. Kari noted how the small group was consistent across the training levels as well. “The small group setting. I found that really beneficial and that we kind of moved together at the same pace in the sense that we say pretty much the same group across trainings was very helpful.” Benjamin noted, “I felt like the trainer tried and did a good job trying to create a safe environment. Not only the processing piece but also really the idea of you sharing your experience in your small groups.” Many of the participants spoke to the climate of safety experienced in the training to be particularly important as they described the training as

being intense, powerful, raw, vulnerable, overwhelming, unexpected and challenging. Rae shared, “it was interesting and it was fun. It was unexpected in that like it's really mind and eye opening how something that appears to be simple or childish is really not at all. It's actually very deep and complex.” Amanda added:

I'm going to say the word that came up to me was vulnerable. For me being with the group that I was with in the sand tray training- it was two different weekends. It was pretty raw, some pretty emotional stuff comes up and came up for members of our group. So being able to be a part of that sort of helped process. Not only other people's sort of abreactions in this tray process, but to process my own and to feel safe enough to just be vulnerable was my biggest takeaway.

Later in the interview, Amanda referenced that group safety again, “the vulnerability, helping hold the space for the training team to be vulnerable was pretty cool. And I was aware of it. . . because for me as a professional, holding the boundaries of a safe space is very, very important.”

***Practicality of training.*** Several participants spoke to the practicality of the training referencing the convenience of completing the trainings over weekends. They also mentioned how the trainings were held close to their homes or that the trainer traveled to their area for a group intensive weekend. Participants even referenced the efficiency of the training. There were comments that for an intensive few weekends they found the training rewarding and beneficial. Steve shared, “It didn't take a long time, in a small amount of time, and I learned a lot that I could use professionally. So for a weekend or two to improve my skills that much, it's well worth it.”



*Style of the training.* All eight participants spoke to the impact of the style and structure of the training. Participants also noted that they appreciated the diversity of the style of the training that it included both lecture of sandtray content, theory and knowledge, but also experiential, hands on learning. Many of the participants spoke to how the experiential style of the training fit their learning style. Fiona noted, “I love the training, but I love anything experiential so I kind of jumped right in.” The combination of lecture and application aligns with the previous literature surrounding adult learning and experiential learning. Steve shared his experience:

It was great because the vast majority of it was hands on, you know, I would build a tray and then my partner would process it. They build a tray then process it. Then we did videos and things like that, for the supervision and it was a wonderful experience.

Kari discussed her experience, “I just think the experiential piece of practicing it and practicing with a partner was incredibly meaningful and because of the way I learn, it would be really hard for me to absorb the information without that.” She later noted, “It just deepens the ability for a person to learn the material and to really practice and then get feedback in real time.” Fiona added to this theme as well:

I'm an experiential learner, for sure. Like, I need to see it done and I need to do it. And then I need feedback on it and so the fact that such a large proportion of the time in the training was devoted to those things really impacted how I work with clients.

In addition to the hands on application and experiential learning, participants reported appreciating how the trainer modeled the skills during live demonstrations.

Participants reported appreciating observing the skills. Steve added, “I got something out of it every day whether it was his modeling or whether it was learning from the other participants, you know, that was significant too.” Several participants discussed how the trainer modeled a way to be with clients during the modeled role-play with a volunteer. Fiona noted, “What was good for me was the experiential piece of it. That was the most impactful doing it with a partner and then watching him do it. Watching him model it with a volunteer.” Many participants spoke to how watching the trainer working warm and gentle Gestalt manner was something they had never seen a clinician do before and appreciated that style of therapeutic work. Fiona shared her reaction to the trainer’s role-play with another participant in the training:

His approach is super gentle and warm. So to experience what a Gestalt approach could look like in a way that fits with who I am and want to be. So that was I think that was really impactful to see her feel safe to see her feel accepted and to see the, the emotional risks that she was able to take even in front of a group because she experienced that with him. To see where it could go, the potential of it.

Carl spoke to this theme as well, “I mean you experienced what it's like to be around a humanistic, you know, Gestalt oriented therapist. Even just by doing the trainings, because he embodies that.”

Per design of the certification process, participants needed to complete Level I and Level II training sessions before entering into the supervision aspect of the training. Many participants spoke to how the supervision portion of the training was exponentially

impactful. Kari shared how since she has been fully licensed for several years that it has been awhile since she has had any sort of supervision experience.

I was already fully licensed and I have consultation groups that I'm a part of, but for the most part I'm out there and I'm doing things on my own. And I'm not getting feedback from other professionals about my skills and how those things are growing. And so I thought it was incredibly meaningful to get feedback. . . Unless you're showing videos to your professional consultation group, nobody is seeing what you're doing. And so I found that really meaningful just to have new insights of, okay, well, what would it be like if you did this, instead of that or here's another way that you could add to that. Or here's what you're doing well, I thought that was really meaningful.

Carl discussed his appreciation for the supervision component of the training, “Being in there and having him help guide through the steps of what you're supposed to do and things to look for really helped give some direction. I think it made it even more powerful than what I was doing before.”

***Theoretical integration.*** Participants shared their excitement for learning more about theory behind using sandtray and the rationale for its use with clients. Benjamin highlighted, “I really enjoyed that we spent a lot of time focusing on how he believed sandtray worked and how he used it to train how he processes it and why he felt it is helpful to clients.” Benjamin later added that he found the theory and rationale part of the training unique to other professional development opportunities. “In my experience with a lot of other trainings, is that sandtray is often looked at like a technique rather than, this is why we work with clients in this way.”

Several participants discussed their appreciation for the Humanistic approach and the integration of theoretical concepts of Gestalt therapy and Person-centered therapy. Specific concepts such as working in the *here and now*, working with *polarities*, staying with the feeling, and using metaphors were all reported to be significant theoretical takeaways from the training. Steve noted, “Polarities and also the six core conditions remarkably memorable. I’ll never forget it. For sure.” Later Steve added, “The only reason I was exposed to polarities was through the sandtray training.” Kari echoed the impact polarities had on her, “he talked a lot about the polarities and that is not something that I’d ever considered or worked with when I worked with clients. And so that was really helpful to me and really very eye opening.” Fiona discussed how the integration to theory was a major asset to her previous sandtray therapy skills.

I’d read the Homeyer and Sweeney book so I was doing sandtray, just from that basic sandtray perspective. . . but like I wasn’t sure what to focus in on you know. Things that a theory helps with, I didn’t know how to, how to focus in on feeling versus cognition. I certainly didn’t know how to work with Polarities at all. . . it gave me some guidance on some specific ways to work with clients from the Humanistic Sandtray perspective that was different from what I had experienced before. . . So it was already fun for me, I was already excited about it, but the Humanistic Sandtray training gave me a roadmap of how to process it.

Additionally, participants noted how the Humanistic approach to the sandtray processing aligned well with their identified theoretical orientation. Kari added, “Because I’m humanistic and because that’s what the train was about it fit really nicely.”

Carl echoed this sentiment, “I feel like if you’re already Humanistic in your practice that it fits very well.” Steve noted:

Adlerian counseling and sandtray, there's a lot of overlap or some similarities in that I'm probably not going to do sandtray for the first time, I want to build that therapeutic alliance. I want to build that rapport. Because I want them to trust me before they put their life or their concern out there in front of everything.

The participants were very forthcoming about specific aspects of the training and how those aspects, practicality, style, and theory integration, were significant to their experience.

**The sandtray therapy *process*.** During the thematic analysis, the coding team had several discussions surrounding the differentiation of sandtray therapy *processing* and the sandtray therapy *process*. The coding team agreed that certainly, the two concepts were interrelated, but after extensive deliberation, the coding team identified the nuances. The sandtray therapy *process* refers to the protocol or procedure trained counselors implement when using the modality. The sandtray therapy *process* included establishing a therapeutic setting, creating a trusting environment, selecting miniatures, creating the scene in the sandtray, the *processing* of the tray, and the continual referencing to the tray in follow up sessions.

During the semi-structured interview, participants were asked to define sandtray therapy in their own words and each participant shared their understanding of the sandtray therapy process. Fiona shared, “I conceptualize Sandtray therapy as a form of expressive arts therapy.” Steve defined, “I think it's using the miniatures and using the sand itself, you know, to tell a story.” Carl reported:

A form of therapy where concrete figures and objects are used to help create the abstract images of your mind to help make more sense of the abstract, as well as help a person experience, experience their emotions and help understand their emotions for what is being, kind of the image of what's going on in their head.

Amanda described sandtray therapy as “Jungian figures on the field.” She went on to say how the sandtray process works:

I'm fascinated by and work with subconscious processes and being trained in sandtray has exponentially sort of deepened my ability to work in that way with clients because the miniatures are literally figures on a field and delving into what they might mean to the client is always just really delicious to me. I enjoy that. So for me, sandtray therapy is a tool to help clients access their own inner perceptions and feelings, whether they know they hold them or not.

Rae stated, “I define it as a tool that allows someone to tell their story or project their thoughts and feelings onto a neutral, safe medium. . . a tool that doesn't necessarily rely on the verbal component of communication as much as traditional therapy.” Benjamin described, “. . . I would define sandtray therapy as the use of the media sand incorporated with figurines, in order to help clients represent their world or their experiences as a way of them being able to express themselves.” Kari specified, “I would say that sandtray therapy is a modality of therapeutic treatment in which sandtrays and miniatures are used to help a client process through issues and topics that are brought to therapy.” Joe articulated his definition as “utilizing miniatures or fairly rigid components in a tray filled with sand in order to dictate pictorially a client’s life or experience or whatever would fulfill the prompt for the client.” He later added to his definition, “it's a non-intimidating

way for someone to connect with what's going on, emotionally, even subconsciously with their experience.”

In addition to defining sandtray therapy in their own words, the participants repeatedly discussed their understanding and perception of the power of the sandtray therapy process. Participants made multiple references to how the collective sandtray therapy process contributes to deeper work, expediting the deep work, or acting as a lightning rod to the emotional work. Rae referenced the power of the sandtray process as a deeper, faster medium, “So you can just like reach people or reach the same people. I mean, reach more people or reach the same people more deeply, more effectively.”

There was also significant reference to establishing a safe, trusting relationship during the sandtray therapy process in order to engage in that deeper, faster therapeutic work. Steve addressed this concept when he stated, “You know we have that foundation, the core conditions, you know, Rogers core conditions are necessary. I have to establish those before I want to move on to a sandtray.” Benjamin added:

I have to build that foundational trust for them to really be able to demonstrate safely what their world is like and begin processing with them. Processing and getting to underlying issues that they might be aware and not be aware or not aware of. . . so having that foundational relationship is really the only way that a client can feel safe to trust you to do this and then continually be able to process and go back to the significance of their sandtray.

Fiona also spoke to how the sandtray therapy process as a whole contributes to deeper work when in a safe relationship.

I conceptualize it as their left brain has created this cover story and it's worked for them and it's kept them safe and sandtray strips that away. . . because it does have that capacity to strip away that protective sort of cover story layer and we've proven people open and that needs to happen in an environment of safety and acceptance.

Rae echoed this outlook:

I feel like it somehow makes you closer to your clients in a way. It's like a deeper connection. Yeah, I feel like it helps you kind of more deeply connect with your clients because you get to experience them in a different way in the session and in a meaningful way that, you know, where they sort of can't really put as much of a front or mask on. When you're doing sandtray you kind of get to see people a little more deeper, a little bit more raw, I guess. Um, so just kind of like a deeper or maybe more trusting connection.

**Sandtray therapy *processing*.** While the previous superordinate theme encompasses sandtray therapy *processing*, the research team coded the theme as an independent superordinate theme. The team agreed that sandtray therapy *processing* was significantly unique as participants repeatedly spoke to how they experienced sandtray processing including how they attended to non-verbal experiences, how they fostered deeper insight, explored underlying concerns, and used Gestalt processing techniques like immediacy and the here and now. Participants mentioned significant processing moments with their own trays. In fact, several discussed specific tray processing to be the most memorable experience of the entire training.



Participants also shared experiencing significant processing moments with their clients, supervisees, and students. Kari spoke to this theme:

I think one of the things I found with sandtray is people will create a tray and they don't realize how much they're saying about their personal world and about their life through the tray until they begin to process it. And so, as they process it, it's kind of revealed or a realization of wow, I'm kind of naked and out there right now and I didn't necessarily maybe think that I was doing that or maybe intend to do that as much.

Amanda described a processing example with her client:

The most important thing I can ever do to help a client in their suffering is simply help them shift their perception. And that's the power of the sandtray. That little last at what would you change. And then encouraging them to remove a figure or add a figure move them around. And then checking in and being able to see and feel and hear them report the shift of perception. And of course the associated feelings. For me, that's the magic.

Similar to Amanda, Steve discussed how his processing experiences do not just focus on the tray, “So I think that the sandtray and the Gestalt, you know, I guess I just don't focus on the tray. But I focused on what they're doing and how they're movements are, like are they really focused on one particular miniature.” Carl’s experience to processing shared similar connections to Gestalt work:

It seemed to focus so much on immediacy. And seemed to focus on the non-verbals, being immediate with the non-verbals of clients. . . keep them experiencing that emotion and allowing that to be okay for them, but then also

within that, that kind of dance and learning, you know, how long is too long. You know what it looks like for someone to jump out of that and then dive back into that deep emotion. So I feel like I learned so much about working with clients when they are experiencing an emotion.

Carl continued to discuss the significance of processing and staying with emotion, “you’re continuing to put somebody in an uncomfortable place. But, what I experienced myself and what I saw from others is, it’s actually healing to sit in that emotion and process through that emotion. I found the power in that.”

**Utility and application of sandtray therapy in various settings.** Participants spoke to the versatility of sandtray therapy and frequently mentioned how it can be adapted to fit the application with a wide variety of settings. The most obvious setting is in the application with clients. Rae noted that sandtray adds:

. . . a different dimension to therapy, meaning it's tactile, it's visual and also adds an element of play to therapy. . . It does add an element of getting out of your adult way of processing and thinking. I don't know, I don't really want to say adult, but like your conditioned way of experiencing things, in explaining things and it allows you to go back to like a more basic way of expression, you know, like in play therapy, play is the language, you know, it echoes that a little bit for me.

Later in the interview, Rae emphasized the versatility of sandtray therapy:

. . . giving your client like a new space to express themselves and process their thoughts and feelings and experiences, you know, and so plus it's playful and I keep going back to that. Plus it's like playful and doesn't feel quite as heavy as

some of the other stuff that you can do in therapy. So it brings a nice levity to the practice a bit.

Carl discussed how he finds valuable application with teens:

It's given me another option of something I can do with teens and feel more comfortable with teens and with adolescence. . . sandtray is incredibly powerful for them. And I find it to be the most helpful mode of a form of therapy that I do with them.

Carl later spoke to how sandtray meets clients at their developmental level:

You can't expect them to experience things on a level that's not developmentally appropriate for them. And so with Humanistic sandtray, when you're being with your client doing sandtray, there's still so much that they're getting out of it, even if they don't have the big aha moments while doing it. . . It's really powerful for any age range as long as I think with the humanistic form and you're not forcing them to go somewhere they don't have to go.

Fiona added to this theme and discussed how sandtray is a valuable tool when working with clients who have experienced trauma:

It gives my clients' right brains a chance to speak without words, you know, I love that. I love that. I feel like in talk therapy there you know we hit a lot of barriers and I think part of the barriers that I hit with my clients, both the private practice ones and the ones at my organization who have experienced trauma or anything like that, then a lot of times there are no words. Sandtray is an opportunity then for my clients for them to speak without using words.

Joe stated that the versatile application of sandtray could be especially helpful to beginning counselors who encounter client resistance, “But when a counselor, especially a new counselor starts hitting resistance this is a very handy tool in the toolbox. To get them over the hump into the next level with their clients.” Also speaking to the versatility of sandtray therapy, Rae added, “for me, something like you know, expressive arts or like a sandtray therapy or whatever transcends cultural limitations and boundaries in therapy.”

Although participants spoke favorably about the use and application of sandtray therapy with a variety of clients and in various settings, participants also addressed caution for the approach in specific situations. For example, Fiona reported being extremely thoughtful and intentional when using sandtray with clients who have experienced sexual abuse and using substances.

I've really started being very careful about when I broached the idea of sandtray, and making sure that that relationship is really strong and that clients aren't so terrified of going there . . . Doing something like sand tray can be really emotionally overwhelming for women who have spent the majority of their lives, using substances to push away the feelings and avoid them at all costs . . . because if they're not ready to feel it, it can actually be retraumatizing I think. And for the women that we work with in our program. It can be the thing that causes relapse.

Later in the interview, Fiona further discussed how caution and intentionality is needed within this approach and how sandtray therapy might not be a good fit for all clinicians.

I don't think it's a good fit for everyone and almost don't want them trained.

Because I don't think they would responsibly carry it out. You know, I think

sandtray is so powerful that if I had a colleague that I thought, you know, was able to empathize and care deeply and had done some of their own work and weren't going to be on some kind of power trip. You know. Then I would definitely recommend that over others because of the potential for like the emotional depth and the potential to help clients move to new places and self-awareness and to feel fully accepted, I love sandtray for all those reasons. . . I think there are people for whom it's not a good fit and I almost don't want them to have such a powerful tool in their tool belt . . . I think because there's such deep processing that happens and it's so incredibly personal that I think someone who was blasé about this tool could really wound a person or client. I really do. It's that spider man thing, you know, great power, comes great responsibility. I think sandtray is a tool like that.

Joe shared the same sentiment that clinicians who engage their clients in this medium need to do their own work and be sensitive to the potential for emotional depth in the sandtray processing. “You don't do something with your clients that you haven't done your work in- you don't prescribe a prompt that you haven't worked out yourself.”

Another setting in which participants discussed the utility of sandtray therapy was within their work with supervisees and in the classroom with students. Several participants spoke to the utility of it to help supervisees conceptualize client cases as well as fostering development in personalization skills. For example, Joe stated, “it gives them this pretty intense training that's focused on themselves, and then frees them up to work on that. And even for other things with their client.” Benjamin reported he found value in integrating sandtray and other expressive arts into the classroom, even if they are

not expressive arts or sandtray courses. “It also helps me formulate a stronger rationale for why students might need an expressive approach to express themselves because they're stuck or feeling they can't articulate their concern verbally.” Joe added to this theme when he discussed using sandtray therapy as an assessment tool in counselor education:

. . . facilitating sandtray with my practicum class so that we can get a better understanding of who's very resistant to experiencing their feelings. Who's more open to it as we as we do stage two interviews to move people on to have their own clients. That's an important thing to know.

Amanda shared her experience using sandtray with practicum interns, “So much came of that. The experiences my interns had in their growth and development using sandtray as a self-assessment tool at the beginning of the semester, midterms, and finals and then creating their own photo journal of their success.” Later in the interview, Amanda spoke to the effectiveness she perceived with the sandtray application during supervision, “I don't want to just globalize my experience, but pretty sure sandtray expedites processes across the board for almost all clients and I felt like my interns were also able to expedite that process a little bit in their development.”

The third and final setting discussed among participants was the utility of sandtray therapy and practicing self-care. Carl discussed how he uses sandtray therapy as a self-care tool:

I've realized myself that like I need to do a sandtray session for myself like on myself, have someone do it for me where I'm the client at least like once every six months. The amount of things that I became aware of from doing that just helps

me stay in a place where my awareness is always increased because it helps show me that it's really- how hard it is for me to stay in the present, how hard it is to stay in the here and now and how important that is for me to stay in the here and now.

Several participants echoed the application of sandtray when attending to self-care.

Amanda noted, "I still use sandtray, if I'm, if I'm struggling, I whip out the sandtray fool around with it." Benjamin added:

I remember as a doc student so, you know, I'd go into the sandtray room and create my own tray just because I would go, you know, I don't know what's going on in my world, but maybe if I could put it in the tray I can concretely see things... And from early on it would be very therapeutic even if I didn't really process anything out loud. . . and I have found that true today.

Kari also reported using sandtray therapy in her graduate training.

I've continued to do that throughout my career when I needed to process something personally that I'd create a tray at the end of the day. And then I also use it a lot in my own personal counseling with my personal counselor. I do a lot of trays with her. It just further confirmed what I believe to be true, it takes you to a different level that sometimes is not always accessible through talk therapy only.

She later added, "I find it very meaningful at times to create my own tray centered around a work situation or a client or a student. It helps me kind of process and then not carry that in my personal life."

### Companion Miniature Themes

The goal of having participants select a companion miniature was to help triangulate the data with a visual representation of what they perceived to be the significance of the interview and enable me to more deeply understand their overall perception. By incorporating metaphor and symbolism into the data collection process, participants were able to communicate their HST training experience beyond verbal expression. Moreover, during the process of participants selecting their companion miniature and describing their selection, I observed significant body language that suggested enjoyment and playfulness. For example, I noted in my reflexive journal that several participants smiled when I asked them to select a companion miniature. Some even allowed for a playful exploration of the meaning behind their miniature almost as if they were uncovering the words as they described their selection. Photos of companion miniatures and the participants' verbal narratives pertaining to their selection are included below.

Amanda's miniature selection (Figure 2) reflected the superordinate themes *influence of professional development on personal development* and *the sandtray therapy "process."* Throughout the interview, she referenced a tray she created during the training with a single butterfly in the sand and mentioned the continual reflection she has had on that tray since her training. Initially when asked about a companion miniature, she explored the idea of selecting that same butterfly; however, she changed her mind when she processed her selection and reflected on her growth.

I, you know, now I'm almost thinking the message in the bottle. I really like that.

I think I would because the butterfly's wings are dry. She's out flying on the



breeze right now. So I think maybe the little tiny message in the bottle. It's a note from my future self, that's full of all kinds of neat interesting, exciting client stories from my new job and how well, everything's going in my practice. Yeah. Now I want a little message in the bottle for my figure.



*Figure 2.* Amanda's companion miniature.

Steve's companion miniature selection (Figure 3) connected to the superordinate theme of *integration of Humanistic counseling and emphasis on the relationship*.

I don't know if you know the show, *Stranger Things*, or not? It is actually *Eleven*. And I'm making a connection now. I don't know how many times I said being genuine, authentic, and real. A few times, right? And when thinking about the show one of the things is friends don't lie, you know? Kind of getting a connection- I am getting a connection of when I'm in class I'm me and I'm real. If I wasn't, then I'd be lying. And that means I don't have to remember what I've said, or whatever because I've been honest and real, you know.



*Figure 3.* Steve's companion miniature.

Similar to Steve, Benjamin selected a TV character for his companion miniature, but his miniature (Figure 4) reflects the superordinate theme *influence of professional development on personal development*, the major construct of *sandtray therapy*, and the superordinate theme *the sandtray therapy "process."*

I can't really connect it to the character, just my perception of what he looks like. You know, I always feel like I kind of go along with the bumps in the road and see how things go. And so there's some optimism that I think he brings with maybe some naiveté. So, and I feel like that kind of maybe exemplifies me for the most part. . . I think when it comes to professionally that you're- there's always times you're going to learn about yourself and sometimes things you don't really want to learn about. But there's also times where you're on this journey and things are good, you know, and I tend to focus like on the, oh, what's going to happen next. But sometimes it brings me back to, oh enjoy this bump as maybe it's not so bad. I feel like that's pretty metaphorical for this [the sandtray process] and even me alone in my transition as a professional.



*Figure 4.* Benjamin's companion miniature.

Fiona's narrative surrounding her companion miniature (Figure 5) connected to the superordinate themes of *importance of mentorship and the presence of parallel processing* and *sandtray training and aspects of the training*.

Okay, so I picked this one and this I have all the inside out figures. I love them but this isn't sadness for me right now. I love her thoughtful expression. I think that's what's been most impactful for me to talk to you is just to sort of revisiting it, you know what my experience was like to revisit it later. I never talked with anybody about what all that was like and to put it together to create sort of a narrative of it. Looking back, like, oh, well, that didn't impact me as much because I had already been exposed to that before, but then I was exposed to that person who was trained by that person. So in a way, there's like this far-reaching impact. I hadn't really thought about that. Then it's interesting, your questions about how Sandtray has impacted me personally I think something that I haven't spent very much time thinking about it all. That was interesting. . . I love sandtray as a medium. I do, but for me it's mostly about the people. So I feel safe with [the trainer] and I have for a long time and the people that have come from

his like guidance [they] have been formative people for me, like, super formative people so it's hard for me to separate sand tray from the people that have shaped me you know, because it's like so mixed in together.



*Figure 5.* Fiona's companion miniature.

Rae's companion miniature (Figure 6) and narrative spoke to the superordinate theme of *professional identity* as she speaks about her miniature symbolizes her role in the counseling relationship.

I feel like this is a pretty obvious one, it's a lantern. It's something that is meant to help you illuminate you know the dark or the darkness and so it helps you guide the way and see where you're going and you know, make things more clear less scary. And you get to hold it in your hand right like if you have a lantern, you typically hold it so you get to direct where the light shines. And so I guess I think of it in two ways that it's my role as a therapist in the therapeutic relationship and well, gosh, and I mean I need something sometimes, some kind of like guiding light or whatever. Some kind of lantern like this to show me the way to cut through the darkness, you know. I believe in like looking within. . . yea, so just

kind of like the increased awareness, you know, or the uncovering and finding a way to express yourself.



*Figure 6.* Rae's companion miniature.

Kari's companion miniature (Figure 7) selection and narrative referenced the superordinate theme of *sandtray training and aspects of the training* and the subordinate theme of *style of the training* she talks about her sense of safety in the environment of the training.

It's a figure of an individual who's sitting and I can't remember what the pose is called in yoga, but they're cross legged and kind of arms out and it's just like a very open willing posture. And so I think as we've talked just that comes to mind for me. Just thinking about specifically, my experience with the training of- that's just kind of the- I think that's the feeling I had as I engaged in the training because I just felt like I was able just to be kind of open and accepting of whatever came of the training and whatever, whatever happened. But like, it felt like a very safe space for me. And so, as we've talked it reminded me of that.



*Figure 7.* Kari's companion miniature.

Joe selected a companion miniature that addressed the superordinate theme of *importance of mentorship and the presence of parallel processing* as well as the superordinate theme *utility and application of sandtray therapy in various settings*.

I connected with the optimistic possibilities with new research being conducted on sandtray. And also because I picked up on some positive energy from you throughout our interview. . . I hadn't really been thinking about how much I appreciated sand tray until you know I started talking about the benefits and why I why I push it. I've encouraged five of my interns to go through [the training] and as well as two colleagues. So I'm a pretty big proponent of it. And I think- we sell the Kool Aid that we drink right and so I am a big fan. It's, it's been very impactful for me.



*Figure 8.* Joe's companion miniature.

Carl's miniature and narrative spoke to the superordinate theme of *sandtray therapy processing* as he discussed the significance of the interview and his reflection of the HST training.

When I saw it, it really stood out to me because I feel like, at least the discussion today, I was reminded of how sandtray brings the, brings something that can be abstract, it can be a concrete figure like this but still be kind of abstract and make it a more, add meaning to it for somebody. Then I saw too, these two people here helping each other out with making meaning out of something and I see that in our discussion. As you know, making meaning out of this CHST training and how my experience of that was like for me, but also I see it within Sandtray itself. Helping people to create, shape, and make meaning out of what's going on in their life.



*Figure 9.* Carl's companion miniature.

### **Summary**

The above chapter included responses from participants' demographic questionnaire and their replies to the open-ended question listed on the questionnaire. I also presented the results of the thematic analysis, which included two major constructs, Professional Development and Sandtray Therapy, eight superordinate themes, and three subordinate themes. The superordinate themes included: (a) Professional Identity, (b) Integration of Humanistic Counseling and Emphasis on the Relationship, (c) Influence of Professional Development on Personal Development, (d) Importance of Mentorship and the Presence of Parallel Processing, (e) Sandtray Training and Aspects of the Training, (f) The Sandtray Therapy "process", (g) Sandtray Therapy *Processing*, and (h) Utility and Application of Sandtray Therapy in Various Settings. The subordinate themes, which fell under Sandtray Training and Aspects of the Training, included: (a) Practicality of the Training, (b) Style of the Training, and (c) Theoretical Integration. The chapter concluded with pictures and participant descriptions and narratives of their companion miniatures. In Chapter V, I present a discussion of the results, the implications of the



results, recommendations for practice, limitations to my study and recommendations for future research.

## CHAPTER V

### Discussion, Implications, and Recommendations

The purpose of my study was to explore the lived experiences of counselors who received certification in Humanistic Sandtray training from the Sandtray Therapy Institute. Specifically, I wanted to understand meaningful changes regarding participants' personal and professional development. Members of various credentialing bodies set specific requirements on counselor professional and personal development for counselors in all developmental stages (e.g. students, novice counselors, advanced counselors). These requirements are in place to protect the public and uphold the integrity of the counseling profession, but they also create an opportunity for counselors to maintain personal wellness and professional sustainability. The current research study was designed in hopes of better understanding one particular professional development training model: Humanistic Sandtray Therapy (HST), which addresses both personal and professional development needs.

I utilized Humanistic Counseling as a theoretical framework to guide my phenomenological qualitative research design. The research question I used to guide my study was: What are the professional and personal experiences of counselors who have received training in Humanistic Sandtray Therapy from the Sandtray Therapy Institute? I interviewed eight licensed professional counselors who completed the training requirements to earn the certification of a Humanistic Sandtray Therapist (CHST). After transcribing the recorded interviews, the coding team completed a thematic analysis (Miles & Huberman, 1994) and identified emerging themes. Themes included two major constructs: (a) professional development and (b) sandtray therapy; eight superordinate

themes: (c) professional identity, (d) integration of Humanistic Counseling and emphasis on the relationship, (e) importance of mentorship and the presence of parallel processing, (f) influence of professional development on personal development, (g) sandtray training and aspects of the training, (h) the sandtray therapy *process*, (i) sandtray therapy *processing*, and (j) utility and application of sandtray therapy in various settings; as well as three subordinate themes: (k) practicality of the training, (l) style of the training, and (m) theoretical integration.

### **Discussion of Results**

Considering the phenomenon explored in this study directly related to professional development in sandtray therapy, it is unsurprising they both emerged as major constructs. Every participant spoke to the impact the training had on his or her professional development and distinctly identified aspects particularly affected by the training. Likewise, all participants spoke about their special connection to sandtray therapy and identified specific powerful aspects of sandtray and their training. However, the nuances of participants' experiences within professional development and sandtray therapy helped articulate superordinate and subordinate themes.

#### **Professional Identity**

All eight participants mentioned how their professional identities were shaped, impacted, and affirmed because of the training. Professional identity is the integration between inter- and intra-personal qualities enabling alignment within the counselor as a person and as a professional that requires competence and confidence within the professional community (Felton, 2016; Gibson et al., 2010). In this study, participants spoke to their enhanced identity within their theoretical lenses, the commitment to

provide quality services as a counselor and supervisor, and their dedication to the counseling profession as a whole. Many other participants talked about how their new credentials and training added to their confidence as a professional and sense of community with others who “speak the sandtray language.” Participants also spoke to their sense of protection of the therapeutic medium of sandtray. Just as state licensing boards have standards to protect the public (i.e. clients) and keep the integrity of the counseling profession, many participants gave voice to wanting to ensure sandtray was used ethically and safely for the benefit of the client and the medium. These results not only agree with the previous research of Felton (2016) who found HST helped develop professional identity among counselor educators-in-training, but they also expand the transferability to professional counselors.

### **Integration of Humanistic Counseling and Emphasis on the Relationship**

Participants throughout the interviews consistently mentioned the core values and variables in Humanistic counseling. They used terms such as genuine, authentic, real, organic, safety, safe space, sacred space, deep respect, compassion, acceptance, trust, patience, empathy, understanding the whole person, their whole story, making meaning, presence, and being with. All of these terms connect to the basic premises of Humanistic counseling (Cain et al., 2016) and are characteristics included in effective common factor counseling skills (Hubble et al., 1999). All of the participants spoke to how their training in sandtray has improved or affirmed their emphasis on the relationship and their integration of Humanistic Counseling principles. This adds to the work of McCurdy and Owens (2009) who noted that integrating sandtray therapy techniques into supervision would not jeopardize the supervisory working alliance. Rather, several participants in

this study reported integrating sandtray therapy in fact improved the supervisory relationship.

It is worth noting that every participant indicated on their demographic questionnaire that he or she subscribes specifically to Humanistic counseling theory or with theories that fall under the Humanistic umbrella. Such facts contribute to the deduction that a Humanistic training approach to sandtray therapy would be a “good” fit for participants. Results of this study yield that participants felt reaffirmed that integrating their Humanistic counseling theories and emphasizing the relationship is clinically appropriate, theoretically fitting and personally validating. This experience aligns with Rønnestad and Skovholt’s (2013), description of experienced professionals’ developmental task to establish a practice congruent and authentic to their self-perceptions.

### **Influence of Professional Development on Personal Development**

All participants spoke to mutual benefits that this training had on both their professional and personal development. Participants frequently referenced how the experiential personal work during the training helped them grow as a person, which parallels the work of Garrett (2015). Like Garrett, participants reported that they became more aware, compassionate, empathic, and vulnerable in personal relationships as well as professional relationships. This superordinate theme echoes the qualitative results of Miller and Barrio Minton (2016) who found that engaging in personal reflective work during professional development courses contributes to reciprocal personal and professional growth and development.

Also, this theme supports the research surrounding integrating creativity to foster both personal and professional development (Duffey, Haberstroh, & Trepal, 2009; Gladding, 2017; Hecker & Kottler 2002). Kottler (2017) emphasized how “personal growth and creativity are synonymous in the life of a therapist” (p. 224). As participants shared their experiences, it is clear the creative and expressive medium of sandtray therapy increased tolerance for ambiguity and confusion in their personal lives by widening the space for better compassion and empathy. One participant spoke to the value of engaging in a creative, expressive training like this early in counselor development:

I think something like this is really good to get learning and getting good at as soon as possible. There are many, many professional development trainings that I'd say wait until you're fully licensed to do but this one, I recommend even my interns to go through and part of that is because it helps them look inward way more than most other professional development trainings that I've ever been a part of.

The participant's recommendation and the current theme align with Rønnestad and Skovholt's (2013), description of a novice professional's developmental task to more intensely *explore* the professional environment as well as the self. They experience a deeper level of self-awareness and have a more autonomous drive to seek out professional facets of growth. This was specifically illustrated in Fiona experience as she was the only participant who received this advanced sandtray therapy training early in her career. She spoke about how the HST training filled the gap of theory integration and helped her grow more aware and present in her personal life.

### **Importance of Mentorship and the Presence of Parallel Processing**

The last superordinate theme related to professional development was the importance of mentorship and the presence of parallel processing. All eight participants spoke to specific professionals who influenced, introduced or sparked their interest in sandtray therapy. Moreover, participants spoke about having significant admiration and professional respect for these mentors who worked with sandtray and many noted how they hope to model that same “way of being” with their supervisees or students. They spoke to a parallel processing of their development as supervisors and the development of students as counselors. It is worth noting that some participants discussed the challenge of differentiating the influence of the person of the mentor and the power of the sandtray. Meaning, the respect for the mentor who introduces sandtray therapy and the respect for sandtray therapy as a medium are not necessarily mutually exclusive. Garrett (2015) spoke about this same challenge of differentiating between sandtray and the collaborative elements of committing to and personal development such as practicing reflexivity. Future researchers may seek to design a controlled study that isolates these phenomena to understand their individual influences better. Despite the avenue in which participants were acquainted to sandtray therapy, it was evident that all participants reported strong connections to the medium and thus reinforced their desire to seek additional training in it.

### **Sandtray Training and Aspects of the Training**

Participants regularly discussed how their sandtray training and how certain aspects of the trainings were especially influential. For example, participants mentioned they appreciated the practicality of the training including location and amount of time it

required. For practicing professionals, convenience can be a motivating factor as to which professional development opportunities they pursue. Given that traveling to and attending workshops and trainings is time spent not seeing clients, this can mean loss of income for private practice clinicians. As for agency counselors with inflating caseloads, it is valuable to know that their professional development trainings are going to be timely and efficient as well as helpful and rewarding.

Another subordinate theme relates to the style of the HST training. Participants made repeated comments about how much they valued the experiential nature of the training. They spoke about appreciating the blend of lectured content within a small safe group dynamic, observing a live role-play modeled by the trainer, and working in dyads to apply the medium. The overwhelming appreciation for the style of the training aligns with the adult learning literature (Knowles, 1990; Taylor, & Marienau, 2016; Merriam & Bierema, 2014). It acknowledges that learners enter the educational setting with previous skills and knowledge and can better integrate new and old when experiencing a safe environment with peer and instructor alliances. One participant best described this connection, "I felt that he [the trainer] was able to kind of push and challenge you in a way that helps you grow and not stunt growth." Participants also spoke to how the experiential nature of the training reinvigorated their spark for learning and passion for clinical work in a creative manner that also aligns with the preceding research on using sandtray therapy to promote counselor professional development (Garrett, 2015).

In addition to participants' affinity for the style of the training as it helped them learn and practice specific sandtray skills, participants reported gratitude for the theoretical integration of those skills. For example, some participants noted they better



understood the rationale for using sandtray therapy and felt more confident in implementing it with clients and supervisees as well as teaching it to students. Alongside rationale, participants reported that polarities was one of the most relevant theoretical concepts discussed in the training in which not only did they integrate it in a counseling, supervision or classroom setting, but also within their personal lives. From an integrative development model of counselor development (Stoltenberg & McNeill, 2009), it is common for developing counselors to struggle with theory integration. Therefore, while the hope and assumption is that counselors reconcile this challenge later in their development, reports from participants indicate that integrating theory and technique during professional development opportunities and workshops is highly valued.

### **The Sandtray Therapy *Process* and Sandtray Therapy *Processing***

The sandtray therapy *process* and sandtray therapy *processing* were two interrelated superordinate themes with similar, yet distinct nuances. The sandtray therapy *process* refers to the protocol or procedure the trained counselors implement when using the modality. The sandtray therapy *process* included establishing a therapeutic setting, creating a trusting environment, the process of selecting miniatures, creating the scene in the sandtray, the *processing* of the tray, and the continual reference to the tray in follow up sessions. Many participants spoke about significant experiences from sandtray therapy *processing* and shared that this experience lead to major personal and professional insights and progress. However, when participants spoke about the sandtray therapy *process* as a whole, they were often referencing the power of the sandtray, or deeper, further therapeutic process. One participant described the how this deeper, faster process unfolds during the sandtray therapy process:

They [clients] got really good at not feeling a feeling and so what sandtray does even for a beginning therapist, they have the ability to make it safe to experience a feeling in the session. And they have the avenue by which to, again, going back to in a unthreatening or non-threatening way for the client to start describing an emotion, identifying an emotion and ascribing it to an experience. Then that, to me, that puts them ahead of the game as a therapist. That's something all therapists struggle with. And so the earlier somebody can learn how to do that skillfully, the better. And the more that they can help make that safe and comfortable for their clients the better and sandtray does that.

The distinction between the two themes adds a significant contribution to the sandtray therapy literature because this deeper, faster process is described and identified. Several resources describe how to implement the sandtray therapy process (Anekstein et al., 2014; Bainum et al., 2006; Boik & Goodwin, 2000; De Domenico, 1988; Even & Armstrong, 2009; Kalff, 2003; Lowenfeld, 1979; Homeyer & Sweeney, 2017; Taylor, 2009; Stark et al., 2011) and many describe how to facilitate sandtray therapy processing (Armstrong, 2008; Eberts & Homeyer, 2015; Timm & Garza, 2016). However, the current study described *how* participants perceived this expedited process unfolded during their advanced HST training resulting in a blue print to recreate this deeper, faster potential across various therapeutic, supervision, and classroom settings.

### **Utility and Application of Sandtray Therapy in Various Settings**

The final superordinate theme, utility and application of sandtray therapy in various settings, supported much of the current sandtray therapy literature (Sori & Robey, 2013; Anekstein et al., 2014; McCurdy & Owen, 2008). All eight participants discussed

the utility of sandtray therapy in clinical, supervision, classroom and even self-care practices. They also noted that skills learned in sandtray therapy contribute to quality, deep emotional growth for clients of any age. One participant best described the versatility of the medium, “Sandtray therapy offers clients and supervisees a way to safely project their experience and more deeply explore and understand their experience and make changes if they chose.” For child and adolescent clients, the approach meets them at a developmentally appropriate level to explore possible insight and change. Whereas for adults, the approach grants permission to tap into their playful and more authentic selves and step away from their conditioned or more controlled way of being. Many participants addressed the versatility of sandtray therapy in supervision and counselor education settings, notably as an assessment tool, which also supports existing literature (Stark & Frels, 2014). The application of using sandtray therapy as a self-care practice for fully licensed professional counselors aligns with a cornerstone article upon which the current study built. Garrett’s (2015) insights after her commitment to a year of daily sandtrays yielded that engaging in personal sandtray work promoted professional and personal growth.

### **Companion Miniatures**

Asking participants to select a companion miniature added to the study in two major ways. First, it helped triangulate the results elicited from the semi-structured interview and the demographic questionnaire and added to the trustworthiness of the study. Second, by giving participants another way to share their experience beyond written and spoken work, I was able to more deeply understand their experiences in a playful and authentic manner. The companion miniature gave participants the

opportunity to communicate their experience of the interview visually, verbally, and symbolically. Much like how sandtray therapy gives clients a way to bypass any verbal, left-brain communication barriers, this form of data collection gave space for participants to share their right-brain, affective experience more easily. In the following section, I review implications for counselors, counselor educators and supervisors specifically pertaining to the identified themes.

### **Implications**

Data elicited from the eight participants in this study can better inform the counseling profession in a variety of ways. For instance, curriculum development in counselor training programs. Counseling programs should seriously consider integrating sandtray and other expressive arts into their counseling curriculum. Counselor educators can integrate creative and experiential teaching and counseling methods into core program courses or offer more expressive art electives such as sandtray therapy. Additionally, counselor educators and supervisors should commit to creating a learning environment where all students feel safe enough to share and process personal growth areas. Counselor educators and supervisors can do this by modeling vulnerability and attending to resistant experiences. By inviting and allowing students and supervisees to experience deeper vulnerability in a safe classroom setting, counselor educators and supervisors open the door for expedited counselor development. This enables a parallel processing and counselors-in-training are then better equipped to help clients enter that safe space for emotional work.

Credentialing bodies, counselor education programs, and continuing education providers should encourage and offer more advanced trainings focused on creative and

experiential approaches. Engaging in an intensive and experiential training such as sandtray therapy provides counselors an opportunity to meet their continuing education requirements and meet their counselor development tasks (Rønnestad & Skovholt, 2013; Stoltenberg & McNeill, 2009). This insight significantly adds to the counselor professional development literature because it illustrates how advanced experiential trainings with a supervision component can meet developmental tasks for all professionals. Advanced students feel the balance between the support of supervision and autonomy while they begin to integrate the new skill into practice. Novice professionals seek to experience a deeper level of self-understanding and navigate their autonomous drive to self-supervise within session. Experienced professionals creatively revitalize their practice and protect against burnout and stagnation. Regardless of the professional developmental stage, because of the amount of personal and professional growth that unfolds at an experiential training like HST, it is advantageous for counselors to invest in an intensive, advanced experiential training. However, it may be especially beneficial for new counselors to embark on them early in their career to establish self-care and wellness habits.

Furthermore, the data from the present study supports the integration of sandtray therapy in counselor's active self-care practices. Not only does sandtray therapy help address a counselor's *doing needs* (e.g. techniques, case conceptualization), but it also attends to and expands the *being needs* (e.g. authenticity, interpersonal engagement, intimacy, and self-valuation). Doing one's own tray work can help provide perspective on a clinical case, foster insight into personal concerns. Embracing reflective practices

and a growth-mindset to clinical work as well as personal work fosters continued wellness, counselor sustainability, and a resiliency factor to counselor burnout.

### **Limitations**

Results from my study suggest not only that HST training was a validating, personal and professional growth experience for counselors, but it also offers implications for advancing counselor development practices. When counselors learn sandtray therapy, there are benefits for individuals, supervisors, and counselor education training programs. However, in considering the results and implications, several limitations must be kept in mind.

First, I conducted interviews via online video conferencing and participants may not have felt as comfortable and not shared as much as they would have in face-to-face interviews. While technological issues were seldom experienced during the interviews, participants may have experienced slight and unreported issues. Furthermore, some participants completed the training a few years ago and may have forgotten some meaningful details of their experiences. However, given the participants' motivation to seek the multilevel HST training and their advanced education degrees there seems to be an increased likelihood that participants were able to reflect and articulate their meaningful experiences.

The fact that all participants indicated on their demographic questionnaire that they subscribe specifically to Humanistic counseling theory or with theories that fall under the Humanistic umbrella also serves as a limitation. Not all professional counselors integrate such philosophical and theoretical concepts into their clinical practice, which limits the transferability of results to counselors who might identify with

less Humanistic theoretical approaches. Moreover, because participants willingly self-selected this experiential training and agreed to engage in vulnerable personal work, another limitation is worth noting. While research supports integrating experiential learning into adult learning settings, not all professional counselors may welcome the intensity of experiential and personal development in their professional development opportunities.

The final limitation to discuss is the fact that some participants and research affiliates reported having positive ongoing relationships with the trainer, which might have contributed to highly favorable experiences of the training. Anticipating this limitation at the beginning of the study, the research team took steps to address the potential concern. For example, participants were assigned pseudonyms for anonymity so that they would feel welcome to speak their truth regardless of a positive or negative training experience. In addition, the researchers actively attended to bracketing and epoche so that during the interview and data analysis process follow up questions and theme identifications would be explored transparently and without bias.

### **Recommendations for Future Research**

The current study is one of the first research projects to empirically explore counselors' experiences learning sandtray therapy. Continued research needs to be conducted to better understand learning across different counselor development stages, demographic backgrounds, training institutes and/or theoretical approaches (e.g. Jungian Sandplay). Exploring varied formats and lengths of the training would also contribute to the better understanding of this phenomenon. Many of the participants spoke about practical aspects of the training (i.e. experiential, group, intensive weekend trainings,

supervision) influencing their positive experiences. However, the Sandtray Therapy Institute is not the only institution or organization to offer sandtray trainings and these other trainings may have varied instructional approaches (e.g. length of training, teaching styles). Additional qualitative research on these approaches may contribute to similarities and differences of learning variables and better inform sandtray therapy instruction and counselor professional development.

Future researchers may also consider quantitatively measuring counseling skills in which participants reported improvement and enhancement because of the training, such as specific empathy, compassion, and/or attunement. Such a study would quantify the degree to which learning HST fosters the development of counselor characteristics and skills associated with Master therapists and effective counseling. Furthermore, researching experiences of clients with counselors trained in sandtray and its utilization during counseling sessions would lend to practice-based evidence and a more comprehensive understanding of the therapeutic approach.



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**APPENDIX A****Demographic Questionnaire**

Participant pseudonym: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Please take a few minutes to answer the questions below. All answers will be used solely for the purpose of research and will be kept confidential. Thank you!

1. Gender:
2. Age:
3. Please describe your racial or ethnic group(s) with which you identify:
4. Please list all your licenses and certifications:
5. Please list all your formal educational degrees?
6. At what point in your career did you receive sandtray training?
7. How long have you been practicing within the mental health field?
8. How long you have been using sandtray therapy in your collective clinical work (e.g. Counseling, Supervision)?
  - \_\_\_\_\_ less than a year
  - \_\_\_\_\_ 12 months - 2 years
  - \_\_\_\_\_ 2 years – 4 years
  - \_\_\_\_\_ 4 years – 6 years
  - \_\_\_\_\_ 6 years – 8 years
  - \_\_\_\_\_ more than 8 years
9. Please describe the process in which you received your sandtray therapy training including number of workshops and/or academic coursework.

10. Identify your guiding counseling theory(s) (Please check all that apply):

- Adlerian
- Behavioral Therapy
- Cognitive Behavioral Therapy
- Gestalt
- Humanistic
- Family Systems
- Person-Centered
- Reality
- Other: \_\_\_\_\_

11. Please describe your primary clinical population (i.e. children, adults, couples, supervision, etc.):

12. How frequently do you use sandtray (i.e. daily, weekly, monthly)?

13. Please describe how your experiences with Humanistic Sandtray Training offered by the Sandtray Therapy Institute, informs your personal and professional work?

## APPENDIX B

### Semi-Structured Interview Protocol

#### Greeting

Thank you for agreeing to meet with me and share your experience with your Humanistic Sandtray Training (HST). Before we begin, I would like to tell you a little bit of what to expect from our time together. First and foremost, I am interested in learning about your experiences. My goal is to facilitate an interaction with you that allows you to tell your own story. There is no right or wrong answer to any of these questions and it is important to know that your answers will be anonymous. If the question is unclear, you may let me know.

Some of the questions I ask may seem self-evident, but it is important that I understand your perspective as you see and feel it. I hope to keep the focus on you and your experiences so I may not say very much during the interview. I will take notes as we go along just to keep track of important points that we may want to come back to. I welcome you to take as much time as you need to think and talk. Following the last questions, I would like to invite you to select a companion miniature that reflects our discussion today.

What questions do you have about how our time together will go today?

#### Informed Consent

When you completed the demographic questionnaire, you were provided with an informed consent. I would just like to mention that this conversation will be audio recorded; this is to ensure that no part of our discussion is lost. I will be transcribing our talk for analysis to capture group meanings and themes. The audio and transcriptions will be kept on a password-protected server that only I will have access to.

What questions do you have about your rights as a research participant?

#### Introductory Questions

1. Tell me a little about yourself. . .

*Prompt:* What kind of work do you do?

2. How would you define, in your own words, sandtray therapy?
3. Tell me about your decision to seek formal training in Humanistic Sandtray Therapy?

*Prompt:* Why Steve Armstrong's training specifically? How did you get introduced to Sandtray therapy?

#### Grand Tour Question

4. What was your experience learning Humanistic Sandtray Therapy?

### Follow-Up Questions

5. How have your experiences in the training shaped your personal growth and development?
  - How are you different personally because of the training?
  - How do you see your sandtray training experience impacting your relationships beyond your clients?
  - Tell me a personal aspect of yourself that has changed as a result of HST training?
  - In what ways are you different because of the training? What was the source of the change?
  - How has your training impacted your level of insight outside of clinical sessions?
  
6. How have your experiences impacted your views of their professional growth and development?
  - How are you different professionally because of the training?
  - Tell me a professional aspect of yourself that has changed as a result of HST training?
  - Tell me about your experience with integrating your training into your guiding counseling theory.
  - How have your experiences impacted your counseling outside of sandtray work?
  - How has your training impacted how you think and feel about your clients?
  - How has your training impacted your relationship with your clients?
  - How has your training impacted your level of awareness during sessions?
  - How has your training impacted your ability to work with clients in the “here and now”?
  
7. Talk about a specific experience or topic of the training that was most memorable to you.
  - Of the skills taught in HST, what are your strengths?
  - What did you find most valuable about the training? DVD, class, supervision?
  - What would you tell someone who was interested in the training?

### Companion Miniature

That concludes my interview questions. Now, I would like to ask you if you are willing to select a companion miniature that speaks to *what you found most significant about our discussion today*. And when you are finished, I would like you to share with me a little about your selection.

### Closing

Thank you so much for your time today. I really appreciate your willingness to share your experiences. I may be in touch if additional questions come up. I will provide you with a final copy of my analysis at the end of the study.



## APPENDIX C

### Humanistic Sandtray Training Advertisement

\*As advertised on <http://www.sandtraytherapyinstitute.com/>



The S.T.I. Approach to Sandtray Therapy

#### **Learning by Doing**

We use an experiential approach with clients and believe that trainees learn best when we can create an experience for them in a safe learning environment. We believe strongly that learning by doing is the best way to learn how to use sandtray with adolescent and adult clients. In our sandtray training groups, trainees create a sandtray the first group session. Homeyer and Sweeney (1998) recommended that the first step in learning how to use sandtray with clients is to experience sandtray first as the client. This is very important and this experiential activity is the first phase of learning by doing. Once you experience the power of the modality as you create and process your scene, you will have a sense of how therapeutic sandtray can be. You will also have an experience of how and when to use it with clients.

#### **Weekly Training**

If you live in the Dallas/Fort Worth area, the best way to learn this approach is over an extended period of time. In the training group, the leader demonstrates the humanistic approach using trainees as “clients” on a rotating basis. We video record the sessions to promote and enhance learning. The weekly format is important because it allows you to have the opportunity to leave the training group, try the approach with clients and come back to the group with questions and any concerns. Groups typically meet on Saturday and last one semester.

#### **Intensive Training**

For the past year, we have provided intensive remote training to practitioners and students who want to learn this approach. There are basically two

intensive training options: schedule training in Dallas or we can arrange to train your group in your area. In the future, we may be able to do scheduled training in select cities. Although we have done more one-day training sessions than full weekend sessions, one day does not allow any of the concepts and interventions to be absorbed and thus the one-day training can get you started using this approach but if you are not able to follow up the training, it may be hard to continue to use it effectively. A two or three-day training allows much more time to learn the approach.

If you are interested in training for yourself or your group, please email Steve at:

[steve.armstrong@tamuc.edu](mailto:steve.armstrong@tamuc.edu) or take a look at our [Sandtray Therapist Certification](#) options.

Also, if you are interested in learning more about sandtray on your own, we have created a 6-part [sandtray therapy training](#) video series found below:

## Sandtray Therapist Certification

Since 2009, Sandtray Therapy Institute (STI) has offered intensive sandtray therapy training that allows practitioners to obtain Sandtray Therapist Certification. Participants who meet the requirements and complete the necessary training and supervision will be eligible to become Certified Humanistic Sandtray Therapists (CHST©). Based on an experiential training model developed by STI, trainees have the opportunity to learn how to process sandtrays effectively by facilitating a feeling-based, here and now experience with clients.

There are two levels of certification: Level I-Skill Training and Level II-Advanced.

**Level I:** The training is offered on the weekend to allow practitioners and advanced students the flexibility that many need to complete the certification. Participants who complete this training will receive a Level I-Skills Training Certificate.

**Level II:** After completing Level I, therapists can continue to pursue certification by participating in advanced training. Both group and individual supervision are a part of Level II. Level I and II must be completed to become a CHST©.

Level I (Skill Training), January 31-February 1, 10:00-5:00.

Humanistic sandtray therapy training and supervision will help trainees to:

1. Become more self-aware and grow personally
2. Become more centered and grounded as a therapist
3. Work effectively in the here and now with clients. The trainer will provide live demonstrations that show trainees how to stay with feelings, go deeper into the client's awareness and work effectively with clients who stop their feelings.
4. Understand ethical considerations when working in the here and now
5. Better understand how clients grow and change
6. Integrate the skills learned into a unique style of therapy that fits each trainee's personality
7. Practical steps/procedures to follow in conducting a sandtray therapy session

Group supervision is included in the Level I Certification Training.

An experiential model of training will be utilized that includes instructor demonstration, live processing of recorded sessions, practicing humanistic sandtray therapy processing skills with a partner, observation of and reflection about practice sessions to facilitate growth and learning.

All training and supervision will be provided by Stephen A. Armstrong, Ph.D., LPC-S, RPT-S. Steve has trained over 200 masters, post-masters, and doctoral students as well as licensed practitioners in the use of sandtray. Over the past eight years he has developed the humanistic therapy method of processing sandtrays with clients and has written a book, Sandtray Therapy: A Humanistic Approach, which includes a DVD in high definition that demonstrates the approach with an actual adult client.

Applications are now being accepted for our January 31-February 1 Level I training. Space is limited; only eight participants will be accepted for the January training. The fee for the two-day training is \$295 for students and \$395 for professionals, due upon acceptance to the training.

Fill out application HERE.

**\*\*\* Email completed application as a Word file to:  
steve.armstrong@tamuc.edu \*\*\***

## **Certification Training**

### **Level I (12 hours)**

- Discussion on humanistic theory and sandtray therapy practical matters.
- Demonstrations and dyadic work and processing.
- Personal growth opportunity.
- Areas of focus:
  - “Safety” for experiential work with partner.
  - Increasing self-awareness and accepting issues that surface.

### **Level II (12 hours)**

- Opportunity for participants to practice what they learned in Level I and return with practical questions.
- Professional growth opportunity (includes 6 hours of supervision)
- Areas of focus:
  - Strategies for getting less “stuck.”
  - Working more deeply with polarities.
  - Working with resistance and lessening resistance.
  - Working in the “here and now”

### **Supervision (6 hours)**

- Participants bring video recordings of their sandtray work with clients to review during supervision.
- Areas of focus:
  - Working more deeply with the “here and now.”
  - Extending skills by staying with intense emotions.
  - Communicating non-verbally.

## APPENDIX D

### Research Participant Consent Form

#### Sam Houston State University Department of Counselor Education

Researcher: Naomi Timm

You are being asked to take part in a research study of how Humanistic sandtray therapy training has impacted your personal and professional development. This research project is being conducted in by Naomi Timm, a doctoral candidate at Sam Houston State University. Naomi Timm will be supervised by a committee of two faculty members from Sam Houston State University including Drs. Yvonne Garza-Chaves and Jeffrey Sullivan and Dr. Stephen Armstrong of Texas A & M University, Commerce. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

**What the study is about:** The purpose of this phenomenological study is to explore experiences of counselors who received certification in Humanistic Sandtray training from the Sandtray Therapy Institute. Specifically, I am interested in meaningful changes regarding participants personal and professional development.

**What we will ask you to do:** If you agree to be in this study, I will conduct an interview with you. The interview may take place at a collaboratively agreed upon location such as the participant's or researcher's professional office or via Skype. The interview will include demographic questions about your age, gender, education and clinical counselor training. Also, the interview will include questions about your Humanistic sandtray therapy training and meaningful changes to your personal and professional development. Following the interview, I will ask you to identify a sandtray companion miniature that speaks to what you found most significant about our discussion. The interview will take about 45 minutes to complete. With your permission, we would also like to audio-record the interview.

**Risks and benefits:** There is no more than minimal risk. You may potentially develop greater awareness and insight into how your Humanistic sandtray therapy training has impacted your personal and professional development.

**Compensation:** There will be no compensation granted to participants in the study.

**Your answers will be kept confidential.** The records of this study will be kept private. In any sort of report, we make public we will not include any information that will make it possible to identify you. Research records will be kept on an encrypted external hard drive. The external hard drive as well as consent forms, interview transcripts and all other hard copies will be double-locked (i.e. inside a locked drawer, behind a locked office) when not in use; only the researchers will have access to the records. The audio-

record the interview, will be destroyed after it has been transcribed, which we anticipate will be within three months of the taping.

**Taking part is voluntary:** Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with Sam Houston State University. If you decide to take part, you are free to withdraw at any time.

**If you have questions:** The researcher conducting this study is Naomi Timm. Please ask any questions you have now. If you have questions later, you may contact Naomi Timm at [nlt007@shsu.edu](mailto:nlt007@shsu.edu) or at 832-510-8897 or you may contact her dissertation chair, Dr. Yvonne Garza-Chaves at [yxg002@shsu.edu](mailto:yxg002@shsu.edu). If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) contact Sharla Miles, Research Compliance Administrator, Research and Sponsored Programs by email [irb@shsu.edu](mailto:irb@shsu.edu) or by phone 936-294-4875 or access their website at <http://www.shsu.edu/dept/office-of-research-and-sponsored-programs/compliance/irb/contact-the-irb.html>.

You will be given a copy of this form to keep for your records.

**Statement of Consent:** I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name (printed) \_\_\_\_\_

In addition to agreeing to participate, I also consent to having the interview audio-recorded.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of person obtaining consent \_\_\_\_\_ Date \_\_\_\_\_

Printed name of person obtaining consent \_\_\_\_\_ Date \_\_\_\_\_

*This consent form will be kept by the researcher for at least three years beyond the end of the study.*

## APPENDIX E

### Coding Manual

1. **Professional Development:** Use this code (1) to references of the participants professional development that does not fit under the subcategories:
  - a. **Professional Identity:** Includes the mention of integrating theory in clinical practice or a theoretical identification. Mention of credibility, recognition, title, credentials, and aspirations for quality work as a counselor and any reference to the credibility of the broader counseling profession. Themes of competence or confidence as a professional. Also the mention of protection of, integrity of, or gatekeeping of sandtray therapy.
  - b. **Integration of Humanistic Counseling and emphasis on the relationship:** Includes reference to the core conditions (i.e. empathy, authenticity, being with, organic, real, references to safety or safe space, or a sacred space, or boundaries to safety). This also includes the reference of the counseling relationship or how attending to the above core conditions improved the counseling relationship and the presence of trust within the relationship.
  - c. **Influence of Professional Development on Personal Development:** References any mention of participants always learning, continual growth/self-discovery, as well as their adult learning style. This also includes reference to specific personal growth and development. Any personal life changes as a result of the training such as comments of more present and/or compassionate in relationships or any specific examples of personal growth. This might also include mention of personal confidence or increased vulnerability.
  - d. **Importance of mentorship and the presence of parallel processing:** This code includes the mention of the supervision process/experience, the mention of being influenced by another professional.
  
2. **Sandtray Therapy** Use code (2) to reference the theme of Sandtray therapy that does not fit under the subcategories:
  - a. **Sandtray Training and Aspects of Training** Use this code (2a) to references of the mention the theme of Sandtray Training and Aspects of Training that does not fit under the subcategories:
    - i. **Practicality of the training:** References any mention of the practical logistics of training including quick weekend, efficiency of the training, and commitment to the training.
    - ii. **Style of the training:** References any mention of the experiential learning style of the training, the modeling of the tray work, the observational learning component, the direct application of the training or “real practice”, or the supervision and mentorship component of the training.
    - iii. **Theoretical integration:** Includes the mention of the theory behind sandtray therapy, the rationale for its use, the humanistic theoretical identity of Sandtray therapists and any other theoretical integration including Polarities and Metaphors.
  - b. **Sandtray Therapy “Processing”:** Includes any mention of the *experiencing* with clients, supervisees, or students. This also includes any mention of personal sandtray processing and what is included in the “processing” experience or the

client's story. Attending to non-verbals during the process would be included here.

- c. **The Sandtray Therapy "Process":** Refers to the methods of the sandtray process including the setting the therapeutic and trusting environment, the selection of the miniatures, the creation of the tray, the "processing" of the tray/hearing their story, and the continual reference to the tray. Participant definitions of sandtray therapy may be included here. Includes reference to deeper, further, or faster work. Procedure/protocol/technique.
- d. **Utility and application of Sandtray therapy in various settings:** This code references the adaptability to use sandtray in various settings such as with clients, supervisees, students, and in personal self-care practices.



## VITA

### Naomi Timm-Davis

#### EDUCATION

Doctorate of Philosophy	<b>Sam Houston State University</b> - Huntsville, TX <i>Counselor Education and Supervision</i> [CACREP]	December 2018 [Expected]
Dissertation: Qualitative outcomes of Humanistic sandtray therapy training: Counselors' personal and professional experiences.		
Master of Arts	<b>Sam Houston State University</b> - Huntsville, TX <i>Clinical Mental Health Counseling</i> [CACREP]	December 2013
Bachelor of Science	<b>Minnesota State University, Mankato</b> - Mankato, MN <i>Major:</i> Psychology <i>Minor:</i> Corrections (Grant supported research study: \$1,450)	July 2010

#### LICENSURE/CERTIFICATIONS

Licensed Marriage and Family Therapist #3740 (State of Minnesota Board of Marriage and Family Therapy)	2018 - Present
Licensed Professional Counselor #72104 (Texas State Board of Examiners of Professional Counselors)	2014 - Present
Licensed Marriage and Family Therapist #202460 (Texas) (Texas State Board of Examiners Marriage and Family Therapy)	2015 - Present
National Certified Counselor #330594 (National Board for Certified Counselors)	2013 - Present

#### PUBLICATIONS

##### Refereed Journal Articles

Garza-Chaves, Y., **Timm, N.**, & Oeffinger, J. (2018). Sandtray, Superheroes, and the Healing Journey. *Journal of Counselor Practice*, 9(1), 24-38.

doi:10.22229/tka192034

**Timm, N.**, & Garza, Y. (2017). Beyond the miniatures: Using Gestalt theory in sandtray processing. *Gestalt Review*, 21(1) 44-55.

##### Publications in Progress

Henriksen, R. & **Timm, N.** (in progress). Writing qualitative research for publication. Intended for *Journal of Multidisciplinary Graduate Research*.

Henry, H., **Timm, N.**, & Ellis, D. (in progress). Predicting college enrollment. Intended for *Journal of Professional Counseling: Practice, Theory and Research*.

**Timm, N.**, Ellis, D., & Sullivan, J. (in progress). Qualitative reports of clinical supervisors' best practices. Intended for *Counselor Education and Supervision*.

Oeffinger, J. (Counselor), **Timm, N.** (Counselor), Fitzgerald, E. (Contributor), Floyd, M. (Contributor), & Story, C. (Contributor). (Complete). Group sandtray [single

video]. In La Guardia, A.C., (Writer), *Counseling techniques: A guide for the integrationist video series*. San Francisco, CA: Wiley & Sons.

## PROFESSIONAL PRESENTATIONS

### National and Regional Presentations

- Henry, H., **Timm, N.** & Smith, J. (2017, October) *Using career values inventories to determine internship placements*. Presented at the Association of Counselor Educators and Supervisors in Chicago, IL.
- Timm, N.** & Garza-Chavez, Y. (2016, October). *Supervision in the sand: Integrating sandtray therapy into supervision models and theories*. Presented at North Central Association for Counselor Education and Supervision Conference in Bloomington, MN.
- Timm, N.**, Ellis, D., Sullivan, J., & Nichter, M. (2016, October). *Where the rubber meets the road: Finding the practical middle ground of supervision*. Presented at Southern Association for Counselor Education and Supervision Conference in New Orleans, LA.
- Timm, N.** & Albertson, D. (2010, May) *More than a guy thing? Going beyond gender to investigate the influence of sex roles on alcohol attitudes and consumption*. Presented at National Conference on Undergraduate Research, Missoula, MT.

### State and Local Presentations

- Timm, N.** (2018, October). *Sandtray, Supervision and Self-care*. Presented at Minnesota Counselor Association Annual Conference in Shoreview, MN.
- Henry, H. & **Timm, N.** (2017, March) *Helping counselors in training find their best fit on career values*. Presented at the Texas Association of Counselor Educators and Supervisors, Austin, TX.
- Walker, K. & **Timm, N.** (2016, November) *TACES presents: Evaluating and remediating struggling supervisees*. Presented at Texas Counseling Association Annual Conference. Dallas, TX.
- Ellis, D., **Timm, N.**, & Sullivan, J. (2016, November) *TACES presents: Developing supervisor identity within ACES supervision best practices*. Presented at Texas Counseling Association Annual Conference. Dallas, TX.
- Timm, N.** & Ellis, D.S., (2016, April). *Clinical supervision best practices*. Invited presentation at Sam Houston State University, The Woodlands, TX.
- Timm, N.** & Harris, E. (2016, January). *Strategies for engaging parents in child therapy*. Presented at the Texas Association of Counselor Educators and Supervisors, Austin, TX.
- Ellis, D. S., **Timm, N.**, & Henry, H. (2015, January). *Promoting self care in the counseling profession*. Presented at the Texas Association of Counselor Educators and Supervisors, Austin, TX.
- Timm, N.** & K. Kranz. (2013, July) *Play therapy: Language and basic skills*. Invited presentation at Kimberly Boyd Counseling Center. Kingwood, TX.

## GRANTS

- Timm, N.** (2017, 2016, 2015). Graduate Student Professional Development Grant. Awarded through the College of Graduate Studies at Sam Houston State University. [\$1,000.00; \$1,000.00; \$500.00]. Funded.
- Timm, N.** (2009). *More than a guy thing? Going beyond gender to investigate the influence of sex roles on alcohol attitudes and consumption.* Minnesota State Foundation Student Research Grant, Minnesota State University, Mankato. [\$1,450]. Funded.

## PROFESSIONAL WORK EXPERIENCE

- August 2018 - Present      **South Dakota State University** – Brookings, SD  
*Instructor.* Instructor for graduate courses within Department of Counseling and Human Development teaching four courses (12 credits) per semester.
- August 2017 – July 2018      **South Dakota State University** – Brookings, SD  
*Adjunct Faculty.* Instructor for graduate courses within Department of Counseling and Human Development teaching two courses (6 credits) per semester. Provide clinical supervision to counseling students in practicum course.
- September 2015 - Present      **Sam Houston State University** – Huntsville, TX  
*Adjunct Faculty.* Instructor for undergraduate courses within Human Services Minor in the Department of Counselor Education teaching two courses (6 credits) per semester. Serve as faculty research advisor for students participating in undergraduate research symposium.
- September 2015 - August 2017      **AchieveBalance.org** - The Woodlands, TX  
*Family Therapist.* In a private practice setting, provided counseling to diverse families, couples, and individual clients. Networked and promoted outreach to community members and other area businesses.
- October 2015 - July 2017      **Wee Care Treatment Center** - Spring, TX  
*Group and Individual Counselor.* Provided counseling direct counseling to adolescent girls residing at treatment center placed by state agencies. Provided family to prepare for reunification. Conducted intake assessments and develop treatment plans.
- May 2014 - August 2015      **Tri-County Behavioral Health Center** - Cleveland, TX  
*Wraparound Case Manager.* Provide intensive case management to families in services. Handled crisis situations with clients such as child protective services reporting, suicide assessment, and safety planning. Conducted assessments (CANS) and develop treatment plans. Provided awareness of community resources to clients. Provided direct therapeutic skills training to children and parents.
- June 2013 - August 2015      **Ann's Place** - The Woodlands, TX

*Family Therapist.* Provided counseling to diverse families, couples, and individual clients. Set service rates on a sliding scale and take payment for each session.

### TEACHING EXPERIENCE

#### Graduate Courses (Masters)

<i>Course Content</i>	<i>Title of Course</i>	<i>Semesters Taught</i>
Counseling Theories	CHRD 661 Theories of Counseling COUN 5364 Theories of Counseling (Co-instructor Dr. Richard Watts)	Fall 2017, Spring & Fall 2018 Summer 2016
Practicum (School/Clinical Mental Health)	CHRD 786 Counseling Practicum COUN 6376 Supervised Practicum (Co-instructor Dr. Levi McClendon) COUN 6376 Supervised Practicum (Co-instructor Dr. Sheryl Serres)	Fall 2017 Summer 2017 Summer 2016
Counseling Skills and Techniques	COUN 5398 Sandtray Therapy (Co-instructor Dr. Yvonne Garza-Chaves) CHRD 785 Pre-Practicum	Summer 2017 Summer 2018
Group Counseling	CHRD 766 Group Counseling	Spring 2018
Family Counseling	CHRD 723 Counseling the Family CHRD 728 Child and Adolescent Counseling CHRD 725 Couples and Advanced Family Counseling	Summer 2018 Summer 2018 Fall 2018

#### Undergraduate Courses

Career Development	COUN 2332 Career Development ( <i>online</i> )	Summer 2017
Intro to Counseling Practice	COUN 3331 Introduction to Principles of Counseling	Spring 2017
Intro to the Helping Profession	COUN 3321 Introduction to the Helping Relationship HDFS 292 Special Topics: Helping Professions ( <i>online</i> )	Fall 2015- Spring 2017 Fall 2018
Intro to Play Therapy	COUN 3332 Therapeutic Play Skills	Fall 2015- Spring 2017
Lifespan Development Wellness Counseling	HDFS 210 Lifespan Development ( <i>online</i> ) COUN 4379 Wellness Counseling ( <i>online</i> )	Fall 2018 Summer 2017- Spring 2018

#### Invited Guest Instructor

Engaging Parents in Play Therapy	CHRD 707 Play Therapy Techniques	Spring 2018
Emotionally-Focused Couples Therapy	CHRD 725 Couples and Advanced Family Counseling	Fall 2017
Gestalt Sandtray Clinical Interviewing Skills	COUN 5364 Theories of Counseling COUN 5385 Pre-Practicum	Summer 2016 Fall 2016
Group Sandtray	COUN 5398 Sandtray Therapy	Fall 2014

## PROFESSIONAL INVOLVEMENT AND SERVICE

### **American Counseling Association**

2012-current Professional Member (6371012)

### **Association for Counselor Educators and Supervisors**

2017 ACES Conference Presentation **Proposal Reviewer**

2016-current Professional Member

### **Minnesota Counseling Association**

2018-current Professional Member

2018 MnCA Professional Development Conference,

**Committee Member**

### **Texas Counseling Association**

2016-current Professional Member

### **Texas Association for Counselor Educators and Supervisors**

2016-2017 TACES *Grad Day* **Committee member** – Midwinter Conference

2015-2016 TACES Executive Board- **Graduate Student/New Professional**

### **Representative**

2015 TACES Midwinter Conference Presentation **Proposal Reviewer**

2015-current Professional Member

### **Sam Houston State University**

2016-2017 College of Education Strategic Design Team,

**Committee Member**

2016-2017 Chi Sigma Iota, Beta Kappa Tao Future Fest Committee,

**Co-Chair**

205-2017 Chi Sigma Iota, Beta Kappa Tao Workshop Committee, **Member**

### **Undergraduate Student Research Advisor**

2017 URS Faculty Advisor, S. Schmidt & A. Fogleman

2017 Honors Student Research Advisor, C. Hobbs

2016 Honors Student Research Advisor, L. Andrade

## INTERNATIONAL EXPERIENCE

### **Introduction to the Helping Relationship; Instructor for COUN 3321 (2016)**

*Sam Houston State University, Huntsville, TX*

- Instructed course with a cohort of 10 international students from China

### **Families and Healthcare Businesses in Thailand; Chiang Rai, Chiang Mai, and Bangkok. (2012) University of Minnesota, Duluth**

- Studied local health care, community and family systems in the Thai culture.

- Consulted with public and private hospitals, hill tribe villages, mental health centers, schools and nongovernmental organizations throughout Thailand.

### **Bristol International Credit-Earning Program; Bristol, England (2010)**

*Minnesota State University, Mankato*

- Studied comparative social welfare policies between the United States and the United Kingdom.

- Consulted with child and family welfare government agencies and supportive non-profit organizations in the United Kingdom.

**History of Psychology-European Influence;** *Germany, Austria, Switzerland, and France* (2009) *University of Wisconsin, Stevens Point*

- Studied historical advancement of the psychology field and its many key European contributors.
- Visited and consulted with foundational psychological institutions throughout Europe.

### **HONORS, AWARDS, AND SCHOLARSHIPS**

#### **Sam Houston State University**

- General Graduate Studies Scholarship 2017
- Emily DeFrance Play Therapy Scholarship 2016
- W. Tom Thweatt III Scholarship 2016
- Doctoral Counseling Student Scholarship, 2016
- Department Scholarship, 2014-2016

#### **Minnesota State University, Mankato**

- Tecta America Scholarship, 2006-2010

#### **Honor Society**

- Chi Sigma Iota, National Counseling Honor Society
- Psi Chi, International Psychology Honor Society