

CONVERSATIONS IN THE SAND:

ADVANCED SANDPLAY THERAPY TRAINING CURRICULUM FOR MASTERS LEVEL CLINICIANS

Jacquelyn E. Warr-Williams, MSW, LCSW

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Ram A. Cnaan, MSW, PhD

Dissertation Chair

Dissertation Committee

Gwendolyn Y. Davis, MSW, PhD

Linda E. Homeyer, LPCS, PhD, RPT-S

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DEDICATION

I dedicate this dissertation and my accomplishment in achieving my doctorate to my mother and father whose sole emphasis was on education. They were born in 1922 in the south where African-Americans and women did not have rights they do now. My father attended medical school at a time when most African-Americans attended separate African-American higher educational institutions, if at all. My mother received her master's degree in education, becoming a teacher as that was one of the few professions acceptable to women then. Having been born only 4 months after the Civil Rights Act of 1964 passed, I can appreciate how far I have been able to progress in all aspects of my life as an African-American woman, and still see how much work there is to do.

Although my parents are no longer with me in body, I know their spirits shine down upon me proud of what I have been able to become.

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ABSTRACT

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Jacquelyn E. Warr-Williams, MSW, LCSW

Ram A. Cnaan, MSW, PhD

Through their advanced degree and certificate programs, graduate programs in social work produce trained clinicians who are being called upon to work with an increasingly diverse population of clients. To most effectively meet the needs of these populations, clinicians are seeking post graduate trainings that enhance their clinical skills and competency by attaining quality and rigorous training in effective therapeutic methodologies.

Sandplay therapy is a psychodynamic method rooted in Jungian theory that is used with clients with a wide range presenting issues. Initially, Sandplay was exclusively used with children, but currently it has been expanded to treat adults, families, couples, and groups. Although the tools for this method are simple, including sand, a tray, and miniature figures; Sandplay includes intricate techniques that must be learned both didactically and experientially in order to be implemented appropriately with clients. Through exhaustive review of the literature on Sandplay as well as an evaluation of existing Sandplay training programs, a 19-month training curriculum was developed to provide an understanding of Sandplay and the necessary skills for its effective implementation. Participants are offered an academically-focused program comprised of lectures, readings, written assignments, experiential learning, and supervision of clinical Sandplay practice. The goal of this curriculum is to provide master's level

clinicians with advanced training by exposing them to Sandplay as a viable therapeutic method.

This dissertation provides the rationale for offering such trainings in graduate social work programs, a detailed description of Sandplay, how it's applied, and a detailed curriculum for post Master's level training.

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Chapter I:

A TIME TO LEARN – A TIME TO PLAY

The importance of the development of the professional self in clinical social work is a theme that is carried out through social work history, education, and practice. Clinical training and competence is crucial to the development of the professional self. The National Association of Social Workers (NASW) has defined it as one of the stated ethical principals in the Code of Conduct (2008). The NASW has a specific definition of competence, described in Section 1:

SOCIAL WORKERS' ETHICAL RESPONSABILITIES TO CLIENTS;

“1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm” (naswdc.org).

In working towards achieving the goal of competence, social work is a profession which requires field placements as part of the educational process. A field placement is where a student is placed in an agency or community setting to obtain direct experience during the course of the bachelors or masters' degree. The legacy of the profession is that without extensive field placement the students are unable to work with clients and help them solve their problems. Although this provides “hands on” training, many field placements do not provide in-depth training in a specific modality.

Social work education at the masters' level is generic in nature. Students are taught various concepts of interventions, deal with variety of populations, and are told that they received sound foundation. This sound foundation is helpful when landing on the job as it enables the workers to fast learn the needed skills of the job. Many workers find it sufficient and only improve their skills through enhanced experience or on the job training. However, a few years into the job, many social workers realize that the generic MSW is insufficient and that they want to specialize in a certain sub-field (Fook, Ryan, & Hawkins, 1997; Leighninger, 1980). Those MSWs wish to develop expertise in an area that required higher level training ranging from family therapy to grief counseling and from psychotherapy to gerontology.

Advanced clinical training can be obtained in many ways including a certificate program or credits through continuing education providers. Recently, even the Clinical DSW program was added to the list of possible post-MSW training programs, but many are seeking specialized clinical programs. Certificate programs can be offered through colleges or universities, or through individual clinicians or agencies. The clinicians providing continuing education units (CEU's) have advanced clinical training and expertise in a specific modality and are vetted through a governing body. Some governing bodies are well respected and widely recognized such as the Board of Social Work in a given state, the NASW, or an institution accredited by the Counsel on Social Work Education (CSWE). As noted above, trainings can also be provided by a clinician or agency that is approved by an credentialing entity which offer certifications. In emerging fields of practice such as sex therapy or eating disorders there may be a few certificate programs not all of them well vetted and recognized.

In the field of Sandplay therapy some examples of credentialing entities are the Association of Play Therapy, or the International Society of Sandplay therapists. The importance

of advanced clinical training, no matter the route that it is obtained, is for the clinician to gain a deeper understanding and experience in a specific modality, intervention, or method. It is assumed that after working as a generic practitioner the social worker would wish to learn advanced skills and be able to enhance the quality of care as a specialist.

Sandplay is one of many different types of clinical interventions where clinicians using a sand tray need specific training to facilitate effective interventions (Homeyer & Sweeney, 1998). Sandplay, using a Jungian based framework, was developed by Dora Kalff in the early 1950's (Kalff, 1980/2003; Mitchell & Friedman, 1994). Kalff's method differed from the sandtray therapy of Margaret Lowenfeld, which came to be called the World Technique. Lowenfeld and Kalff came to an agreement that Kalff's method would be called Sandplay so the two methods would not be confused (Mitchell & Friedman, 1994). A clear understanding of Kalff's principals and theories is critical to effective clinical practice with this modality (Mitchell & Friedman, 1994). In Sandplay a clinician will work with the client using a tray containing sand and multiple figurines (Kalff, 1980/ 2003; Mitchell & Friedman, 1994). This work involves the client (i.e. child, adult or group) developing a scene inside the tray using the figurines and the sand (Kalff, 1980/2003; Mitchell and Friedman, 1994). The clinician takes a non-directive, non-interpretive stance and supports the client in developing the tray (Allan & Berry, 1987; Kalff, 1980/ 2003; Mitchell & Friedman, 1994; Turner, 2005). In fact, some clinicians do not say anything leaving the client(s) to do with the sand tray what they want when they want. Kalff (2003) described this as creating a holding environment, or a "free and protected space" (p.7).

This method relies on the clinicians' knowledge of Jungian theory, an understanding of symbols and archetypes, and the ability to be "the protector" (p.7) for the client while the process is occurring. Kalff (2003) provided case studies where she used Sandplay with a variety of

presenting issues including trauma, anxiety, learning disorders, and depression. As an intervention Sandplay has proven to be fruitful when utilized with clients' who may not be able to freely communicate verbally as what is produced in the tray serves as a non-verbal means of expression (Kalff, 2003; Mitchell & Friedman, 1994; Turner, 2005). Kalff (2003) stated that Sandplay operates under the Jungian premise that the client is able to express conflicts which are still in the unconscious mind. Sandplay provides an avenue for the clients to process this material in a non-threatening way until they are able to be processed by their conscious mind (Kalff 1998/2003, Mitchell & Friedman, 1994, Turner, 2005). As such Sandplay is an excellent means to help clients indicate what their pressing problems are even if they are unable to articulate them. Sandplay training combined with the actual experience of the work helps contribute to understanding the richness and complexity of client's inner workings (Kalff 1998/2003; Mitchell & Friedman, 1994, Turner, 2005).

Although there are specific methods regarding how to conduct Sandplay sessions and interpret trays, there are no widely used standardized protocols for training Sandplay therapists (Mitchell & Friedman, 1994). The ISST has established specific protocols, but many clinicians who conduct training may not be members of that organization or abide by their method. I am creating a method which is based on the Jungian model but which also incorporates addressing important elements of current treatment needs to build a well-rounded model. The Jungian analytic foundations of Sandplay place an emphasis of the clinicians' experiential "hands on" training through completing his or her own trays, as opposed to purely didactic learning (Freidman & Mitchell, 1994; Homeyer & Sweeny, 2005; Turner, 2005). For social work clinicians to address the needs of varied client presenting issues, there is a need for a holistic approach to clinical practice. This can include training in psychodynamically oriented methods

like Sandplay, while also integrating knowledge from areas such as neurobiology, cultural competence, and trauma studies. There are currently individuals, agencies, and organizations that are providing trainings, however they vary greatly in quality, content, and intensity (Mitchell & Friedman, 1994). There are also no formalized Sandplay trainings specifically geared towards social work clinicians. This is important as social work clinicians work in a variety of settings where Sandplay can be used, such as children's hospitals, nursing homes, and in-patient psychiatric units.

The lack of rigorous standards defining minimum qualifications for the creation of a training or certificate program in Sandplay illustrates a gap in the field of social work and the field of Sandplay. In order to fill this gap, this dissertation will create a comprehensive clinical training in Sandplay geared towards advancing the specialized practice of social work clinicians. The development of this training goes toward fulfilling the ethical principal of competence and training in the NASW Code of Conduct (2008) which states, "Social workers should aspire to contribute to the knowledge base of the profession".

In this dissertation I plan to create a comprehensive training program and curriculum which will prepare social work clinicians to add the method of Sandplay therapy to their toolkit when working with a wide range of clients. This training will be comprised of a didactic, experiential and clinical component. At the end of the training the clinician will be able to show a proficiency in Sandplay therapy at an advanced level.

In the following chapters I will provide specific information about Sandplay therapy and the training curriculum. In chapter two I will provide information about Sandplay therapy through a review of the literature including its history, methods and uses. In chapter three I will provide a detailed description of the training program and the curriculum developed so the reader

will have a complete understanding of the training and how it was developed. Chapter three will also end with a summary of the process bridging theory and practice. The last chapter will provide a summary of the process melding theory, curriculum, and practice. I will now start with the discussion of the literature on Sandplay.

Chapter II

VENTURING INTO THE SAND: A REVIEW OF THE LITERATURE

In this chapter, I will present a broad overview of the knowledge around Sandplay therapy. I will start with the history of this method and go through the many conceptualizations and contributions that made it a valued practice tool. This will include a description of some of the other theoretical orientations which use sand trays as a method. I will then discuss the specifics of the sand tray itself and the materials used in the therapy session. The next sections will explore the research on Sandplay therapy which includes quantitative, qualitative, and case study methodologies. In this chapter I also include a section discussing the benefits of Sandplay therapy. The final section of this chapter will address training in Sandplay therapy.

Before I delve into the discussion of the literature there is a clarification which needs to be made. Throughout the literature on sand tray therapies there have been several terms used for the individuals who practice this method. They have been referred to as practitioners, clinicians, counselors, or therapists. For the purpose of this work when direct quotations are used the author's term will be used. Although all of the terms are interchangeable I will use the term clinician. We will now enter the world of the sand.

The History of Sandplay

The origins of Sandplay therapy stem from the psychoanalytic work of Margaret Lowenfeld. Lowenfeld was a physician who began her psychiatric work with children in 1925 in London. Mitchell & Freidman (1994) stated that Lowenfeld had the radical idea that "...theory should develop from observation of what emerged from children, rather than viewing the children's work from an established theory that may have been developed through analyzing adults" (p. xvi). Lowenfeld's techniques were developed to foster unencumbered communications through which she could more clearly establish what was going on with the

client. In 1929 she established the Institute of Child Psychology in London (Bradway et al., 1981). This was advertised as a “Clinic for Nervous and Difficult Children” (Mitchell & Friedman, 1994, p. 8). An initial influence in the creation of what would come to be called The World Technique was Lowenfeld recalling reading H. G. Wells’ book, *Floor Games* (1911). It was in this book that Wells recounted playing with his sons using toys and miniatures and the imaginative process this fostered. Based on this Lowenfeld collected her own miniatures and small toys for the children she worked with and stored them in what she called a “wonder box” (Drewes, Carey, & Schaefer, 2001; Lowenfeld, 1999; Mitchell & Friedman, 1994). Lowenfeld would have two trays, one filled with wet sand and the other filled dry sand. Lowenfeld described that without direction, the children began to put the toys from the wonder box into the sand trays and created pictures that Lowenfeld’s small clients spontaneously named their *world* (Lowenfeld, 1970). Lowenfeld credited the children themselves with creating the new technique. Lowenfeld (1970) referred to the World as a representation of the real world:

the planet on which we live, with its mountains and lakes, its forests and deserts, its concourse of animals, its infinite variety of people; their societies: their ways of seeing and feeling, of wishing and working, of loving and hating, different for every living individual (p. xi).

The use of The World Technique referred to the gradual process acquired through years of observing, comparing, recording, and carefully examining the worlds of many children (Mitchell & Friedman, 1994). Lowenfeld described the sand tray technique as therapeutic in itself and no interpretation was needed. In this medium the children were able to act out unacceptable as well as acceptable thoughts, behaviors, and feelings. Through the development of The World Technique and the interest that it garnered the next major theorist using sand tray therapy, Dora Kalff, emerged.

Dora Kalff 's career in psychology started late in life. She lived near Carl and Emma Jung and her children became friends with Jung's children, who would often come over to play at her house (M. Kalff, 2003). Eventually Emma Jung contacted Kalff as she wanted to find out more about her because when her children would return home they were so relaxed and content (M. Kalff, 2003; Mitchell & Freidman, 1994). The friendship that developed between the Jung's and Kalff lead her to become an analyst for children (M. Kalff, 2003; Mitchell & Friedman, 1994). It was under the encouragement of the Jungs' that Kalff became a student of Carl and Emma Jung, studying at Jungs institute for many years (Kalff, 2003; Mitchell & Freidman, 1994). Kalff completed her own analysis with Jung personally. As Kalff had such a strong ability to work with children, Jung encouraged her to work clinically with children (M. Kalff,2003 ; Mitchell & Freidman, 1994). At that time there were few resources for working with children analytically (M. Kalff, 2003). Her work with Jung primarily focused on analysis and dream work which was more appropriate for adults and this prompted her to find a therapeutic method which was more appropriate for her work with children (M. Kalff, 2003). After hearing a lecture in 1954 by Lowenfeld discussing her technique at a conference, Kalff petitioned to study with Lowenfeld to learn The World Technique (Kalff, 2003; Mitchell & Friedman, 1994). During her time with Lowenfeld she also studied with pediatrician and psychoanalyst Donald W. Winnicott, and collaborated with psychiatrist and Jungian analyst Michael Fordham (Kalff, 2003; Mitchell & Freidman, 1994). After her studies with Lowenfeld, Kalff then returned to Switzerland and began to integrate her knowledge of sand tray work and her training in Jungian analysis into a technique she called "Sandplay". This was a name agreed upon by Kalff and Lowenfeld to distinguish between the two techniques (Homeyer & Sweeney, 2005; Kalff, 2003; Mitchell & Friedman, 1994). There continues to be confusion of the use of the term currently as

many non-Jungian methods will call their method sandplay also. Kalff had three major influences which shaped the development of Sandplay therapy, this next section discusses them in detail.

The Roots of Sandplay

Martin Kalff describes Sandplay as having its origin in three roots, Jungian analytic theory, Lowenfeld's World Technique, and the influence of eastern thoughts and philosophies (M. Kalff, 2003). In this section we will examine the part that all three of these elements played in the development of Kalff's method.

Jung

Kalff's analytic work with Jung provided the theoretical base for how she felt an individual's personality navigates the process of becoming whole. Jung's theory of the structure of the personality is focused on the psyche, which includes the consciousness, the personal unconscious, and the collective unconscious (Hall & Nordby, 1999.) The Jungian concept of the psyche is based on the premise that the personality is inherently whole when the child is born (Hall & Nordby, 1999). This goes against the theoretical premises of the time which postulated that the individual was not whole and was fractured parts striving towards the goal of becoming whole (Hall & Nordby, 1999). Jung's work with the individual was to help bring him or her back to the wholeness they had lost through their life experiences (Jung, 1980; Hall & Nordby, 1999).

Jung's psyche represents all thoughts, feelings, and behaviors both conscious and unconscious (Hall & Nordby, 1999). The psyche works as a regulator to help the individual function and adapt to his social and physical environment (Hall & Nordby, 1999; Jung, 1980).

The consciousness is the part of the mind that is known to the individual. Jung posited that the conscious mind was constantly developing awareness starting from childhood on through

adulthood (Hall & Nordby, 1999; Jung, 1980). Jung's concept of the consciousness has a "gatekeeper" who functions to screen all of the thoughts, feelings, perceptions and other psychic material the person comes in contact with on a daily basis and only lets in what the conscious mind can handle (Jung, 1980). This gatekeeper is the ego. Hall & Nordby (1999) stated that Jung believed that the "ego provided identity and continuity for a personality because by the selection and elimination of material the ego can maintain a continuous quality of coherence in the individual personality" (p.34).

The personal unconscious was where Jung postulated experiences which the ego did not recognize were stored (Hall & Nordby, 1999). This is also the area where experiences or memories which were once in the conscious mind, but have been repressed, or discarded for some reason (Jung, 1980). These repressions can occur with material which is traumatic or just not important enough to be retained in the conscious mind (Hall & Nordby, 1999). Jung felt that there was a two way communication between the conscious mind and the personal unconscious when there was a need for those contents to arise (Hall & Nordby, 1999).

The collective unconscious was a part of the psyche which was not influenced by personal experience (Hall & Nordby, 1999). The collective unconscious was seen as a place where deep primordial images were stored. These images, and the behaviors or characteristics they caused were not seen to be the result of personal experience, but existed as inherited from the earliest ancestors (Hall & Nordby, 1999). The contents of the collective unconscious were seen as having the ability to shape our behaviors and perceptions (Hall & Nordby, 1999). These images are called archetypes and are based on experiences the individual never had personally, but which could influence the perceptions an individual had (Hall & Nordby, 1999; Jung, 1980). The technical definition of the word archetype is "original model" and that is how Jung

perceived these contents of the collective unconscious (Hall & Nordby, 1999). An example of an archetype and how it can influence an individual is given as that of the mother. The mother archetype is a prototype of the mother and this unconscious image will be imposed upon the real mother by the infant at birth (Hall & Nordby, 1999). Jung felt that there were numerous archetypes, as many as there were situations in life (Hall & Nordby, 1999). It is important to understand that Jung did not want archetypes thought of as fully formed images, but more as “forms without content” which served to shape our perceptions and actions (Hall & Nordby, 1999; Jung, 1980). Kalff shared Jung’s views on these concepts and they had a large influence in the development of her method of Sandplay. The second branch of the root of Kalff’s, Sandplay theory development came from her work with Lowenfeld.

Lowenfeld

Lowenfeld regarded the World Technique as a means for the communication and expression of children’s thoughts and emotions (Lowenfeld, 1999). She also saw her method as a vehicle for the release of conflicts and tension resulting from discrepancies between their inner and outer realities (Lowenfeld, 1999). Lowenfeld had a specific method for introducing her children to the sand tray session. Lowenfeld would use what was called the Bridge and Picture thinking, where she would indicate to the child that there were two parts to the tray (Mitchell & Freidman, 1994). First, she would tell the child that children and adults lived on opposite sides of the river and that they were to work together to build a bridge (Mitchell & Friedman, 1994). Then in the picture part they were shown the miniatures she had stored away in trays and told that they could make any type of picture they wanted with the figures or the sand (Mitchell & Freidman, 1994) Lowenfeld felt that the miniatures should be kept out of sight as to not over stimulate the child during the sessions, she would then guide the child to make a picture in the

tray and would sit near to engage in a “running commentary” with the child about his or her process to keep him or her aware of what they are doing while the or she are doing it (Mitchell & Freidman, 1994).

Mitchell & Freidman (1994) state that the primary focus Lowenfeld had in the child’s “world” was why certain objects appeared when they did and why those objects were arranged in a certain manner. Lowenfeld’s method was more directive having the clinician suggest new activities based on what had come out of the child’s previous work (Mitchell & Freidman, 1994). Lowenfeld’s initial technique of having her clinicians (or workers as they were called) randomly assigned each time to a child when they came for a session brought her criticism (Mitchell & Freidman, 1994) Lowenfeld employed this technique as she felt that it reduced transference and created more of a bond to the institute as a whole rather than to any one clinician (Mitchell & Friedman, 1994).

Lowenfeld’s goal of successful treatment was when the child was imbued with a greater sense of harmony, both in himself and in relation to his environment, and when he would show a greater interest in learning (Mitchell & Friedman, 1994). Kalff trained with Lowenfeld but she formed her own theories which differed from Lowenfeld’s and were shaped by the third element which helped found her development of Sandplay therapy. Kalff like Jung had a strong interest in Asian studies.

Eastern Mysticism.

Kalff’s was strongly influenced by her experiences with eastern practices and philosophies (Homeyer & Sweeney, 2005; Kalff, 2003). Martin Kalff (2003) described the strong relationship his mother had with Asian culture, especially with refugee Tibetan monks who came to Switzerland where she was living. Kalff opened her house to many Tibetan monks

and even met with the Dalai Lama himself (Kalff, 2003). Her interest in Asian philosophies also brought her into contact with Zen Buddhism (Kalff, 2003). At a conference in 1953 Kalff met the Japanese Zen Master Daisetz Suzuki. Although Kalff was not able to formally study Zen Meditation, she was one of the first women to spend any time in a Zen monastery (Kalff, 2003). Martin Kalff (2003) described his mother's satisfaction in her conversations with Zen masters "who confirmed that the spirit of Zen is virtually explicit to the Sandplay method" (p. viii).

Kalff had a gift for being able to communicate effectively with people from other countries and through her travels to different countries she was able to train and make contacts with other Jungian therapists (Kalff, 2003). Kalff received invitations to lecture and train at clinics, universities and Jung institutes (Kalff, 2003). Kalff travelled to Italy, America, Germany and Japan, among others, teaching Sandplay therapy. Of all of the countries which embraced Sandplay, the connection with Japan was especially strong (Kalff, 2003; Mitchell and Friedman, 1994). In Japan, Sandplay is known as Hakoniwa Therapy where it resonated with the existing practice of making small artistic miniature gardens (Enns & Kasai, 2003; Kalff, 2003). The collaboration Kalff was able to make with clinicians in various countries enabled the transition from what started as a discussion group of dedicated child analysts, psychologists, and therapists working to study and practice Sandplay therapy, into what would become the International Society for Sandplay Therapy (ISST). The first founding meeting was held in Zollikon, Switzerland in 1985 (Kalff, 2003).

The impact of her Jungian training, her work with Lowenfeld, and the influence of Zen Buddhism all contributed not only to Kalff's development of her method, but also to its popularity which as a method has continued to the present day.

The history of the conceptual development of Sandplay notwithstanding it is also important to understand the other methods of sand tray work in comparison to Kalff's. In the next section, I will discuss some of these methods.

Sandtray Methods

In this section I will discuss an overview of other methods of the use of sand trays in therapy. Sand tray based interventions are seen as a form of play, and the sand is seen as an element of childhood which is universal. There are different theoretical orientations and methodologies which employ the use of sand trays in their clinical interventions with clients. Gestalt, Adlerian, and Constructivist clinicians have integrated the use of sand trays in their work. I will briefly look at each of these models in this section.

Gestalt Sandtray Therapy

Gestalt clinicians use multiple mediums in their directive play therapy with children and the use of sand trays is one of the methods they employ. Oaklander (2001) states in examining sand tray therapy as used in Gestalt therapy it is important to understand the core concepts of Gestalt theory as listed below:

- The I/Thou relationship. There is nothing that happens in therapy without at least a thread of a relationship. The relationships seen as a tenuous thing that takes careful nurturing.
- Organismic self-regulation. Gestalt therapy emphasizes the process of organismic self-regulation. The organism constantly seeks homeostasis, seeking health at all times and attempting to satisfy its needs.
- Contact and resistance. Contact signifies the ability to be fully present in a particular situation with all the aspects of the organism vital and available. Resistance is viewed as

a manifestation of the child's energy, as well as an indication of the contact level of the child. If the energy fades and the contact shifts, it is evidence of resistance. Some children indicate the resistance in more passive ways such as ignoring, acting distracted, or appearing to not be listening.

- Sense of self helping children develop a strong sense of self is a prelude to emotional expression, an important step in the healing process.

As listed above resistance is an important part of the work with the child and therapist in their relationship. Oaklander (2001) states that if a child is able to say "I don't want to go any further with this" (p.49) he or she is seen as making a contactful statement. Resistance is seen as a protective factor, the ally of children; it is viewed as how they take care of themselves. The therapist must expect resistance in the relationship and respect it (Oaklander, 2001). As children begin to feel safer in the sessions, they may drop the resistance for a time. However, when children have experienced or divulged as much as they can handle, as much as they have inside support for, the resistance will come up again (Oaklander, 2001). In this way, resistance surfaces over and over again. This is to be honored by the therapist and not seen as a negative event.

Although many of the Gestalt techniques used in sandplay with children encourage projection, they are not used for the purpose of interpretation (Oaklander, 2001). Oaklander (2001) states that though it is almost impossible for a therapist to avoid some interpretation, particularly in work with children, it is important for the therapist to use them as tentative translations, guesses, and hunches that children can verify (p.49) It is through this verification that children feel listened to and understood and thereby gains strength. One might say, "The figure left all alone in your sand tray looks lonely to me —do you ever feel that way?" and if the child responds affirmatively, Gestalt therapist indicate that a kind of therapy is occurring that

could never happen had this "interpretation" been hidden as a notation in a chart (Oaklander, 2001). A child may also say, "Oh, no," to such a statement, or want to do something else, or seem puzzled. The therapist is supposed to accept the child's response easily and with grace (Oaklander, 2001). The suggestion may not be true, or the child may simply not be ready to own it (Oaklander, 2001). In Gestalt theory, it is postulated that very young children have a wisdom about themselves that is awe-inspiring (Oaklander, 2001). The therapist is to assist children in sharing this wisdom. The therapist is to gently open the doors to self-awareness and self-ownership, it is through open and contactful sharing that the child strengthens his or her own self. Gestalt play therapy with children is fairly directive. The therapist will make determinations regarding the therapeutic needs of children in pertinent activities. However, the therapist is always supposed to be sensitive to the child's desires and energy (Oaklander, 2001). Sometimes the therapist will take the lead and other times the child will lead the session. It is believed by Gestalt therapists that the child comes to the session knowing what they want to participate in (Oaklander, 2001). Other children may perseverate on an activity and require a slight push to attempt something new (Oaklander, 2001). Often the therapist will negotiate with children, dividing the time between both, what they feel is necessary, and what the child feels is appropriate. In this method the therapist is interactive with children, rarely sitting back and merely observing children's play (Oaklander, 2001). Oaklander (2001) states the therapist is to remember the various periods of their own childhood and ask themselves, "What would I like to hear right now if I were the age of this child?" (p.54). This reflection on the part of the therapist is felt to reap great rewards in the work of the child (Oaklander, 2001). This method of Sandplay is different than Jungian Sandplay as there is not the same emphasis on the symbolic and metaphorical content in the play. The clinician in this method can have more interaction and

guide the play than a clinician would in Sandplay therapy. Another theoretical orientation that uses sand tray work is Adlerian therapy.

Adlerian Sandtray Therapy

Bainum, Schneider & Stone (2006) discuss a method of sandtray therapy and case analysis to evaluate and treat their clients. Their method of sand tray therapy was adapted from the Jungian model and tailored to suit the Adlerian theoretical framework. It was formulated so Adlerian therapists could use in their practice with adults or children. This Adlerian method of sand tray can be either directive or non-directive (Bainum, et al.,2006). Adlerian sandtray therapy can be used as the sole technique throughout the course of therapy or in conjunction with other tools. As when using any modality the therapist may find that using another method, such as sandtray therapy can be beneficial especially when it appears the client has become “stuck”.

Bainum, et al. (2006) state ,“Adlerian theory focuses on the final fictive goal of the client and the movement toward that goal. The healthy person without pathology moves forward toward social interest, both psychologically and behaviorally” (p.37). According to Adlerian theory, neurosis occurs when individuals move away from social interest and lack the courage to face the tasks of life. This means that for Adlerians it is, therefore, not enough only to understand the meaning of the tray, it is also important for the client to make movements toward change (Bainum, et al., 2006). The initial tray can be used to identify the movement towards change, or it can be used to process the meaning of possible changes for the future (Bainum, et al., 2006). Once clients have processed the possible changes they can make through the tray, they may actually make those changes in their lives (Bainum, et al., 2006). As a result, Adlerian therapists who employ this method may use a more directive approach to sandtray therapy. Kottman (2003) and Sweeney, Minnix, and Homeyer (2003) were some of the first to identify the more directive

approaches in sandtray therapy for the Adlerian therapist. (Bainum, et al., (2006) developed a model of Adlerian sandtray therapy, and then developed a case study analysis to:

develop further the techniques and applications of this new model for the client's socialization (social interest and movement); goal orientation (lifestyle typology and fictive goals); family constellation; functioning in life tasks; and finally the use of Adlerian sandtray with client-generated metaphors (p. 39).

On occasion a client becomes stuck in a mode of thinking and does not move forward.

On these occasions the therapist may turn to using the sandtray for assistance in clarifying the cause for the lack of movement because of its behavioral component (Bainum, et al., 2006). The Adlerian model as allows for therapist intervention and interpretation by moving pieces, introducing pieces, and suggesting possible meanings to the client. There are also occasions in which the Adlerian sandtray therapist will complete a sandtray for the client as a means of providing lifestyle feedback (Bainum, et al., 2006). The therapist may intervene and offer a suggestion that the client is able to accept or not accept. Efforts to interpret sand trays from an Adlerian perspective should follow the methods used to interpret early recollections, metaphors, or dreams (Bainum, et al., 2006).

Bainum, et al., (2006) chose five uses of Adlerian sandtray therapy for case study analysis:

1. The use of sand tray to depict life task functioning through the use of joint sandtray therapy with siblings, couples, or families.
2. The use of sandtray therapy to depict social interest or collaborative play for children.
3. The use of sandtray therapy to depict lifestyle information, goal orientation, or typology.
4. The use of sandtray therapy to depict family constellation information.
5. The use of sandtray therapy with client-generated metaphors or the client symptom as a metaphor (p.39).

Bainum, et al., (2006) observed there are special themes the Adlerian therapist can observe in sandtray therapy. The information that evolves from sandtray therapy that is considered beneficial includes and typology, mistaken beliefs, family constellation information, lifestyle information, movement patterns, and the client's level of social interest (Bainum, et al.,

2006). The client's information may come from the sandtray therapy session either behaviorally or verbally as the client places these pieces. Bainum, et al., (2006) indicated that there will be instances where the therapist needs to intervene by giving the client interpretations. The therapist may also use the sandtray information to generate hypotheses which he or she will crosscheck with information from other sources for information on movement in the clients work. This model of sandtray therapy as stated earlier can not only be interpretive and directive but is also used diagnostically. Another theoretical orientation which has taken on sandplay as a method is constructivism.

Constructivist Sandtray Therapy

Dale and Lyddon, (2000) state, "While constructivist epistemology and theory have provided a viable conceptual lens for the psychotherapy practitioner, specific examples of constructivist-based practices have not kept pace with the often philosophical and conceptually abstract writings of constructivist scholars" (p.135). Constructivist theory as a lens has provided clinicians a different way of viewing traditional psychotherapeutic methodologies. As a way of creating a constructivist based practice tool, Dale and Lyddon (2000) discuss sandplay therapy as a viable method.

There are several constructivist principals which Dale and Lyddon (2000) put forward to make the case for the use of sandplay therapy as an effective method for use with clients. They describe these principals and how they fit with the process of sandplay therapy. Dale & Lyddon (2000) identify the principals of viable realities, active knowing, tacit knowledge, self-organizational processes, symbolic and storied knowing, and externalizing the problem as principals which are relevant to both theoretical approaches. These principals will be expanded upon briefly in this section below.

The existence of viable realities is the premise that there is not one stable, knowable, reality in life and all knowing is a human conjecture about the self and the world (Lyddon, 1992). Dale and Lyddon, (2000) indicate that this premise is in accordance with the principle of sandplay therapy where the client is given the opportunity to create his or her own reality of themselves in the sand (Kalff, 1980). Active knowing is the assertion that humans actively create their own world and develop their own representative models of the world which is not fixed (Dale & Lyddon, 2000). Active knowing is demonstrated in sandplay through the physical construction of the sandtray, which as a temporary creation, embodies the premise that there is no fixed permanent reality, just the humans own created reality (Niemeyer, 1993/1995). Tacit knowledge is the assertion that learning and knowing involve a tacit or “beyond awareness” processes that constrains the contents of the conscious experience (Mahoney, 1991). This fits with the sandplay premise that the use of the sand tray in therapy causes a communication and collaboration between the conscious and unconscious mind (Ryce-Menuhin, 1992). Dale and Lyddon (2000) define the concept of Self-organizational processes as “learning, knowing, and memory all interact in ongoing attempts of body and brain to organize and reorganize their patterns of action and experiences” (p.143). This concept is associated with the process of the client’s organization out of chaos, shown through the progression of the sand trays created in Sandplay therapy (Kalff, 1980; Turner, 2005; Weinrib, 1983). Lyddon (1992) indicates storied knowing is the idea that “from a constructivist perspective, the primary source of knowledge is the human capacity for creative and imaginative thought, the ability to construct reality through symbolic means “language, myth, metaphor, or narrative” (p. 174). This is in accordance with Kalfian Sandplay theory which relies heavily on the premise that the work the client is able to do is through the use of the archetypes and metaphors which are represented in the sand tray

(Kalff, 1980). The last principal – externalizing the problem is described by Dale & Lyddon (2000) in a constructivist narrative therapy approach as having the client express their narrative and describe the issue in an objective way, externalizing it from themselves. The client then can be given alternative narratives to help liberate them from their self-limiting scripts (Dale & Lyddon, 2000). Sandplay allows the client to work through their issues in a non-threatening externalizing way as all of the process is conducted primarily through the tray, and not necessarily verbalized by the client (Kalff, 1980; Turner, 2005). With all of the comparisons of constructivist thought to Sandplay therapy Freeman, Epston, & Lobovits (1997) have described ways to use sandplay therapy through a constructivist – narrative framework:

They have asked clients to (a) create the problem in the sandtray, (b) show the effects or influences of the problem in the sandtray, and (c) create a sandtray without the problem. They have also invited clients to create a series of trays, mutually discussing and encouraging changes in the sandworlds related to changes in the way clients are dealing with their problem(s). Freeman and colleagues state that a “child’s experience shifts as she (or he) make(s) the various sandtray(s) and as she (or he) performs new meanings in this tangible form” (p. 114).

Dale & Lyddon (2000) state that sandplay can function as “a useful strategy for identifying patterns of construing that may be common to particular clinical populations (e.g., sexual abuse survivors)” (p. 152). Sandplay from that standpoint is also seen as a form of assessment and change strategy, as it encourages interactive assessment and intervention between the therapist and client, and in the constructivist view, any assessment is inherently an intervention in itself (Dale & Lyddon, 2000). Sandplay used in a constructivist framework can be seen as having its grounding in Kalff’s Jungian methods, but can become more diagnostic and directive as stated above.

This theme of developing a diagnostic sandtray method is pervasive during the initial development of this modality. There are several other clinicians who developed specific methods of the use of a sand tray as a diagnostic tool. In the 1930's, Erik Erikson developed the Dramatic Productions Test and a few years later Charlotte Buhler developed the World Technique, both of which were developed to function as diagnostic methods of treatment with children (Mitchell & Friedman, 1994). Sand trays have traditionally been used with individuals, but many clinicians have created methods to work with siblings, couples, families, and groups. Sandtray-Worldplay is one such method which was developed by Gisela DeDomenico (1999). Although there are many theoretical orientations which utilize sand tray therapy I have chosen to focus on the Jungian based method which was developed by Dora Kalff because I feel that with its focus on being non directive it fits with the social work mission of meeting the client where he or she is, providing support and empowerment.

I will start off this next section with a description of the theory of development Kalff created which is her adaptation of Jung's personality theory.

The Sandplay Theory

Kalff's theories shaped by Erich Neumann's 1973 work *The Child: Structure and Dynamics of the Nascent Personality*, were developmental stages which she felt were represented in the Sandplay. Turner (2005) describes Kalff's two different developmental theories and how they were represented in the play. The first is her theory of early psychic development and the other is her theory of ego development (Turner, 2005).

Early Psychic Development

Kalff's theory of early psychic development has what she terms four phases, Mother-Child Unity, Relationship to the Mother, and Constellation of the Self (Kalff, 2003; Turner, 2005).

Ego Development

Kalff's theory of ego development has three phases, Animal-Vegetative, Battle, and Adaptation to the Collective (Kalff, 2003; Turner, 2005).

Kalff's theories of development and how they show up in the sand trays shape her work with children and adults. It is through these representations of the psychic process that the clinician is able to use and understand the symbolisms which show up in the trays. In the next section I will discuss the Sandplay process in detail explaining the process, the materials, the preparation, and the session.

The Sandplay Process

The use of the tray, the miniatures, and the sand to create a picture or "world", encompass the therapeutic process which is the Sandplay intervention (Allan and Berry, 1987). The therapist is simply there to witness the process silently while being "fully present". This honors the client and creates a "holding" environment for the clients to present their scene (Kalff 1981; Mitchell and Friedman, 1994). Kalff (1981), stated that the therapist should be able to interact comfortably with the client creating a "free and protected space". In this next section I will describe the specifics of the Sandplay process from materials to the session.

The Sand Tray



Figure 2.1: Sand tray 19.5" x 28.5" x 3" with sand and tools

The physical dimensions of the sand tray varied according to each theory of sand tray therapy. Kalff (1981) specified tray for Sandplay should be 19.5" × 28.5" × 3". Kalff (1981) cited the reasoning for the dimensions of the tray as, "The player's fantasy is bounded and held within limits. These limits work as an ordering, protecting factor" (p. 23). Further, "The measurement of the box corresponds exactly to what the eye can encompass" (p. 33). Kalff (1986) recommended waterproof trays, and that the interior sides and bottom surfaces be painted blue so that when the sand was pushed aside, bodies of water were represented or the sky was represented by the sides. Often, therapists will provide two trays to accommodate both wet and dry sand so that clients could choose texture that appeals to them at that time (Allan & Berry, 1987; Mitchell & Friedman, 1994). A neutral color of sand was recommended as to not detract from symbolic representation of the earth (Kalff, 1980) I will now discuss the importance of the figures in the play.

The Miniatures or Figurines



Figure 2.2: Miniatures and figures

Equally important to the sand tray intervention were the miniatures and the methods for displaying the them. Kalff recommended hundreds of small figurines, a "cross-section of all animate and inanimate images encountered in the external world as well as in the inner imaginative world" (Mitchell and Friedman, 1994, p. 53). She displayed the miniatures on open shelves so clients could have a wide range of choices in creating their Sandplay world and easily

reach desired objects. In Sandplay, the miniature figures represent various archetypes, which correspond with Jungian constructs such as the animus (the masculine in females), the anima (the feminine in males), or the shadow (Ryce-Menuhin, 1992). Mitchell and Friedman (1994) stated that miniature collections could range in size from 150 to more than 1,000 objects. Smaller collections had the benefit of keeping certain clients from becoming overwhelmed while larger collections provided variability. Kalff (2003) stated of her play collection:

There are many things in my playroom: paints, clay, mosaic, plaster of Paris, etc. They lie invitingly open on a large table. The sand trays are close by and on a shelf are hundreds of little figures made of lead and other materials. There are people, not only of various types and professions of modern times, but also figures from past centuries. There are wild and domestic animals, houses of different styles, trees, bushes, flowers, fences, traffic signals, cars, trains, old carriages, and boats. In short, everything that exists in the world, as well as in fantasy is made available. (p.16)

Objects used for Sandplay can come from catalogues, thrift stores, toy stores, yard sales or many other places. Miniature sets can also be obtained by buying collections from retiring clinicians. Collections can be started inexpensively but can also be quite expensive, depending on the source and nature of the miniatures. Homeyer and Sweeney (2011) cited a comprehensive list of categories of objects including natural items, vegetation, household, and medical items. Ryce-Menuhin (1992) emphasized the importance of ordinary everyday objects in the Sandplay room. He indicated that by three-and-a-half, children have developed relationships with objects and that the connections last through adulthood. Ryce-Menuhin (1992) stated that a broad and varied collection of figures provides a “kaleidoscope of possibilities” (p. 29) for the client in their process in the sand. Having the figures and miniatures are just the start of the preparation for using Sandplay. One of the most important factors in a play therapy session is the room

layout and the preparation for the session. In this next section I will discuss the play therapy room and the steps the clinician should take to prepare for the session.

The Sandplay Room



Figure 2.3: Sandplay therapy room

As stated above the clinician will have the room with their collection of miniatures in open shelves or in drawers. It is important for the client to have the accessibility to which ever figures “speak” to them at the time of the session (Kalff, 2003). Turner (2005) indicated that especially with a large collection it is beneficial to have the miniatures and other objects grouped together in some fashion which will allow the client to be able to find the figures they are looking for. There can be many different ways of grouping the miniatures and this is purely up to the discretion of the clinician. Turner (2005) states that she groups her figures in two ways, by developmental level and then by Archetype. An example of developmental grouping is

placement of the items a child may be likely to choose are located at a child's height and taking into account the developmental level of the child (Turner, 2005). An example of Turner's archetypal grouping means that she has all of the earthly elements, such as rocks, and earthly items on the ground, and religious figures on higher shelves (Turner, 2005). Kalff (2003) described her room as being invitingly open and child friendly, with paints, clay, and other materials as well as the sand trays and figures out and available for the child to choose as they desired. Homeyer & Sweeney (2011) discuss the option for a clinician who is not able to have the space for a large collection, or a collection placed on open shelves, there is the option of keeping the figures in baskets where types of figures can be grouped together to save space. There are as many different ways of laying out the figures in a room as there are clinicians. There is also the option for a clinician who will be traveling to have figures carried in boxes such as a tackle box (Homeyer & Sweeney, 2011).

The layout of the room will also include the tools the client will need in working in the sand. This includes any tools or implements which can be used to manipulate the sand as well as water, usually in a bucket or container at ready access to the client for times where wet sand is desired (Turner, 2005). It is important to have the room the same way as much as possible regarding the placement of the figures, the trays, the tools, and anything else used for the session as the consistency can help in grounding an otherwise chaotic life (Homeyer & Sweeney, 2011). When making sure the room is ready for a client a quick scan should be made to make sure everything is ready and in place for the client to start right away (Turner, 2005) It is advisable to have the availability of wet and dry sand for the client to choose, or have the bucket or other water source available if there are not two trays (Kalff, 2003; Homeyer & Sweeney, 2011; Turner, 2005). The sand should be ready smoothed flat having checked for any figures which

may have been left from a previous session (Homeyer & Sweeney, 2011; Turner, 2005). Now that the room is ready for the client, the next section will discuss the specifics of conducting a Sandplay session.

The Sandplay Session



Figure 2.4: Sandtray picture created in a session

At the beginning of a session, Kalff would ask clients if they wanted to do Sandplay (Kalff, 2003; Mitchell & Friedman, 1994). The directions she would give were simple and nondirective. Kalff would show the client the shelves with the miniatures and indicate that they were able to choose whatever figures they liked, or whichever ones “spoke” to them (Mitchell and Friedman, 1994; Kalff 2003; Turner, 2005; Weinrib, 1983). Kalff allowed them to touch the sand and explained that the sand could be pushed to the side so that the blue bottom could represent images of water and the sides could represent the sky. Kalff would sit quietly, observing the creation of the client and would fill out a diagram of the client’s development of the tray including what pieces they used, what order they placed them and if any were moved or removed (Turner, 2005; Kalff,2003; Mitchell and Friedman, 1994).

When it was determined that the clients were satisfied with the picture they had created the Kalff would ask them about specific pieces in the picture and have them describe what roles

they played in the picture (Kalff, 2003;Turner, 2005). All of the discussion of the pieces and the picture was to be kept in the context of the tray and not related directly to what was going on in the client's life. This was to allow the client to process materials at the unconscious level giving the conscious mind time to process matters when it was safe for them to come to awareness (Turner, 2005).

The free and protected nature of the setting the clinician is creating helps to allow “the client to return to the primal psychic conditions where all growth and development occurs” (Turner, 2005, p.87). The main goal of the holding environment created by the clinician is to re-create the “archetypal conditions of the original mother-child unity” (Turner, 2005, p. 87). Kalff (1981) explained this free and protected space as:

This free space occurs in the therapeutic situation when the therapist is able to accept the child fully, so that he, as a person, is a part of everything going on in the room just as much as is the child himself. When a child feels that he is not alone, not only in his distress but also in his happiness, in whatever his experience may be, he then feels free but still protected in all his expressions (p. 18).

At the conclusion of a session, Kalff (1983) warned against interpretation of the picture, “because in Sandplay we are dealing with a living experience it would be presumptuous to think that it is possible to exhaustively describe it on a conceptual level” (p. xv). Kalff did use interpretation and relied on symbolism and metaphors, but the interpretation was secondary to the process of the Sandplay, and not done with the client (Mitchell and Friedman, 1994; Turner, 2005). Dora Kalff (1980/2003) recognized that delaying interpretation was critical as it allowed the client's psyche the opportunity to undergo transformation at its deepest layers. Kalff found that the therapist's silent, and knowing attendance to the process of Sandplay activated these potentials of transformation in the client (Kalff 2003; Turner, 2005). Kalff used the interpretation of the trays for gaining her own understanding of the clients process. It was through these

personal introspections of the clients work that she was able to examine the process of their unconscious mind and the conflicts which may be arising for the client (Kalff, 2003).

When conducting Sandplay therapy treatment there is no finite number of sessions pre-determined the Sandplay work (Kalff, 2003; Turner, 2005). Kalff (2005) reports one case of a 12-year old boy she calls Christian who she saw for 16 days almost daily and was able to work with him around his presenting issue of enuresis. Turner (2005) reports that she has had clients who will work with her for years and may use Sandplay as the primary method, or may use talk therapy and go years between trays. The clinician is to work with the client to create the environment where the client's Self can achieve wholeness (Kalff, 2003).

When the client has completed each individual session, the clinician will take a picture of the sandtray for documentation of the progress of the case for both the client and the clinician (Turner, 2005). The tray is never to be disassembled while the client is still in the room. Turner (2005) states this is one of the few real rules of Jungian Sandplay therapy. "The symbolic content of the client's heretofore, unseen and unknown inner world has manifested in a three-dimensional form within the boundaries of the tray...To disassemble the client's budding transformation in his or her presence is unthinkable" (Turner, 2005, p.401).

In the next section I will move from the Sandplay process and discuss some of the Sandplay therapy research available.

Sandplay Research

Sand tray therapy as an intervention has received significant attention from therapists, researchers, and school counselors (Aoki, 1981; Bowyer, 1970; Bradway et al., 1990; Carey, 1990; Fujii, 1979; Kalff, 1981/1983/1986; Livingstone, 2002; Lowenfeld, 1969/1970/1999; Mitchell & Friedman, 1994; Oaklander, 1978; Pabon, 2001; Weinrib, 1983). Kalff spent her

many years in the field teaching, practicing, and developing the method of Sandplay. Kalff and many of her followers have eschewed controlled or quantitative methods of research, “instead choosing a more subjective exploration of the symbolic meaning behind the selected figures and movement in the scenes” (Mitchell and Friedman, 1994, p.87). This view stemmed from the Jungian analytic method Kalff was trained whose methods are not easily quantified. Jung’s own concepts were criticized for being extremely difficult to study in a laboratory setting, and it was due to this that he was charged with being “mystical” (Hall & Nordby, 1999) Kalff placed a value on her intuitive nature and this quality and her depth of knowledge in understanding her clients trays was antithetical to quantitative research (Mitchell & Freidman, 1994).

Since there are few empirically-based studies conducted specifically in Kalffian Sandplay methods, many of the empirical studies have been conducted using non Jungian Sandplay methods of sand tray modalities(Mitchell and Freidman, 1994). Much of the research has been conducted using methods which developed from Lowenfeld’s World technique. Most Sandplay therapists approach to research was to either present case studies, or discuss the subtleties of the theory and practice (Mitchell and Friedman, 1994). Mitchell and Freidman (1994) stated that no “specific or organized guidelines for understanding trays have as yet been developed” (p. 87). This fact can make objective review of trays difficult. There is also another challenge in accessing some of the empirical Sandplay research available as it is in other languages such as Japanese. It is important in the review of studies to sort out which studies are using Sandplay techniques and which use the term sandplay, but are not following the Kalffian method. There continues to be confusion over the use of the term Sandplay. To create a clear guideline of what research methods are appropriate, the Association of Sandplay Therapists (AST) has a section of their website which discusses their research guidelines, and definitions. To document some of

the research which has been done recently they have created a data bank of dissertations which have been completed on Sandplay topics. In the next section we will take a look at some of the Quantitative studies conducted.

Quantitative Studies

Quantitative studies, which may use directive or diagnostic methods in Sandplay, are considered antithetical to the Kalfian method. There are however, some clinicians who have started to conduct research in that manner.

Fuji (1979) conducted a reliability study posing the questions, 1. Could judges correctly describe what population produced certain sand tray pictures?, and 2. Is there sufficient reliability in the sand trays that would enable an observer to identify trays made by the same individual over time? Fuji used adolescent boys as her subject group who were broken down into 4 groups, Elementary age (12 years old), Junior high school (13-14 years old), delinquents (13-15 years old) and emotionally disturbed (10- 12 years old). Her judges were five experienced Sandplay clinicians, and five graduate students majoring in educational psychology who had no knowledge of Sandplay. The boy's trays were viewed through photographs which were taken after each tray's completion. For the first question, Fuji found that all of the experienced clinicians were able to identify the trays with the correct group of boys ($p < .05$ level of significance). For the second question, Fuji was able to find that all of the experienced judges and three of the graduate students were able to identify an initial tray and one made two to four weeks later by the same boy. This was completed at a statistically significant level ($p < .01$ level of significance).

Aoki (1981), who is the same researcher as Fuji, just having changed her last name, used the same categories of boys as in her previous study but this time looked at the way the boys

made two trays. She observed behaviors in the groups such as the delinquent boys took longer to start their trays, while the emotionally disturbed boys took longer in completing their trays. In assessing her overall findings through all her research questions she was able to trend similarities in the tray making behaviors among the groups of boys in very specific ways. These findings caused Aoki to conclude that the sand tray technique is reliable and that the trays of the maladjusted boys showed more structure and less variability, or creativity than the well-adjusted boys did. She hypothesized that this was due to the maladjusted boys having an inhibition in their creative process.

In a larger sample study Jones (1986) research question was to determine if there was a relationship to the types of pictures produced and a child's age. She was also examining if there was a relationship to the age and correlations to Piaget's stages. It used a group of 185 children ranging in age from 11 months old to 18 years old. Her sample included approximately 10 children of each age group 5 boys and 5 girls, except from the 1 year-old group which had 15 children, 6 girls and 9 boys. The children were either asked to "play in the sand", or the older children were asked to just "Make a world". Jones used multiple dimensions such as figures used, use of sand, comments and actions of the child, and interaction with the observer, among others. She used three trained therapists, and scales and checklists she developed to evaluate the factors and outcomes of the data. The overall findings supported the assumptions that the children's creative expression is consistent with Piaget's principals of what would be expected at that age. Jones was also able to determine specific categories of themes, use of sand and figure placement within the age groups which also correlated with Piaget's stages. Although this is not an exhaustive description of all of the quantitative studies available it provides a cross section of how Sandplay therapists have approached research in this method.

Case Studies

The most common research and documentation of the Sandplay process is the presentation and description of case studies with clients. There is no specific template used to present the cases, but in all instances of case presentations the clients' sessions are described and photographs of the trays are presented. In the description of the case, the clinician will talk about major themes which occur in the process of the trays; figures which are used; as well as the development of the rapport with the client. The clinician will always describe the symbols presented in the trays in relation to Jungian concepts of the development of the Self. The clinician will describe how many trays the clients' treatment took, and specific progress the client has achieved will be documented.

In a case presentation format, Kalff (2003) described the case of a 9 year-old boy who presented to her for anxiety and school truancy. Kalff described her process of obtaining background information from the mother and father, noting any major life experiences the child had. She then described the engagement process with the child and how she eased him into becoming more comfortable with her and with therapy. Initially she offered the child the use of the Sandtray and he took to it after a little hesitation. Kalff described the process of the trays, and the symbols she saw in the scenes the child made and the figures he chose.

For example the first tray the child created contained a scene with a small house a swing with a child on it fenced all fenced in on one corner of the tray. The child then made a hill in the middle of the tray with the sand and placed a tree with a boy underneath it. All around the hill there were placed heavy tanks, weaponry, soldiers and all manner of implements surrounding the hill ready to attack. Kalff discussed how the area with the house could be seen as warm and protective, while the other part of the scene was dangerous and attacking. Kalff reported that the

child even made the statement “A war has broken out” (p.20). Kalff described his scene as the child identifying with both boy’s in the scene. Kalff discussed the symbolism of the tree being one of protection, and nourishment, as it provides fruit and shade. Kalff also described that the tree also represented the tree of life in many cultures symbolizing growth and development. The scene was interpreted to represent the child’s feeling of safety in his home, on one hand, but it also represented the fear and threatening nature of the outside world threatening his wish for growth and development like the tree. Kalff (2003) stated:

The boy dreamed up there on the hilltop. In the shelter of the tree he longed to develop the talents that would allow him to take his proper place in the world. At the same time the war raged around the hill, threatening this wish. The outside world seemed to him an unconquerable opponent. Anxiously, he withdrew into his tenemos, the fenced-in, sheltered space of his house (p.21).

Kalff would document each session almost as if conducting a process recording, documenting what he would do and say, what she would say, and how she and he would respond to these interactions. Kalff also described her evaluation of his scenes and progress in relationship to developmental theory as well as Jungian theory. The case presentation showed photographs of trays of significance, trays where there appeared to be a breakthrough in the treatment or trays such as the initial tray, and in summation Kalff discussed how she concluded the therapy as the child had been able to integrate into society in a more comfortable way. The child’s treatment ended with him being able to attend school regularly, without anxiety and truancies. Listed below is a brief description of the types of client issues which other Sandplay clinicians have treated.

Case studies presented from other Sandplay trained clinicians show the diversity of both the populations and the presenting issues with which the clinicians were working. For example, there have been cases presented dealing with a 28 year-old adult male’s commitment issues

(Weinrib, 1983); a 14 year-old girl dealing with her parents' divorce, her father's remarriage, puberty and her mother's depression (Ryce-Menuhin, 1992); An adolescent boy dealing with his sexual identity, and two teen girls who were both suffering from depression, self-mutilation, and sexual abuse, all treated in a 30 day intensive program (Pabon, 2001); a 10 year-old girl who was dealing with learning disabilities, and the death of her grandfather (Carey, 1999); and a 32 year-old woman who was dealing with past issues of sexual abuse and relationship issues (Turner, 2005). This wide range of presenting issues is an example of the scope of treatment Sandplay practitioners work with but it is by no means exhaustive.

In addition to case studies a review of the research listing of dissertations on the AST website shows that there is a slow increase in Sandplay related research. Most of the dissertations listed tend to still remain qualitative, either describing cases or by describing the significance or appearance of specific figures, symbols, or archetypes in the work. It is still a challenge for Sandplay clinicians to step from the subjective/intuitive nature of the method to the concrete demands of rigor for quantitative research studies. The research implications for the lack of rigorous research studies documenting quantifiable efficacy in treatment makes it difficult for Sandplay to be considered an evidence based practice. This has implications for clinicians who are using the Sandplay method, as many seek third party reimbursement, and insurance companies are looking to only cover evidence based practices. Providing quantitative studies in this method in a variety of settings with a diverse client base would also legitimize the method and give clinicians clear information on the efficacy of Sandplay with special populations.

In the next section I will discuss some of the benefits of Sandplay therapy to clients through the words of practitioners who have worked with the method.

Benefits of Sandplay

Any therapeutic intervention, no matter how thoroughly designed, is of no use if it doesn't provide a benefit to the client it seeks to serve. M. Kalff (2003) stated of Sandplay:

This is a highly valuable creative process, because fears, tensions and fixed ideas begin to fall away, quite unintentionally. Deep changes in feeling are activated by the emerging Sandplay pictures, when the client's burdens become evident in the Sandplay expression (p. xi).

Many of the clinicians who practice the Sandplay method also report benefits in the work with their clients. Weinrib (1983) indicated that sand tray was appropriate for helping adult clients to reach the transpersonal level of the personality, penetrate resistance thus allowing them the goal of strengthening the ego. Although it has its roots in analytic theory which is generally viewed as a long term process, Weinrib (1983) credited sand tray as being a brief form of therapy. Pabon (2001) described Sandplay with a trained therapist as being more present and grounded than other techniques and identified the sand tray as a friend, which was soothing to the clients. Pabon (2001) wrote,

All children who have used sand tray reported that they felt good about their creations and what they did in session. After a session, it is usual for them to feel better and to be surprised by what they have accomplished by creating a miniature world (p. 137).

Ryce-Menuhin (1992) the benefit of the sand tray was the "delimited space of the sandbox enables the player's fantasy to be bounded and held within limits" (p.6) which helps the child or adult work through inner conflicts with the freedom to express them, but the safety to have clear boundaries. Allan and Berry (1987) described the sand as a magnet for children and had a calming effect on them. Allan and Berry (1987) stated, "when miniature toys are added, a whole world appears, dramas unfold, and absorption is total" (p. 300). Carey (1990) found that the use of the Sandplay process had a grounding effect on children, adults and families.

Sandplay therapy also has specific benefits for clients who have experienced trauma. Many talk/cognitive based therapies can have a negative effect on traumatized clients due to the traumatizing process of repeating the events and thus reliving the events. Homeyer and Sweeney (2011) discuss the fact that due to the excess and adverse neurobiological effects of trauma it is imperative that a clinician is cross trained in multiple modes of therapy to better help the client work through their experiences. Homeyer and Sweeney (2011) propose:

providing a nonverbally based expressive medium such as sandtray reaches the metaphorically focused right hemisphere. Therefore, accessing and expressing the traumatic narrative is enhanced. While we endorse the benefit of the trauma narrative, it does not have to be (and indeed sometimes cannot be) verbal in nature (p.81).

Kalff (2003) emphasized the importance of the clinician creating the holding environment for the client. This is to provide a safe space where the client can be free to safely express their inner conflicts. Homeyer and Sweeney (2011) indicate that the relational safety which is created in the sandtray therapy process provides the therapeutic growth which cannot occur outside the scope of intrapersonal and interpersonal safety. They state that the expressive and projective aspect of sandtray therapy provides that needed element (Homeyer & Sweeney, 2011). When discussing the benefits of Sandplay therapy it is also important to discuss the importance of training to ensure the benefits of this method.

Sandplay Training

Mitchell and Friedman (1994) discussed the challenges in effective training in Sandplay. There are factors they cite as current barriers or challenges to training. One of the primary factors is geographical; the lack of proximity clinicians are to trained Sandplay therapists. This is important as a crucial component in the training includes supervision and the clinician's participation in their own Sandplay process. This is similar to analysts having to go through their

own analysis (Carey, 1999; Mitchell & Friedman, 1994; Turner, 2005). The old method of Sandplay training was for the clinician to travel to Switzerland to work with Dora Kalff directly. They would stay there for several months to complete their training and analysis. This was time consuming and expensive (Carey, 1999; Mitchell & Friedman, 1994). There are training members of the ISST which was founded with Kalff, but they are spread out geographically which also makes it difficult to obtain formal training in Sandplay for many clinicians for the same reasons (Mitchell & Friedman, 1994).

A second challenge Mitchell and Friedman (1994) identified is providing training appropriate for the different levels of clinicians who could become training candidates. They describe three different types of clinicians who would possibly present for training. The first group would be Jungian analysts who would be drawn to Sandplay due to their deep understanding of the symbols and theoretical background. The second group would be clinicians with strong skill sets who are interested in learning the “Kalffian” method. Finally the last group would be clinicians who are using other methods of sand tray work, or who may have taken it up on their own with minimal formal training or who have just integrated it into their work on their own. Mitchell and Friedman (1994) postulated that the last group might not present for training due to having their own methods. This last group would be a good target group for Sandplay training. It may contain masters level social work clinicians who may have taken an introductory seminar on sand tray therapy but not have an extensive training in Sandplay to help them fully utilize it as a therapeutic method.

A third challenge Mitchell and Friedman (1994) identified is around cultural competency. As the world becomes more multicultural there is also a need to emphasize or add multi-cultural elements to the training’s. Mitchell and Friedman (1994) discussed the challenge for clinician is

to “be able to understand cultural issues as well as transcend language barriers and facilitate acculturation” (p. 120). Sandplay is uniquely qualified to work through this challenge as it is primarily a non-verbal method (Kalff, 2003; Carey, 1990; Mitchell & Friedman, 1994), yet, an inclusion of the cultural sensitive material in the curriculum and its interpretations make training more difficult.

Current Trainings and Programs

There are two main modes of obtaining Kalffian based Sandplay therapy training in the United States at this time. There are trainings offered or approved through the Sandplay Therapists of America (STA), or there are trainings offered through individual clinicians who have gone through their own Sandplay process in several different ways who offer CEU’s.

In a review of the current programs offered there is one program which based in a university setting and is offered through the University of San Diego’s Extension Program, which is approved through the STA. Its program description is described as follows:

The Professional Program in Sandplay Therapy Studies provides an opportunity for psychotherapists and other qualified individuals to acquire a solid foundation in the theory and understanding of Sandplay therapy and symbolic language. It is an avenue for developing a specialization that complements training in verbal therapies, thereby providing a competitive edge in the job market. The program is of particular benefit to professionals who already work with dreams, Sandplay therapy, art therapy, play therapy, and other non-verbal modalities. Professional Program in Sandplay Therapy Studies is composed of 16 one-day, 7-hour, Saturday seminars. The seminars are offered once a month. The first two seminars are prerequisites for the remaining seminars, which may be taken in any order. Participants must take 13 of the 16 seminars to complete the program and receive a certificate of completion.

The Seminars

Sandplay therapy basics

- Sandplay Therapy: The Journey Begins
- The Fundamentals of Sandplay Therapy
- Carl Jung and Sandplay Therapy
- The Language of Archetypal Imagery

Sandplay therapy for children and adults

- Sandplay: The Language of Childhood
- Sandplay with Traumatized and Abused Children
- Adult Passages Through Sandplay Therapy
- Sandplay and the Archetypal Path of the Feminine

The therapeutic use of imagery

- Therapeutic Use of Imagery with Groups
- Therapeutic Use of Imagery with Couples
- Dreams and Symbolic Messages in Sandplay Therapy

Clinical issues with Sandplay therapy

- Cultural Imagery and Sandplay Themes
- Healing Trauma with Sandplay
- Myths, Fairy Tales, and Sandplay Therapy
- Sandplay Therapy: Case Consultation
- Professional Research with Sandplay Therapy

This program being only one day a month (seven hours) for 16 months does not give the clinician enough time to fully explore the depth of knowledge needed to become an advanced

practitioner. Another concern is the program does not delve into a wider range of subjects such as cultural competency areas, for clinician competency not just related to Sandplay specific motifs. The program has another limitation in regards to CEU credits. The program listing reports that currently the only groups which are accepting CEU's from the program are limited to California, and include nurses and psychologists. The program is run by a clinician who is certified as a Sandplay teacher by the STA, so credits will count as partial credit towards certification for their Certified Sandplay therapist or Certified Sandplay. Upon review of the frequency of the offering of this program by the University it is noted that the program is not currently being offered for this current year and there is no indication of the last time it was offered. There is another program which is organized and sponsored directly through the STA.

In 2009 The STA just started an independent two year training program, the Sandplay Therapy Training Institute which initially was held in Minnesota, and which this year is to be held in Florida. This program is described as follows:

The core Sandplay curriculum will be augmented with coursework in Jungian psychology, mythology, dream work, spiritual traditions and symbolic process. It will be integrated with clinical and therapeutic case material of children and adults. Each seminar is taught by Certified Sandplay Teachers. The coursework will be completed over a two-year period with four intensive weekends per year (two each fall and two each spring). Completion of this training program meets all of the coursework requirements for ISST/STA certified membership. Courses may also be taken individually.

Dates Core Curriculum (eight modules)

September 7-9, 2012 Fundamentals of Sandplay

October 19-21, 2012 Jungian Theory

April 19-21, 2013 Understanding the Sandplay Therapy Process

May 17-19, 2013 The Language of Symbols

September 6-8, 2013 Sandplay with Children

October 18-20, 2013 Sandplay with Adults

April 4-6, 2014 Complex Clinical Explorations in Sandplay Therapy

May 9-11, 2014 Living Reality of the Psyche

Applicants

Students must have begun or completed a personal Sandplay process before the first seminar.

The Institute is open to mental health professionals from psychiatry, psychology, social work, counseling, marriage and family therapy, pastoral counseling and psychiatric nursing. The

program is designed for licensed psychotherapists and also for professionals in

the process of fulfilling the requirements for licensure. Documentation of professional training is required (STA website).

This program has a stipulation which requires the clinician to have gone through their own Sandplay therapy process before they can go through the training. This can pose a challenge for clinicians as stated earlier as there may not be STA certified members available for this work. It is clearly stated in the frequent asked questions for the program that it is upon the clinician to obtain their own clinician for the personal process work and if there is not certified member in the vicinity the STA program is not able to assist in that connection. The clinician may have completed their own Sandplay process work with another clinician but that work would have to be documented and approved as sound by the STA through the application process. A short fall with this program is also the fact that as with the training above there is no mention of any credits which may cross transfer for the clinician's licensure, or towards certification with the

Association of Play Therapy (APT). This will be an important factor for social work clinicians who may need to have hours count towards licensure. Next we will look at some of the training which are provided by individual clinicians.

There are clinicians who studied directly with Kalff and offer trainings which may range from weekend seminars, to week long programs which include lecture and experiential learning. Some of these clinicians also offer online learning courses and will offer consultation either online, by phone or in person. Barbara Turner is a prominent Jungian Sandplay therapist who has written a comprehensive book on Sandplay therapy titled *The Handbook of Sandplay Therapy* (2005). Turner's book provides a detailed, textbook style coverage of the method and theory of using Sandplay therapy. Turner also provides clinical training both online using her book as the source material, and also through week long trainings held in different locations. Her training programs are held in both the US and abroad and are generally in the format of a 10 day training which is 70 hours and these will be offered in two sessions, one 10 day training for Sandplay I and another 10 day training for Sandplay II. Turner's program is structure as follow's for her US trainings:

Sandplay I

Introduction & Foundations

10 Days – 70 Hours

Monday - Friday

- Introduction to Sandplay Therapy - 21 hours
- Symbols in Sandplay – 7 hours.
- Tracking the Process of Psychic Change in Sandplay – 7 hours.

- Sandplay With Children & Adults – 14 hours.
- In-Depth Sandplay Case Study: Application of Principles & Theory to Participant Case Work – 21 hours.

Sandplay II

Intermediate Training

10 Days – 70 Hours

Monday - Friday

Please Note: Prerequisite for Sandplay II is Sandplay I or the Equivalent

- Jungian Personality Theory in Sandplay – 7 hours.
- Understanding Sandplay Process – 14 hours.
- Intersubjective Neurology of Sandplay – 7 hours.
- Developmental Considerations in Sandplay Process – 7
- Pre-Sandplay with Attachment Disordered Children – 7 hours.
- In-Depth Sandplay Case Study: Application of Principles & Theory to Participant Case Work – 28 hours.

Turner's program provides CEU's which are recognized by California for LCSW's and her hours do count towards credit hours for the APT certification. Turner's program is comprehensive in covering the Jungian aspects of sandtray therapy but it does not address any issues around ethics, cultural competence or advanced clinical practice which are areas important

in an advanced training program geared towards social workers. Turner's program is also offered on a varying basis as she splits her time training internationally as well as in the US. Turner is not the only clinician offering trainings. There are many different individuals or groups which offer trainings or seminars which will provide the participating clinician with either CEU's or a certificate of completion. The rigor and scope of these training vary as it is up to the trainer to decide what content he or she chose to offer. The various certificates provided may or may not count towards licensure or certification depending upon the trainers credentials and approval to provide CEU's in a given state.

Although CE workshops in psychotherapeutic methodologies, such as Sandplay, are available to therapists online and in person, such individual workshops cannot provide enough content or experiential practice needed to consistently provide beneficial treatment to clients. The one program I discussed which is offered at the university level is not comprehensive as it only provides a limited scope of content. Using depth therapies such as Jungian based methods is very powerful work. An individual who uses them without sufficient training can end up providing less than the maximum benefit to the clients or actually do them harm. This is why it is important to provide a comprehensive program that will give social work clinicians a full range of tools to work in this method with their clients.

Summary

Sandplay as an intervention is an inviting medium with a rich history that is attractive to young children, adolescents and adults. Like other expressive arts, the Sandplay process taps into the individual's imagination and reflects the "artist" psyche (Kalff, 1986). Allan and Berry (1987), Aoki (1981), Bradway, et al. (1990), Carey (1990), Drewes, Carey, and Schaefer (2001), Fujii (1979), Kalff (1981, 1983, 1986), Mitchell and Friedman (1994), Oaklander, (1978), Pabon

(2001), Weinrib (1983) have all shown sand tray to be an effective medium for inducing change. The important aspect of creating the “holding environment” and “free and protected space”, and letting the client direct the work are in line with one of the core functional school social work tenants of “meeting the client where they are”.

Sandplay as a method is well suited for integration in a social work clinician’s practice as it focuses not just on the individual but the individual’s connections to their family, their culture, and to the greater society as a whole. The issue of the individuals’ inclusion in society and cultural competence is not new to social workers as the NASW Code of Ethics (2008) mandates that all clinicians become culturally competent and actively seek out training’s to enhance their skills in this area. Since training for clinicians is crucial to competent practice, Sandplay training provides a good fit for practice with multiple populations. The old method of intensive training, traveling to work with a master clinician staying for months at a time is not feasible for many clinicians but is still important for the clinicians to get the full depth of training. Homeyer and Sweeny (2005) emphasize:

...it is important that persons wanting to do sandtray therapy get further training and supervised experience. This is a strong recommendation. It is also important for sandtray therapists to experience their own personal sandtray process. Jungian Sandplay therapists place a very appropriate premium on helpers experiencing the process themselves. This is also a strong recommendation (p. 181)

It is important to create an advanced Sandplay training which can meet the needs of the clinician in terms of availability, and comprehensiveness. Mitchell and Friedman (1994) indicate there needs to be a training which can be used as a standard and provide information about the methods, journals, and books, audio and videotapes as these supplementary materials are important and need to be synthesized for clinicians. In their extensive text on the history and present state of Sandplay, Mitchell and Freidman (1994) state, “Perhaps in time, a training

curriculum with a comprehensive reading list will be developed to assure competency in Jungian theory, knowledge of symbols, and an in-depth study of the Sandplay Process” (p. 120).

For the purpose of the training I have chosen to focus on a Jungian based method of Sandplay as I feel that it is the best fit for social workers. The theory of Sandplay of the Self working towards wholeness is a goal that clinical social workers strive towards in each of their interactions with clients whether clinically, through case management, or advocacy in social justice. The Sandplay clinician, creating a holding “free and protected space” and just being there for the client are in line with the principals of the functional school of thought which helped shape the face of clinical social work. The fact that the clinician is able to provide a method which has the ability to also treat such a wide variety of clients is also a benefit. As social workers are placed in many different settings Sandplay is a tool which can be widely used.

In the next chapter, I will provide a comprehensive description of the Sandplay curriculum I am proposing for implementation at the University of Pennsylvania, School of Policy and Practice specifically targeted at social work clinicians.

Chapter III

PROGRAM DEVELOPMENT

Sandplay Program

As stated in the literature review, there are no standardized protocols for training Sandplay therapists; this is especially true in social work educational settings. In addressing the needs of current client presentations, social work clinicians should have access to training in a variety of clinical methods to be able to offer the most effective treatments for their clients. Sandplay is one promising modality that is based on the psychodynamic school of thought. Like all other psychodynamic-based methods, Sandplay has very specific methods and protocols which require a clinician to undergo an intensive training. The lack of rigorous standards defining minimum qualifications for the creation of a training or certificate program in Sandplay reflects a gap in the field of Sandplay. Sandplay is still in a stage of professional development where with proper training social workers will have the ability to seize the opportunity to take this method and put their own stamp on it. Social work and Sandplay therapy have a variety of elements in common which make them a compatible match.

Social work is a diverse field with clinicians working in schools, inpatient psychiatric units, outpatient settings, children's hospitals, community mental health centers, and children's hospitals among other locations. Social workers are trained to be advocates for both the profession and their clients, and having training in a method such as Sandplay is a useful tool which can be used in any of the above settings. Providing Sandplay training attached to an institution of higher learning will help both the field of social work by taking the lead in training clinicians in this method, and it will also help Sandplay therapy gain a wider audience and acceptance.

Sandplay therapy has a strong emphasis on the clinician having a broad range of knowledge and understanding to address the individual needs of different clients. This is similar to the goal of social work which in a clinical program starts with a generalist approach and then focuses in on more clinical issues. Another correlation between social work and Sandplay is the social work focus on “meeting the client where they are”. This focus stems from the functional school of thought from the early history of social work and parallels the Kalfian approach of creating a “free and protected space”. The clinician is working to “just be there” for the client being caring and supportive.

If social work is to become a major source for training Sandplay practitioners it will strengthen both communities. As stated in the introduction of this dissertation, the NASW has a mandate for social workers to not only operate in the scope of their expertise, but also to have appropriate training and continuing education. Sandplay requires not just a thorough training but also has the expectation that the clinician will continue with a life time of learning and growth. This commitment is important if the clinician is to continue to competently practice in this method. To help meld both social work practice and Sandplay therapy this comprehensive training is being created.

In this chapter there will be a detailed description of the layout of the program and all of its components. This will start with the next section describing the program starting with the overview, aims and objectives of the program.

Program Overview, Description and Requirements

Aim

The Sandplay program at the School of Social Policy & Practice at the University of Pennsylvania aims to train post-MSW clinicians in an advanced practice method, Sandplay

therapy. The program is intended for clinicians who wish to develop expertise working with a diverse range of clients using Sandplay therapy. In this program clinicians will be able to use the skills they already have and build upon them with a dynamic method which has the ability to be used with a wide range of clients. This is a 19-month program where clinicians will be exposed through didactic and experiential methods to Sandplay training. The program has 8 course modules and contains an 11 month clinical supervision component.

This program offers innovative training that will be the first of its kind to teach post-MSW clinicians this psychodynamic technique through a university setting. There is a need for an extended program of 19-months because the practitioners need to be competent not only in understanding the facilitation of the use of the sand tray by their clients, but also with psychodynamic theories that are not necessarily taught in MSW programs. The clinicians taking the program will have the confidence of taking a program which is rigorous, and has the backing of a well-respected institution. With the name of the University of Pennsylvania behind the program this will enable the clinicians not only to be the top of their field, but also have quality of training to serve not just as clinicians but also become leaders in this modality. This program will serve as a stepping off point for clinicians to go on to teach and lecture further promoting both the school and Sandplay therapy. This promotion of the field and the clinical methodology both tie well with the mission of the program.

Mission

The mission of the Sandplay therapy program offered by the University of Pennsylvania's School of Social Policy and Practice incorporates core sections of the schools stated mission:

The School of Social Policy & Practice contributes to the advancement of more effective, efficient and humane human services through education, research and

civic engagement. In pursuit of this mission, our theory-based masters and doctoral programs in *social work*, *social welfare*, *non-profit leadership* and *social policy* encourage students to think and work across disciplinary lines and cultures as well as across national and international boundaries. The pursuit of social justice is at the heart of the School's knowledge-building activities. Our innovative educational and research programs reinforce our vision of active student engagement in their own learning as well as that of social agencies and larger social collectivities organized at the local, national and international levels. (SP2 Website)

The Sandplay therapy training program strives to follow through on the mission objective of contributing to the advancement the field of social work. This will be accomplished by providing more efficient and effective services through education and experiential learning of Sandplay therapy as a tool to help serve a wider range of clients. The wide range of knowledge that Sandplay requires encourages students to think and work across different academic disciplines, cultures, and clients. This program poises itself to become one of the innovative educational programs for which the university is known. Since Sandplay therapy is already practiced internationally, this training can also help forge further international collaboration for the school. This training program has clear objectives for its students they are listed below.

Educational Objectives

- Demonstrate awareness of self, others, and literature.
- Identify historical and theoretical antecedents of the development of Sandplay therapy.
- Describe types of explanations and interpretations used to account for client clinical presentations, particularly in examining their underlying unconscious processes.
- Articulate how race, gender, social session, culture and sexual orientation shape, direct and impact the clients presenting issues.

- Understand underlying tenets of the Sandplay intervention and its impact on direct practice with the client.
- Articulate advocacy strategies for the promotion of Sandplay therapy as a viable clinical intervention within the social work profession.

All of these objectives will be met through direct clinical experience and individualized clinician supervision.

Competencies

At the end of this program the student will be expected to demonstrate the core competency of Critical Thinking evidenced by the ability to:

1. Distinguish sources of knowledge
2. Analyze treatment theory and interventions
3. Demonstrate cultural sensitivity and awareness
4. Communicate effectively
5. Integrate client advocacy into practice

Program Prerequisites

This program is geared to post masters social work clinicians looking to gain advanced clinical training, experience, and supervision in Sandplay Therapy. Applicants should have a clinical practice or access to a population where they will be able to work providing Sandplay Therapy services by the end of the third course. The program will provide supervision and training but not access to clients. Since this is a psychodynamically oriented program it is beneficial for applicants to have prior educational experience in psychodynamic theory, but it is not a mandatory criteria. Clinicians do not need to have an extensive history or training in Jungian theory although that would help them have an advantage in grasping the Kalfian

concepts. Clinicians also do not need to have a previous experience with using Sandplay therapy or another modality of sand tray practice.

Program Structure

Participants are expected to commit to the full 19-month program. The program is comprised of eight courses each of which consists of two sessions which span two days each. For example a course is a broad topic area such as, Advanced Clinical Practice, and the sessions are the specific subsections of the course, such as Assessment/Therapeutic Rapport/Use of Self, and Transference/Countertransference/Co-transference. Each course will span a two month period meeting on the second weekend of each month. There are two sessions a month held on the second Saturday and Sunday of the month, from 9 am – 5 pm with a one hour break for lunch. The program begins in September and ends in March two years later. There will be a two-month break in July and August.

Program Course Structure

Each course will have readings to be completed prior to the first session meeting. The written assignment will be relevant to the course that the students are being taught at that time. A full description of the written assignment outline with instructions is included in the course syllabi. The students will be expected to do written and verbal case presentations of a client for the last course of the program. The readings are to be completed by the beginning of the first session in each course and are described in detail in the syllabi the clinicians will receive at the beginning of the program. The students are expected to participate actively in the courses as there is a strong experiential component to the training. During the experiential portion of the course sessions, the instructor will complete the Experiential Learning Sandtray Feedback Form (Appendix A). This is to give the student feedback on the sand trays they build while in pairs.

The instructor will also share the information on these forms with the student's supervisor to enhance the student's clinical case supervision. All courses are graded on a pass/fail system. If for some unforeseen reason the student is not able to complete a course, a decision will be made on a case to case basis for the student's continued participation in the program. There will also be discussion of how the student will proceed if she or he are not able to have an appropriate client caseload during the course of the program. The students will receive a total of 221 instruction hours and 43 hours of supervision, and have an expectation of at least 150 client face to face hours.

Clinical Practice Component

The students will officially start their clinical cases with Sandplay clients at the beginning of March in the first year of the program, when the clinical supervision starts. At the beginning of the program the students can identify clients, or already have clients who may be appropriate for Sandplay therapy. The sessions which will count towards the curriculum will start in March. The students can use clients of any age, race, or gender. The number of client face to face hours the student receives will vary as there is no guarantee of how many cases he or she will have on his or her caseload which are appropriate for Sandplay. There will be an expectation of the students having a minimum of one - three clients so they will have at least one case a week to discuss with their supervisor. Even though the program is on break July and August, there is an expectation that the students will continue their clinical cases during that time period. Clinical supervision will also occur during the program break period.

The students will follow protocols of confidentiality. For any client the students are working with in the course of the program he/she/they must sign the program approved release of information (see appendix A).

Program Clinical Supervision

There will be a supervision component included in the educational program which will start March 1st, of the first year of the program. The months of clinical supervision will be March through the end of February the next year. The clinician will receive one hour a week of Sandplay therapy specific supervision from a supervisor affiliated with the program. This will give the students 47 hours of clinical supervision.

This supervision will include the student completing trays of their own with the supervisor. The student will also have the opportunity to discuss their current Sandplay Therapy cases. The specifics of the supervision are detailed in the Supervisory Contract the student and the supervisor sign detailed in appendix B.

Sandplay Curriculum Description

Course Outline

1. Beginning Sandplay Therapy
 - a. September - History/Introduction
 - b. October - Techniques
2. Developmental Theory – Jung and Kalfff
 - a. November – Jungian Theory
 - b. December – Kalfffian Theory
3. Archetypes and Symbols
 - a. January - Archetypes
 - b. February – Myths/Symbols

Clinical Practice hours/Supervision Begins (March 1)

4. Advanced Clinical Practice

- a. March - Assessment/Therapeutic Rapport/Professional Self
- b. April - Transference/Countertransference/Co-transference
- 5. Intermediate Sandplay Therapy
 - a. May - Children/Adolescents
 - b. June - Adults/Families/Groups
- 6. Culture and Race
 - a. September - Cultural Assessment/Self Awareness
 - b. October - Ethnicities/Race/Culture
- 7. Trauma
 - a. November - Domestic Trauma
 - b. December - Natural Disasters/War/Terrorism/Accidents
- 8. Advanced Sandplay
 - a. January – Themes in Sandplay
 - b. February – Principles for understanding Sandplay therapy

Clinical practice hours/Course supervision ends (February 28)
- 9. Program Conclusion
 - a. March - Case Presentation/Graduation

Course and Session Summaries

Each course will have two components. There will be the didactic presentation and the experiential component. The sessions will start out for the first three hours as a lecture format to present the topical information to the students. This time may also include break out groups, or other forms of presentation of the material such as PowerPoint presentations and audiovisual aids. The remainder of the session will be comprised of the students creating sand trays

integrating the information and presentation materials they learned earlier. The only exception to this format will be the initial course detailing the history and introduction of Sandplay which will be an exclusively didactic session. A complete Syllabus is provided to detail the specifics of the courses in appendix C.

Beginning Sandplay Therapy – Course 1 September/October Year 1

The beginning Sandplay course is designed to give the students an overview of the development of Sandplay therapy and entry level techniques to get them acclimated to the methodology. This course is divided into two sections:

Session 1a (September) - History/Introduction

Sandplay has a rich history and tradition stemming from the work of Margaret Lowenfeld and her sand tray method called the Worldplay Technique. Lowenfeld's method was the basis for Kалff's interest in play therapy using sand trays. This session will introduce the students to Dora Kалff's background and discuss how she came to develop Sandplay therapy. There will be discussion of her work with Carl and Emma Jung, and her interest in Eastern Mysticism.

Session 1b (October): Techniques

In this session the students will learn the fundamentals of the Sandplay therapy process. There will be discussion of the specifics of the sand tray, information about figures and other materials used in the sand. The students will be shown examples of different room layouts and discussion of the organization of the room and materials. In this session the students will be instructed in the Kалffian method of initiating and conducting a Sandplay session. This will include how the student will introduce the client to Sandplay and the steps used to start the session. The student will be familiarized with the form used to document the clients tray creation in each session, and the documentation used in the course of the client's treatment (see appendix

D). An important part of this session will be the student's gaining and understanding of the concepts of creating a "free and protected space" and learning to "hold" the sand tray creation for the client. It is in this session that the students will begin the hands on portion of creating their own trays.

Developmental Theory – Jung and Kalff – Course 2 November/December Year 1

Kalff trained extensively with Carl and Emma Jung at the beginning of her career. Jung's theories play prominently in the development and methodology of Sandplay therapy. To gain a better understanding of the theoretical underpinnings of Sandplay therapy, the two sessions in this course will introduce the students to Jungian theory and Kalffian theory. The two sessions of this course are listed below:

Session 2a (November) - Jungian Theory

This session will introduce the students to Carl Jung and the basics of Jungian theory especially as related to Sandplay therapy. The students will learn a brief history of Jung and how his theories were developed. Students will learn of Jung's divergence from Freud's theories and there will be a discussion of major concepts in Jung's theory. This will include instruction on the psyche, unconscious, the conscious, the self, and the Ego. The students will also delve into Jung's descriptions of the two attitudes of life, introverted and extroverted; and his four functions of these attitude types, feeling, thinking, sensing, and intuition.

Session 2b (December) - Kalffian Theory

Sandplay has a rich history and tradition drawing on the developmental and child psychology theories which were prevalent at the time. This course will discuss the history of developmental theory, child psychology, and child psychiatry, touching on the theorists who influenced Dora Kalff's development of Sandplay therapy. Some of the child psychologists

which had an influence on Kalff were, J. H. Pestalozzi, Erich Neumann, and Jean Piaget. These clinicians were key in creating developmental theory and the definition of stages of development for children. Jung's psychoanalytic theory was relevant to Kalff's work as he emphasized the importance of early childhood experiences in the development of the psyche. Anna Freud and Melanie Klein were fundamental in developing child therapeutic techniques which opened the door to work with children as a practice and not just as theory. Clinicians such as Erik Erikson, D.W. Winnicott, John Bowlby and Margaret Mahler conducted research into mother child bonds and the impact on infant and child development. This research combined with the theories of Carl Jung helped to solidify the basis for Kalff's theory of Sandplay therapy. The distinction between the other methods of Sand tray therapies will be drawn to show how Kalff's method differed.

In this session the students will explore the theories of Kalff as they relate to her development of Sandplay therapy. Through her studies of Jungian theories, immersion in Lowenfeld's World Technique, and integration of far eastern philosophies, Kalff developed her own approach, Sandplay. Kalff had a definition of ego development and the process the client would need to progress through to achieve a balance between the ego and the self. The students will develop a clear understanding of the developmental stages Kalff defined. Kalff's stages of ego development are the animal-vegetative phase, battle phase, and the adaptation to the collective. The students will be able to differentiate where Kalff's theories diverge from or expand on Jung's.

Archetypes and Myths/Symbols – Course 3 January/February Year 1

Students will learn an important component of not only Jungian Theory, but Sandplay theory – archetypes, myths, and symbols. Sandplay theory draws on Jung's importance of

archetypes as they serve to describe the major themes of the work on the self. In the sand tray they can represent actual people in the client's life, or themes about how the client feels or sees his or her self. Kalff followed Jung's teaching that myths and symbols can be the manifestation of the archetypes. In these sessions the students will be taught about Jung's archetypes and be exposed to myths and symbols from different cultures. The two sessions in this course are as listed below:

Session 3a (January) - *Archetypes*

Archetypes can be conceptualized as "models" of people, personalities, or behaviors. Jung believed the collective unconscious was where archetypes exist. Jung theorized that these models are innate, universal, and hereditary. Archetypes are not something which are learned but they function to organize how we experience certain things. Jung identified four major archetypes, but believed that there was no limit to the number that may exist.

The students will learn the four major archetypes, the self, the persona, the animus/anima, and the shadow. There will also be a discussion of some of the other major archetypes such as the father, the mother, the child, the wise old man, the hero, the maiden, and the trickster.

Session 3b (February) - *Myths/Symbols*

Before analyzing myths, rituals, and mythology in general, one needs to become familiar with specific myths and practices. The students will get an introduction to this topic by a study and practice at interpreting fairy tales, mythology, and other cultural stories and rituals. For this purpose there will be the presentation of collections of myths, as well as explorations of dictionaries of mythological creatures and places. Jung and Kalff saw myths as stemming from the psyche's need to make sense of the world and to resolve situations which could not otherwise be easily explained. Myths are a kind of universal language spanning different cultures. While

the events of myths vary, the basic structures are similar worldwide - because people are basically similar. This accounts for the similarity in stories from different cultures created at different times.

A vital factor in our development has been the use of symbols to represent ideas and urges. Symbols bring ideas to life and can offer multiple layers of meaning. The symbols are to be thought of as active functions of the psyche. If the client is struggling with something which has not come to consciousness the psyche will draw upon the images and experiences of the client and will bring up a symbol to represent the archetype. The students will examine common symbols and learn to identify their connection to archetypes in the Sandplay process. The students will learn the implications of the work with symbols on the therapeutic process. Students will learn how the appearance of symbols at certain points in the therapy can indicate the client's work towards the resolution of their issues

Students will work with specific symbols in the experiential portion of the sessions and be able to talk about their cross cultural meaning and the archetypes they can represent.

Advanced Clinical Practice – Course 4 March/April Year 1

In this course the students will be expected to learn and develop advanced clinical skills. This course is not designed to be only Jungian or Sandplay therapy based but it will address issues and skills that the student will need in their clinical practice. This course builds on the students existing skillset and training, but is designed to take it to a higher level of competency. These two courses are described below:

Session 4a (March) - Assessment/Therapeutic Rapport/Professional Self

In this course the students will learn specific assessment techniques to help obtain information from clients which will help them provide appropriate services and interventions.

Students will have role playing exercises to help them practice their skills in developing a therapeutic rapport with the client. Since there are times when the client may not use Sandplay as the sole intervention in the course of therapy, the student will learn to determine what other modalities may be appropriate. The students will have the opportunity to also learn important information about client record keeping, confidentiality rules, dealing with insurance companies regarding reimbursement, and ethics, among other private practice issues.

Session 4b (April) - Transference/Countertransference/Co-transference

The students will receive ongoing support from their supervisors regarding transference issues in the course of their clinical work. This session will serve as instruction where the students will also hear case studies from the instructor around these issues, and be instructed on the descriptions of not only transference and counter transference but also another factor which impacts the clinician-client relationship in Sandplay therapy called co-transference. The students will share their experiences with transference and countertransference as a group and learn about co-transference as Sandplay places an emphasis on the client-clinician relationship. Students will learn the importance of understanding and being able to articulate the issues they bring to the therapeutic relationship. In Sandplay the figures and scene that the client creates can directly represent the relationship between the client and clinician and directly speak to the transference, countertransference, and co-transference. The students will also have extensive reinforcement of the creation of the “holding” environment and the creation of a “free and protected space”.

Intermediate Sandplay Therapy – Course 5 May/June Year 1

As with any therapeutic method the more exposure a clinician has to training the more competent they become. As clinicians advance in their practice and training they may find the confidence to branch out their work to different populations. Although Kalff found initially this

method worked with children she came to understand that Sandplay was an appropriate method for adults as well. In this course students will be exposed to clinical case studies of various populations to give them a wide range of experience in Sandplay with specific ages and groups.

The two sessions in this section are described below:

Session 5a (May) - *Children/Adolescents*

Through the use of case studies both written and video the students will receive instruction on how to work with children and adolescents. Students will learn how to introduce the client to the method in an age appropriate way and engage them in the process. Students will look at the dynamics of child play versus adolescent play and integrate an understanding of the developmental stages Kalff defined as they relate to these age groups. Students will also have instruction on child and adolescent development in this session to understand whether there were other concerns in the client's development which needs to be addressed. This session will also help the student learn appropriate ways to also introduce the clients parents to the method and reinforce the establishment of the boundaries of confidentiality. Students will also receive instruction on when the use of the sand tray may not be the most appropriate method for the client, or when to use multiple approaches with the same client.

Session 5b (June) - *Adults/Families/Groups*

There are times when the adult client may be appropriate for Sandplay in the course of their therapy with the clinician. The students in this session will be taught when the course of treatment can move from another modality to Sandplay. Sandplay can be an effective intervention with an adult client who may have become "stuck" in the course of their treatment. The students will be taught how to evaluate if the client is appropriate for this method and how to best introduce it into the treatment.

Sandplay is usually used in a single client setting but can be used with families, including couples or groups. Sandplay used with clients in this configuration can be an ongoing process or it can be an occasional adjunct to the individual clients' treatment. The student will have the parallel process of working with groups in counseling as there will be group sand trays created in the course of the experiential portion of the session.

Culture and Race – Course 6 September/October Year 2

The primary goal of this course, in addition to generically learning about culturally competent attitudes and behaviors, is for each student to individually reflect, assess and determine personal choices and views about their interactions with clients in this area. Cultural competence is a core tenet of social work education/training, and practice. In practice cultural competence with diverse populations generally referred to individuals and groups who were not Caucasian. In this course the term cultural competence will be expanded to include differences pertaining to sexuality, religion, ability, among other areas. The sessions in this course are:

Session 6a (September) - Cultural Assessment/Self Awareness

Clinically focused cultural assessment and intervention will be taught from a biopsychosocial perspective challenging a Eurocentric conceptual framework and complying with the NASW code of professional values and ethics. Issues of diversity and working with populations at risk in a variety of environments are integrated into assessment and impact on treatment planning within the clinician-client relationship. Therapeutic challenges, especially around the students own preconceptions, will be discussed and opportunities for growth in the context of mutuality and intersubjectivity within the clinician-client relationship will be discussed.

Session 6b (October) - Ethnicities/Race/Culture

Race, culture, language, lifestyle, and history all have considerable impact on how clients access and respond to clinical services. Students' backgrounds will mold their own attitudes and beliefs and can affect services rendered. For these reasons, students will be exposed to viewpoints that can potentially differ greatly from their own, and learn how to accept and value them. Students will be presented with information about clients of different races, abilities, gender, religions, and sexual orientations.

Trauma – Course 7 November/December Year 2

In this course the students receive instruction about trauma and its impact on victims. The two sessions in this course will be divided to address both trauma such as domestic violence, rape and sexual abuse; and also trauma such as that from accidents, natural disasters, and terrorism. Students will be assisted in identifying the connections (and disconnections) between theory and practice. Trauma will be explored in the context of race, session, and sexuality; the ethics of representing trauma in client information; autobiography (including false memory syndrome); and the capacity of language to articulate the experience of trauma. Students will be provided with an introduction to the neurobiological effects of trauma on clients as well as its emotional, behavioural, and physical manifestations in the client's life and relationships. Students will evaluate guidelines and alternate forms of treatment, such as Eye Movement Desensitization and Reprocessing (EMDR) or Cognitive Behavioral Therapy treatments to broaden their clinical sense of how to best work with survivors of trauma. The sessions in this course are:

Session 7a (November) - *Domestic Trauma*

This course will provide a fundamental overview of psychodynamic treatment issues related to childhood and adult sexual abuse, domestic violence and rape. These are common

forms of trauma encountered in clinical practice. Contemporary understanding of sexual abuse reveals a complex picture of its traumatic impact on development, relationships, affect and cognition. Students will learn to address the clinical challenges in treatment, including assessment issues and dissociation and frequently arising in the traumatized client. The course will combine theoretical and clinical readings with case illustrations from the instructor's practice and other case studies. There will be clinical examples of how sexual abuse and other forms of domestic abuse manifest in the sand trays during the course of the clients process.

Session 7b (December) - Natural Disasters/War/Terrorism/Accidents

In this course the students will read texts on the literature of and about trauma and violence, identifying the connections (and disconnections) between theory and practice. We will consider trauma in the context of race, session, and sexuality especially as they relate to larger traumatic events which have an effect on the community. Historical events of trauma such as the Holocaust, American slavery, Native American genocide, and the Vietnam War will be discussed. The students will also discuss major events of terrorism, such as 911, the Kansas City bombing, and events such as the Columbine and Virginia Tech shootings. Natural disasters which have affected large groups of people in the US and abroad will also be examined. This will include natural disasters which have caused mass displacements of people such as Hurricanes Rita and Katrina, the earthquake in Haiti, and the Tsunami's in Sri Lanka and Japan. As accidents are one of the most common sources of trauma this is Students will have a discussion of how clients have not only have to deal with the emotional and behavioural needs of the clients but also determine if there are an concrete case management and referral needs the clients may have.

Advanced Sandplay – Course 8 January/February Year 2

In the advanced Sandplay course the emphasis will be on the student gaining a deeper understanding of the assessment and evaluation of the trays. Even though there is an emphasis on not interpreting the sand trays, the student is expected in the course of treatment to be able to examine the trays for themes both in the individual trays as well as over the course of the clients treatment. In these two sessions the emphasis will be on deepening the students ability to pick up on themes. Students will also learn various principals for the understanding of sand trays from a Jungian/Kalffian perspective. The sessions in this course are:

Session 8a (January) - *Themes in Sandplay*

There are many ways of evaluating the content of the Sandtray. Even though there is an emphasis on not interpreting the tray, especially for the client, there are some guidelines which have been developed by practitioners to help understand the themes of the trays. Although there is no specific all-encompassing formula which can help the student understand all trays, there have been some thematic patterns identified to help track the clients work and determine where it may be headed. There are four themes which will be discussed. The types are Content, Spatial, Affect, and Motion Themes. Even though these themes are a way of looking at the content and symbolism of the tray it is still up to the student to figure how to use the theme to inform but not define the conclusions made.

Session 8b (February) - *Principals for understanding Sandplay therapy*

Kalff has a very specific way that she formulates an understanding and presentation of Sandplay therapy. Kalff's method of case formulation is generally through a case presentation method. In her presentations Kalff's underlying premise is that the core process of the descent to Self and the reintegration of the ego is the ultimate goal of the client. Clinicians who have trained with Kalff and followed her method generally use that process of analysis. There are some of the

clinicians though who have trained with Kalff and have a Jungian orientation who have developed tools to help guide the study of a Sandplay case. The purpose of this session is to study some of those clinician's guidelines.

Course Conclusion – March Year 2

The last month of the program will serve as a time to wrap up with the students both in the clinical practice, and the educational portion. At this time the students will end their supervision and use the last session to present their client case study. In their last meetings the program supervisors will ensure the students understand the proper format for in session portion of the case presentation. This will be an opportunity for the students to not only present their cases but also hear the cases of other students in the program. At the end of this two day session the students will receive their certificates and documentation.

Session 9a (March) - Case Presentation

The case presentation is the final assignment of the program and will demonstrate the culmination of the student's knowledge and experience in not only the training but the clinical intervention with clients. The student will present a client's case which may or may not have reached the point of termination. The final case report should include a full presentation of the Sandplay process. This presentation is completed in two ways, the student will verbally present the case in the last course and then they will submit the write up after their presentation. The writing should demonstrate clinical and professional competence in Sandplay process, theory, and symbols. The student will submit the write up of the case at the end of the course after which it will be reviewed by a program supervisor and returned to the student. For a complete description of the case presentation requirements and process this is described in detail in the program syllabus.

Session 9b (March) - *Graduation*

The students will use the last day of the final month's session to wrap up with any questions and receive their certificates of completion. The students will receive separate documentation of their course hours, their clinical client hours, and their supervision hours. The students will be able to use this documentation for submission for licensure, certifications, or CEU's. To ensure that the students are able to have access to their records and documentation if needed at a later date a duplicate original of the student's records will be maintained at the program.

Program Organizational Structure

Program Staffing

The program will be comprised of a program director who is responsible for overseeing all of the operating and programmatic needs of the training. The Director will be state licensed at the clinical level in social work and will be a certified social work supervisor. The director will have a direct supervisory role over the instructors as well as the supervisors in the program. The director may also be responsible for teaching some of the courses which are offered. The director will also have a certification in advanced Sandplay therapy, through one of the routes described below for the program supervisors, and will ensure that the program is able to offer CEU's and credits/hours towards certifications and/or licensure for the students. A full description of the instructors and supervisors and their roles are explained below.

Program Instructors

Clinicians who meet the criteria to teach in the program will have at minimum a masters level degree in their field and proven experience and expertise in the topic area they are teaching. The scope of education of the instructors will range in field. and degree. The fields will include

social work, psychology, counseling, and psychiatry. The degrees can range from masters degrees, doctoral degrees, or medical degrees. The instructors will have at least three years' experience in the subject they are teaching. The instructors who are teaching the Sandplay specific courses will have certification of completion of advanced Sandplay training, be certified play therapists by the Association of Play Therapy, or have a certification from the Sandplay Therapists of America (STA) at the teaching level of certification. The instructors will not necessarily meet the criteria for supervisor as outlined below.

Program Supervisors

Since the program is geared towards training social work clinicians in Sandplay therapy, the supervisor will have to meet two sets of criteria:

First, the supervisor will be certified/licensed to provide clinical social work supervision hours which can count towards the student's state licensure. Generally these clinicians have degrees such as a Masters in Social Work (MSW), Doctorate in Social Work (DSW), or a Doctor of Philosophy (PhD). These clinicians would also generally have an advanced level of state licensure and supervisory certification where required such as the designation of Licensed Clinical Social Worker (LCSW).

Second, since the supervision is also Sandplay therapy specific the supervisor will also have a certification which would show evidence of their own Sandplay specific training. The supervisor could be certified as a Registered Play Therapy Supervisor (RPT-S) by the Association of Play Therapists with a certificate of completion of an advanced Sandplay training; they could be an independently licensed clinician who has certification of completion from private training in Sandplay therapy at the advanced level; or they could be a Certified Teaching Member (CST-T) with the AST.

Program Conclusion

Program Evaluation

The program will measure the student's level of satisfaction with their experience in participating in the program. The student's will be asked to complete an Instructor Evaluation form with each instructor they have for a course (see appendix E). The students will also be asked to complete a Sandplay Clinical Training Course Evaluation form which will be used after each session to assess the student's impression of the learning experience of each session (see appendix F). The final scale the students will be asked to complete is designed to assess their overall satisfaction with the program. The Sandplay Clinical Therapy Training Program Evaluation form will give feedback on areas covering the whole course (see appendix G). These forms are integral in obtaining real time feedback from the students on the program and its components. This feedback is necessary so every effort can be made to evaluate and revise the program to best meet the needs of the students. The program director, instructors, and supervisors will meet at the beginning and end of each program to determine if there is any need for updates or revisions in the program. If there is a more immediate concern from a student during the course of the program they are encouraged to contact their supervisor, talk with their instructor, or speak directly to the director to make sure the issue is resolved in an appropriate manner.

Summary

Mirroring the structure of a social work program, with its didactic, supervisory, and experiential components, the format of this program should appear familiar to the social work student. Through the diverse and comprehensive courses presented in this program it is posited

that the social work student will be able to implement Sandplay into his or her repertoire of interventions.

Chapter IV

DISCUSSION AND CONCLUSIONS

From Jung to Kalff – The Theoretical Base

The theoretical foundation of Sandplay therapy is based on the Jungian Concept that the psyche has a natural propensity to heal itself and to grow towards fullness (Jung, 1980). It is also based on the understanding that unresolved conflicts as well as traumatic events search for a way to resurface in areas where they are not threatening such as dreams or play. Sandplay provides the proper conditions this tendency is activated (Turner, 2005) while using a contained small environment. The act of creating a series of trays facilitates transformation and healing by bringing up unconscious conflicts to the conscious mind or at least suggesting them to an extent that the therapist can start understanding them (Kalff, 2003; Turner, 2005; Jung 1980). Sandplay allows this to happen in a symbolic form allowing a healthy reordering of the individual's psychological contents (Turner, 2005).

Kalff was able to see the elegance and simplicity in “just being” with her clients in the play, but she was also able to recognize the profound nature of what was happening. The creation of a sand tray can appear simple, but the psychological and spiritual process which guides the tray creation is anything but simple; it requires in-depth training as well as familiarity with the client's world. Martin Kalff (1993) emphasized that the verbal analysis of Sandplay cannot fully represent the process and that the analysis is secondary to the clinician's ability to be able to relate fully with the client and participate in the work on a pre-verbal level. Turner (2005) stated “There is a quality of unsullied elegance in a Sandplay that embodies a psychic process so complete as to defy all attempts to comprehend it's fullness” (p.2).

Shifting from Theory to Curriculum

Just as it is a challenge to try to describe in language that which is a non-verbal process, it is also a challenge to try to define and create a curriculum which is comprehensive yet accessible around such a process. It is important to establish a strong foundation and clear guidelines at the beginning of a training program if it is to be successful. In this program the courses are designed and ordered to have a natural flow to enable the clinicians to learn and experience the work as a parallel process. The courses were designed to accommodate a clinician who has had some sand tray training as well as those who have had none at all. It is an integral part to any Sandplay session, training, or program for the clinician to experience the power and intensity of creating the sand trays themselves. This mandate is reinforced by most of the clinicians who teach Sandplay and sand tray therapy (Carey, 1999; Homeyer, 2010; Turner, 2005; Kalff, 2003, Mitchell & Friedman, 1994).

It is a challenge, not only to determine what topics or subjects are relevant in Sandplay training, but to decide what to leave out for the purpose of this training. Kalff, like Jung, believed that a wide base of knowledge of symbols, cultural norms and traditions, as well as exposure to multiple subject areas through lifelong learning, contribute to the richness of Sandplay. There is not a topic area of study in any field which does not affect the knowledge needed for and understanding of the clients process and trays. In his analysis of a client Jung would attempt to learn in depth what he or she knew to get a full understanding of how the symbols or dreams he or she had were relevant to what was coming up in his or her sessions (Hall & Nordby, 1999). For example Jung had a client who was a physicist and he studied physics to be able to understand the mindset and symbols which may be relevant to understanding what would come up in the analysis of that clients' sessions (Hall & Nordby, 1999) In this curriculum the clinicians are guided through the major topics forming a basis for advanced practice. Clinicians working

with Sandplay need to be able to commit themselves to a lifetime of learning and experience, not just in the methods but also in other aspects of life. Jung and Kalff learned as much as they could about other cultures, practices, stories and myths to help guide their work (Kalff 2003).

Translating the Curriculum to Practice

Social workers understand the importance of the person in relationship to his or her community, and the need for programs which can provide relevant knowledge and skills to keep up with the radical changes occurring in the world. The knowledge base needed for Sandplay mirrors that which is important in the world at large. Trauma, race, and culture are at the forefront of issues social work clinicians are dealing with every day. It is hoped that through the implementation of this program with its Sandplay curriculum clinicians will learn valuable techniques to use with their clients. It is important that social work clinicians not just learn Sandplay as a method of practice, but also that they go forward to promote the practice through their own teachings and writings.

In review of the literature in the field at large there exists one prominent clinical social worker who has published books in this area. Lois Carey stands out as a social work clinician leading the way for other social workers to practice and publish on the topic of Sandplay. This is normally an area where most of the publishing is dominated by clinicians with degrees in counseling or psychology. This lack of publishing by social workers belies the fact that there are many clinicians practicing and teaching Sandplay therapy. Social workers are just not publishing as prolifically in the mainstream about Sandplay therapy. The clinical training put forth in this dissertation seeks facilitate a movement to empower social workers to take Sandplay to the next level. This empowerment is in line with one of the ethical principles of the NASW code of ethical principles for professional practice as stated around competence:

Social workers should continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics... develop and enhance their professional expertise... Social workers should aspire to contribute to the knowledge base of the profession (NASW, 2008).

In summation, Sandplay with a trained practitioner creates an opportunity for both the clinician and the client to connect with their own natural balance through an understanding of the method's techniques. Homeyer and Sweeney (2011) state "Hurting people, however, are not healed through technique. People experience emotional healing when they encounter someone and when they encounter the self. It is an inner process, a relational process, and a heart process" (p.12) It is upon social workers to take the next step and translate the work into what Mitchell and Friedman (1994) state "reaches into the deepest levels of the unconscious to access healing energies" (p. 121).

Impact on the Profession of Social Work

A key weakness of social work as a profession is the fact that its practitioners are lacking theoretical depth and are sent to the field with generic basic skills. While they are capable of helping people in myriad of situations they still lack sophisticated skills to perform more demanding tasks. After a few years of generic work practice becomes repetitive and dull. As a result many trained social workers leave the field and move to more challenging positions that are outside the domain of social work. As noted above, many workers would like to stay within the profession and do social work but would additionally like to develop a level of expertise in a specific sub-field. Furthermore, this generic set of skills that come with the MSW degree and lack of organized opportunities for educational advancements detract from the profession

prestige. In most multidisciplinary setting social workers are viewed as needed but less appreciated as their degree and set skills are below that of most team members.

Sandplay is a field of expertise in search of a home. While widely recognized as effective and demanding it is taught by a few institutions and a few individual experts but it has not been embraced widely by academic institutions. There is not one academic discipline who has adopted it and claimed it as its own. Social work can gain prestige and power by claiming Sandplay as its own and become the home for its organized training.

The School of Social Policy and Practice at the University of Pennsylvania, formerly the Pennsylvania School of Social Work, in the 1950s, adopted Otto Rank and the unique understanding of psychodynamic elements of that time as its own. Key therapeutic tools such as “will,” “purpose,” “contract,” and “termination” were added to the professional vocabulary through this chapter in the school history. While today few people remember the Functional Approach that distinguish the school in its early days, adopting the Kalfian Sandplay may offer the school another glorious chapter in the history of the social work profession.

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**EXPERIENTIAL LEARNING
SANDTRAY FEEDBACK FORM**

To be completed by instructor for each student during the experiential portion of the course session

Student's name: _____
Date of session: _____

Instructor: _____

		RANGE					COMMENTS
		Needs work – Average – Excellent					
<u>CREATIVE</u>							
Gives Directions to Client							
1.	Clear, concise	1	2	3	4	5	_____
2.	Intentional, appropriate	1	2	3	4	5	_____
Observing the Process							
3.	Empathic and present	1	2	3	4	5	_____
4.	Identifies approach to task	1	2	3	4	5	_____
5.	Identifies emotional expression	1	2	3	4	5	_____
6.	Identifies behavior	1	2	3	4	5	_____
<u>PROCESSING</u>							
Use of creation (sandtray)							
7.	Use of metaphor, image, content	1	2	3	4	5	_____
8.	Fully explores content of tray	1	2	3	4	5	_____
Immediacy							
9.	Fosters specific verbalizations	1	2	3	4	5	_____
10.	Uses information from creation process	1	2	3	4	5	_____
Understands content and context							
11.	Conveys accurate understanding	1	2	3	4	5	_____
12.	Reflects content	1	2	3	4	5	_____
13.	Clarifies	1	2	3	4	5	_____
14.	Summarizes	1	2	3	4	5	_____
15.	Reflects feeling	1	2	3	4	5	_____
Establishes and communicates empathy							
16.	Communicates warmth, acceptance and respect	1	2	3	4	5	_____
17.	Constructive, genuine verbalizations	1	2	3	4	5	_____
Creates structure							
18.	Able to initiate and terminate session	1	2	3	4	5	_____
19.	Manages time and allows for processing	1	2	3	4	5	_____
<u>OVERALL COUNSELOR SKILLS</u>							
20.	Counselor looked comfortable	1	2	3	4	5	_____
21.	Appropriate eye contact	1	2	3	4	5	_____
22.	Paced session (including use of silence)	1	2	3	4	5	_____
23.	Voice consistent with client's message	1	2	3	4	5	_____
24.	Voice consistent with counselor's message	1	2	3	4	5	_____

SUPERVISION AGREEMENT

This agreement between _____ and

_____ documents their intent to enter a formal professional relationship guided by these terms and conditions.

1. The purposes of the relationship are to assure that the supervisee's clients receive appropriate professional service, to assure the supervisee's appropriate professional development, and to otherwise fulfill the requirements for supervision of social work clinicians.
2. Both supervisor and supervisee will comply with all laws and regulations regarding supervision and the practice of social work.
3. Both supervisor and supervisee will adhere to the NASW Code of Ethics.
4. Both supervisor and supervisee will adhere to the policies and procedures of the clinical Sandplay training program.
5. The supervisee acknowledges that his practice is under the license of the supervisor and that the supervisor is responsible for the control of all social work services the supervisee provides in regards to Sandplay therapy cases in the course of the training program. The supervisee agrees not to provide or hold himself out as providing any social work services outside the scope of his practice.
6. Supervision will follow the Sandplay therapy model of introspection and self-awareness both in cases, and the social worker's own process.
7. Individual supervision will occur for one hour each week at a time and day to be negotiated by the supervisor/supervisee, except holidays, vacation days, sick days, and training days. When practical, missed supervision time will be rescheduled within the week it occurs.
8. During the supervisor's absence, regularly scheduled supervision sessions will not occur. The supervisor will provide emergency contact information and will also provide the name and contact information of a qualified substitute who has agreed to accept supervisory responsibility in his absence.
9. Each case will be reviewed weekly. The supervisee will review cases identified as being high risk with the task supervisor on each day of supervisee-client contact. High risk cases will include but not be limited to those in which any one or more of the following is present: verbalized or implied thoughts of injury to self, others, or property; suspected abuse, neglect, or other current victimization or recent disclosure of past victimization; evidence of poor impulse control; psychosis; significant change in mental status (either positive or negative); significant change in medical condition; any evidence that the client

- perceives or wants the relationship to be something other than professional; feelings of positive or negative countertransference.
10. During the initial contact with the client, the supervisee will assure that each client understands the supervisee status and that the client gives proper informed consent to supervision. This will include the supervisee having the client complete the release of information for provided by the program. The supervisee acknowledges that she may not provide services to clients who withhold their consent for supervision.
 11. The supervisee will give each client the name and contact number of the supervisor.
 12. The supervisee will complete all documentation required by their agency or practice in the manner and on the schedule specified in the organization's policies and procedures.
 13. If the supervisee has a supervisor they are working with currently at their agency an agreement will be made for the supervisee to have Sandplay specific cases supervised by the program supervisor so as to avoid a conflict of interest. If this is the case, the supervisee will provide the program with a signed statement from the agency supervisor approving the supervisee's outside supervision of cases.
 14. The supervisee will provide signed documentation from their agency documenting that the supervisee is receiving outside supervision and that the appropriate releases of information have been signed. The agency will be provided with copies of all client release of information's from their agency, with the original going to the program.
 15. The supervisee will:
 - a. Come to each supervision session prepared to present cases.
 - b. Openly disclose all relevant information about each case. Relevant information includes but is not limited to information disclosed by the client, information received from other sources about the client, reports of any contact the client has with the supervisee or other representatives of the employing organization, the supervisees positive or negative feelings about each client.
 - c. Notify the designated agency contact (when applicable) on the same working day of any new high-risk issues. In the event of imminent danger, the supervisee will notify the designated office contact and supervisor immediately, or if necessary to assure safety, immediately following any other protective measures such as calling emergency services personnel.
 - d. Comply with supervisor recommendations and directions.
 16. The supervisor will:
 - a. Review and evaluate a sample of assessments, service plans, and other documentation of the supervisee's services.
 - b. Review documentation of the clients Sandplay process through verbal description, audio/video tape, or photographic documentation of the clients sand trays.
 - c. Ask the supervisee to support conclusions with evidence and to justify approaches and techniques with reference to the professional knowledge base.
 - d. Have the clinician participate in the supervision process by completing their own sand trays during supervision sessions.
 - e. Provide recommendations to improve direct service and professional development.
 - f. Provide informal and formal evaluative feedback.
 - g. Intervene directly with clients as necessary to assure appropriate service.
 - h. Document each supervision session.

17. Both the supervisor and the supervisee will discuss issues or concerns about compliance with this document or about the process of supervision. In the event they are unable to resolve a conflict to the mutual satisfaction of both parties, they shall make arrangements for the transfer of supervision or for the termination of services by the supervisee.
18. The supervisor meets all of the criteria for clinical supervision as set forth by the state and any credentialing body the supervisor may be certified with.

This agreement is subject to revision at any time by mutual agreement of both parties or to revocation by either party upon giving written notice to the other. It shall remain in effect from the date signed below until the end of the program or until it is revised or revoked.

We agree to uphold this agreement to the best of our abilities.

Supervisor Date

Supervisee Date



Sandplay Therapy Training Program

Program Syllabus

Introduction

The Sandplay program at the School of Social Policy & Practice at the University of Pennsylvania aims to train post-MSW clinicians in an advanced practice method, Sandplay therapy. The program is intended for clinicians who wish to become experts in working with a diverse range of clients using Sandplay therapy. This is a 19-month program where clinicians will be exposed through didactic and experiential methods to Sandplay training. The program has 8 course modules and contains an 11 month clinical supervision component.

Educational Objectives

- Demonstrate awareness of self, others, and literature.
- Identify historical and theoretical antecedents of the development of Sandplay therapy.
- Describe types of explanations and interpretations used to account for client clinical presentations, particularly in examining their underlying unconscious processes.
- Articulate how race, gender, social session, culture and sexual orientation shape, direct and impact the clients presenting issues.
- Understand underlying assumptions of the Sandplay intervention and its impact on direct practice with the client.
- Articulate advocacy strategies for the promotion of Sandplay therapy as a viable clinical intervention within the social work profession.

Competencies

At the end of this course the student will be expected to demonstrate the core competency of Critical Thinking evidenced by the ability to:

6. Distinguish sources of knowledge

7. Analyze treatment theory and interventions
8. Demonstrate cultural sensitivity and awareness
9. Communicate effectively
10. Integrate client advocacy into practice

Course and Session Summaries

Each course will have two components to it. There will be the didactic presentation and also the experiential component. The sessions will start out for the first three hours as a lecture format to present the topical information to the students. This time may also include break out groups, or other forms of presentation of the material such as PowerPoint presentations and audiovisual aids. The remainder of the session will be comprised of the students creating sand trays integrating the information and presentation materials they learned earlier. The only exception to this format will be the initial course detailing the history and introduction of Sandplay which will be an exclusively didactic session.

Essay Assignments

This is a complete description of the written assignment due at the beginning of the third session of each course. The paper topic is expected to be appropriate to the course topic for which it is written. The student will demonstrate knowledge of the course material and Sandplay experience gained at that time, inclusive since the beginning of the course work.

Course Paper Outline

Papers will be written using the following criteria:

1. Personal Relationship to Subject/ Symbol

The Student will discuss his/her personal connection to the subject/ symbol, including why he/she selected this subject/ symbol. They will describe how it is meaningful to the Student and how it has impacted the Student's personal and/or professional life. The student should communicate a strong interest in the subject/symbol.

2. Amplification of Subject/ Symbol

The Student amplifies the subject/ symbol through discussion of theory, mythology, fairy tales, art, dreams, religion, and/or views from various cultures/collectives, including the Student's own culture. In a thoughtful, insightful, and competent manner, the Student surveys literature regarding the symbol/subject. The amplification should catch the interest and imagination of the reader, and indicate a deepening of understanding. The Student should add value to the discussion through providing his/her own reflections, including the transformative nature of the symbol/subject.

3. Impact of Symbol/Subject in Sandplay

The Student will discuss the impact of the subject/ symbol in Sandplay, using hypothetical and/or actual Sandplay scenes from his/her own experience. When possible in discussing a symbol, the Student uses one to three photographs of Sandplay scenes to competently describe how the symbol enhanced the therapeutic process of the Sandplay client or themselves. When discussing a subject, the Student discusses how this information enhanced his/her knowledge about Sandplay and how this knowledge might impact the Sandplay process. The Student should also indicate what types of investigation need to be done to further the understanding of the subject/symbol.

4. Mechanics of Subject/Symbol Paper

The Student is expected to submit a paper that meets professional standards. The paper should be well written with a logical structure, e.g., contains an introduction, middle and conclusion. There is an importance given to writing mechanics, e.g., correct spelling, sentence structure, and grammar. The format of the paper and references are expected to follow the 6th Edition of the APA Style Manual.

Final Assignment

Final Case Presentation Process Information

Case Presentation

The case presentation is the final assignment of the program and will demonstrate the culmination of the Student's knowledge and experience in not only the training but the clinical intervention with clients. The Student will present a client's case which may or may not have reached the point of termination. The final case report should include a full presentation of the Sandplay process. The writing should demonstrate clinical and professional competence in Sandplay process, theory, and symbols. In preparing the final case study, the candidate should:

1. Submit a report of no more than 40 pages of written text double spaced.
2. Affix prints of each Sandplay scene (labeled with date and tray number) to the relevant text, in each copy of the report. The Student also has the option to present the sand trays completed as a PowerPoint presentation, or a videotaped sessions.
3. Include a process recording of salient verbal exchanges with the client to elucidate significant events in the course of the work with the client.
4. Include a one or two page summary at the end of the report.
5. Include a copy of the program's release of information, completed by the client or parent of the case report. The original form should be retained in the Student's files, and a copy will be retained by the program.

6. Ensure that the client's real identity is disguised on all materials submitted for the purposes of the program and the case study.

The case report will be reviewed by a supervisor in the program and returned to the Student within two months after the end of the program. If there is a significant deficit with the written case presentation the Student will be advised and will be given the opportunity to clarify and address any concerns.

Basis for Full Course Credit

The course will be graded on a Pass/Fail system. The Student will have to participate in the whole course to receive full credit. There will be a sign in sheet for the Student to sign in and out and no credit will be awarded to participants who leave early. The paper due in the middle of the course will be given a grade of Pass, Marginal Pass, Fail. The student are expected to complete all of the required readings and due to the small course size will be expected to participate actively. All of these factors will determine the final grade decision. If a Student fails a course they will have to speak to the program director to determine a further course of action.

Grade Dissemination

The student will receive their graded paper within 3 weeks of the due date. The student will submit the paper to the instructor through email and it will be returned via the same method with comments and the grade.

Course Policies:

Late Work Policy:

There are no make-ups for in-session writing, or the final case study. Papers will not be accepted if overdue by more than seven days.

Grades of "Incomplete":

If a Student is not able to complete a session or a whole course the matter will be discussed with the program director to determine the Student's continuation in the program.

Rewrite Policy:

The student will be given the option to rewrite their papers at the discretion of the instructor. There will not be the option of rewriting the final case study.

Course Policies: Technology and Media

Email: The instructor will correspond with the student via email to convey session information or changes. The program will also utilize email to correspond with the student. student will be expected to submit all written assignments via this method.

Course Policies: Student Expectations

Disability Access:

Every effort will be made to provide reasonable accommodations for all persons with disabilities. This syllabus is available in alternate formats upon request. student with disabilities who need accommodations in this course must contact the instructor at the beginning of the course to discuss needed accommodations.

Attendance Policy:

Since there is a very strong emphasis on the experiential portion of the course it is important for the Student to be present at each session. Except for cases of extreme emergency the Student will need to inform the program in advance if they are going to have to miss a session.

Professionalism Policy:

Per Program and session room etiquette; mobile phones, iPods, *etc.* **must be silenced** during all lectures. Those not heeding this rule will be asked to leave the session room immediately so as to not disrupt the learning environment. Please arrive on time for all session meetings. student are advised that those who habitually disturb the session by talking, arriving late, *etc.*, and have been warned may suffer a reduction in their final session grade.

Academic Conduct Policy:

Academic dishonesty in any form will not be tolerated. If you are uncertain as to what constitutes academic dishonesty, The student is advised to contact the program director or their course instructor. Violations of these rules will result in a record of the infraction being placed in your file and receiving a zero on the work in question AT A MINIMUM. At the instructor's discretion, you may also receive a failing grade for the course. Confirmation of such incidents can also result in expulsion from the Program

Sandplay Curriculum Description

Course Outline

10. Beginning Sandplay Therapy

- a. September - History/Introduction
 - b. October - Techniques
11. Developmental Theory – Jung and Kalfff
- a. November – Jungian Theory
 - b. December – Kalfffian Theory
12. Archetypes and Symbols
- a. January - Archetypes
 - b. February – Myths/Symbols
- Clinical Practice hours/Supervision Begins (March 1)*
13. Advanced Clinical Practice
- a. March - Assessment/Therapeutic Rapport/Professional Self
 - b. April - Transference/Countertransference/Co-transference
14. Intermediate Sandplay Therapy
- a. May - Children/Adolescents
 - b. June - Adults/Families/Groups
15. Culture and Race
- a. September - Cultural Assessment/Self Awareness
 - b. October - Ethnicities/Race/Culture
16. Trauma
- a. November - Domestic Trauma
 - b. December - Natural Disasters/War/Terrorism/Accidents
17. Advanced Sandplay
- a. January – Themes in Sandplay

- b. February – Principals for understanding Sandplay therapy

Clinical practice hours/Course supervision ends (February 28)

18. Program Conclusion

- a. March - Case Presentation/Graduation



Beginning Sandplay Therapy

COURSE SYLLABUS

Session 1 September: History/Introduction

Session 2 October: Techniques

Instructor:	Instructor Name	Months:	September/October
Office:	Office Number	Session Meeting Days:	Saturday/Sunday
Phone:	Phone for Office	Session Meeting Hours:	9:00am – 5:00pm
E-Mail:	Instructor Email	Session Location:	Building and room
Website:	Instructor's personal website, if applicable		
Office Hours:	Date and time		

Course Overview

The beginning Sandplay course is designed to give the student an overview of the development of Sandplay therapy and entry level techniques to introduce them to the methodology. This course is divided into two sections.

Course Objectives

By the end of this course the student will be able to:

1. Discuss the history of sand tray therapies and major contributor in the field
2. Have an understanding of Sandplay and its founder

3. Have a basic understanding of the specifics of the sand tray, the use of miniatures and how to set up a room for the Sandplay session.
4. learn the dynamics of a Sandplay session

Course Credits

This course will provide 28 course credit hours.

Required Texts and Materials

Mitchell, R., & Friedman, H. (1994). *Sandplay: Past, present and future*. New York: Routledge.

Kalff, D. M. (2003). *Sandplay: A psychotherapeutic approach to the psyche*. Cloverdale, CA: Tenemos Press.

Homeyer, L., & Sweeney, D. (2011). *Sandtray Therapy: A Practical Manual (2nd Ed.)* [Kindle version] Retrieved from <http://www.amazon.com>

Turner, B. (2005). *The handbook of sandplay therapy*. Cloverdale, CA: Tenemos Press

Anderson, F.B. (1982). Toy selection for play therapy. *Association for Play Therapy NewsLetter*, 1(3), 4-5.

Anderson, F.B. (1983). Toy selection for play therapy. *Association for Play Therapy NewsLetter*, 2(4), 9-10.

Anderson, F.B. (1983). Toy selection for play therapy. *Association for Play Therapy NewsLetter*, 2(1), 6.

Anderson, F.B. (1983). Toy selection for play therapy. *Association for Play Therapy NewsLetter*, 2(3), 8-9.

Beiser, H.R. (1955). Play equipment for diagnosis and therapy. *American Journal of Orthopsychiatry*, 15, 761-770.

Beiser, H.R. (1979). Play equipment. In C. Schaefer (Ed.). *Therapeutic use of child's play* (pp. 423-434). NY: Jason Aronson.

Bender, L. (1955). Therapeutic play techniques. Symposium, 1954. *American Journal of Orthopsychiatry*, 25, 784-787.

Reineck, B. & Baker, G. (1983). Play materials for handicapped children. *Association for Play Therapy NewsLetter*, 2(2), 7.

Course Schedule (this includes both sessions in the course listed separately)*

Session 1 Description:

History/Introduction

Sandplay has a rich history and tradition drawing on the developmental and child psychology theories which were prevalent at the time. This course will discuss the history of developmental theory, child psychology, and child psychiatry, touching on the theorists who influenced Dora Kalff’s development of Sandplay therapy. The distinction between the other methods of sand tray therapies will be drawn to show how Kalff’s method differed.

All readings for the course are to be completed before this session

September

Saturday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Mitchell & Freidman – chapter 1-5 • Kalff Text 	<ol style="list-style-type: none"> 1. History of sand tray therapies 2. History Dora Kalff
12:00noon-1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	Discussion and Lecture <ul style="list-style-type: none"> • Mitchell & Freidman Chapter 1-5 • Kalff Text • Homeyer & Sweeny chapter 1-2 	<ol style="list-style-type: none"> 1. History of sand tray therapies
4:00pm-4:30pm	Instructor case example and presentation Students will be shown the Dora Kalff film “Sandspiel”	
4:30pm - 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

Sunday	Session Activity	Topics to be Discussed in Session
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9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Mitchell & Friedman Chapter 6- 9 • Turner p. 321- 328 	<ol style="list-style-type: none"> 1. History of Dora Kalff 2. Development of Sandplay therapy
12:00noon-1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	Discussion and Lecture <ul style="list-style-type: none"> • Mitchell & Friedman Chapter 6-9 • Turner p.321 - 328 	<ol style="list-style-type: none"> 1. History of Dora Kalff 2. Development of Sandplay therapy
4:00pm-4:30pm	Instructor case example and presentation	
	Students will discuss the case studies in Kalff text	
4:30pm - 5:00pm	Conclusion and wrap up	
	Time for asking remaining questions and discuss what is coming up in the next session	

Session 2 Description:

Techniques

In this session the student will learn the fundamentals of the Sandplay therapy process. There will be discussion of the specifics of the sand tray, information about figures and other materials used in the sand. The student will be shown examples of different room layouts and discussion of the organization of the room and materials. It is in this session that the student will begin the hands on portion of creating their own trays.

Paper due at the beginning of this session

October

Saturday	Session Activity	Topics to be Discussed in Session
9:00am-12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Homeyer & Sweeny Text Chapter 3-4 • Kalff Text • Turner Text p.353-363 	<ol style="list-style-type: none"> 1. Tools of Sandplay 2. Room set up 3. The clinician preparation for the session

12:00noon – 1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	Discussion and Lecture <ul style="list-style-type: none"> • Homeyer & Sweeny Text Chapter 3-4 • Kalff Text • Turner Text p.353-363 	<ol style="list-style-type: none"> 1. Tools of Sandplay 2. Room set up 3. The clinician preparation for the session
4:00pm – 4:30pm	Instructor case example and presentation	
	Instructor will demonstrate the set-up of the room for a session and discussion of miniatures	
4:30pm – 5:00pm	Conclusion and wrap up	
	Time for asking remaining questions and discuss what is coming up in the next session	

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Turner p. 363-378 • Homeyer & Sweeny Chapter 5 	<ol style="list-style-type: none"> 1. Introducing the client to Sandplay session 2. Protocols for the use of Sandplay therapy
12:00noon-1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	Discussion and Lecture <ul style="list-style-type: none"> • Turner p. 379 – 409 • Homeyer & Sweeney Chapter 6 	<ol style="list-style-type: none"> 1. Conducting the play therapy session 2. Protocols for ending the session 3. Considerations in interpretations
4:00pm-4:30pm	Instructor case example and presentation	
	Students will view a video of a case example of the first session of a play therapy case	

4:30pm- 5:00pm	<p style="text-align: center;">Conclusion and wrap up</p> <p style="text-align: center;">Time for asking remaining questions and discuss what is coming up in the next session</p>
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* Note: The Schedule is subject to revision



Sandplay Therapy Training Program

Developmental Theory – Jung and Kalff

COURSE SYLLABUS

Session 1 November: Jungian Theory

Session 2 December: Kalffian Theory

Instructor:	Instructor Name	Months:	November/December
Office:	Office Number	Session Meeting Days:	Saturday/Sunday
Phone:	Phone for Office	Session Meeting Hours:	9:00am – 5:00pm
E-Mail:	Instructor Email	Session Location:	Building and room
Website:	Instructor's personal website, if applicable		
Office Hours:	Date and time		

Course Overview

Developmental Theory – Jung and Kalff

Kalff trained extensively with Carl and Emma Jung at the beginning of her career. Jung's theories play prominently in the development and methodology of Sandplay therapy. To gain a better understanding of the theoretical underpinnings of Sandplay therapy, the two sessions in this course will introduce the student to Jungian theory and Kalffian theory.

Course Objectives

By the end of this course the student will be able to:

1. Describe the origin of Jungian theory
2. Identify the key terms and concepts in Jungian theory as they relate to Sandplay
3. Identify Kalfjian concepts of development and their roots in Neumann's Theory of development

Course Credits

This course will provide 28 course credit hours.

Required Texts and Materials

- Turner, B. (2005). *The handbook of sandplay therapy*. Cloverdale, CA: Tenemos Press.
- Stevens, A. (2011). *Jung: A Very Short Introduction* [Kindle Edition] retrieved from <http://www.amazon.com>
- Hall, C. & Nordby, V. (1999). *A primer of Jungian psychology*. New York: Meridian
- Jung, C. G. (1980). *The archetypes and the collective unconscious*. Princeton, NJ: Princeton University Press. (Original work published 1959)
- Neumann, E. (1973) *The Child: Structure and Dynamics of the Nascent Personality*.
Trans. Ralph Manheim. New York: C. Putnam & Sons; London: Hodder & Stoughton
- Aite, P. (1978). Ego and image: Some observations on the theme of "sand play." *Journal of Analytical Psychology*, 23, 332-338.
- Hall, J. A. (1989). *Jung: Interpreting your dreams---A guidebook to Jungian dream philosophy and psychology*. New York: St. Martin's Press.
- Hall, C. S., & Lindzey, G. (1978). *Theories of personality* (3rd Ed.). New York: John Wiley & Sons.
- Hall, C.S. & Nordby, V.J. (1973) *A primer of Jungian Psychology*. NY: New American Library.
- Stewart, L. (1982). Sandplay and Jungian analysis. In M. Stein (Ed.), *Jungian analysis* (pp. 204-218). La Salle, IL: Open Court.
- Bradway, K. (1979). Sandplay in psychotherapy. *Art Psychotherapy*, 7, 85-93.
- Bradway, K. & MacCoard, B. (2005). *Sandplay: Silent workshops of the psyche*. NY: Routledge.

Course Schedule (this includes both sessions in the course listed separately)*

Session 1 Description:

Jungian Theory

This session will introduce the student to Carl Jung and the basics of Jungian theory. The student will learn a brief history of Jung and how his theories were developed. Students will learn of Jung's divergence from Freud's theories and there will be a discussion of major concepts in Jung's theory.

All readings for the course are to be completed before this session

November

Saturday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Stevens chapters 1 • Hall & Nordby p. 1 – 36, 81-94 	<ol style="list-style-type: none"> 1. Discussion of Jung's personal history 2. Personality Theory
12:00noon-1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm-4:30pm	Instructor case example and presentation	
	Short video of Jung Describing his theory of personality	
4:30pm - 5:00pm	Conclusion and wrap up	
	Time for asking remaining questions and discuss what is coming up in the next session	

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Turner 11-19 • Jung text • Hall & Nordby p. 38-53 	<ol style="list-style-type: none"> 1. Personality types and attitudes

12:00noon-1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole
4:00pm-4:30pm	Instructor case example and presentation Part 2 of Carl Jung Video personality theory
4:30pm - 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session

Session 2 Description:

Kalffian Theory

In this session the student will explore the theories of Kalff as they relate to her development of Sandplay therapy. The student will develop a clear understanding of the developmental stages Kalff defined. The student will be able to differentiate where Kalff's theories diverge from or expand on Jung's. There will be a discussion of how Kalff's stages of development related to Erich Neumann's.

Paper due at the beginning of this session

December

Saturday	Session Activity	Topics to be Discussed in Session
9:00am-12:00noon	Discussion and Lecture • Neumann Text	1. Discussion of Neumann's stages of development
12:00noon - 1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	

1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole
4:00pm – 4:30pm	Instructor case example and presentation Students will be shown presentation of pictures of trays representing the different developmental stages of children
4:30pm – 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Turner book pages 55 - 106 	Discussion of Kalfian developmental theory and its relation to Neumann’s theory
12:00noon-1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm-4:30pm	Instructor case example and presentation Students will be shown examples in a tray of representations of Kalff’s developmental stages	
4:30pm-5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

* Note: The Schedule is subject to revisions



Sandplay Therapy Training Program

Archetypes and Myths/Symbols

COURSE SYLLABUS

Session 1 January: Archetypes

Session 2 February: Myths/Symbols

Instructor:	Instructor Name	Months:	January/February
Office:	Office Number	Session Meeting Days:	Saturday/Sunday
Phone:	Phone for Office	Session Meeting Hours:	9:00am – 5:00pm
E-Mail:	Instructor Email	Session Location:	Building and room
Website:	Instructor's personal website, if applicable		
Office Hours:	Date and time		

Course Overview

Archetypes and Myths/Symbols

Students will learn an important component of not only Jungian Theory, but Sandplay theory – Archetypes, myths, and symbols. Sandplay theory draws on Jung's importance of archetypes as they serve to describe the major themes of the work with clients. In these sessions the student will be taught about Jung's archetypes and be exposed to myths and symbols from different cultures.

Course Objectives

By the end of this course the student will be able to:

1. The students will be able to have a clear understanding of Jung's concept of Archetypes
2. Students will be able to discuss what an archetype may represent in the sandtray
3. Students will be able to discuss mythological stories from different cultures
4. Students will be able to discuss the meanings of some common symbols

Course Credits

This course will provide 28 course credit hours.

Required Texts and Materials

Jung, C. G. (1980). *The archetypes and the collective unconscious*. Princeton, NJ: Princeton University Press. (Original work published 1959)

Turner, B. (2005). *The handbook of sandplay therapy*. Cloverdale, CA: Tenemos Press.

Stevens, A. (2011). *Jung: A Very Short Introduction* [Kindle Edition] retrieved from <http://www.amazon.com>

Hall, C. & Nordby, V. (1999). *A primer of Jungian psychology*. New York: Meridian

Friedman, H. (2008). *Metaphors in miniature: Exploring the power of sandplay*. *Play Therapy™*, #3, 6-8.

Adams, M.V. *Jungian analysis: Archetypes, dreams, myths, imagination*. Retrieved September 9, 2009 at <http://www.jungnewyork.com/>

Jacobi, J. (1959). *Complex, archetype, symbol in the psychology of C.G. Jung*. (R. Manheim, Trans.). NY: Princeton University Press.

Jung, C. G. (1959a). *The collected works*. Vol. 9, i, *The archetypes and the collective unconscious*. Princeton: Princeton University Press.

Kalff, D. (1966). The archetype as healing factor. *Psychologia*, 9, 177-184.

Kot, S., Landreth, G.L., & Giordano, M. (1998). Intensive child-centered play therapy with child witnesses of domestic violence. *International Journal of Play Therapy*, 7(2), 17-36.

Jung, CG and Shamdasani, S (2009) *The Red Book: Liber Novus* (Kyburz, M ; Peck, J ; Shamdasani, S, Trans.). New York: Norton & Co Inc

Dundas, E. (1989). *Symbols come alive in the sand*. Santa Monica, CA: Sigo Press.

Friedman, H. (2008). Metaphors in miniature: Exploring the power of sandplay. *Play Therapy*TM, #(3), 6-8.

Henderson, J. (1964). Ancient myths and modern man in C.G. Jung (Ed.). *Man and his symbols*. NY: Laurel Books.

Jung, C. G. (1964a). *Man and his symbols*. Garden City, NY: Doubleday.

Bruce-Milford, M., (2008). *Signs and Symbols*. New York: DK Publishing.

Olderr, S. (2005). *Symbolism: a dictionary*. New York: McFarland.

- **Mythological Stories – Students will bring in two mythological texts or fairy tales for discussion. These should come from multiple cultures**

Course Schedule (this includes both sessions in the course listed separately)*

Session 1 Description:

Archetypes

Archetypes can be conceptualized as “models” of people, personalities, or behaviors. Jung believed the collective unconscious was where archetypes exist. Jung theorized that these models are innate, universal, and hereditary.

All readings for the course are to be completed before this session

January

Saturday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Turner p 19-34 • Jung Text • Hall & Nordby p 38-53 	1. Discussion of archetypes in Jungian theory
12:00noon-1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	

4:00pm-4:30pm	Instructor case example and presentation Students will be shown a video of Jung discussing Archetypes
4:30pm - 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Jung Text • Stevens Chapter 2 	<ol style="list-style-type: none"> 1. Continued discussion of Archetypes, the concept and specific motifs 2. Discussion of Mandala's
12:00noon-1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm-4:30pm	Instructor case example and presentation Students will be shown common archetypal miniatures and mandala's in sandtray pictures	
4:30pm - 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

Session 2 Description:

Myths/Symbols

Jung and Kalff saw myths as stemming from a the psyche’s need to make sense of the world and to resolve situations which could not otherwise be easily explained. Myths are a kind of universal language spanning different cultures. Student’s will work with specific symbols in the experiential portion of the sessions and be able to talk about their cross cultural meaning and the archetypes they can represent.

Paper due at the beginning of this session

February

Saturday	Session Activity	Topics to be Discussed in Session
9:00am-12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Discussion of student provided materials 	1. Discussion of the myths/fairy tales from students
12:00noon – 1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm – 4:30pm	Instructor case example and presentation Instructor will show students symbols through miniatures and text materials	
4:30pm – 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Continuation of student’s mythological texts 	1. Discussion of mythological and fairy tales and their relation to archetypes

12:00noon-1:00pm	<p style="text-align: center;">Lunch Break</p> <p>Lunch is provided by the program or students are able to leave to get their own lunch</p>
1:00pm-4:00pm	<p style="text-align: center;">students will pair up for breakout groups and experience/practice working in the sand tray</p> <p style="text-align: center;">Instructor will discuss each tray with the group as a whole</p>
4:00pm-4:30pm	<p style="text-align: center;">Instructor case example and presentation</p> <p style="text-align: center;">Continuation of students exposure to symbols and myths from other countries</p>
4:30pm-5:00pm	<p style="text-align: center;">Conclusion and wrap up</p> <p style="text-align: center;">Time for asking remaining questions and discuss what is coming up in the next session</p>

* Note: The Schedule is subject to revision



Advanced Clinical Practice

COURSE SYLLABUS

Session 1 March: Assessment/Therapeutic Rapport/Professional Self

Session 2 April: Transference/Countertransference/Co-transference

Instructor:	Instructor Name	Months:	March/April
Office:	Office Number	Session Meeting Days:	Saturday/Sunday
Phone:	Phone for Office	Session Meeting Hours:	9:00am – 5:00pm
E-Mail:	Instructor Email	Session Location:	Building and room
Website:	Instructor's personal website, if applicable		
Office Hours:	Date and time		

Course Overview

Advanced Clinical Practice

In this course the student will be expected to learn and develop advanced clinical skills. This course is not designed to be purely Jungian or Sandplay therapy based but it will address issues and skills that the student will need in their clinical practice. This course will build on the clinical training the student has and help to take the student to a higher level of competency.

Course Objectives

1. Discuss important information necessary to complete a comprehensive assessment tool
2. Students will be able to identify strategies to engage with challenging clients
3. Students will be able to discuss alternate treatments and identify when outside referrals are necessary
4. Students will be able to discuss ethics and appropriate clinical conduct
5. Students will be able to discuss appropriate record keeping and documentation for clinical practice
6. Students will discuss issues around supervision
7. Students will be able to discuss and identify definitions of Transference/Countertransference/Co-transference

Course Credits

This course will provide 28 course credit hours.

Required Texts and Materials

March

NASW- Code of Ethics (2008)

Turner, B. (2005) *The handbook of Sandplay therapy*. Cloverdale, CA: Temenos Press.

Corcoran, K., & Fischer, J. (2007) *Measures for clinical practice and research: a sourcebook*. Volume 1 (4th Ed). New York: Oxford Press

Corcoran, K., & Fischer, J. (2007) *Measures for clinical practice and research: a sourcebook*. Volume 2 (4th Ed). New York: Oxford Press

April

Gil, E., & Rubin, L. (2005). Countertransference play: informing and enhancing therapist self-awareness through play. *International Journal of Play Therapy*, 14(2), 87-102

Bradway, K. (1991). Transference and countertransference in Sandplay therapy. *Journal of Sandplay Therapy*, 1(1), 25-43

Bradway, K. & MacCoard, B. (2005). *Sandplay: Silent workshops of the psyche*. NY: Routledge.

Association for Play Therapy Ethics and Practices Committee. (2001). Protocol for play therapy case notes. *Association for Play Therapy Newsletter*, 20(2), 13.

Campbell, V.A., Baker, D.B., & Bratton, S. (2000). Why do children drop out from play therapy?

Dugan, E. (2007). A guide for play therapists: Best practices for crisis related incidents. *Play Therapy* TM, 2(4), 6-7.

Landreth, G. (1991; 2002). *Play therapy: The art of the relationship*. Muncie, IN: Accelerated Press.

McGoldrick, M., Gerson, R., & Petry, S. (2008). *Genograms: assessment and intervention*. (3rd Ed). New York: Norton Press.

Presentation Readings (All students will read each article, but chose two for class presentation)

- Applegate, J.S. (1993). Winnicott and clinical social work: A facilitating partnership. *Child and Adolescent Social Work Journal* (10)1, pp. 3 –20
- Braucher, D. (2000). Projective identification: A request for relationship. *Clinical Social Work Journal*, 28(1), 71-83.
- Bride, B.E., Radey, M., & Figley, C.R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35(3), 155-163.
- Green, L.B. (2006). The value of hate in the countertransference. *Clinical Social Work Journal*, 34(2), 187-199.
- Horowitz, R. (2002). Psychotherapy and schizophrenia: The mirror of countertransference. *Clinical Social Work Journal*, 30(3), 235-244.
- Saari, C. (1986). The created relationship: Transference, Countertransference and the therapeutic culture. *Clinical Social Work Journal* 14(1), 39-51
- Saari, C. (2000). Therapeutic dialogue as a means of constructing identity complexity. *Smith College Studies in Social Work*, 71(1), 3-16.
- Sarasohn, M.K. (2005). The use of shame and dread in the countertransference. *Clinical Social Work Journal*, 33(4), 445-453.
- Winnicott, D.W. (1958). Hate in the countertransference. In *Collected Papers: Through paediatrics to psycho-analysis*. New York: Basic Books Inc. Publishers, pp. 194-203.
- Yedidia, T. (2005). Immigrant therapists' unresolved identity problems and countertransference. *Clinical Social Work Journal*, 33(2), 159-171.
- Comas-Diaz, L. & Jacobsen, F.M. (1991). Ethnocultural transference and countertransference in the therapeutic dyad. *Am. J. Orthopsychiatry* 61(3), 392-402.
- Foster, R. P. (1996). Assessing the psychodynamic function of language in the bilingual patient. In R.P. Foster, M. Moskowitz & R. Javier, *Reaching across boundaries of culture and class: Widening the scope of psychotherapy*. NJ: Jason Aronson, pp.243 -263.
- Gitterman, A. (1989). Testing professional authority and boundaries. *Social Casework* 70(3), 165 - 171.

Course Schedule (this includes both sessions in the course listed separately)*

Session 1 Description:

Assessment/Therapeutic Rapport/Professional Self

In this course the student will learn specific assessment techniques to help obtain information from clients which will help them provide appropriate services and interventions. student will have role playing exercises to help them practice their skills in developing a therapeutic rapport with the client. Since there are times when the client may not use Sandplay as an intervention in the course of therapy, the Student will learn to determine what other modalities may be appropriate. The student will have the opportunity to also learn important information about client record keeping, confidentiality rules, and ethics.

All readings for the course are to be completed before this session

March

Saturday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	<p>Discussion and Lecture</p> <ul style="list-style-type: none"> • Instructor will discuss interviewing techniques with students from case examples and student role plays • DSM IV • Corcoran & Fisher vol. 1 	<ol style="list-style-type: none"> 1. Assessment skills 2. Clinical interviewing 3. Use of measures with multiple client presentations of children, couples, and families 4. Discussion of mental health diagnosis
12:00noon-1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	<p>students will pair up for breakout groups and experience/practice working in the sand tray</p> <p>Instructor will discuss each tray with the group as a whole</p>	
4:00pm-4:30pm	Instructor case example and presentation	

	Instructor will show a video of a client intake/initial assessment
4:30pm - 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	<ul style="list-style-type: none"> • Discussion and Lecture • Corcoran & Fisher vol. 2 • NASW Code of Conduct • APT Newsletter • Continued student role plays 	<ol style="list-style-type: none"> 1. Use of measures and assessment for adults 2. Ethics 3. Clinical documentation
12:00noon-1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	<p style="text-align: center;">students will pair up for breakout groups and experience/practice working in the sand tray</p> <p style="text-align: center;">Instructor will discuss each tray with the group as a whole</p>	
4:00pm-4:30pm	Instructor case example and presentation Instructor will present client scenarios for students to practice ethics/documentation proficiency	
4:30pm - 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

Session 2 Description:

Transference/Countertransference/Co-transference

The student will receive ongoing support from their supervisors regarding transference issues in the course of their clinical work. This session will serve as instruction where the student will also hear case studies from the instructor around these issues, and be instructed on the descriptions of not only transference and counter transference but also another factor which impacts the Student-client relationship in Sandplay therapy called co-transference. The student's will share their experiences with transference and countertransference as a group and learn about co-transference as Sandplay puts such an emphasis on the client-Student relationship. Students will learn the importance of understanding and being able to articulate the issues they bring to the therapeutic relationship. In Sandplay the figures and scene that the client creates can directly represent the relationship between the client and Student and directly speak to the transference, countertransference, and co-transference.

Paper due at the beginning of this session

April

Saturday	Session Activity	Topics to be Discussed in Session
9:00am-12:00noon	<p>Discussion and Lecture</p> <ul style="list-style-type: none"> • Gil article • Bradway Article • Bradway text chapter 36 Emmy • Turner p. 277, 292, 340 • Students will lead discussion on two articles from the presentation list of their choice 	<ol style="list-style-type: none"> 1. Definitions of transference, counter transference, and co-transference 2. Discuss a case example of co-transference 3. Student presentations of articles
12:00noon – 1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	<p>students will pair up for breakout groups and experience/practice working in the sand tray</p> <p style="text-align: center;">Instructor will discuss each tray with the group as a whole</p>	
4:00pm – 4:30pm	Instructor case example and presentation	

	Instructor will present case example of transference/counter transference
4:30pm – 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> Students will lead discussion on two articles from the presentation list of their choice 	1. Student presentation of articles
12:00noon-1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm-4:30pm	Instructor case example and presentation Instructor will have students identify and instance of transference/countertransference/co-transference in their work briefly	
4:30pm-5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

* Note: The Schedule is subject to revision



Intermediate Sandplay Therapy

COURSE SYLLABUS

Session 1 May: Children/Adolescents

Session 2 June: Adults/Families/Groups

Instructor:	Instructor Name	Months:	May/June
Office:	Office Number	Session Meeting Days:	Saturday/Sunday
Phone:	Phone for Office	Session Meeting Hours:	9:00am – 5:00pm
E-Mail:	Instructor Email	Session Location:	Building and room
Website:	Instructor's personal website, if applicable		
Office Hours:	Date and time		

Course Overview

Intermediate Sandplay Therapy

As with any therapeutic method the more exposure a Student has to training the more competent they become. As student's advance in their practice and training they may find the confidence to branch out their work to different populations. In this course student will be exposed to clinical case studies of various populations to give them a wide range of experience in Sandplay with specific ages and groups.

Course Objectives

1. Understand the differential diagnosis in children adolescents and adults
2. Identify family dynamics through client genogram construction
3. Understand develop skills in conducting family therapy sessions
4. Understand developmentally related Sandplay themes

Course Credits

This course will provide 28 course credit hours.

Required Texts and Materials

May

Allan, J. & MacDonald, R. (1975). The use of fantasy enactment in the treatment of an emerging autistic child. *Journal of Analytical Psychology*, 20, 57-68.

Barnett, L.A. (1984). Research note: Young children's resolution of distress through play. *Journal of Child Psychology and Child Psychiatry*, 25(3), 477-483.

Brody, V. (1978). Developmental play: A relationship-focused program for children. *Child Welfare*, 57, No. 9, 591-599.

Carey, L. (1990). Sandplay therapy with a troubled child. *The Arts in Psychotherapy*, 17, 197-207.

Fordham, M. (1994). *Children as individuals*. London: Free Association Books.

Fordham, M. (1980a). The emergence of child analysis. *Journal of Analytical Psychology*, 25(4), 311-324.

Fordham, M. (1980b). The principles of analytic psychotherapy in childhood. In I.F. Baker (Ed.), *VII international congress of the international Association for Analytical Psychology: Methods of treatment in Analytical Psychology*. Dallas: Spring Publications.

Moore, S. (2001). Play therapy with Deaf children. *Association for Play Therapy Newsletter*, 20(4), 25-26.

June

Packman, J. & Solt, M.D. (2004). Filial therapy modifications for preadolescents. *International Journal Play Therapy*, 13(1), 57-77.

Carey, L. (1991). Family Sandplay therapy. *The Arts in Psychotherapy*, 18, 231-239.

Axline, V. (1947). *Play therapy*. Boston: Houghton-Mifflin.

Axline, V. (1964). *Dibs in search of self*. NY: Ballantine.

- Bratton, S.C. (1998). Training parents to facilitate their children's adjustment to divorce using the filial/family play therapy approach. In *Handbook of Parent Training: Parents as Co-therapists for Children's Behavior Problems* (2nd ed.) (pp. 549-572). New York: John Wiley & Sons, Inc.
- Bratton, S.C. (2003). Filial/family play therapy for with single parents. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 139-162). Boiling Springs, PA: Play Therapy Press.
- Bratton, S., & Landreth, G. (1995). Filial therapy with single parents: Effects on parental acceptance, empathy, and stress. *International Journal of Play Therapy*, 4 (1), 61-80.
- Gil, E. (1994). *Play in family therapy*. NY: Guilford.
- Harris, Z. (2003). *Filial therapy with incarcerated mothers in a county jail*. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 385-398). Boiling Springs, PA: Play Therapy Press.
- Turner, B. (2005). *The handbook of sandplay therapy*. Cloverdale, CA: Tenemos Press.
- Landreth, G., & Lobaugh, A. (1998). Filial therapy with incarcerated fathers. *Journal of Counseling and Development*, 76, 157-165.
- Andronico, M.P. Fidler, J., & Guernsey, B. (1967). The combination of didactic and dynamic elements in filial therapy. *International Journal of Group Psychotherapy*, 17, 10-17.
- Bratton, S.C. (1998). Training parents to facilitate their children's adjustment to divorce using the filial/family play therapy approach. In *Handbook of Parent Training: Parents as Co-therapists for Children's Behavior Problems* (2nd ed.) (pp. 549-572). New York: John Wiley & Sons, Inc.
- Bratton, S.C. (2003). Filial/family play therapy for with single parents. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 139-162). Boiling Springs, PA: Play Therapy Press.
- Bratton, S., & Landreth, G. (1995). Filial therapy with single parents: Effects on parental acceptance, empathy, and stress. *International Journal of Play Therapy*, 4 (1), 61-80.
- Carey, L. (1991). Family sandplay therapy. *The Arts in Psychotherapy*, 18, 231-239.
- David, K. & Whitaker, C. (1981). Play therapy: A paradigm for work with families. *Journal of Marital and Family Therapy*, 7(3), 243-254.
- Gil, E. (1994). *Play in family therapy*. NY: Guilford.
- Guernsey, B. (1964). Filial therapy: Description and rationale. *Journal of Consulting Psychology*. 28, 304-310.
- Harris, Z. (2003). *Filial therapy with incarcerated mothers in a county jail*. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 385-398). Boiling Springs, PA: Play Therapy Press.
- Lobaugh, A. (2003). Filial therapy with incarcerated fathers in federal prison. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 373-384). Boiling Springs, PA: Play Therapy Press.
- Wang, Flahive, M. & Ray, D. (2007). Effect of group sandtray therapy with preadolescents. *Journal for Specialists in Group Work*, 32(4), 362-38.

Suggested readings

Piaget, J. (1952). The origins of intelligence in children. NY: International Universities Press

Piaget, J. (1959). The language and thought of the child. London: Routledge & Kegan Paul.

Piaget, J. (1963). The psychology of intelligence. Patterson, NJ: Littlefield-Adams.

Piaget, J. & Inhelder, B. (1969). The psychology of the child. NY: Basic Books.

Course Schedule (this includes both sessions in the course listed separately)*

Session 1 Description:

Children/Adolescents

Through the use of case studies both written and video the student will receive instruction on how to work with children and adolescents. Student will learn how to introduce the client to the method in an age appropriate way and engage them in the process. Student will look at the dynamics of child play versus adolescent play and integrate an understanding of the developmental stages Kalff defined as they relate to these age groups.

All readings for the course are to be completed before this session

May

Saturday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	<p>Discussion and Lecture</p> <ul style="list-style-type: none"> • Students will chose articles to discuss regarding the work with children and adolescents 	<ol style="list-style-type: none"> 1. Students will be able to learn how to conduct treatment with children 2. Students will learn the developmental stages of children for understanding the child’s clinical presentation
12:00noon-1:00pm	Lunch Break	

	Lunch is provided by the program or students are able to leave to get their own lunch
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole
4:00pm-4:30pm	Instructor case example and presentation Students will view a video of Sandplay session with adolescent
4:30pm - 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> Students will chose articles to discuss regarding the work with children and adolescents 	<ol style="list-style-type: none"> Students will be able to learn how to conduct treatment with children Students will learn the developmental stages of children for understanding the child’s clinical presentation
12:00noon-1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm-4:30pm	Instructor case example and presentation	
	Instructor will show a video of a child session	
4:30pm - 5:00pm	Conclusion and wrap up	
	Time for asking remaining questions and discuss what is coming up in the next	

	session
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Session 2 Description:

Adults/Families/Groups

There are times when the adult client may be appropriate for Sandplay in the course of their therapy with the student. The student in this session will be taught when the course of treatment can move from another modality to Sandplay. Sandplay can be an effective intervention with an adult client who may have become “stuck” in the course of their treatment. The student will be taught how to evaluate if the client is appropriate for this method and how to best introduce it into the treatment.

Sandplay is usually used in a single client setting but can be used with families, including couples or groups. Sandplay used with clients in this configuration can be an ongoing process or it can be an occasional adjunct to the individual clients treatment. The Student will have the parallel process of working with groups in counseling as there will be group sand trays created in the course of the experiential portion of the session.

Paper due at the beginning of this session

June

Saturday	Session Activity	Topics to be Discussed in Session
9:00am-12:00noon	Discussion and Lecture <ul style="list-style-type: none"> Students will receive lecture on work with adults through the articles 	<ol style="list-style-type: none"> Students will be able to learn how to conduct treatment with Adults Students will learn the ways to engage the adult in sandplay therapy
12:00noon – 1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will participate in breakout groups and experience/practice working in the sand tray with a group dynamic Instructor will discuss each tray with the group as a whole	

4:00pm – 4:30pm	Instructor case example and presentation Instructor will give a case example of Adult Sandplay session
4:30pm – 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Clinicians will learn the dynamics of family, group, and filial sandplay therapy through the discussion of the articles 	1. Students will be able to learn how to engage families and groups in sandplay sessions
12:00noon-1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm-4:30pm	Instructor case example and presentation Instructor will show a video of an initial family/filial session of play therapy	
4:30pm-5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

* Note: The Schedule is subject to revision



Culture and Race

COURSE SYLLABUS

Session 1 September: Cultural Assessment/Self Awareness

Session 2 October: Ethnicities/Race/Culture

Instructor:	Instructor Name	Months:	September/October
Office:	Office Number	Session Meeting Days:	Saturday/Sunday
Phone:	Phone for Office	Session Meeting Hours:	9:00am – 5:00pm
E-Mail:	Instructor Email	Session Location:	Building and room
Website:	Instructor's personal website, if applicable		
Office Hours:	Date and time		

Course Overview

Culture and Race

The primary goal of this course, in addition to generically learning about culturally competent attitudes and behaviors, is for each student to individually reflect, assess and determine personal choices and views about their contributions in this area. In this course the term cultural competence will be expanded to include differences pertaining to sexuality, religion, ability, among other areas.

Course Objectives

By the end of this course the student will be able to:

1. Identify and define the concept of cultural competence and how it is evidenced in their work.
2. Identify potential barriers to the therapeutic relationship due to cultural, ethnic, or racial differences
3. Be able to present the client with interventions which are client centered and respectful of the clients cultural traditions or norms
4. Create a culturally sensitive assessment tool to help provide clear information about the client which will enable the clinician to work with the client more effectively
5. Identify and address stereotypes through exposure to literature from different cultures
6. Identify issues of power and oppression in the work with culturally different populations

Course Credits

This course will provide 28 course credit hours.

Required Texts and Materials

September

McGoldrick, M., Giordano, J., & Garcia-Preto, N. (2005). *Ethnicity and family therapy*. New York: Guilford Press

Gil, E.A. & Drewes, A.A. (Eds.) (2005). *Cultural issues in play therapy*. NY: Guilford.

October

Abrams, L., Post, P., Algozzine, B., Miller, T., Ryan, S., Gomory, T., & Cooper, J.B. (2006). Clinical experiences of play therapists: Does race/ethnicity matter? *International Journal of Play Therapy*, 15(2), 11-34.

Chang, C.Y., Ritter, K.B., & Hays, D.G. (2005). Multicultural trends and toys in play therapy. *International Journal of Play Therapy*, 14(2), 69-86.

Chau, I.Y. (2003). Filial therapy with Chinese parents. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 429-440). Boiling Springs, PA: Play Therapy Press.

Chau, I.Y. & Landreth, G.L. (1997). Filial therapy with Chinese parents: Effects on parental empathic interactions. *International Journal of Play Therapy*, 6, 75-92.

Coleman, V.D., Parmer, T., & Barker, S.A. (1993). Play therapy for multicultural populations: Guidelines for mental health professionals. *International Journal of Play Therapy*, 2(1), 63-74.

Edwards, N.A., Ladner, J., & White, J. (2007). Perceived effectiveness of filial therapy for a Jamaican mother: A qualitative case study. *International Journal of Play Therapy*, 16(1), 36-53.

Gil, E.A. & Drewes, A.A. (Eds.) (2005). *Cultural issues in play therapy*. NY: Guilford.

Glover, G.J. (2001). Cultural considerations in play therapy. In G.L. Landreth (Ed.), *Innovations in play therapy* (pp. 31-41). Philadelphia: Taylor & Francis.

Glover, G. (2003). Filial therapy with Native American families. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 417-428). Boiling Springs, PA: Play Therapy Press.

Glover, G. & Landreth, G. (2001). Filial therapy for Native Americans on the Flathead Reservation. *International Journal of Play Therapy*, 9, 57-80.

Jang, M. (2003). Filial therapy with Korean parents. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 441-452). Boiling Springs, PA: Play Therapy Press.

Course Schedule (this includes both sessions in the course listed separately)*

Session 1 Description:

Cultural Assessment/Self Awareness

Clinically focused cultural assessment and intervention will be taught from a biopsychosocial perspective challenging a Eurocentric conceptual framework and complying with the NASW code of professional values and ethics. Issues of diversity and working with populations at risk in a variety of environments are integrated into assessment and impact on treatment planning within the Student-client relationship. Therapeutic challenges, especially around the student own preconceptions, will be discussed and opportunities for growth in the context of mutuality and intersubjectivity within the Student-client relationship will be discussed.

All readings for the course are to be completed before this session

September

Saturday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	<p>Discussion and Lecture</p> <ul style="list-style-type: none"> • Instructor will discuss the aspects of a culturally competent assessment • Students will discuss their own power and privilege issues 	<p>1. Students will learn the components of a comprehensive assessment and how to conduct the initial evaluations</p>

		2. Students will learn specific measures to use to assess clients
12:00noon-1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm-4:30pm	Instructor case example and presentation	
	Instructor will role play with a student an individual initial assessment	
4:30pm - 5:00pm	Conclusion and wrap up	
	Time for asking remaining questions and discuss what is coming up in the next session	

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Instructor will discuss the aspects of a culturally competent assessment • Students will discuss their own power and privilege issues 	1. Students will learn the components of a comprehensive assessment and how to conduct the initial evaluations 2. Students will learn specific measures to use to assess clients
12:00noon-1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	

4:00pm-4:30pm	Instructor case example and presentation Instructor will role play with a student an individual initial assessment
4:30pm - 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session

Session 2 Description:

Ethnicities/Race/Culture

Race, culture, language, lifestyle, and history all have considerable impact on how clients access and respond to clinical services. Student backgrounds will mold their own attitudes and beliefs and can affect services rendered. For these reasons, student will be exposed to viewpoints that can potentially differ greatly from their own, and learn how to accept and value them. student will be presented with information about clients of different races, abilities, gender, and sexual orientations.

Paper due at the beginning of this session

October

Saturday	Session Activity	Topics to be Discussed in Session
9:00am-12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Instructor will demonstrate the components of a clinically sensitive assessment 	<ol style="list-style-type: none"> 1. Students will learn to examine their own power and privilege issues in their work with clients 2. Students will learn the components of a clinically appropriate interview
12:00noon – 1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray	

	Instructor will discuss each tray with the group as a whole
4:00pm – 4:30pm	Instructor case example and presentation Instructor will show a video of clients of different cultures being assessed
4:30pm – 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Instructor will demonstrate the components of a clinically sensitive assessment • Instructor will have students discuss instances of work with clients of different cultures and how they interacted 	<ol style="list-style-type: none"> 1. Students will learn to examine their own power and privilege issues in their work with clients 2. Students will learn the components of a clinically appropriate interview
12:00noon- 1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm- 4:00pm	<p>students will pair up for breakout groups and experience/practice working in the sand tray</p> <p style="text-align: center;">Instructor will discuss each tray with the group as a whole</p>	
4:00pm- 4:30pm	Instructor case example and presentation Instructor will show a video of clients of different cultures being assessed	
4:30pm- 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

*Note: The Schedule is subject to revision



Trauma

COURSE SYLLABUS

Session 1 November: Domestic Trauma

Session 2 December: Natural Disasters/War/Terrorism/Accidents

Instructor:	Instructor Name	Months:	November/December
Office:	Office Number	Session Meeting Days:	Saturday/Sunday
Phone:	Phone for Office	Session Meeting Hours:	9:00am – 5:00pm
E-Mail:	Instructor Email	Session Location:	Building and room
Website:	Instructor's personal website, if applicable		
Office Hours:	Date and time		

Course Overview

Trauma

In this course the student's will receive instruction about trauma and violence. The two sessions in this course will be divided to address both trauma such as domestic violence, rape and sexual abuse; and also trauma such as that from natural disasters and terrorism. student will be assisted in identifying the connections (and disconnections) between theory and practice.

Course Objectives

By the end of this course the student will be able to:

1. Understand the diagnostic criteria and differential diagnosis for trauma in children and adults.
2. Understand how the trauma can present in the session with the clinician.
3. How to take a comprehensive background history from the family and the client while being sensitive to the potential re-traumatization of the client
4. Understand and identify protective factors for vicarious trauma in the clinician and other caregivers
5. Identify the literature on the neurobiological effects of trauma on the client and how that affects emotional and behavioral dysregulation
6. Identify clinical interventions appropriate for use with traumatized clients
7. Identify appropriate crisis plans for traumatized clients with self-injurious behaviors

Course Credits

This course will provide 28 course credit hours.

Required Texts and Materials

November

Burstein, S. & Meichenbaum, D. (1979). The work of worrying in children undergoing surgery. *Journal of Abnormal Child Psychology*, 7(2), 121-132.

Cavett, A.M. (2009). Playful trauma focused cognitive behavioral therapy with maltreated children and adolescents. *Play Therapy*, 4(3), 20-22.

Cohen, J. L., Mannarino, A.P. & Deblinger, E. (2006). *Treating trauma and grief in children and adolescents*. NY: Guilford.

Costas, M.B. & Landreth, G. (1999). Filial therapy with nonoffending parents of children who have been sexually abused. *International Journal of Play Therapy*, 8(1), 43-66.

Crenshaw, D. A. & Hardy, K.V. (2007). The crucial role of empathy in breaking the silence of traumatized children in play therapy. *International Journal of Play Therapy*, 16(2), 160-175.

Ginsberg B. G. (2002). The power of filial relationship enhancement therapy as an intervention in child abuse and neglect. *International Journal of Play Therapy*, 11(1), 65-78.

Glazer-Waldman, H. R., Zimmerman, J., Landreth, G. L., & Norton, D. (1992). Filial therapy: An intervention for parents of children with chronic illness. *International Journal of Play Therapy* 1, 31-42.

Green, E. (2004). Activating the self-healing archetype: Spontaneous drawings with children affected by sexual abuse. *Association for Play Therapy Newsletter*, 23(4), 19-20.

- Green, E. (2008). Reenvisioning Jungian analytical play therapy with child sexual assault survivors. *International Journal of Play Therapy, 17*(2), 102-121.
- Ramos, A.M. (2003). Filial therapy after domestic violence. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 171-184). Boiling Springs, PA: Play Therapy Press.
- Tew, K., Landreth, G.L., Joiner, K.B., & Solt, M.D. (2002). Filial therapy with parents of chronically ill children. *International Journal of Play Therapy, 11*, 79-100.
- Tyndall-Lind, M.A. (1999). Revictimization of children from violent families: Child-centered theoretical formulation and play therapy treatment implications. *International Journal of Play Therapy, 8*(1), 9-25.
- Tyndall-Lind, M.A. & Landreth, G.L. (2001). Intensive short-term group play therapy, In G. Landreth (Ed.), *Innovations in play therapy: Issues, process, and special populations* (pp. 203-215). Philadelphia: Brunner Routledge.
- Tyndall-Lind, M.A. & Landreth, G.L. Giordano, M.A. (2001). Intensive group play therapy with child witnesses of domestic violence. *International Journal of Play Therapy, 10*, 53–83. (2001). Intensive group play therapy with child witnesses of domestic violence. *International Journal of Play Therapy, 10*,
- Van Fleet, R. & Sniscak, C.C. (2003). Filial therapy for children exposed to traumatic events. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 113-138). Boiling Springs, PA: Play Therapy Press.
- Van Fleet, R. & Sniscak, C.C. (2003). Filial therapy for attachment-disrupted and disordered children. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 279-308). Boiling Springs, PA: Play Therapy Press.

December

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th Ed.). Washington, DC: American Psychiatric Association.
- Bozeman, J. (2005). Special populations – Children traumatized by war: reaching out to Romania. *Association for Play Therapy NewsLetter, 24*(2), Guidelines for achieving desired level of understanding
- Crenshaw, D. A. & Hardy, K.V. (2007). The crucial role of empathy in breaking the silence of traumatized children in play therapy. *International Journal of Play Therapy, 16*(2), 160-175.
- Green, E. (2004). Activating the self-healing archetype: Spontaneous drawings with children affected by sexual abuse. *Association for Play Therapy NewsLetter, 23*(4), 19-20.
- Green, E. (2007). The crisis of family separation following traumatic mass destruction: Jungian analytical play therapy in the aftermath of Hurricane Katrina, In N. Webb (Ed.), *Play therapy*

with children in crisis: Individual, group, and family treatment (3rd ed., pp. 368-388). NY: Guilford Press.

Kagan, S. (2003). Filial therapy on the phone for traumatized children in Israel. *Association for Play Therapy NewsLetter*, 22(3), 23.

Kagan, S. (2007). Israel and play therapy in times of Kasam rockets. *Play Therapy*™, 2(3), 10-12.

Green, E. (2008). Reenvisioning Jungian analytical play therapy with child sexual assault survivors. *International Journal of Play Therapy*, 17(2), 102-121.

Ramos, A.M. (2003). Filial therapy after domestic violence. In R. Van Fleet (Ed.). *Casebook of filial therapy* (pp. 171-184). Boiling Springs, PA: Play Therapy Press.

Course Schedule (this includes both sessions in the course listed separately)*

Session 1 Description:

Domestic Trauma

This course will provide a fundamental overview of psychodynamic treatment issues related to childhood and adult sexual abuse, domestic violence and rape. These are common forms of trauma encountered in clinical practice. We will address the clinical challenges in treatment, including assessment issues and dissociation and frequently arising in the traumatized client. The course will combine theoretical and clinical readings with case illustrations from the instructor's practice and other case studies. There will be clinical examples of how sexual abuse and other forms of domestic abuse manifest in the sand trays during the course of the clients process. There will be discussion of the neurobiological effects of trauma and how sandplay can affect that in treatment

All readings for the course are to be completed before this session

November

Saturday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	<p>Discussion and Lecture</p> <ul style="list-style-type: none"> • Students will select articles to discuss in class 	<ol style="list-style-type: none"> 1. Students will be able to identify trauma and the neurobiological, physical and behavioral presentations in clients

12:00noon-1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole
4:00pm-4:30pm	Instructor case example and presentation Instructor will present a case of a client with trauma for discussion
4:30pm - 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Students will select articles to discuss in class 	1. Students will be able to identify trauma and the neurobiological, physical and behavioral presentations in clients
12:00noon-1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm-4:30pm	Instructor case example and presentation Instructor will present a case of a client with trauma for discussion	
4:30pm - 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

Session 2 Description:

Natural Disasters/War/Terrorism/Accidents

In this course we will read texts on the literature of and about trauma and violence, identifying the connections (and disconnections) between theory and practice. We will consider trauma in the context of race, session, and sexuality especially as they relate to larger traumatic events which have an effect on the community. Students will have a discussion of how they not only deal with the emotional and behavioural needs of the clients but also determine if there are an concrete case management and referral needs the clients may have.

Paper due at the beginning of this session

December

Saturday	Session Activity	Topics to be Discussed in Session
9:00am-12:00noon	Discussion and Lecture <ul style="list-style-type: none">• Students will select articles to discuss in class	1. Students will be able to identify trauma and the neurobiological, physical and behavioral presentations in clients
12:00noon – 1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm – 4:30pm	Instructor case example and presentation Instructor will discuss and show videos of instances of this type of event and videos of clients discussion of their experiences	
4:30pm – 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Students will select articles to discuss in class 	1. Students will be able to identify trauma and the neurobiological, physical and behavioral presentations in clients
12:00noon-1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm-4:30pm	Instructor case example and presentation Instructor will discuss and show videos of instances of this type of event and videos of clients discussion of their experiences	
4:30pm-5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

* Note: The Schedule is subject to revision



Advanced Sandplay Therapy

COURSE SYLLABUS

Session 1 January: Themes in Sandplay

Session 2 February: Principals for Understanding Sandplay

Instructor:	Instructor Name	Months:	January/February
Office:	Office Number	Session Meeting Days:	Saturday/Sunday
Phone:	Phone for Office	Session Meeting Hours:	9:00am – 5:00pm
E-Mail:	Instructor Email	Session Location:	Building and room
Website:	Instructor's personal website, if applicable		
Office Hours:	Date and time		

Course Overview

Advanced Sandplay

In the advanced Sandplay course the emphasis will be on the Student gaining a deeper understanding of the assessment and evaluation of the trays. Even though there is an emphasis on not interpreting the sand trays, the student is expected in the course of treatment to be able to examine the trays for themes both in the individual trays, as well as the series of trays over the course of the clients treatment.

Course Objectives

By the end of this course the student will be able to:

1. Identify the various clinicians and the themes they use for interpreting trays
2. Understand the methods for organizing themes in the Sandtray
3. Student will be able to view a created tray and discuss the theme represented in the tray

Course Credits

This course will provide 28 course credit hours.

Required Texts and Materials

Turner, B. (3005) *The handbook of Sandplay therapy*. Cloverdale, CA: Temenos Press.

Course Schedule (this includes both sessions in the course listed separately)*

Session 1 Description:

Themes in Sandplay

There are many ways of evaluating the content of the Sandtray. Even though there is an emphasis on not interpreting the tray, especially for the client, there are some guidelines which have been developed by practitioners to help understand the themes of the trays.

All readings for the course are to be completed before this session

January

Saturday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Turner text 	1. Discussion of the sandplay clinicians with Jungian interpretative methods
12:00noon-1:00pm	Lunch Break	
	Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm-4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm-4:30pm	Instructor case example and presentation	
	Clinicians will view trays on videos and have instructor lead discussion of each	

	method of interpretations
4:30pm - 5:00pm	<p style="text-align: center;">Conclusion and wrap up</p> <p style="text-align: center;">Time for asking remaining questions and discuss what is coming up in the next session</p>

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	<p style="text-align: center;">Discussion and Lecture</p> <ul style="list-style-type: none"> • Turner text 	1. Continued discussion of interpretation of themes
12:00noon- 1:00pm	<p>Lunch Break</p> <p>Lunch is provided by the program or students are able to leave to get their own lunch</p>	
1:00pm- 4:00pm	<p>students will pair up for breakout groups and experience/practice working in the sand tray</p> <p>Instructor will discuss each tray with the group as a whole</p>	
4:00pm- 4:30pm	<p>Instructor case example and presentation</p> <p>Clinicians will view trays on videos and have instructor lead discussion of each method of interpretations</p>	
4:30pm - 5:00pm	<p style="text-align: center;">Conclusion and wrap up</p> <p style="text-align: center;">Time for asking remaining questions and discuss what is coming up in the next session</p>	

Session 2 Description:

Principals for understanding Sandplay therapy

Kalff has a very specific way that she formulates an understanding and presentation of Sandplay therapy. Kalff's method of case formulation is generally through a case presentation method. In her presentations Kalff's underlying premise is that the core process of the descent to Self and the reintegration of the ego is the ultimate goal of the client.

Paper due at the beginning of this session

February

Saturday	Session Activity	Topics to be Discussed in Session
9:00am- 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Turner text 	1. Continued discussion of interpretation of themes
12:00noon 1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm- 4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	
4:00pm – 4:30pm	Instructor case example and presentation Instructor will create trays and have students determine themes	
4:30pm – 5:00pm	Conclusion and wrap up Time for asking remaining questions and discuss what is coming up in the next session	

Sunday	Session Activity	Topics to be Discussed in Session
9:00am – 12:00noon	Discussion and Lecture <ul style="list-style-type: none"> • Turner text 	1. Continued discussion of interpretation of themes
12:00noon- 1:00pm	Lunch Break Lunch is provided by the program or students are able to leave to get their own lunch	
1:00pm- 4:00pm	students will pair up for breakout groups and experience/practice working in the sand tray Instructor will discuss each tray with the group as a whole	

4:00pm- 4:30pm	<p style="text-align: center;">Instructor case example and presentation</p> <p style="text-align: center;">Instructor will create trays and have students determine themes</p>
4:30pm- 5:00pm	<p style="text-align: center;">Conclusion and wrap up</p> <p style="text-align: center;">Time for asking remaining questions and discuss what is coming up in the next session</p>

* Note: The Schedule is subject to revision



Conclusion/Graduation

SESSION AGENDA

Session March

Instructor:	Instructor Name	Months:	March
Office:	Office Number	Session Meeting Days:	Saturday/Sunday
Phone:	Phone for Office	Session Meeting Hours:	9:00am – 5:00pm
E-Mail:	Instructor Email	Session Location:	Building and room
Website:	Instructor's personal website, if applicable		
Office Hours:	Date and time		

Session Overview

Conclusion

The last month of the program will serve as a time to wrap up with the student both in the clinical practice, and the educational portion. At this time the student will end their supervision and use the last session to present their client case. In their last meetings the program supervisors will ensure the student understand the proper format for in session portion of the case presentation. This will be an opportunity for the student to not only present their case but also hear the cases of other student in the program. At the end of this two day session the student will receive their certificates and documentation.

Course Objectives

By the end of this course the student will be able to present a fully formed case study in both written and PowerPoint format

Course Credits

This course will provide 14 course credit hours.

Session Description:

Case Presentations

The case presentation is the final assignment of the program and will demonstrate the culmination of the Student’s knowledge and experience in not only the training but the clinical intervention with clients. The Student will present a client’s case which may or may not have reached the point of termination. The final case report should include a full presentation of the Sandplay process. This presentation is completed in two ways, the Student will verbally present the case in the last course and then they will submit the write up after their presentation. The writing should demonstrate clinical and professional competence in Sandplay process, theory, and symbols. The Student will submit the write up of the case at the end of the course at which time it will be reviewed by a program supervisor and returned to the student.

The written case presentation is due by the end of the last session

March

Saturday
Session Activity
9:00am – 12:00noon student will present their power point presentations of their case studies There will be time for the session and instructor to discuss the cases
12:00noon-1:00pm Lunch Break student will have lunch provided by the program or are able to leave to get their own lunch
1:00pm-4:30pm Continuation of the case presentations There will be time for the session and instructor to discuss the cases
4:30pm -5:00pm Conclusion and wrap up The student will be given time to ask any remaining questions and discuss what is coming up in the next session

Sunday

Session Activity
9:00am – 12:00noon student will present their power point presentations of their case studies There will be time for the session and instructor to discuss the cases
12:00noon-1:00pm Lunch Break student will have lunch provided by the program or are able to leave to get their own lunch
1:00pm-4:00pm Continuation of the case presentations There will be time for the session and instructor to discuss the cases
4:00pm-5:00pm Graduation/Wrap up The student will be given time to ask any remaining questions And will be given their certificates of completion for the clinical hours.

Final Assignment

Final Case Presentation Process Information

Case Presentation

The case presentation is the final assignment of the program and will demonstrate the culmination of the Student's knowledge and experience in not only the training but the clinical intervention with clients. The Student will present a client's case which may or may not have reached the point of termination. The final case report should include a full presentation of the Sandplay process. The writing should demonstrate clinical and professional competence in Sandplay process, theory, and symbols. In preparing the final case study, the candidate should:

7. Submit a report of no more than 40 pages of written text double spaced.
8. Affix prints of each Sandplay scene (labeled with date and tray number) to the relevant text, in each copy of the report. The Student also has the option to present the sand trays completed as a PowerPoint presentation, or a videotaped sessions.
9. Include a process recording of salient verbal exchanges with the client to elucidate significant events in the course of the work with the client.
10. Include a one or two page summary at the end of the report.
11. Include a copy of the program's release of information, completed by the client or parent of the case report. The original form should be retained in the

Student's files, and a copy will be retained by the program.

12. Ensure that the client's real identity is disguised on all materials submitted for the purposes of the program and the case study.

The case report will be reviewed by a supervisor in the program and returned to the Student within two months after the end of the program. If there is a significant deficit with the

written case presentation the Student will be advised and will be given the opportunity to clarify and address any concerns.

Sandplay Therapy Note Form

Client name: _____ **Date:** _____

Sand Tray #: _____ **Length of time to complete tray:** _____

Dry Tray Wet Tray

Draw tray from client's point of view.

Make "X" outside of square below to indicate where therapist sits in reference to tray.



NOTES: Include notes on:

1. How client makes tray, 2. Use of water, 3. Order of selection of items, 4. Any comments that the client makes during or after creating the tray, and 5. Therapist's emotional response during the session.

Sandplay Therapy Clinical Training Program Instructor Evaluation Form

Please take a moment to provide us with an evaluation of the instructor.

Name of instructor: _____

Name of Course: _____

Class Dates: _____

1. Description of course objectives and assignments:				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent
2. Communication of ideas and information:				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent
3. Expression of expectations for performance:				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent
4. Availability to assist students in or out of class:				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent
5. Respect and concern for students:				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent
6. Stimulation of interest in course:				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent
7. Facilitation of learning:				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent
8. Enthusiasm for the subject:				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent
9. Encouraged students to think independently, creatively and critically:				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent
10* Overall rating of instructor:				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent

Comments: _____

Sandplay Therapy Clinical Training Program Course Evaluation Form

What was the name of your instructor? _____

What was the name of the class? _____

What was the date of your class? _____

1. The subject matter was covered adequately.

Strongly Agree Somewhat Agree No Opinion Somewhat Disagree Strongly Disagree

2. The media (handouts, videos, slides, etc.) supported the subject matter.

Strongly Agree Somewhat Agree No Opinion Somewhat Disagree Strongly Disagree

3. The learning environment was conducive to learning.

Strongly Agree Somewhat Agree No Opinion Somewhat Disagree Strongly Disagree

4. There was ample time to cover the subject.

Strongly Agree Somewhat Agree No Opinion Somewhat Disagree Strongly Disagree

5. The readings adequately covered the subject matter.

Strongly Agree Somewhat Agree No Opinion Somewhat Disagree Strongly Disagree

6. The experiential learning was adequate (i.e. time allowed for sandtray completion/discussion).

Strongly Agree Somewhat Agree No Opinion Somewhat Disagree Strongly Disagree

Comments: _____

Suggestions: _____

**Sandplay Therapy Clinical Training Program
Evaluation Form**

Program Dates: _____

We are glad that you chose to participate in our training program. We value your input as a participant and would love to help us improve our program by answering some of the questions below. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We have provided a section for comments and suggestions below.

Please check the most appropriate statement

Thank you very much we appreciate your help.

- 1. 1. How would rate the quality of the program**
Excellent Good Fair Poor

- 2. 2. Did you get the kind of training you wanted?**
Definitely not Not really Yes generally Yes Definitely

- 3. 3. To what extent has our program met your needs?**
Almost All of my needs have been met Most of my needs have been met Only a few of my needs have been met None of my needs have been met

- 4. 4. Would you refer a friend or coworker to our training?**
No, definitely not No, I don't think so Yes, I think so Yes, definitely

- 5. 5. How satisfied were you with the supervision you received?**
Quite dissatisfied Indifferent or mildly dissatisfied Mostly satisfied Very satisfied

- 6. 6. Has the training you received helped you deal more effectively with your clients?**
Yes, it helped a great deal Yes, it helped somewhat No, it really didn't help It definitely has had no effect

- 7. 7. Overall how satisfied were you with the program as a whole?**
Very satisfied Mostly satisfied Indifferent or mildly dissatisfied Quite dissatisfied

Comments: _____

Suggestions: _____

