



Becoming All We Can! Building Competencies in the Sand: Exploring Sand Therapy Competencies

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Moderator: Marshall Lyles⁴

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Keynote Panel Description: Marking 95 years of sand therapy's journey from the World Technique to a widely embraced method across various therapy disciplines, this keynote panel will highlight its progression and recent research milestones. WASTP joins only two other professional associations using research-based competencies (the Association for Play Therapy and the Animal-Assisted Therapy Division of the American Counseling Association). This keynote discussed the 33 competencies, the research behind them, and their implications for practice.

Moderator: Marshall Lyle

In this dynamic keynote panel, sand therapy field leaders Elizabeth Hartwig, Jessica Stone, and Linda Homeyer will discuss their pioneering research on sand therapy practice competencies. Moderated by Marshall Lyles, the dialogue will address how establishing known core competencies in the training of sand therapists could help solidify a common foundation in an ever-innovating field.

Lead researcher Elizabeth Kjellstrand Hartwig, Ph.D., LMFT-S, LPC-S, RPT-STM, CAAC, Director of the Texas State University Animal-Assisted Counseling Academy, brings a wealth of knowledge and experience in merging innovative practice with research-informed methods. From her work in animal-assisted counseling to creating a theoretically sound application of solution-focused play therapy, Dr. Hartwig offers a grounded perspective on integrating clinical strategies with a creative touch.

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Jessica Stone, Ph.D., RPT-S™, who has been a leading figure in virtual and digital applications of expressive and play therapies, will offer a keen perspective on meeting emerging needs in the field with thoughtfulness and care. Dr. Stone has published her research prolifically and consistently demonstrates an ability to communicate complex research patterns with approachable ease.

Linda Homeyer, Ph.D., LPC-S, RPT-S™, has been consistently making substantial contributions to the field of sand therapy from the early days of her career. From writing seminal texts on sandtray therapy to training and supervising hundreds of sand therapists, Dr. Homeyer's expertise in supporting clinicians to use their theory of choice as they ethically facilitate sand therapy sessions will be of significant value to this panel.

Marshall Lyles, Moderator, began the panel time by reviewing the learning objectives and an initial activity. Finally, began discussing a quote: "Optimal client mental health is best attained when standards and gatekeeping are established to endure solid clinical skills and practiced" (Bond, 1993; Teixeira, 2017).

The research project origins were explained by Jessica Stone. This began with the first research project by the WASTP Research Committee Sherry Fisher, Sabrina Thakur, and Theresa Fraser in 2020. Jessica and Linda reviewed and analyzed this initial data and reported the findings in the article, *Sand Therapy Standards: Views from the Field* (Homeyer & Stone, 2023). Collecting and analyzing this initial data informed the next stage, competency research. Linda Homeyer added that WASTP sought to begin with research as they looked toward moving forward.

Linda followed by sharing the literature review. In exploring the professional literature, we discovered that no sand therapy associations had research-based competencies. This review identified two associations, the Association for Play Therapy (APT) and the American Counseling Association's (ACA) Division of Animal Assisted Counseling, with research-based competencies for their specialties. This was informative when developing our research project.

Elizabeth Hartwig provided an overview of the Qualitative Research Process. This included articulating the steps for analyzing the vast amount of data. She shared that the researchers used a constructivist grounded theory approach (Charmaz, 2006) as the qualitative process for identifying Sand Therapy Competencies. This process involved four steps:

- Step 1 - initial coding of specific, in-vivo expressions provided by participants
- Step 2 – focused coding in which all three researchers met to identify the most significant and frequent initial codes
- Step 3 – a member-checking process in which the researchers shared results with participants to check for accuracy and resonance



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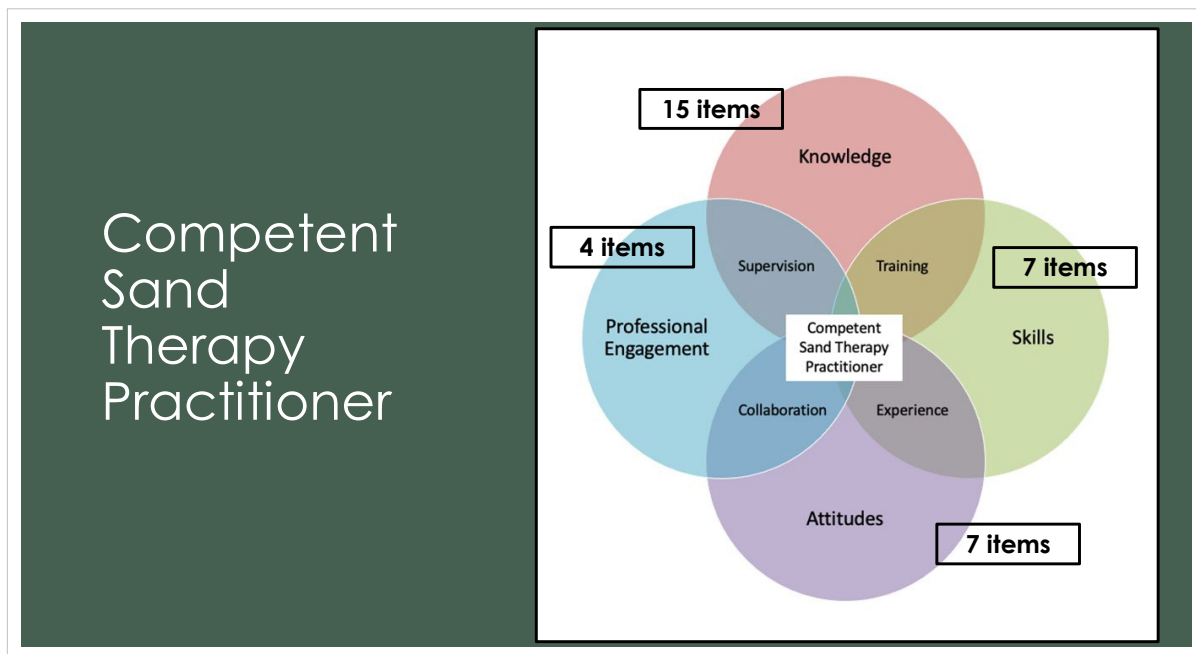
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- Step 4 – revision and finalization of Sand Therapy Competencies based on member checking feedback

This resulted in identifying the final outcomes, a total of 33 Sand Therapy Competencies. These competencies comprised 15 knowledge, 7 skills, 7 attitudes, and 4 professional engagement competencies. See the complete list at the end of this article.

Jessica reviewed the process of selecting participants and the resulting demographics (see tables below). The research emphasized the four components of the sand therapy practitioner: knowledge, skills, attitudes, and professional engagement. This review included extensive discussions on the research's focus on inclusion; the participants and approaches represented various countries, disciplines, ages, education levels, and more.

Finally, Jessica and Linda reflected on the final model. Their discussion encompassed identifying common concepts among the many data points and formulating a final inclusive statement for each competency.





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Participant Demographics for STC and Member Checking Surveys

Gender & Age Range

| Variables | n | % | n | % |
|-----------------------|----|-------|----|-------|
| Gender | | | | |
| Female | 13 | 86.7% | 14 | 77.8% |
| Male | 2 | 13.3% | 3 | 16.7% |
| Non-binary/3rd gender | 0 | 0% | 1 | 5.6% |
| Age Range | | | | |
| 35-44 | 2 | 13.3% | 2 | 11.1% |
| 45-54 | 3 | 20% | 3 | 16.7% |
| 55-64 | 4 | 26.7% | 4 | 22.2% |
| 65+ | 6 | 40% | 9 | 50% |

Ethnicity & Country of Residence

| Ethnicity | n | % | n | % |
|-------------------------------|----|-------|----|-------|
| Native Amer. or Alaska Native | 1 | 6.7% | 0 | 0% |
| Asian | 1 | 6.7% | 0 | 0% |
| Black | 1 | 6.7% | 1 | 5.6% |
| Hispanic or Latino | 1 | 6.7% | 1 | 5.6% |
| White, non- Hispanic | 11 | 73.3% | 16 | 88.9% |
| Country of Residence | | | | |
| Australia | 1 | 6.7% | 1 | 5.6% |
| Canada | 2 | 13.3% | 1 | 5.6% |
| Indonesia | 1 | 6.7% | 0 | 0% |
| U. S. A. | 9 | 60% | 15 | 83.3% |
| United Kingdom | 2 | 13.3% | 1 | 5.6% |

Participant Demographics for STC and Member Checking Surveys

Highest Degree & Field of Study

| Highest Degree | n | % | n | % |
|-----------------------|---|-------|----|-------|
| Master's | 5 | 33.3% | 8 | 44.4% |
| Doctoral | 9 | 60% | 10 | 55.6% |
| Other | 1 | 6.7% | 0 | 0% |
| Field of Study | | | | |
| Counseling | 7 | 46.7% | 5 | 27.8% |
| MFT | 1 | 6.7% | 3 | 16.7% |
| Psychology | 3 | 20% | 5 | 27.8% |
| Social Work | 3 | 20% | 4 | 22.2% |
| Other | 1 | 6.7% | 1 | 5.6% |

Sand Therapy Type & Primary Theory

| Sand Therapy Type | n | % | n | % |
|--------------------------------|---|-------|---|-------|
| Sandplay | 6 | 40% | 5 | 27.8% |
| Sandtray | 7 | 46.7% | 9 | 50% |
| Other | 2 | 13.3% | 4 | 22.2% |
| Primary Clinical Theory | | | | |
| Adlerian | 1 | 6.7% | 4 | 22.2% |
| Existential | 1 | 6.7% | 1 | 5.6% |
| Gestalt | 1 | 6.7% | 1 | 5.6% |
| Humanistic | 2 | 13.3% | 2 | 11.1% |
| Jungian | 3 | 20% | 5 | 27.8% |
| Person-centered | 2 | 13.3% | 1 | 5.6% |
| Psychodynamic | 2 | 13.3% | 2 | 11.1% |
| Other | 3 | 20% | 2 | 11.1% |



Participant Demographics for STC and Member Checking Surveys

Provider of Training, Supervision, & Publications

| Provided Sand Therapy Training | | | | |
|--|----|-------|----|-------|
| Yes | 15 | 100% | 18 | 100% |
| No | 0 | 0% | 0 | 0% |
| Provided Sand Therapy Supervision | | | | |
| Yes | 15 | 100% | 17 | 94.4% |
| No | 0 | 0% | 1 | 5.6% |
| Authored Sand Therapy Articles, Chapters, or Books | | | | |
| Yes | 10 | 66.7% | 14 | 77.8% |
| No | 5 | 33.3% | 4 | 22.2% |

Sand Therapy Competencies

Appendix from: Sand Therapy Competencies: A Qualitative Investigation of Competencies for Sand Therapy Practitioners. (2023). *World Journal for Sand Therapy Practice*[®], 1(5). <https://doi.org/10.58997/wjstp.v1i5.32>

Knowledge Competencies

1. **Sand therapy process** – Practitioners have knowledge of how to conduct a session including setting up, facilitating, ending, and documenting the session.
2. **Theories** – Practitioners have knowledge of various clinical theories that can be used to facilitate sand therapy. Practitioners identify with a primary theoretical orientation and have knowledge of how to apply that approach using sand therapy with clients.
3. **Approaches** – Practitioners understand different approaches to sand therapy, including sandplay, sandtray, sand therapy, SandStory, and sand-based play therapy.
4. **Neurobiological impacts of sandtray** – Practitioners understand the neurobiological basis and impacts of sandtray including access to implicitly held memories, arousal patterns, regulation, and sensory experience of sand.



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5. **Trauma** – Practitioners recognize that sand therapy can access embedded trauma, trauma stored in images and senses, and attachment and trauma wounds. Practitioners have knowledge of states of regulation and dysregulation, mind-body integration, and facilitating trauma work with trauma-informed care.
6. **Development** – Practitioners have knowledge of developmental theories and all forms of lifespan development including physical, social, cognitive, and emotional development. Practitioners understand concepts of developmental psychology and the unfolding of psychological development in sand therapy.
7. **Sand therapy basics** – Practitioners understand the basics of sand therapy including different types of sand and trays used in this modality. Practitioners have knowledge about figures, symbols, images, and miniatures used in sand therapy work. Practitioners can identify categories for grouping these figures and symbols.
8. **Symbols** – Practitioners have knowledge about the use of symbols, symbolic representation, and symbol interpretation.
9. **Limitations of sand therapy** – Practitioners acknowledge and respect the limitations, contraindications, and boundaries of sand therapy.
10. **Diversity** – Practitioners have knowledge and respect for diverse clients with respect to race, ethnicity, age, gender identity, gender expression, sexual orientation, neurodiversity, disability, spirituality, and socioeconomic status.
11. **Directive and nondirective uses** – Practitioners have knowledge of both directive and nondirective uses of sand therapy.
12. **Ethics** – Practitioners acknowledge and attend to legal and ethical issues that arise in sand therapy. Practitioners utilize ethical tools in sand therapy practice including an understanding of ethical principles, informed consent, confidentiality, limits to confidentiality, dual relationships, transference, countertransference, and telemental health.
13. **Metaphor** – Practitioners recognize the use of metaphor and symbolic meaning to elicit insight and awareness.
14. **Healing power of play** – Practitioners understand that sand therapy is an expressive and creative approach. Practitioners recognize the healing nature of play and the therapeutic powers of play inherent in sand therapy.
15. **Person of the sand therapist** – Practitioners recognize the influence of the person of the therapist in the sand therapy process. This involves practitioners' understanding, awareness, and acceptance of their own personal issues, qualities, and culture and how this influences clients and their work in sand therapy.

Skills Competencies



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

Attitudes Competencies

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



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7. **Ongoing consultation/supervision and training** – Practitioners value ongoing consultation, supervision, and training.

Professional Engagement Competencies

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

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