

Enhancing Counselor Supervision with Sandtray Interventions

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This article examines the use of sandtray interventions as a tool in the clinical supervision of counselors and counselors in training. General knowledge of the therapeutic use of sandtray or similar expressive arts intervention in clinical work is assumed. A description of how the sandtray can be used to build supervisee-supervisor alliance and aid in supervisee insight and reflection is discussed. Case illustrations and suggested prompts to use in integrating sandtray interventions into clinical supervision are provided.

INTRODUCTION

For many counselors and therapists whose training and experience is predominantly rooted in talk-therapies, sandtray (ST) interventions represent a significant shift in processes and required skills within counseling or counselor supervision sessions. The term *sandtray work* is used here to describe the therapeutic use of a sandtray within the counseling and counselor training or supervision settings and can include a wide range of theoretical orientations or interventions (Boik & Godwin, 2000). Therapeutic sandtrays are generally smaller than traditional children's sandboxes (roughly 30 inches by 20 inches and approximately 4 inches deep) and are primarily offered at waist height or on a table top when working with adults (Boik & Godwin, 2000). When used as an expressive arts or play-based intervention, sandtrays are partially filled with wet or dry sand and presented to the client or supervisee with an assortment of small figures or items selected to represent people, places, and concepts from the client's world (e.g., people, real or imagined animals, plants, buildings, etc.). The client or supervisee then creates or builds a world or scene in the sand and this experience is assessed or processed within the counseling or supervision session (e.g., Homeyer & Sweeney, 2011). With adults, the level of direction given to clients regarding what to build or create in the sand is determined by the theoretical orientation of the therapist and the type of work being done in therapy (Garrett, 2013). Small children more typically play in the sandtray without direction from the therapist rather than creating a static scene prompted by the therapist (Weinrib, 1983). Within many theoretical orientations, processing the sandtray can be done verbally, but as ST is largely an experiential intervention, the potential therapeutic gain in using ST not always heavily based on the verbal intervention (Boik & Godwin, 2000; Amatruda & Helms-Simpson, 1997). Within clinical supervision, the focus of sandtray work may be experiential, or more emphasis can be placed on the completed sandtray scene. Depending on the theoretical stance of the supervision and the goal(s) of the supervision work there may be more or less emphasis placed on verbally processing the sandtray in the supervision session. Because of this, additional counseling or supervision skills in play or expressive-arts therapies may be required when working with ST interventions in supervision.

According to nationally recognized ethics and standards of practice within the counseling profession, before engaging in any new specialty areas, counselors should receive adequate education, training, and supervised experience (American Counseling Association [ACA], 2014). As a form of play-based intervention or an expressive arts intervention, ST would require additional and specialized training for many counselors and therapists who are most often trained primarily in verbal interventions (e.g., Association for Play Therapy [A4PT], 2014). When sandtray is used as an expressive-arts or play-based intervention it is recommended that ST counselors have adequate training and supervision specifically in the use of ST in addition to play therapy training, expressive arts training, and generalized counselor education coursework (e.g., A4PT, 2014; Turner, 2005; Zoja, 2011; Vernon, 2011). DeDomenico (1995) suggested that counselors and therapists who use ST in their clinical work should also have created and processed a minimum of 30 to 50 trays in their own clinical work before using ST with clients.

In clinical supervision, ST can provide a creative outlet with concrete, touchable examples in the tray allow supervisees to increase their reflection skills, develop awareness and insight, or conceptualize challenging cases. Ishiyama (1988) described a *Visual Case Processing Method* for clinical supervision of art therapists that relied heavily on supervisees generating visual imagery and metaphors to process clinical cases in supervision. ST work in counselor supervision can be considered an extension of this type of expressive arts supervision process - asking supervisees to create a ST scene (vice a drawing) to be used in supervision. Recent work in this area has shown that the sandtray can be used within the counselor supervision session to better understand client processes or to further develop supervisee skills (e.g., Anekstein, Hoskins, Astramovich, Garner & Terry, 2014; Cunningham, 2013).

Before practicing clinical supervision of counselors or counselors in training, supervisors are required to have adequate clinical experience including and appropriate training in supervision and supervision theory (ACA, 2014; Bernard & Goodyear, 2009). Furthermore, many state laws also set standards for clinical supervisor training and legal parameters for supervision practice. For example, Texas State law (§681.93) specifies supervisors have a number of years of practice and specific training in supervision methods and theory (see Texas State Board of Examiners of Professional Counselors [TSBEPC], 2015). Texas State law also sets additional regulations for conduct of clinical supervisors (TSBEPC, 2015). In order to ensure competent and ethical practice, counselor supervisors who use ST interventions in their supervision work should not only meet the minimum training and practice requirements for clinical supervision, but they should also have supervised experience specifically in ST work (Warr-Williams, 2012).

Is ST supervision a good fit for your supervisee?

Before considering introducing the ST into clinical supervision, the supervisor should consider the current skill level of the supervisee, the relationship between the supervisor and the supervisee, and specifically how ST may help or hinder the specific supervision process. For example, novice or beginning supervisees who are new to the practice of counseling often experience high anxiety and fear of evaluation (e.g., Smith, 2009). Beginning supervisees who may still lack core counseling skills and are highly anxious or fearful in supervision may not be appropriate candidates for ST supervision interventions as adding new supervision interventions might increase supervisee anxiety and/or shift the focus of the supervision work to resolving supervisee issues at the possible expense of client safety (Bernard & Goodyear, 2009). New or different supervision interventions may be best suited for more experienced and secure supervisees working on developing specific skills in supervision (Falender & Shafranske, 2004). Once the supervisor has determined that a specific supervisee might benefit from ST supervision, many of the fundamental aspects of therapeutic ST use in counseling transfer to the use of ST interventions in the supervisory relationship.

What are the benefits of integrating ST into clinical supervision?

While there are many potential benefits to integrating ST into clinical supervision, the most obvious benefits of including ST work in supervision are related to the kinesthetic qualities of working in the sand, the potential for symbolic work with miniatures in the sand, and the potential for exploring and

encouraging expressiveness within the supervision relationship. ST work allows for the movement from one modality of processing to another (e.g., seeing your feelings or touching your feelings). This is referred to as *synesthesia* (Homeyer & Sweeney, 2011) which has been demonstrated to increase insight, awareness, and reflection skills (Deaver & Shiftlet, 2011). ST offers a unique kinesthetic opportunity within counselor supervision and can provide a break from traditional verbal feedback that can often be perceived as negative by the supervisee (Rae, 2013; Bernard & Goodyear, 2009). Focusing on activity-based learning in clinical supervision may be more appealing to those supervisors and supervisees who have less-developed or limited verbal language skills or who don't share the same first language or culture (Homeyer & Sweeney, 2011) and can help develop the supervisor-supervisee relationship by facilitating rapport building and alliance building with the supervisor (Lahad, 2000). Because ST is action-based and doesn't necessarily need to rely as heavily on verbal responses, ST can be used to help the supervisee maintain a less-defensive position in supervision. ST can be used to help visualize power differentials; to emphasize symbolic relationships or themes; or to play out a scene allowing different solutions to emerge (Homeyer & Sweeney, 2011).

Introducing ST into Clinical Supervision

The following guidelines for introducing ST into counseling sessions help inform how ST can be introduced into the clinical supervision environment while maintaining a safe and growth-conducive environment for the supervisee (Homeyer & Sweeney, 2011; Boik & Godwin, 2000). First, the supervisor should set a positive expectation and manage the supervisee's possible anxieties by providing a brief orientation to the tray and miniatures and explaining how ST will be used in supervision. This is especially critical if the supervisee has little or no training in the use of ST or other expressive arts-based interventions within the supervision relationship. The supervisor should be clear in helping the supervisee to understand the focus of the ST work in supervision and what will be required on the part of the supervisee. Additionally, when using the ST in supervision, the supervisee should be provided with the same level of concern and respect afforded to counseling clients when they build or create sandtrays. Supervisors should be mindful of the supervisee's personal space when the supervisee is creating and processing trays; supervisors should never touch or move items in a supervisee's tray without permission, and supervisors should avoid labeling any miniatures or scenes until the supervisee has named them (Homeyer & Sweeney, 2011; Boik & Godwin, 2000). Finally, any photos taken of ST creations in supervision should be treated with same level of privacy as client-created art or play products.

Ideas for integrating ST into counselor supervision

ST work in clinical supervision can be used to address issues related to the supervisee-supervisor alliance and aid in reaching supervision goals. Images in the sand provide a three-dimensional, touchable, action-based intervention which can provide a hands-on method of making meaning (Zoja, 2011). ST work has been described as useful in working with clients who are therapeutically "stuck" or struggling with progress in addressing their issues (e.g., Homeyer & Sweeney, 2011). Because STs can be photographed and compared over time, ST can be used to show small or vague changes in the therapy or supervision process. For example, the supervisee can be prompted to "create a tray that shows where you are in your professional goals" and this tray can be compared to similar prompts given over time as the supervisee progresses through clinical experiences and works towards professional goals. While trays may be similar in appearance when built with the same prompt, it may be helpful for the supervisee to see and explore small changes over time – especially if the supervisee is frustrated by the realities of working at lower pay while under supervision for licensure.

Some suggested ST prompts to aid in building rapport within the supervisory relationship, to help build the alliance between the supervisor and the supervisee, or to explore supervision goals include:

"Create a tray to help me understand your theory of change."

"Create a tray showing your path to becoming a therapist."

"Create a tray that shows the kind of therapist you want to be."

"Create a tray that showcases 3 things you want to get out of this supervision."

“Create a tray with 5-10 items that will help me to get to know you on a professional level.”

“Create a tray to show how you think your client sees you.”

“Create a tray to show how you would like your client to see you.”

“Create a tray to show how you see our supervisory relationship.”

“Create a tray about how your life would be different if you already had your license.”

“Create a tray about how I can help you in this supervision process.”

“Create a tray about the qualities you think will make you a better counselor/therapist.”

When addressing the supervisee’s counseling skills and his or her work with clients, ST may be helpful to demonstrate where changes can be made to help the client move forward in therapy. For example, the supervisor can ask the supervisee to “create a tray with your understanding of where the client is right now.” This tray is then verbally processed with the supervisee with the hope of gaining insight and understanding of the client’s current situation and status. The supervisor can then take a photo of the tray. This photo will allow future discussion if the scenario is too complex to fully process in one supervision session, or can be printed if only one tray is available. Next, the supervisor can ask the supervisee to “create a tray of what it would look like when this client’s situation is resolved.” This sandtray prompt can be considered a supervisory equivalent to the miracle question (e.g., Wetchler, 1990). The supervisor and supervisee can then verbally and emotionally process the differences between the two sandtrays - the client’s current situation and what the client’s world would look like without the presenting problem. Again, it may be necessary to take a photo of this second, solution tray, if time does not permit further work or if only one sandtray is available. Setting the two trays side-by-side on the table allows the supervisor to physically move the two trays (or photos) apart and prompt the supervisee to create a link or bridge from the first to the second, “create a tray that shows how you see the client getting from here (the current situation tray) to here (the solution tray).”

Kielo (1991) used post-session work such as this in art therapy supervision to help build supervisees reflection skills. Additional post-session ST prompts that might help supervisees develop a deeper understanding of their clients’ motivations and feelings include:

“Create a tray of the emotion that was behind what the client was describing in this session.”

“Recreate what the client talked about in this session in the ST and bring this to life by dialoging within the tray” (give voice to various components or parties involved in the therapy).

Assigning specific or directed STs outside of the supervision session to encourage supervisee in-depth thought about a case or professional growth or development is referred to as “response” work and is a common in art therapy supervision (Fish, 2008). Supervisee growth can be encouraged by outside ST work or other similar journaling assignments (Bykofsky, 1990). Examples of how this type of response work could in ST include:

“Recreate a ST about a specific moment or turning-point in your session.”

“Create a tray about your wish for this client.”

“Create a scene about who this client reminds you of.”

It is often useful in clinical supervision to have supervisees explore and address relational issues in order to gain insight, increase awareness, and build reflection skills about relational issues in their clients’ lives (Smith, 2009). Based on the work of Gil (1994) it may be helpful for supervisors to direct supervisees to:

“Create a genogram, sociogram, or family map for your client in the tray.”

“Use miniatures to describe the relationship between the key players in the client’s family.”

“Create a family map using only one category of miniatures” (e.g., addictive behavior-related miniatures for clients who have a strong family history of addictive behaviors; foods may be used to address eating disorder issues, etc.).

Creating a three-dimensional work in the sand may also help supervisees visualize complex transference and countertransference issues more clearly. Expressive-based interventions like ST work in supervision may be helpful in: developing empathy with the client - seeing clients as more than their problems; clarifying therapists feelings; exploring the preconscious and unconscious issues in the client, or in the client-counselor or supervisee-supervisor relationships; differentiating between the therapists

feelings and the client's feelings - building separate trays from these different perspectives; and exploring the therapeutic or supervisory relationship - having the supervisee and supervisor build similarly-themed trays for comparison (Kielo, 1991).

Some suggested ST prompts to help the supervisee focus on client issues include:

"Create a tray about how you are helping your client."

"Select 3 to 5 items that demonstrate the progress you have already made with this client."

"Create a tray about how you are not able to help your client."

"Create a tray about a specific intervention you used with your client."

"Create a tray about how that intervention was received by your client."

"Create a scene that shows how you anticipate this client will push your boundaries."

"Create a tray about your goal(s) for your work with this client."

"Create a tray about the potential obstacles you see in working with this client."

"Create a scene showing other ways you might get to this same therapeutic goal."

"Select 3 to 5 items to demonstrate the strengths you have as a therapist so far."

"Create a scene of your client's world." then "add a character or miniature to show how you fit into this world."

Because of the potential calming effect of sandtray work (e.g., Bradway, Signell, Spare, Stewart, Stewart, & Thompson, 1990), including ST in the supervision process can offer an opportunity for a mini-break or respite when the supervisory process becomes intense or overwhelming to the supervisee (Deaver & McAuliffe, 2009, as cited in Deaver & Shiftlett, 2011). The following prompts can be used to facilitate mini-breaks within the supervisory work: "Take five minutes to create a mini-scene or just play in the tray before we get started today." "This was a challenging supervision session – why don't you take the last ten minutes of our time today to create a tray that will help you to relax before you head back to work." or "Pick approximately 5 items that show what you would do if you had a totally free hour today with no deadlines hanging over your head."

Lahad (2000) suggested expressive work in supervision to help new counselors build brainstorming skills and to rely more on imagination and intuition in their counseling work. In the ST, this could include prompts such as:

"Create a tray showing the client's issue or presenting problem." In a separate tray, "create as many solutions to this issue as you can."

"Create a tray about what is holding this client back" (or what is holding you back as his/her therapist); and "Create a tray that shows the various emotions this client has been experiencing."

The power of symbolism and metaphors in ST

Perhaps the greatest potential benefit of incorporating ST interventions into clinical supervision is that ST offers a unique emphasis on symbolism and metaphor and the ability to highlight cultural aspects within the client or supervisory relationship (Siegelman, 1990). Discussion of what is included or excluded from a miniature collection can be used to spark discussion of cultural differences between the client and counselor or the supervisee and supervisor. Specific miniatures can be explored for their potential and differing symbolic or cultural meanings or value (to the supervisee or client or both). Laminated photos can be included in the tray to allow for connection to specific concrete images. Supervisees can bring in a specific miniature or item to represent themselves in their supervision trays. Some ST prompts to address cultural issues or symbolism could include:

"Create a tray about the underlying symbolism or cultural aspects from your client's tray."

"On this side of the tray, create a scene about what this miniature might mean to you; on this side, create a scene about what this might mean to your client."

"Select 3 to 5 items that speak the unique family culture of your client."

"Select 3 to 5 items that speak to your client's cultural background and 3 to 5 items that speak to your cultural background. Create a tray that shows how these worlds interact."

Summary

Supervisors who have expressive-arts or ST training can expand the level of creativity they use in their supervisor work by including ST in the supervision process. ST is a flexible medium that can be used in most if not all of the same ways that other play or art prompts can be used (Lahad, 2000). ST has unique strengths that can add to almost any supervision experience

Supervisors should always work within their areas of training and expertise, but also be creative and not be afraid to integrate skills they have used in counseling.

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