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# Sandplay with children in the school setting

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### **Abstract**

Sandplay therapy, developed by Margaret Lowenfeld, is a technique where children choose miniature objects to place in a sand tray to create a concrete representation of their internal struggles. The counselor's role is to create a safe and protected environment and does not impose personal suggestions or ideas. The counselor can choose to facilitate different types of sandplay with a child: directed, nondirected, static, moving, or interactive. Sandplay therapy offers techniques such as hide and seek, family sand trays, mazes, and self-figures. Sandplay therapy is effective with children in the school setting. Teachers report that students return to class more relaxed, calm, happy, and focused after doing a sand tray (Allan & Berry, 1987). Mental health professionals should consider the limitations of sandplay.

# SANDPLAY WITH CHILDREN IN THE SCHOOL SETTING

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Master of Arts in Education

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## Abstract

Sandplay therapy, developed by Margaret Lowenfeld, is a technique where children choose miniature objects to place in a sand tray to create a concrete representation of their internal struggles. The counselor's role is to create a safe and protected environment and does not impose personal suggestions or ideas. The counselor can choose to facilitate different types of sandplay with a child: directed, nondirected, static, moving, or interactive. Sandplay therapy offers techniques such as hide and seek, family sand trays, mazes, and self-figures. Sandplay therapy is effective with children in the school setting. Teachers report that students return to class more relaxed, calm, happy, and focused after doing a sand tray (Allan & Berry, 1987). Mental health professionals should consider the limitations of sandplay.

## Sandplay with Children in the School Setting

Sandplay therapy is an assessment and intervention tool in which the client chooses from many miniature objects, depending on the level of direction given by the counselor, and places them in a sand tray to create a picture or a story. The sand tray story reflects a concrete representation of what is happening in the client's world and how he or she feels about the situation or event (Boik & Goodwin, 2000). Sandplay therapy is a natural and nonthreatening way to link the client and counselor and it acts as a vehicle of communication (Dale & Lyddon, 2007; Vinturella & James, 1987).

### History of Sandplay

Margaret Lowenfeld developed the concept of using miniature objects in a sand tray as a therapeutic medium in 1928. Her goal was to create a way for children to express their thoughts and emotions and to allow the counselor to keep records of what the children create (Turner, n.d.). She termed her idea the "World Technique" (Carey, 1990). Lowenfeld rationalized her concept based on her belief that the need to think, process, and understand one's experience begins at birth and continues as people age. Young children, however, do not possess the language skills to communicate verbally and instead use images to accomplish this task (De Domenico, 2000). In 1937, Carl Jung attended Lowenfeld's demonstration of her World Technique (Turner, n.d.). Previously he had often built villages using stones and rocks along shores to cope with a difficult time in his life. He was shocked at how similar his creations were to Lowenfeld's World Technique (Carey, 1990). In 1954, Dora Marie Kalff, who had been studying with Jung, also attended one of Lowenfeld's lectures. The World Technique intrigued Kalff and she proceeded to adapt the World Technique using Jungian principles. She named her

concept “sandplay” therapy (Turner, n.d.). Today, sandplay is one of the most rapid growing therapies used by counselors, psychologists, and mental health workers to treat many childhood and adult issues (Malchoidi, 2005; Mitchell & Friedman, 1994).

### Rational for Using Sandplay Therapy

All children experience the developmental stage in which they do not possess the skills to verbally express their concerns and feelings (Santrock, 2004). For this reason, sandplay therapy is an effective tool to use with children because it provides children with a physical way to depict their thoughts and emotions. Sandplay therapy allows counselors to access a child’s unconscious thoughts and feelings (T. Kottman, personal communication, April 16, 2007). Play in general is an effective therapeutic tool because it allows children and adults to drop their defenses and to connect with their creativity; in addition, play encourages and fosters self-expression (Ryce-Menuhin, 1992).

### Effectiveness of Sandplay

Sandplay therapy is a therapeutically effective intervention. “Sand is tactile, yet provides a total kinesthetic involvement. This leads to a concentrated focus or meditative space that allows the inner, protected self to emerge” (Carey, 1985, p. 198, as cited in Carey, 1990). In addition, sandplay therapy is successful when working with a variety of issues. In terms of the effectiveness of sandplay in the schools, teachers report that students return to class more calm, happy, relaxed, and focused after doing a sand tray. Teachers have witnessed significant progress in students’ aggression, anger, and impulsivity after eight to twelve sessions of sandplay therapy (Allan & Berry, 1987).

Sandplay is effective when dealing with issues such as the death or divorce of a parent, grief, self-esteem, anxiety, self-control, guilt, abandonment, rage, mild

depression, biracial identity, physical abuse, somatic symptoms, and when assessing a child's cognitive development (Carey, 1990; Carmichael, 1994; Russo, Vernam, & Wolbert 2006; Vinturella & James, 1987; Walker, 1998). Sandplay therapy also has been used to deal with the loss and fear among children as a result of the terrorist attacks on September 11, 2001 (Staie, n.d.). Sandplay therapy provides children with a safe way to deal with painful experiences and internal struggles in a nonthreatening and sometimes unconscious way (Walker, 1998). This technique is effective with children who tend to be introverted and less verbal as well as with children who are extroverted and more verbal. The child can choose to construct a tray silently without a story or can choose to talk about the tray or create a story about it (Vinturella & James, 1987).

Sandplay therapy can be used by counselors from a variety of therapeutic orientations (Vinturella & James, 1987). Sandplay therapy does not require extensive training. Counselors with basic counseling skills can use sandplay therapy effectively.

#### Materials Needed

To conduct sandplay with children the counselor needs a container or wooden box that measures 20 by 30 by 3 inches. The counselor can use either wet or dry sand or both and the sand can be in a variety of colors such as white, tan, blue, or black (Transpersonal Sandplay Therapy Center, 2001).

Next, the counselor needs a wide variety of miniature objects that fall into the following categories: animals and insects (exotic, farm, water), people (families and people of different races), fantasy (cartoon characters, monsters, space creatures), story book characters (fairy tales), structures and landscapes (houses, schools, castles, fences, blocks, trees, flowers, plants), objects from nature (rocks, shells, crystals, wood), and

transportation (bridges, cars, trucks, planes, buses, hospital equipment) (Transpersonal Sandplay Therapy Center, 2001). Additional objects to include are treasure chests and treasure, the sun, moon, and rainbow, doors, and household items (T. Kottman, personal communication, April 16, 2007). The objects should be arranged in these categories on a shelf, in drawers, or in plastic bags in the counselor's office. The miniatures should be placed in predictable locations so clients know where to locate the objects (T. Kottman, personal communication, April 16, 2007).

### Role of the Counselor

The role of the counselor is to accept and allow the child to choose what to create and what miniatures to include. The counselor provides a safe and protected environment and does not impose personal suggestions or ideas. The counselor observes silently or can comment on the contents and arrangement of the miniatures in the sand tray. In some cases, the counselor's role is to simply witness the child's play (Allan & Berry, 1987; Vinturella & James, 1987). In other cases, however, the counselor may need to be more direct in providing instructions if there is a specific topic or issue that needs to be addressed.

### Sandplay Process

The counselor chooses a sandplay process that is either nondirect or direct. Nondirect or spontaneous trays occur when the child begins picking out objects and creating a sand tray without any direction from the counselor. Directed sand trays occur when the counselor asks the child to make a tray about a specific topic. For example, the counselor may ask the client to pick out objects that represent his or her family and to place them in the tray (Boik & Goodwin, 2000).

*Spontaneous/Nondirected Static Sand Trays*

In this type of tray, the child simply places the objects in the tray and does not move them around in the sand tray. The counselor prepares the room and all the materials must be ready for the child. This type of sand tray consists of eight procedural stages and one optional stage.

In the first stage of the sandplay process the counselor grounds and centers him or herself so that he or she is relaxed, quiet, and comfortable (T. Kottman, personal communication, April 16, 2007). In the second stage the counselor introduces and explains to the child what sandplay is. The counselor then introduces the sand tray and the miniature objects to the child and explains that the purpose is to create a picture using the miniatures in the sand tray. The counselor tells the child that there is no right or wrong way to create a sand tray and that the objects can be whatever the child chooses (Boik & Goodwin, 2000).

In the third stage the child creates the sand tray. During this stage the child looks through and chooses the objects and creates a picture in the sand tray. While the child is choosing the objects it is important for the counselor to observe the child's verbal and nonverbal messages. Some children may have difficulty choosing the miniatures while others will choose the miniatures quickly and with excitement. The counselor also notes the order in which the child places the objects in the tray. While the child is creating the tray the counselor should silently witness and respect the child's picture in the sand tray (Boik & Goodwin, 2000).

The fourth stage consists of experiencing and rearranging. After the tray is constructed the counselor asks the child to stand up and walk around the sand tray to look

at it from all angles. The counselor then invites the child to add, take out, or change any aspect of the tray. The counselor remains neutral and does not imply that objects are in the wrong place (Boik & Goodwin, 2000).

In the fifth stage the counselor and child tour the tray. During this stage the counselor moves to the same side of the table as the child and asks the child to give the counselor a tour or to talk about the objects the child has placed in sand tray (Boik & Goodwin, 2000).

In the sixth stage the counselor processes the sand tray with the child. The counselor can do this by reflectively commenting on certain aspects of the tray. For example, the counselor may say that he or she noticed that the child placed the mommy and daddy on opposite sides of the tray. At this time the counselor can make guesses and flexible interpretations as to what the miniatures represent and how they relate to the child's life (Boik & Goodwin, 2000).

In the seventh stage the counselor documents the sand tray. The counselor invites the child to take a picture of the sand tray to take home. The counselor also keeps a copy of the photo. When counseling terminates, the counselor and the child can review the photographs as evidence of the progress the child has made in the counseling sessions (Boik & Goodwin, 2000).

The eighth stage consists of dismantling the tray. The counselor asks if the child would like to put the miniatures away without help, with help from the counselor, or if the child would rather have the counselor dismantle the tray after he has left. After the child leaves, the counselor finishes documenting the session by completing notes about the miniatures that were used and the theme of the session (Boik & Goodwin, 2000).

An optional stage that counselors can utilize is amplification. The counselor can use this stage during the follow up session with the child. The counselor amplifies the sand tray by taking a significant piece or several pieces from a tray previously constructed by the child to set up another sand tray before the child arrives (T. Kottman, personal communication, April 16, 2007). This stage is used when the child has represented a significant situation or event in which the counselor would like to focus and elaborate with the child.

#### *Spontaneous/Nondirected Moving Sand Trays*

In this type of sand tray the child chooses miniatures, and instead of placing them in the sand, uses the objects to create movement in the tray and to possibly tell a story. When using this type of sand tray, the counselor does not follow all of the steps previously outlined. Instead the counselor documents the process while the child is interacting with the sand tray and the miniatures as opposed to documenting the end product (Boik & Goodwin, 2000).

#### *Spontaneous/Nondirected Interactive Sand Trays*

Interactive sand trays occur when the child encourages the counselor to engage and play with the miniatures in the sand tray. If this happens, it is important for the counselor to remain nondirective (Boik & Goodwin, 2000). The counselor should return responsibility to the child in order to empower and encourage the child to answer his or her own questions (Kottman, 2001). It is appropriate for the counselor to use this skill when the child asks for or implies needed help from the counselor (e.g., I can't decide what objects to choose. What is this object? Where should I put this cat? Can you help me find an object that looks like my mom?). The counselor can return responsibility to

the child in several ways. First, the counselor can use encouraging comments such as “Hmm,” or “I bet you can figure it out.” Second, the counselor can reflect feelings or paraphrases such as “You are a little confused” or “You are not sure what to choose.” The third strategy is the whisper technique in which the counselor responds to the child’s question in a whisper, such as “Where do you think it should go?” (Kottman, 2001). The ultimate goal is for the child to create his or her own meaning in the sand tray without the counselor imposing meaning, input, or interpretations.

#### *Counselor-Directed Sand Trays.*

In directed sand trays, the counselor follows the same eight stages as in nondirected trays except that the counselor provides a topic and direction for the sand tray. The topics that can be used with sand play therapy are endless. It is the counselor’s role to determine and suggest a problem or situation that a child is struggling with (Boik & Goodwin, 2000). When dealing with loss and grief the counselor could instruct the child to choose miniatures that remind the child of the person he or she lost. If anxiety is an issue, the child could choose miniatures that represent his or her fears or worries (Hohimer & Lumos, 2007). To gain an understanding of family dynamics and how the child fits within the family, the counselor could ask the child to choose miniatures that represent his or her family (Boik & Goodwin, 2000). To use sandplay as an assessment tool, the counselor could ask the child to create a picture of his or her world in the tray (J. Alexander, personal communication, September 12, 2007).

When the session is over the counselor offers the child several options to clean up the sand tray: leave the tray as it is and the counselor will put the miniatures away, the child can put the miniatures away without help, or the counselor and child can put the

miniatures away together. After the counselor facilitates a sand tray he or she should document the session. The counselor should record the affect of the child, the child's pace as the miniatures were chosen, the sequence the objects are placed in the sand, the child's verbal and nonverbal communication, changes made, hidden miniatures, characteristics of the miniatures chosen, and the counselor's reactions. A visual record of the sand tray should be created by either drawing a diagram of the tray or taking a picture of the tray (Boik & Goodwin, 2000).

### *Stages of Sandplay*

Counselors who use sandplay therapy with children should be cognizant of the three stages that typically occur in the tray: chaos, struggle, and resolution. During the chaos stage children may utilize an excessive amount of miniatures in the sand tray. The miniatures tend not to be chosen for any purpose but just dumped in the tray. There is no order in the tray, there may be no animate objects, and the tray may be lifeless or barren. This stage represents a child's inner struggle, conflict, and emotional chaos. The child may re-create this stage for the next few sessions (Allan & Berry, 1987).

The second stage, struggle, is characterized by battles, wars, and death. The child may create two sides, one bad and one good, but both sides die and there are no survivors or winners. The miniatures may die by being shot, blown up, or eaten. The struggles may be more intense and organized as time progresses and the antagonist may not be killed but be imprisoned or held in captivity. A savior may emerge who is victorious over the evil in the tray (Allan & Berry, 1987).

The third stage is resolution in which the tray is calm and order is restored. All the miniature characters (animals, people, nature) live in harmony and peace. Groups of

animals or people may be fenced off and protected. The once-barren tray is now filled with life in the form of humans, trees, or fruit. The counselor may be able to interpret this stage as the child accepting his or her place in the school or home environment and the world in general. The child may progress through these stages over several weeks or in one session (Allan & Berry, 1987).

### *Techniques*

*Adlerian techniques.* Sandplay therapy is an appropriate option for counselors and therapists from an Adlerian theoretical orientation. Adlerian sandplay can be used as an intervention and assessment tool as well as for collecting information about the child's lifestyle. The goal in Adlerian sandplay therapy is to help the child move toward social interest and a feeling of community. Adlerian therapists may use sandplay therapy to clarify why a child is not moving toward his or her goal. The approach to sandplay therapy tends to be more direct so the counselor may move or introduce new miniatures or suggest possible interpretations to the child. On some occasions, an Adlerian sandplay therapist may create a sand tray that provides the child with feedback about his or her lifestyle and offer suggestions to change or improve the child's life. Key components that the therapist would note are family information and dynamics, false beliefs, the amount of social interest, and patterns in the way the child moves toward change (Bainum, Schneider, & Stone, 2006). The counselor may want to consult with parents and teach and encourage them to reflect feelings, define problem ownership, recognize goals of behavior, as well as choices and consequences (Kottman, 1995).

*Hide and seek.* This technique is effective with a child who has difficulty moving toward change or who is hesitant about but close to exposing buried material. A

counselor may know when it is appropriate to utilize this technique if a child is willing to talk about a buried miniature but not yet expose it. To begin this game, the child hides the objects in the sand and the counselor looks for and finds the miniatures. It is important to note the type of miniature the child has chosen as it may have some meaning. The counselor then asks the child to tell a story about the miniatures that were hidden. Next, the counselor and child reverse roles and the counselor buries the miniatures while the child looks for them. The counselor asks the child again to tell a story about the miniatures. If the child asks the counselor to tell a story, the counselor may proceed to tell a nonthreatening story that is parallel to the issue in the child's life (Boik & Goodwin, 2000).

*Family sand trays.* An effective technique to gain information about a child's family dynamics is to ask the child to choose miniatures that depict each family member. The counselor then asks the child to explain what it is about each miniature that represents the family member (Boik & Goodwin, 2000). This technique may reveal how the child relates to the family as well as the child's role or position in the family. To learn specifically about how the family members interact, the counselor could ask what the miniatures might say to each other. Family sand trays allow the child to create a concrete visual of the family members and family interactions. The child and counselor benefit from this activity because they are reflecting on the family in a concrete way that the child has not experienced before thus providing a new perspective of the family.

*Mazes.* This technique is valuable to use with children who struggle to overcome challenges or achieve goals. The child's task is to build a maze in the sand and to describe the destination. The child then begins to make her way through the maze.

Every time the child encounters a block in the maze she has to figure out how to get by it, go around it, or take it out. As a result of this game the child may feel empowered and may learn some problem-solving skills. The counselor and the child can discuss how he or she could transfer the problem-solving skills from the maze to the child's life (Boik & Goodwin, 2000).

*Self-figures.* Self-figures is a technique in which the child cuts out a picture of him or herself and pastes it on a Popsicle stick to use as a concrete picture and self-representation in the sand tray. This technique may empower the child and increase self-esteem and self-image. Because it is a picture of the child, he can more concretely see his place in the world. For some children, however, the self-figure technique may be difficult and overwhelming because the figure is too literal and concrete. The child could also use pictures of his or her family, friends, or pets. Self-figures are effective with relationship and attachment issues. They are useful with children because self-figures facilitate a sense of power and children can use their creativity as well as practice problem-solving skills (Ley & Howze, 1997).

*Sandplay with groups.* Sandplay can be used with a group of children. One way to facilitate group sandplay is known as parallel play. Each child has his or her own sand tray and chooses miniatures from the same collection. The counselor asks each child to create a picture of his or her world in the tray. De Domenico (1999) stated that children who engage in group sandplay have a positive experience because the children are curious, trustworthy, helpful, and respectful of the other children's sand trays. The children observe each others' worlds and this gives them an opportunity to learn social skills by interacting and respecting the unique ideas of others. In the sessions, each child

shares his or her tray with the group (De Domenico, 1999). This technique would be helpful in a variety of group settings. In a divorce group, for example, the counselor could ask group members to make a picture in the sand tray of how they feel about their parents' divorce or they could show what their life was like before and after the divorce. This would normalize each child's experience because the children would be able to concretely represent and express their feelings and situations at home.

One disadvantage of parallel sand play is that the counselor would need several sand trays to facilitate the group. Another option is for groups of two to four children to build a sand tray together, known as joint play (De Domenico, 1999). This type of group teaches children interpersonal skills such as personal boundaries, a sense of community, patience, tolerance, and openness to others' ideas. The counselor could use storytelling to create a metaphor to explore the group's presenting concern (i.e., divorce, friendship, grief, anger management). It is recommended that counselors screen the children before facilitating a sandplay group so that the children are at similar developmental levels. Counselors need to be aware that each child will react differently to the presenting concern and they need to be prepared to respond to different reactions (De Domenico, 1999).

### Limitations

There are some cautions that counselors should consider before conducting sandplay therapy with children. Counselors should not use sandplay therapy with children who are highly emotionally disturbed or highly resistant and not ready to share their problems (Vinturella & James, 1987).

Some children may continually dump an excess of miniatures into the sand tray.

With these children, the counselor should limit the number of miniatures the child can choose to approximately twelve. If the counselor does not take this step, little therapeutic change will occur due to the distraction of too many miniatures (Boik & Goodwin, 2000).

There are some logistical limitations when doing sandplay in the school setting.

The amount of space in the counselor's office is one limitation. It is feasible for counselors to have one sand box that takes up little space and can be pushed under desks or tables. If the counselor wants several sand boxes with a variety of colors and textures, storage may be a problem and there may not be room to allow for this option (L. Nebbe, personal communication, June 24, 2007).

Purchasing the sandplay materials can be expensive. Counselors can buy sandplay starter kits that include several miniature objects in each category (animals and insects, people, fantasy, story book characters, structures and landscapes, nature, and transportation). To help reduce the cost of the materials, counselors can shop at thrift stores to buy materials at a lower price. It is recommended for counselors to buy miniatures with generic items that may take on many identities (L. Nebbe, personal communication, June 24, 2007).

### Sandplay and School Counseling

Before doing sandplay with students in an elementary school, the counselor should screen the children. One opportunity for screening is during classroom guidance classes. The counselor would observe and choose children who need help improving their self-esteem, academics, and social skills (Carmichael, 1994). The counselor may want to choose a different technique to use with concrete children because sandplay is

less effective with these individuals (T. Kottman, personal communication, April 16, 2007). Literal children find it more difficult to think abstractly or to create a metaphoric story or representation. The counselor would want to educate teachers, parents, and school faculty about sandplay therapy and its effectiveness (Carmichael, 1994). One way to do this would be to hold an in-service workshop to explain what sandplay therapy is and to allow educators and parents to participate in the process by creating their own sand trays.

### Conclusion

Sandplay therapy is effective with many childhood issues such as self-esteem, anxiety, divorce, and aggression (Allan & Berry, 1987; Carmichael, 1994). Lowenfeld described best the need and importance of using sandplay therapy with children:

A child does not think linearly as the adult is capable of doing; thought, feeling, concept, and memory are all inextricably interwoven. A child's thought is fluid, and movement can take place upon several planes at once. An apparatus therefore which will give a child power to express his ideas and feelings must be independent of skill and must be capable of the representation of thoughts simultaneously and in several planes at once, must allow representation of movement and yet be sufficiently circumscribed to make a complete whole, must combine elements of touch and sensation as well as sight (1939 as cited in Lowenfeld, 1950, p. 326).

Since 1928 counselors have taken Lowenfeld's advice and integrated her principles of the "World Technique" in their work with children. Experts in the field often say, in essence, "I don't know why it works, but it does" (T. Kottman, personal

communication, April 16, 2007). Sandplay therapy allows the counselor and child to explore areas within the child that he or she is not able to express verbally. As a result, the child gains insight in the skills for self-expression and self-exploration. Sandplay therapy helps the child achieve emotional and social stability and growth.

## References

- Allan, J., & Berry, P. (1987). Sandplay. *Elementary School Guidance and Counseling*, 21, 300-306.
- Bainum, C. R., Schneider, M. F., & Stone, M. H. (2006). An Adlerian model for sandtray therapy. *The Journal of Individual Psychology*, 62, 36-46.
- Boik, B. L., & Goodwin, E. A. (2000). *Sandplay therapy*. New York, NY: W. W. Norton & Company.
- Carey, L. (1990). Sandplay therapy with a troubled child. *The Arts in Psychotherapy*, 17, 197-209.
- Carmichael, K. D. (1994). Sand play as an elementary school strategy. *Elementary School Guidance & Counseling*, 28, 302-307.
- Dale, M. A., & Lyddon, W. J. (2000). Sandplay: A constructivist strategy for assessment and change. *Journal of Constructivist Psychology*, 13, 135-154.
- De Domenico, G. S. (1999). Group sandtray-worldplay: New dimensions in sandplay therapy. In D. S. Sweeney & L. E. Homeyer (Eds.), *The handbook of group play therapy* (pp. 215-233). San Francisco, CA: Jossey-Bass Inc.
- De Domenico, G. S. (2000). Voices from the past: John Hood-Williams, selections and commentary. *The Sandtray Network Journal*, 4(3). Retrieved March 19, 2007 from <http://www.sandtray.org/publications.html>
- Hohimer, D., & Lumos, T. (May 8, 2007 to May 9, 2007). Powerpoint presentation from conference: *Play therapy made easy: Practical solutions for childhood disorders*.
- Kottman, T. (1995). *Partners in play: An Adlerian approach to play therapy*. Alexandria, VA: American Counseling Association.

- Kottman, T. (2001). *Play therapy: Basics and beyond*. Alexandria, VA: American Counseling Association.
- Ley, L. J., & Howze, J. (1997). Self figures for sand tray. In H. Kaduson & C. Schaefer (Eds.), *101 favorite play therapy techniques* (pp. 333-336). North Bergen, NJ: Book-mart Press.
- List of toys and training materials. (2001, November 19). Transpersonal Sandplay Therapy Center. Retrieved March 19, 2007 from <http://www.sandplapy.net/toycat.htm>
- Lowenfeld, M. (1950). The nature and use of the Lowenfeld World Technique in work with children and adults. *The Journal of Psychology*, 30, 325-331.
- Malchoidi, C. A. (2005). *Expressive therapies*. New York, NY: Guilford Press.
- Mitchell, R. R., & Friedman, H. S. (1994). *Sandplay: Past, present, and future*. Florence, KY: Taylor & Frances.
- Russo, M. F., Vernam, J., & Wolbert, A. (2006). Sandplay and storytelling: Social constructivism and cognitive development in child counseling. *The Arts in Psychotherapy*, 33, 229-237.
- Ryce-Menuhin, J. (1992). *Jungian sandplay: The wonderful therapy*. New York, NY: Routledge.
- Santrock, (2004). *Life-span development*. New York, NY: McGraw-Hill.
- Staie, S. (n.d.). For the record: California children respond to terrorism in their homeland. *The Sandtray Network Journal*, 6(1). Retrieved March 19, 2007 from <http://www.sandtray.org/publications.html>

- Turner, B. A. (n.d.). The history and development of sandplay therapy. *Sandplay Therapists of America*. Retrieved June 6, 2007 from <http://www.sandplay.org/history.htm>
- Vinturella, L., & James, R. (1987). Sand play: A therapeutic medium with children. *Elementary School Guidance and Counseling, 24*, 229-238.
- Walker, S. C. (1998). Stories of two children: Making sense of children's therapeutic work. *The Arts in Psychotherapy, 25*, 263-275.