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Sand Tray and Play Therapy with Homeless Families: Strengthening Caretaker Bonds, Development of a Method

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Abstract

This paper looks at a new way of using sand tray and play therapy~~,~~ in family therapy to support a secure bond between parents and their children. The literature on adverse childhood experiences, benevolent childhood experiences, and the extensive body of literature on sand tray and play therapy suggest that this method could help the families at the shelter the author interned in this past year. Supported by Jungian and Adlerian therapists, sand tray and play therapy are safe, the sand and figurines and toys are easy to manipulate and accessible for those who are less verbal to play and process through that play experience. The study explored the use of sand tray play therapy with one middle aged White, blue-collar father and his 3-year-old daughter and became a case study due to the Coronavirus pandemic preventing more participation. From this experience much was learned about participation and appropriate psychoeducation as necessary for results. There was evidence to support the use of this method to support and/or facilitate a secure attachment in the primary caregiver relationship. Literature supports the use of sand trays with children and adults, but the obstacles to gathering the data in the time allotted, created much difficulty. Therefore, it is hoped this information will be used to try again with another group at another time when groups can meet, and people can be present often.

Keywords: sand tray, play therapy, homeless families, resilience, bonding, attachment

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Introduction

A review of the literature suggested children at the family homeless shelter are living through an adverse childhood experience (ACE), which other research has shown can lead to negative outcomes in behavioral, emotional, and physical health outcomes in adulthood (Merrick & Narayan, 2019, p. 493). To reduce and mediate the risk of long-term negative effects, my case study examined links to long-term resilience through benevolent childhood experiences (BCEs). I explored current research on resilience and the experiences that are said to be linked to long-term resilience: BCEs. My aim was to find out if sand tray could be a BCE.

Witnessing for myself the stress of the parents living in the family shelter, I noticed they had little energy reserved after the end of their stressful day for the daily needs of their children and themselves. They struggled to remain calm while also trying to provide their children with the necessities. Often that meant they might not be there emotionally or physically as often as the child might need and want. I found myself wondering how to support these families in this situation; and I found myself looking into the literature on ACEs and BCEs, along with other factors contributing to building resilience (Blodgett & Lannigan, 2018; Cronley & Evans, 2017; Merrick & Narayan, 2019). There were many factors said to be linked to resilience building, but I was encouraged to focus on one factor - supporting the caretaker and child relational bond to increase feelings of secure attachment for the child.

Through this case study I hoped to learn what kinds of expressive arts activities the parents and children could engage in together that would allow the parents to understand their child's emotions and respond to them and to build a stronger attachment bond. What kind of

support could I provide that would encourage and support resilience for the children and their families living through such an adverse experience? This study aimed to explore the use of sand trays as a method for families to play together to build resilience, a factor in stronger caretaker and child relationships.

Literature Review

Homeless Families

Bradley et al. (2018) explains there are "risks and outcomes for homeless children" who do not adequately obtain their parents' attention and emotional support (p. 95). The research has found a need for creative arts resources for homeless families, finding a child's stress is mitigated by parents who have support to reduce stress through adaptive strategies. Some research found themes of "parenting detriments" and "adaptive parenting," the analysis of which provided me with evidence to suggest that homeless parents need different strategies to face these challenges (Bradley et al., 2018, p.101). Having support through community benevolent experiences could prevent the detrimental effects of homelessness and provide valuable support for their children.

A "sense of community (SOC) was explored through community participation" and it was associated with an "increased psychological well-being" (Stewart & Townley, 2020 p. 996). Stewart and Townley (2020) started asking homeless youth what community means to them, and what aspects affected their well-being. What emerged were these four themes: "(1) commonality and the shared emotional connection dimension; (2) membership-acceptance and the membership dimension; (3) social support- emotional and structural reflecting dimension of integration and fulfillment of needs; and (4) collaboration and the dimension of influence" (pp. 995-996). Well-being could be fostered when belonging to a group, and resilience could come from benevolent experiences with a community.

ACES & BCES

"Adverse childhood experiences (ACEs) refer to the prolonged exposure of children to potentially traumatic events that may have immediate and lifelong impact" (Blodgett & Lanigan 2018, p. 137). ACEs have an "extensive body of research" to support the "long-term effects of adverse experiences" (Merrick & Narayan, 2019, p. 493). "The National Survey of Children's Health suggest[ed] that understanding and responding to a child's ACE profile might be an important strategy for improving the academic trajectory of at-risk children" (Blodgett & Lannigan, 2018, p. 137). Because as "ACE exposure increases," so does a student's likelihood of "poor attendance, behavioral issues, and failure to meet grade-level standards" (Blodgett & Lannigan, 2018, p. 137). But there are known "protective factors like caring relationships with family and community that may mitigate ACE risk" (Blodgett & Lannigan, 2018, p. 138).

Before ACE was a "framework for describing risk, the cumulative risk (CR) model" basically said "a higher number of risk factors could potentially predict negative developmental outcomes" but it could not explain the observed effects and so "it was criticized as being atheoretical" (Blodgett & Lanigan, 2018, p. 138). The original ACE questionnaire included items which were known to be "contributors of persistent and damaging stress and disrupted adjustment," and it aligned with the concepts of childhood trauma (Blodgett & Lanigan, 2018, p. 138). The damage caused by such trauma includes challenges with "self-regulation, attachment quality, and resilience is affected" (Blodgett & Lanigan, 2018, p. 138).

Distinct but complementary implications of ACE and trauma can support a continuum of comprehensive and conceptually aligned responses contributing to educational efforts to create multitiered systems of support and adjust to children's needs" (Blodgett & Lanigan, 2018, p. 138). It was reported that "health, behavior, and quality of life" are affected and that there is a

positive correlation between ACEs and developmental challenges, such as "attention/concentration, affect dysregulation, negative self-image, impulse control, and aggression/risk taking" (Blodgett & Lanigan, 2018, p. 138). Higher exposure was linked to "higher incidence of mental health disorders, special health care needs, and increased risk of obesity" (Blodgett & Lanigan, 2018, p. 138).

More recent research has been conducted to better understand the association of BCEs for long-term resilience, such as those which reflect love, are predictable, and provide support. It was found that "higher levels of BCEs predicted lower posttraumatic stress symptoms and fewer stressful life events" (Merrick et al., 2019, p. 493). A study on the "Benevolent Childhood Experiences (BCEs) in Homeless Parents"

> hypothesized that (a) higher levels of BCEs would be related to lower odds of psychological distress and lower levels of sociodemographic risk and parenting stress, and (b) these associations would hold after controlling for effects of ACEs, reflecting unique associations of BCEs with current functioning. (Merrick et al., 2019, p. 494)

These results were like those of Narayan et al. (2018), which found "higher levels of BCEs but not lower levels of ACEs predicted lower odds of psychological distress" (p. 494).

This research suggests that ACEs and BCEs are positively linked to resilience building for children and their parents. Suggesting that there are some benefits to having some adversity young in life, and even more benefits to having positive experiences.

Sand Tray

History of the Sand Tray

The clinical use of the sand tray had a major impact on the psychological world when it first helped to provide a unique insight into the child's mind and allowed them to be seen as

differently compared to adults. Prior to 1920s children were not understood as being all that different from adults (Nelson, 2011, p. 825). Lowenfeld was a medical doctor whose interest in children's health turned her towards a "new psychology" and the child psychology movement (Nelson, 2011, p. 828). Lowenfeld noticed that "children's play displayed various forms of thinking that encompassed both cognitive and emotional components" (Nelson, 2011, p. 828). From this a holistic approach was proposed and the focus was to understand "each individual child" (Nelson, 2011, p. 828). The view of children changed thanks to the power of the sand tray to diagnose and differentiate children from adults through understanding from the child's perspective. That children are "less informed and capable and therefore vulnerable," has led to children's psychology being more about the child's individual personality and psychological development, which led to more research on child development and psychology (Nelson, 2011, p. 839).

Sand Tray in Assessment and Therapy

The sand tray lent itself to the movement of the child's individualization from adults and a separate child psychotherapy as first an assessment and then as a therapeutic tool (Nelson, 2011, p. 839). The sand tray was used as an introspective technique. Later it was understood further for its reflexiveness to conceptualize the child self as different from the adult self. Humanistic psychology then began to influence the sand tray as a relational approach and sand tray was developed further by Seitz when she started using it while working with children. Her framework helped to highlight the natural human tendency to move creatively "towards authenticity and genuine experiences" (Nelson, 2011, p. 838).

In a study done by Nickum and Purgason (2017), they used sand trays as a tool to support and encourage client creativity and found a major benefit in building a safe and therapeutic

alliance. Going from a less directive to more directive format they used this process to engage the clients in an active and experiential use of the sand tray. Their goal was to increase client insight into their inner world of emotions and thoughts, and to help them externalize and communicate with words what they previously could not. The sand tray provided the counselor with information used to assess, diagnose, and treat the client to empower their creative solutions and imaginative resources in the counseling process. The study found that clients were able to identify, relate, and gain insight through metaphors that occurred though use of sand tray. Those insights were identified, strengthened, and used to help the client to more fully understand and then communicate their thoughts and feelings. From this study it was assumed that children and adolescents alike could utilize sand tray therapy to promote and strengthen their creativity and in building therapeutic alliance.

Linzmeyer and Halpenny (2013) used the sand tray as a tool to conduct interviews with children. The sand tray method was used because it was a "visually expressive method" (p. 311). Based on the creation with sand tray pictures they could assess and communicate the child client's subjective experiences with nature. The sand tray helped them to understand from the "children's perspective... how meaning is made" (p. 311). The "multi-dimensional" (cognitive, affective, behavioral and sensory) experience a sand tray provides is a visually expressive method for clients to communicate their stories (p. 311).

Something helpful that Eberts and Homeyer (2017) had mentioned about sand tray was that it encouraged therapists to consider their theoretical intentions when planning treatment- is it we or they who want to change? And to remember- assess where the clients are within the stages of change continuum. Many children and adolescents will be in the precontemplative stage and not have any intention of or desire to change soon. A variety of approaches and theories may be

used with sand tray therapy, but it is important to know where a client is along this continuum of change and then have a purpose and strategy to introduce and use sand tray with those clients. They recommend that a safe space be created for the client to have experiences, gain insights, peruse thoughts, and imagine images with which to experience future change and growth" (p. 135). They suggest using a less directive method with a client in the precontemplative stage, to reveal what is hidden and provide insight into the dark.

Theoretically

The sand tray method was originally developed by Jungian therapists, the prominent literature mostly Jungian theory. Bainum et al. (2006) wanted to adapt it to Adlerian theory because the focus there is on the movement toward a final goal. Adlerian therapists see clients distressed when they do not have healthy social relationships and believe a "neurosis results in individuals who move away from social interest," unlike the healthy individuals who are moving towards social interests, both psychologically and behaviorally (p. 37). Clients reach their goals when they first see the changes as possible within the sand tray, and only then can they make the changes to improve their lives. I believe both theoretical approaches are helpful with sand tray.

The Jungian therapists' goal to help their clients make sense of their scenarios based on "archetypes and archetypal symbols," to assist clients on "their journey," could be done by refocusing them on the experience in the sand tray and by not encouraging interpretation or analysis too soon (Bainum et al., 2006, p. 38). The Adlerian therapists' goal is to help their clients create a scene "uninterrupted by specific instructions," from their life in the sand and then prompt discussion with questions by asking the client to make a display for their "life task functioning, social interest, goal orientation, family constellation, and create client generated

metaphors," (p. 39). From this they could formulate an assessment of the clients' responses and create a response to clients in their own tray.

In their study, Bainum et al. (2006) encouraged to consider the use of both the Adlerian version of sand tray therapy and Jungian influences to better understand the clients. The interventions could be directed or non-directed, "can be used with people of all ages, and with couples, and with siblings or entire families," and can be adjunct to other forms of therapeutic intervention when the client is stuck (p. 40). The therapist could still intervene to reframe the work and then suggest interpretations and metaphors, suggest the moving of some pieces, the introducing of other pieces, and then if client is receptive to it- offering possible meanings to the client which they can object or accept, to "interpret early recollections, metaphors, or dreams" (p. 40).

Sand Tray with Families

This thesis is unique in that it looks at the use of sand trays as an expressive arts tool with homeless children and their families. Sand trays are inherently multicultural and can allow for cultural barriers to be overcome through the "co-creation of conversations and co-creation of meaning" (Linzmeyer & Halpenny, 2013, p. 330). Ultimately, sand trays as a tool could be effective in meeting children of various culture's "development needs and capabilities, and in balancing power inherent in the relationship" with caretakers and providers (Linzmeyer & Halpenny, 2013, p. 330). At the family shelter there were families from a variety of backgrounds, and it was important to provide a strengths-based approach that could accommodate the variety of needs and abilities with language. And the meaning given by the client is more important than an interpretation from a researcher or therapist. Language does not have to be a barrier to services for the client and their family when using the sand tray.

Green and Connolly (2009) looked at ways to help children and their families talk about grief with one another using the sand tray and "through symbolic methods and within the developmental context of the children's grief" (p. 85). Those who lived at the family shelter were each dealing with their own forms of grief. There was important and relevant information to know about a child's "(a) understanding of the concept of death (grief), (b) availability of and access to coping mechanisms, and (c) grief-specific factors are affected by developmental stage and contextual influences" which could come up in a sand tray scene (p. 85). Adults and children react differently to grief.

> Some children have a limited capacity to tolerate emotional pain, some children may have an increased socialized sensitivity regarding being different from their nongrieving peers… Some children are incapable of formulating a cognitive appraisal to understand the implications of death, such as irreversibility, universality, and inevitability. (p. 87)

Young children "resolve their grief differently" as they grow up and thus require a "developmentally supportive environment" to process and solve their problems (p. 87). Families at the shelter have grief and each child deals with it differently.

There are many moderating factors purported to play a role in the grieving process a child experiences: their "developmental age, cognitive-processing ability, the child's temperament, their access to coping and adjustment resources, and their past experience with loss" (Green & Connolly, 2009, p. 87). The ability to adapt and process is said to depend a lot on having supportive relationships, and how the family of that child responds to that loss will also have a significant impact on mediating positive adjustment for the child (Green & Connolly, 2009, p. 87). Sand tray therapy "may help decrease irritability, social withdrawal, hypersomnia and

insomnia, and perceived guilt," some of the issues that have been associated with bereaved children (p. 88).

The reason I wanted to use a sand tray with homeless families was because I had not been able to identify a study in which it was used with this population. Expert advice was to find a modality and "gain trust, make it fun, familiar, and interesting while allowing the kids some control and self-determination… To make it an appropriate process of constructing externalized representations of their [internal] worlds and experiences" (Linzmayer & Halpenny, 2013, p. 330). Sand trays have been used in many settings with many populations, and it was a tool that seemed appropriate to all stages of therapy and with all ages that were presented at the family shelter. The sand tray can be a useful clinical tool for many parts of a session. It has been used as a tool for assessments, interventions, and the "gathering of lifestyle information with people of all ages... building rapport, encouraging playfulness, as a clinical supervision and self-exploration tool, as an expressive arts intervention and as a distinct form of therapy" (Bainum et al., 2006 p. 36; see also Garrette, 2013). A sand tray can be used to help the client to "recognize, explore and express feelings of self and others" and to "address emotional aspects," often leading to an increased "self-acceptance, acceptance of others, feeling loved and safe" (Garrett, 2013, p. 102).

Eberts and Homeyer (2015) had developed a protocol that was followed for the purposes of this thesis: "1. room preparation; 2. introduction to the client; 3. creation of the sand tray; 4. post creation processing; 5. sand tray cleanup; and 6. documenting the session" (p. 135). The sand tray was an appropriate tool for each stage of therapy and processing, including in "establishing safety and allowing the client to reconstruct the trauma story and helping the client to restore connections with the community" (Garrett, 2013, p. 100). There is a lot of client

freedom and control when using the sand tray, which are important factors when working from a trauma informed perspective.

When looking for a way to help the families at the shelter, I thought it important to find child friendly methods because of the fundamentally different experiences, differing needs, capabilities, and competencies adults have compared to them and require a developmentally appropriate method that acknowledges the influence adults have on. I wanted to find a method that did not rely on competence in language skills, because as stated in

> Piaget's stages of cognitive development, some children, especially boys, do not have highly developed verbal skills until the age of 10 to 12 years, physical sensations are not always verbally accessible, and often difficult or impossible to communicate with others. (Linzmeyer & Halpenny, 2013, p. 312)

When the sand tray was chosen it is because it was reported to be "developmentally appropriate" without being "patronizing" to children and with family therapy could allow adults a way into their children's complex and growing world (Linzmayer & Halpenny, 2013, p. 312). Because "children often develop creative arts skills prior to developing language skills, and creative arts-based methods can be more sensitive to children's limited developmental capabilities, . . . the sand tray could potentially depict information stored in children's visual-spatial and motor memories," ultimately helping to mitigate verbal limitations (Linzmayer & Halpenny, 2013, p. 312).

The goal was to help children and their families "explore … experiences... including sensory, affective, cognitive, and behavioral dimensions" (Linzmayer & Halpenny, 2013, p. 312). It was suggested that "visually expressive methods could facilitate the expression of sensory, affective, and cognitive experiences by providing a nonverbal, symbolic means of

communicating something that is nonverbal and often symbolic" (Linzmayer & Halpenny, 2013, p. 313). The arts allow us to "access the right hemisphere" and therefore the sand tray tool could be used to help "bridge the emotional and motivational processes of the right hemisphere with the language center" (Linzmayer & Halpenny, 2013, p. 313).

Multi-Sensory and Multi-Modal

Sand trays are multi-sensory and provide children the ability to refer to sounds and smells, not just sight, touch and taste, reporting "40% more sensory references" (Linzmeyer & Halpenny, 2013, p. 329). Linzmeyer and Halpenny (2013) state that "Emphasizing different senses with tactile as the fulcrum appeared to hone people's awareness, bringing out insights and reflections about their sense of place from a number of different sensory and psychic perspectives" (p. 330). Recollections can be engaged through sand tray more easily because of the "sensory aspect to directly access embodied memories and ideas" (p. 330).

Sand trays can be "touch symbols," which could help promote the evocation of feelings through "three-dimensional scenes, pictures or abstract designs in a tray," where "drawing places pressure on children to produce a good drawing, sand tray frees by allowing the child to create a picture without depending upon their skill or ability" (Linzmayer & Halpenny, 2013 p. 316). Sand tray as a therapeutic modality is "a projective technique," allowing children to make their symbols concrete, tangible, and three-dimensional (Linzmayer & Halpenny, year, p. 316).

Benefits of the Sand Tray in Therapy

There are so many therapeutic benefits the sand tray could provide to the children and their families at the shelter. There is great power in the creative transference in the "unconscious" (Green & Connolly, 2009, p. 89). Sand tray could provide a therapeutic distance and a nonverbal means of expression- through a kinesthetic and sensory tactile experience, which

may be soothing to children with anxiety. “Self-determination and flexibility” were said to be highly valued by children because they could “manipulate” and “change” their scene easier than with a drawing (Linzmayer & Halpenny, 2013, p. 321). The client could “facilitate the expression of nonverbal emotional issues, facilitate the emergence of metaphors, and engage in an interesting and playful process” (Linzmayer & Halpenny, 2013, pp. 316-317). Witnessing the process is another benefit for both the clinician and the client. By honoring the psyche and focusing on the depth and meaning in the symbols, and the “psyche's relationship to them” in a “protected space,” there is a therapeutic experience (Green & Connolly, 2009, p. 88). Sand tray has the power to “activate the self-healing force in a child’s psyche so that the child may resolve their own psychological struggles” (Green & Connolly, 2009, p. 89). Sand tray provides individuals with the opportunity to participate in a grounding activity that is both symbolic through the client’s personal meaning to the scene, and realistically done through the manipulation of the sand and toys in a sensory and perceptual realm. It is a place for unconscious conflicts to be illustrated (Green & Connolly, 2009, p. 89). The therapeutic benefits are numerous.

Methods

This past year my field training site was in a group of family shelters in a city in Massachusetts. There were upwards of 25 families in each of the three large Victorian homes, where typically young mothers with multiple children lived. It was in the shared areas of these giant communal homes that I served these families. Everything was on a voluntary basis, as the shelter had provided mental health services from me as an intern but did not have a program in place prior to this past year. They did not enforce participation, as with some of their other requirements to stay. From each of these homes only a few signed up to participate, though only

one family from one of those homes was able to take part during the time given because the other two had caught Covid. Additionally, because groups had been suspended, the plan for a group activity with the children and their families became a one-on-one family activity. Ultimately, this became a case study with a 3-year-old girl and her father who lived at one of these family shelters.

Sand tray play therapy was implemented to help families in building and creating benevolent experiences with their children, to strengthen caretakers' relational bond, and to build resiliency for their future.

The main materials used were sand tray toys- figurines of a family (mother, father, grandfather, grandmother, baby girl and boy, and a young girl and boy), animals (dog, cat, and horse, cow, and other farm animals and wild animals), unicorns, and other fantasy creatures like fairies. The sand box was portable and measured 11 inches by 18 inches and was 3 inches deep. There was sand along with other natural materials, like rocks, trees, and flowers with which to create a scene.

At the end of each of the two sessions in which the child used the sand tray, I created my own rendition of what I observed, and then took pictures of those two creations.

We met once a week for an hour on Wednesdays at 4 pm but sometimes at 5pm.

This method was implemented at a group of family shelters in the North Shore area of Boston. Private sessions would be held in the playroom or the dining room where we would meet for group coloring in the evening. The resident guests had the chance to participate as a group, until Covid shut down group activities in their shelters.

I was wondering if sand tray play therapy could be a benevolent bonding experience for the families at the group family shelter that was my field placement site this past academic year.

My goal was to find out if I could support the caretaker's relational bond to their children through sand tray play to help to further establish, build up, and fortify a secure attachment. Caring relationships with family and community is a buffer against the adverse effects experienced living in such proximity to so many other families. The literature on positive experiences that are predictable, provide support, and show love are associated with BCEs and resiliency (Merrick & Narayan, 2019, p. 493).

The child was given free time to investigate the room for the first 5 to 10 minutes of each session (she had a lot of energy), and then would ask what I had brought with me this week. The first 2 weeks of sand tray play were spent just playing with the sand tray toys. The next 2 weeks I was more directive with the prompts, and we started co-creating a world together where she chose little people to represent her mother, father, and herself. The end of each session was spent talking about what I observed and asking her questions about what she remembered we just did and giving her a recap.

I also would explain to her father how play and imagination was the work of children (Montessori, 1964). He also had questions about why I would recap the session for her, and I explained that her memory did not do order like I was doing for her yet, and that we would scaffold for her and recap the day verbally so she could learn how it was supposed to be said.

The next couple of weeks after that she showed little interest in the scenes she had made and preferred to play with the toys in the room and pretended to be a mommy with a baby: cooking, cleaning, and taking care of the baby doll by bringing it to the puppet doctor often. When she was asked to come tell a story with the sand tray toys, she would sulk and say, “no thank you.”

Because of her preference for playing pretend, over sand tray toys, I started to look for resources that included both play and sand tray therapy so that I could understand how to support my client and her father. I felt there might be more in those play pretend sessions than was reflected in the sand tray. It was play therapy with an expressive arts perspective.

To prepare for each session I gathered the materials and put music on low volume. Thinking about getting to know my client better, I would think of the prompt I would give her that day, depending upon what happened the week before.

The transitions were client centered and during the session the client would get up and choose to engage in another activity. After the session the client would help clean up and would walk me to the door to say goodbye.

Only I was there to facilitate the expressive arts therapies or mental health counseling. There had been another intern, but she changed sites when there were not enough hours to go around. The father observed more than participated, but he did assist his daughter in choosing the family members in the third session when she was given prompts to further think of her family and extended family, and any good memories of anyone. She is so young that most of what came out in the session was from more recent events and less about what happened over a week or two ago.

Once play started to become more the expression of choice, the father participated less and less and would ask to join the next week.

Results

With there being many unforeseen complications in gathering evidence to support this thesis, the results were inconclusive to the aim of this study. At first, the sand tray seemed to be a great tool for relationship building, and an interactive expressive arts modality option for use

with the child to teach about life and help emotional regulation. However, it was unclear whether this provided insight for the father or supported a more secure attachment with his daughter.

The child would play and seem to enact scenarios, but the father did not always know what she could be referring to, and/or would become upset when the play seemed inappropriate in some parts (i.e., playing monsters). This father made sure his daughter saw me every week but was unable to join most weeks because of Covid-19 group regulations imposed on the residents of the family shelter. They went to weekly outpatient family therapy, where he did attend and started learning more about the "normal" childhood behavior and received help with how to understand it. He also had seen a personal therapist and was making sure he got his daughter into a pre-kindergarten so that she felt comfortable and safe. His 3-year-old daughter seemed a great candidate for this intervention, but with Covid intervening in groups there was only so much that could be done without the father being able to attend each session.

Discussion

With limited results to discuss, mainly two sand trays that I completed reflecting from the child's tray scene, I felt it important to share that these were very open directives because when we were able to gather evidence, we were still just relationship building. After some time when the father stopped being able to come down, it would just be her and it was not always clear what she was playing pretend in the sandbox, and she would get upset that I did not know. She would then go to the pretend playhouse/kitchen to take care of the baby doll instead of a sand tray. She may have found it easier to play pretend with the baby doll over the sand tray. Her first attempt at the sand tray she had spent a lot of time just looking for objects that she would cover in the sand. By the end of the twenty minutes, had a lot of different objects from the choices of animals, people, and farm objects buried in the sand, and all of that covered over by a house. In

the second sand tray, she used the horses to play in the sand, and buried them, and unburied them. Without her father there, and without understanding her day, it was hard to guess at the meaning behind the scenes, and the girl would become upset. It was easier for me to identify what she was doing with the toys, and she seemed to appreciate being understood.

Speculations could be made that there are abstract concepts she is trying to communicate to us, but without more participation from dad, it will be an incomplete processing in that the client will have a witness that does not understand their language and therefore can be heard but not comprehended deeper for meaning from her playing.

Because the coronavirus is still interrupting current events, the number of participants, the quality of the intervention, and inevitably the results of the development of a method were affected. This author wanted to share the limitations and implications for future use after this discussion.

Limitations

At the family shelter there were many families with young children, and they were not given much space. The coronavirus kept creating obstacles for me to see the residents consistently, which prevented attendance when things would pick back up. The plans were for a different approach and to have many more participants to understand if this would help support these homeless parents in creating or promoting a sense of security and a secure attachment to promote resilience. Without these things it prevents a clearer picture and does not provide insight into this as a method for promoting a strong relationship between parents and their children, to support secure attachment, or to build resilience factors.

Implications

Sand tray and play therapy imply a natural way for children to envision, participate, and invite you into their world, to understand and relate to others, and to learn about their complex social world. With the literature supportive of family involvement in child therapy treatment planning, it is important to have family or at least parental participation to process and to progress (Green & Connolly, 2009). It may be natural, but they and their parents must be meeting for sessions in person to benefit from this intervention.

Conclusion

Growing up in a homeless shelter situation creates stress on the family and can even strain secure relationships. This affects the quality of life and health of the children and family as a unit. There are many challenges these parents face, and their behavior is affected negatively-ultimately their children's lives too, unless support is obtained and utilized consistently. Sand tray and play therapy could indeed still provide support and facilitate relationship building.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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