Hong Kong Journal of Mental Health
2024, *50(1),* 34-42

Copyright © 2024 by
The Mental Health Association of Hong Kong

Case Studies of Sandtray Play in Promoting Recovery of Children with Psychological Trauma

X W Gong [1] **S Y Hu [1,2]** **J Y Fan [1,2,3]**

[1] Child Psychology Committee of Hubei Psychological Counselors Association
[2] Developmental and Educational Psychology Institute, Wuhan University
[3] Pediatric Department, Zhongnan Hospital of Wuhan University

Abstract

Psychological trauma recovery is an important component in the treatment of children's mental and physical problems, and sandtray play therapy has unique advantages in the intervention of children's psychological trauma recovery. In the practice of intervention for children with special needs, we found that many caregivers have parenting problems such as pampering and strict parenting style, continuous unstable emotions and excessive emphasis on discipling, resulting in children experiencing long-term social or achievement failure, forming psychological trauma, which greatly affects self-awareness and personality development.

This study reported four cases to explore the process of sandtray play therapy for four types of children: Autism Spectrum Disorder (ASD), Depression Attention Deficit Hyperactivity Disorder (ADHD), and Mental Retardation (MR). The study organized the psychological trauma recovery process of the children into four dimensions: emotions, social interaction, mental development, and personal growth, with each dimension divided into five stages. The study aimed to investigate methods for children's psychological trauma recovery. The results showed that the five factors in sandtray play therapy: the creation of a creative theme space, the representation of trauma, the development of trauma stories, the close relationship between the therapist and the client, and the educational guidance of the primary caregivers - played significant roles in the effectiveness of psychological trauma recovery. This study made exploration of psychological treatment methods for children with special needs.

Keywords: sandtray play, psychological trauma, psychological recovery, autism spectrum disorder

Introduction

Children experience more or less traumatic stress events and environments during their growth process. In the current social and cultural context, some children are subjected to unreasonable parenting styles such as overindulgence, unfair punishment, blame and denial, caregivers' unstable emotions, and high expectations from caregivers, along with social and achievement failures in school. This often leads to sustained negative emotional experiences. Unlike adults, children's physical and mental development is not yet complete, and they have not established an effective coping mechanism. Trauma can bring

Correspondence concerning this article should be addressed to Ms. J Y Fan, Room 203, Teaching Building, 169 East Lake Road, Wuhan, Hubei Province, P.R. China. 430071.
Email: jfan@whu.edu.cn

them intense fear, abandonment, and feelings of helplessness. Due to differences in temperament, environment, and genetic physiology (5th ed.; DSM-5; American Psychiatric Association, 2013), children present diverse trauma responses, such as school refusal, internet dependency, emotional and behavioral problems, social problems, and self-injury. Studies have found that the severity of psychological symptoms is significantly associated with the number of traumatic life events exposed to person in childhood and is a risk factor for psychopathology (Mills et al., 2020). If not detected and intervened in a timely manner, post-traumatic stress disorder can cause long-term damage, which leads to high-level social, occupational, and physical dysfunction (5th ed.; DSM-5; American Psychiatric Association, 2013). While there is limited research on psychological trauma in children with special needs, for example, the universal screening rate for trauma-related symptoms in adolescents with ASD in the United States is only 10% (Kerns et al., 2020). And a controlled study found that people with autism (32%) had a higher incidence of post-traumatic stress disorder, resulting in poorer social skills, compared with the typical group (4%) (Haruvi-Lamdan et al., 2020). Among adolescents with ADHD, adverse childhood experiences positively predicted the development of ADHD (Barra et al., 2022). Conversely, ADHD in childhood is also a risk factor for later trauma exposure and PTSD (Miodus et al., 2021). Correspondingly, individuals experiencing psychological trauma may induce post-traumatic stress disorder and trauma-related depression (Wang et al., 2023), which is similar to the mental and social impact on people with intellectual disabilities (McNally et al., 2021). Researchers have found that children at different ages have different psychological responses to traumatic events, and the corresponding intervention methods are also different, in general, to stabilize emotions, quickly build trustful relationships and make cognitive adjustments (Cui, 2013). The UK NICE guidelines for trauma recommend eye movement desensitization and reprocessing (EMDR) and trauma-focused cognitive behavioral therapy (TF-CBT) for individuals affected by trauma (NICE, 2018).

Sandtray play therapy is a non-verbal psychological treatment method, which was created by Swiss psychologist Dora Kalff by combining the "World Technique" created by British pediatrician Margaret Lowenfeld with Jungian analytical psychology, and introduced to China by Zhang Risheng in 1998. Specifically, the therapist uses the prototypes and symbolic meanings of sand and various models set up by the client in the sand box to achieve psychological analysis and treatment. The analysis of the characteristics of the sand box often relies on the subjective psychological experience and knowledge of the therapist. Some scholars believe that the sand box works are divided into two themes: themes of wounding and themes of healing (Friedman et al., 1994), which can be analyzed from the use of sand box area, attack theme, unity and control, use of sand and content. Sandbox works with clinical characteristics are often empty, disorganized, aggressive, overly defensive, and lacking in characters (Friedman et al., 1994).

Sandtray play therapy has been widely practiced in interventions with children. An existing research has shown that after four months of bi-weekly sandtray play therapy sessions, symptoms of children with traumatic stress disorder resulting from a tsunami gradually improved (Lacroix et al., 2007). In addition, sandtray play can also effectively treat depression in children and adolescents and improve their self-confidence (Li et al., 2016); promote and rebuild personality development of children with ADHD, improve ADHD symptoms, school adaptability and parent-child relationship (Xu et al., 2008); significantly improve core symptoms and sleep status in preschool children with mild to moderate ASD (Liu et al., 2019). However, there are few case studies on trauma interventions for children with special needs, and sandtray play therapy has fewer limitations on language and cognitive abilities. Therefore, we use sandtray play therapy to intervene with children with autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), mental retardation (MR) and depression who have experienced traumatic events, recording their developmental processes in terms of emotions, social interactions, mental development, and personal growth, and summarizing five factors that influence trauma recovery to provide ideas for child sandtray play therapy.

Sandtray Play Intervention Case of Psychological Trauma in Children with Special Needs

The four cases were all conducted in the Child Growth Center of Wuhan Zhuma Psychological Consulting from 2019 to 2022. The therapist is a licensed psychological counselor, and the clients' families are all from Wuhan.

Case 1: Xiaoming (A Child with ASD)

Intervention Target

The client is a six and half-year-old boy who cannot attend school regularly. He was diagnosed with

autism spectrum disorder in July 2019 from a tertiary hospital in Wuhan. His father has limited interaction with him due to work, and he is primarily cared by his mother, who has unstable emotions. Initial observations of the child include:

Emotions: Unable to express emotions through language; strong anger when needs are not met; fear in unfamiliar environments.

Social interaction: Does not initiate communication with others; basic language responses, noticeable avoidance of physical contact; minimal eye contact.

Mental development: Unable to differentiate between self and others; unable to verbally express refusal; basic cognitive abilities.

Personal growth: Narrow interests; single interest maintained for a long time; low exploration desire.

Analysis of Intervention Stages

The frequency of sandtray play therapy is twice a week for the first month, and then once a week.

Build relationship (1-2 sessions): The initial sandtray play involved creating a small train track, with Xiaoming repeatedly saying "the train is broken" in his mouth. When the therapist told him that the train was fixed, he became very excited. This process was repeated 20 times. At the beginning, Xiaoming would maintain a physical distance from the therapist, but gradually started to ask questions like "What is this?" and showed noticeable eye contact. In the second session, the sandtray play repeated the story of "the train is broken" and Xiaoming started to explore other props, displaying more positive emotions. During this stage, Xiaoming developed trust and a sense of safety with the therapist, and the mother noticed that the child's emotions became more stable.

Create relationship (3-10 sessions): In this stage, the therapist guided Xiaoming to recognize emotions and learn to express feelings, such as using refusal language like "no". He gradually sought the therapist's help in finding sandtray play tools. Starting from the 10th session, the sandtray play incorporated many new elements, such as a castle with a flag and a road leading to the castle. Xiaoming started using language related to emotions, such as asking the therapist "Are you afraid of spicy?" and expressing his own fears. He also became aware of the therapist's encouragement. During this stage, Xiaoming developed an understanding of fear, initiated conversations with the therapist, sought help, expressed refusal, and started to develop new interests.

See relationship (11-25 sessions): In the sandtray play, there was an old man buried in the castle, and the therapist introduced a person to accompany him. Xiaoming placed many buildings around and buried him in the sand. In the end, he searched for many gifts to give to the old man. The game with the old man lasted for a long time, but also included activities such as birthdays, calling for help, and finger people games. During this stage, Xiaoming's emotions stabilized, he was able to clearly express his own emotions, had natural interactions with the therapist, started addressing the therapist correctly, could differentiate between self and others, and showed confidence in personal growth by independently creating shared games.

Strengthen relationship (26-45 sessions): Xiaoming repeated a story about a person falling and bleeding, and the therapist guided the child to help him with his injuries. Sometimes, Xiaoming would ask the therapist to take him to see other children's toys and participate in peer games. He learned about the different uses of different places and started to understand basic logical concepts such as up and down, big and small, inside and outside. During the 45th session, Xiaoming returned to school, supplemented by sandtray play to strengthen school knowledge. At this point, Xiaoming would even correct the therapist when he intentionally said something wrong. During this stage, Xiaoming's emotions stabilized, he was able to express fear clearly through language, attempted to build relationships with others in social situations, and had the cognitive ability to understand relationships.

Expand relationship (46-50 sessions): At the time of separation on the 50th session, Xiaoming's emotional state was good. After two years of follow-up survey, it was found that Xiaoming could adapt well to school learning well. The disadvantage is that his ability to understand concepts was weak, but his mother will be more patient to help him understand.

When working with children with ASD it is necessary to pay special attention to the fact that such children lack social and emotional perception skills, which makes them more prone to traumatic emotional events in family life. Therefore, it is particularly important for therapists to enhance communication with the primary caregivers and promote the emotional stability of them.

Case 2: Xiaohong (A Child with Depression)

Intervention Target

The client is a 9-year-old girl in primary school year four. In September 2019, she was diagnosed with major depression by a tertiary hospital in Wuhan and has exhibited suicidal behavior. She has a clear desire seeking for help. Her father is easy to be angry, while her mother places a high emphasis on academic achievement. The child engages in self-harm, such as banging her head against walls, when she performs poorly on exams.

Analysis of Intervention Stages

Sandtray play therapy sessions are conducted once a week.

Build relationship (1-3 sessions): In one session, Xiaohong created a garden scene from a fairy tale (Figure 1), with two grasslands filled with plants and animals. Despite feeling crowded, she still added models of angels and mermaids. In another session, Xiaohong created a beach scene, recalling a trip to the beach when she was six years old. She then shared the story of her cat "Angel", who used to be the target of her father's violent outbursts. She saw the cat as her savior. During the game, she mentioned that she would live alone in the future and placed a model of an old lady, but later found a companion for her. In this stage, Xiaohong established a trusting and safe relationship with the therapist and shared traumatic events.

Create relationship (4-7 sessions): Xiaohong talked about her poor interpersonal relationships at school (Figure 2), complaining that she spends most of her time studying and has no friends. She hoped to improve her relationships with classmates by hosting a birthday party. She is concerned about how others perceive her, including being given nicknames by classmates. On one hand, she dislikes the nicknames, but on the other hand, she believes it can bring her closer to her peers. Xiaohong also asked about the therapist's academic performance in childhood, showing curiosity about the therapist and hoping for some self-disclosure from the therapist. In this stage, Xiaohong expressed a lot of dissatisfaction with reality, released her emotions, and began to develop a relationship with the therapist.

See relationship (8-11 sessions): Xiaohong and the therapist had many relaxing interactions. She mentioned that she would not choose a male partner with a bad temper and unhealthy habits like her father. She then recalled being scolded by her father at the age of five for being too shy to toast someone and how her mother's support always came with conditions (Figure 3). Regarding her academic performance, Xiaohong would comfort herself and also hoped for acceptance from her parents. The therapist advised her mother to give child gifts without attaching conditions, and the child noticed the change in her mother's behavior. She sought life advice from the therapist. In this stage, Xiaohong gained a better understanding of her own emotions, revisited and integrated traumatic events, and developed new relationships.

Strengthen relationship (12-16 sessions): Co-creation games increased significantly (Figure 4), and Xiaohong often paid attention to the therapist's needs during the process. Separated at the 16th session, Xiaohong's emotions were stable, and had no abnormal emotional behaviors within one year.

In the work with depressed children, compared with the intervention of adult depression, children's personality is not mature and stable, and their self-awareness is constantly and rapidly developing. The relationship between children and therapists has become the most important factor to promote the growth of clients.

Case 3: Xiaohua (A Child with ADHD)

Intervention Target

Client is an eight-year-old boy in third grade of primary school, diagnosed with ADHD from a tertiary hospital in Wuhan in April 2020. His mother accompanies him during school, and he has a five-year-old sister. When Xiaohua was four and five years old, he was cared by his grandparents. His grandfather had a volatile temper and was nagging, and his grandmother occasionally displayed impatience. At the age of eight, his mother took over his care and tended to be overindulgent. She had experienced postpartum depression, a lack of emotional flow, and his father was less present and had a volatile temper. There were frequent arguments between the parents.

Emotions and social interaction: The client resists school rules, is self-centered; easily becomes emotional; frequently attacks classmates; and does not adhere to classroom discipline; has difficulty getting along with peers.

Personal growth: He is disinterested in studying and displays a nonchalant attitude towards many things.

Figure 1: A garden scene from a fairy tale

Figure 2: There are some aggressive animals

Figure 3: Lack of characters

Figure 4: Co-creation games increased

Table 1.
Trauma Recovery Trajectory

	Stage1	Stage2	Stage3	Stage4	Stage5
Emotions	build up relationship	appearance of emotional trauma	realize emotion, integrate trauma	table emotional expression	recognize emotion of others
Social interaction	pattern fixation	meet special needs	see himself, see others	integrate relations	new relations
Mental development	save relationship	establish self	social recovery	understand interpersonal interaction	comprehensive problem solving
Personal growth	clear emotional barrier	new interests	confidence	self challenges	exploration

Analysis of Intervention Stages

The frequency of sandtray play therapy sessions is once or twice a week.

Build relationship (1-3 sessions): Xiaohua engaged in a lot of self-talk and frequently says, "What does it have to do with me?" He had strong defensive tendencies, and his sandtray play depicted a figure being heavily guarded. The therapist tried to use another person to wait outside and asked the person to enter his defensive world. Xiaohua displayed intense emotions when his sister was praised, so the therapist suggested that his mother and sister participated in the sandtray play together. Towards the latter part of this stage, Xiaohua gradually showed more interaction, releasing emotions through the sand and also telling the therapist to stay back a bit. After the session, the therapist reminded his mother to reduce control over the child's daily routines. Trust was established in this stage.

Create relationship (4-7 sessions): The behavioral problems intensify, and Xiaohua attacked the therapist with sand and cannot accept losing in competitive games. The therapist reinforced the child's creativity by providing positive reinforcement, such as praising his ability to tell stories about video games like "Peace Elite" and "Plants vs. Zombies" In this stage, Xiaohua experienced separation anxiety, had difficulty accepting the end of the game, and released emotions through throwing sand. Overall, Xiaohua released more aggressive emotions, sought achievements in social interactions and developed self-confidence in personal growth.

See relationship (8-15 sessions): Xiaohua's aggressive behavior during the game decreased, resistance to therapist's interventions lessens, and more creativity was displayed. Other games, such as riddles, were incorporated. The games became diverse, including creative and growth-oriented activities. The therapist's ideas were also integrated, transitioning from a focus on defeating the therapist to a collaborative growth approach. Separation anxiety disappeared at the end of sessions, and Xiaohua hugged his mother upon leaving the therapy room. In this stage, emotions tended to stabilize, and a cooperative relationship with the therapist began to develop. Xiaohua was able to take on self-challenges in personal growth.

Strengthen relationship (16-23 sessions): During this stage, Xiaohua frequently threw the sand in the direction of the therapist, and the force increased until the sand was thrown on the therapist. In an emotional outburst, he even threw all the sand tools to the ground and began to flip over the sand box. When the therapist held Xiaohua to stop the behavior, he began to cry. The therapist reassured Xiaohua that the dislike was directed at the behavior and not the child himself. Subsequently, his emotions gradually stabilized, and he helped the therapist tidy up the sandtray play room, sharing a sense of accomplishment with his mother. After this stage, Xiaohua's emotions remained relatively stable, with more creative and cooperative stories. In this stage, the core trauma of strained intimate relationships resurfaced, emotions stabilized after integrating the trauma, and new social relationships became stable.

Expand relationship (24th session): Separation was performed at the 24th session. Currently, Xiaohua has started school, and his academic performance was steadily improving. He exhibited emotional stability. A six-month follow-up revealed that Xiaohua's school and family life were stable, with occasional episodes of aggressive emotions that he was able to self-regulate.

In the work with children with ADHD, it is particularly necessary to pay attention to the aggressive emotions and behaviors often associated with such children. When therapists accept their aggressive behaviors, it is easy to stimulate their internal emotions. If therapists can stabilize their own emotions and creatively interact with the children, it will play a better role in the growth of children with ADHD.

Case 4: Xiaogang (A Child with MR)

Intervention Target

The client is a 7-year-old boy in grade one of elementary school , was diagnosed with MR combined with ADHD in June 2019 at a tertiary hospital in Wuhan. He is unable to attend school normally. The elderly person is quite doting towards the child, and the mother is very anxious and emotionally unstable, causing great trauma to the child.

Emotions: Easily excited; exhibits strong aggressive emotions when needs are not met; strong internal fear emotions.

Social interaction: Self-centered; strong desire for control.

Mental development: Split self-awareness, confused self-evaluation, inability to distinguish between self and others; confused internal logic,

unclear concept of time; poor cognitive language abilities, unclear expression of needs.

Personal growth: Narrow range of personal interests.

Analysis of Intervention Stages

Sandtray play therapy sessions are conducted twice a week.

Build relationship (1-11 sessions): Xiaogang switched between playing Ultraman and monsters, but was unable to clearly express the characters' identities. The therapist helped Xiaogang understand that being "killed" in battle actually means being defeated. After six sessions, Xiaogang developed a certain desire for exploration, and death-related attacks decreased. Specifically, Ultraman achieved success in battle with the help of others, changing from a position of disadvantage to success. During this stage, Xiaogang experienced strong internal fear. The therapist established a safe and intimate relationship with Xiaogang through positive attention and response, and guided his mother to stop forcing the child to engage in learning-related tasks.

Create relationship (12-17 sessions): Xiaogang was able to clearly narrate the roles he was playing, and more characters were introduced in the sandtray play, such as cousins, battling the Kong brothers, Ultraman, and a little frog, and helping them build their homes. In this stage, Xiaogang's real needs and emotions became conscious and were expressed outwardly, including dissatisfaction with the current situation, increased attack emotions due to setbacks, mistakes in correcting homework by teachers, and poor relationships with classmates.

See relationship (18-24 sessions): Xiaogang began to understand their role more clearly. In one game, even though the big monster kept reviving, Xiaogang was able to face it together with the therapist. In another game, Godzilla and King Kong join forced with the teacher to battle and defeat the giant zombie. During this stage, Xiaogang believed that he could defeat monsters and gradually stabilized his emotions while integrating trauma. He developed a cooperative relationship with the therapist.

Strengthen relationship (25-32 sessions): Xiaogang was able to clearly express their relationship with school teachers and had negative emotions towards learning, not wanting to return to school. The therapist visualized the return to school issue as a zombie, and Xiaogang used his own strength and sought help from the therapist to protect himself and ultimately defeat the zombie. During this stage, traumas from the school environment emerged, allowing Xiaogang to gain a clear understanding of his own emotions, and utilize new interpersonal relationships to solve problems. He also challenged himself.

Expand relationship (33-36 sessions): Xiaogang separated from the therapist smoothly, returned to school with stable emotions. One year of follow-up visits showed no adverse emotional reactions, some difficulty in the subject of mathematics, but he was willing to make efforts to overcome it.

In the work of children with MR, because parents will require children to complete specific tasks according to their actual age, such children are more likely to be frustrated in reality and accumulate trauma. It is easier to go into the heart of children to repair trauma through stories and games, and it is important for therapists to understand and create the development of stories.

Discussion

The four typical treatment cases mentioned above showed that children experienced stress and trauma from their families and schools. They lacked a sense of security, which was deeply ingrained in their hearts and manifested in various external symptoms. Sandtray play therapy is effective for the trauma recovery of children with special needs, and domestic and foreign studies have also shown that sandtray play therapy can promote the healing of trauma in children with special needs (Ferreira et al., 2014; Zhang et al., 2013). Through sandtray play therapy, children use sand and sand tools to break through the barriers of language communication, describe their inner emotions and experiences, connect with the outside world, thus promote the recovery of psychological trauma. Based on the importance of attachment in early childhood development (Main et al., 1985), therapists also communicated extensively with caregivers. Therapists provide suggestions to help them correct wrong beliefs, improve educational concepts and skills to enhance the effect of sandtray play therapy.

In sandtray play therapy, we found that there are five important factors that influence the psychological recovery effect: creating a creative thematic space, reproducing trauma, developing the trauma story, establishing an intimate relationship between the

therapist and the client, and providing education and guidance to the primary caregivers of children. In therapy, the intimate relationship between the therapist and the client, the understanding of the client's intention to express the story, and the development and creation require the therapist and the child need to grow together. Each child and the family behind them are unique, therapists need to have a deep understanding of socio-cultural attributes and different family backgrounds, and to respond flexibly to the needs of children is important to advance their work.

Children's emotions, social interaction, mental development, and personal growth follow a certain trajectory (Table 1). This developmental process is based on the establishment of new relationships in the first stage. When they feel connected to the therapist, they will reenact their traumatic experiences. At this stage, the sandtray play themes are often chaotic, incomplete, and negative. In the third stage, healing themes increase, and children gradually build confidence through exploring their inner world. In the fourth stage, sandtray play often combines trauma and healing themes, which means that children are integrating trauma and making efforts to reevaluate the relationship between internal memories and the external world. By the fifth stage, children return to regular school and achieve true self-construction, ultimately healing from the trauma.

Research on the treatment of psychological trauma of children with special needs helps practitioners to understand the characteristics and treatment needs of psychological trauma of children with special needs, accumulate treatment methods and experience, and improve the level and quality of intervention. At the same time, the case study illustrates the effect and mechanism of sandtray play therapy in psychological trauma recovery of children with special needs, and provides a theoretical basis for formulating effective intervention measures.

There are some limitations in this study. First of all, case analysis and judgment mainly relied on the subjective stories and sandtray play contents of the clients, lacking random control groups and quantitative indicators, making it difficult to define whether there are significant differences in the effectiveness of sandtray play therapy and the magnitude of the effect size. Therefore, in the future research of sandtray play therapy, it is necessary to improve the reliability and validity of the effect analysis of sandtray play works (Lv et al., 2015). Secondly, due to the particularity of the intervention targets, the intervention duration is too long, which may not be accepted by parents in practical application and is not easy to promote. Finally, the intervention results may be influenced by individual differences. In future studies, the influence of different psychological trauma on children with different special needs should be deeply explored. In addition to ensuring the effectiveness of sandtray play therapy on trauma recovery of children with special needs, it is also necessary to start with the timeliness and constancy of intervention effects, and combine with other psychological treatment methods to form targeted treatment programs.

摘要

沙盤遊戲治療兒童心理創傷案例研究

心理創傷復原是兒童身心問題治療中的重要環節，沙盤遊戲在兒童心理創傷復原的干預中具有獨特優勢。我們在特殊兒童干預實踐中發現，很多教養者存在寵溺與嚴苛並存的教養方式、持續不穩定情緒和過度重視規則教育等問題，導致兒童長期經歷著社交或成就失敗，形成心理創傷，極大地影響自我意識和人格發展。

本研究採用個案彙報對四種類型：自閉症譜系障礙、抑鬱症、多動症、心智發育遲緩兒童實施沙盤遊戲治療的過程，整理了患兒在情緒、社交、心智發展和個人成長性四個維度，每個維度又分為五個階段的心理創傷復原過程，探討兒童心理創傷復原治療方法。結果發現，在沙盤遊戲療法中，創造性主題場所、創傷的再現、創傷故事的發展、治療師與來訪者的親密關係、主要教養者的教育指導這五個因素對心理創傷復原的效果有重要意義。本研究對特殊需要兒童的心理治療方法進行了探索。

References

Association, A. P. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association. https://doi.org/10.1176/appi.books.9780890425596

Barra, S., Turner, D., Müller, M., Hertz, P. G., Retz-Junginger, P., Tüscher, O., Huss, M., & Retz, W. (2022). ADHD symptom profiles, intermittent explosive disorder, adverse childhood experiences, and internalizing/externalizing problems in young offenders. *European Archives of Psychiatry and Clinical Neuroscience, 272*(2), 257-269. https://doi.org/10.1007/s00406-020-01181-4

Cui, Y. (2013). Psychological trauma and crisis intervention in children after earthquake. *Chinese Journal of Contemporary Pediatrics, 15*(6), 423-426.

Ferreira, R., Eloff, I., Kukard, C., & Kriegler, S. (2014). Using sandplay therapy to bridge a language barrier in emotionally supporting a young vulnerable child. *The Arts in Psychotherapy, 41*(1), 107-114. https://doi.org/10.1016/j.aip.2013.11.009

Friedman, H. S., & Rogers Mitchell, R. (1994). *Sandplay: Past, Present and Future* (1st ed.). Routledge. https://doi.org/10.4324/9780203137987

Han, Y., Lee, Y., & Suh, J. H. (2017). Effects of a sandplay therapy program at a childcare center on children with externalizing behavioral problems. *The Arts in Psychotherapy*, *52,* 24-31. https://doi.org/10.1016/j.aip.2016.09.008

Haruvi-Lamdan, N., Horesh, D., Zohar, S., Kraus, M., & Golan, O. (2020). Autism Spectrum Disorder and Post-Traumatic Stress Disorder: An unexplored co-occurrence of conditions. *Autism, 24*(4), 884-898. https://doi.org/10.1177/1362361320912143

Kerns, C. M., Berkowitz, S. J., Moskowitz, L. J., Drahota, A., Lerner, M. D., Newschaffer, C. J., & Autism, S. U. (2020). Screening and treatment of trauma-related symptoms in youth with autism spectrum disorder among community providers in the United States. *Autism, 24*(2), 515-525.

Lacroix, L., Rousseau, C., Gauthier, M., Singh, A., Giguère, N., & Lemzoudi, Y. (2007). Immigrant and refugee preschoolers' sandplay representations of the tsunami. *The Arts in Psychotherapy, 34*(2), 99-113. https://doi.org/10.1016/j.aip.2006.09.006

Li, Z., Lu, Z., Zhang, X., Shi, L., Wang, D., & Cheng, Z. (2016). Research of Efficacy on Sandplay Therapy in Children and Adolescents with Depression. *Chinese Journal of Clinical Psychology, 24*(4), 759-761.

Liu, G., Huang, L., Qian, Q., Wang, Y., & Ge, P. (2019). Curative effect of progressively integrated sandplay therapy on core symptoms and sleep management in preschool children with mild-to-moderate autism spectrum disorder. *Chinese Journal of Contemporary Pediatrics, 21*(8), 743-748. https://doi.org/10.7499/j.issn.1008-8830.2019.08.002

Lv, R., Zhang, R., Wu, L., & Ma, X. (2015). The Sandplay Assessment and Its Development Tendency. *Chinese Journal of Clinical Psychology, 23*(6), 1137-1140, 1052.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in Infancy, Childhood, and Adulthood: A Move to the Level of Representation. *Monographs of the Society for Research in Child Development, 50*(1/2), 66-104. https://doi.org/10.2307/3333827

Mcnally, P., Taggart, L., & Shevlin, M. (2021). Trauma experiences of people with an intellectual disability and their implications: A scoping review. *Journal of Applied Research in Intellectual Disabilities, 34*(4), 927-949. https://doi.org/10.1111/jar.12872

Mills, M. S., Embury, C. M., Klanecky, A. K., Khanna, M. M., Calhoun, V. D., Stephen, J. M., Wang, Y., Wilson, T. W., & Badura-Brack, A. S. (2020). Traumatic Events Are Associated with Diverse Psychological Symptoms in Typically-Developing Children. *Journal of Child & Adolescent Trauma, 13*(4), 381-388. https://doi.org/10.1007/s40653-019-00284-y

Miodus, S., Allwood, M. A., & Amoh, N. (2021). Childhood ADHD Symptoms in Relation to Trauma Exposure and PTSD Symptoms Among College Students: Attending to and Accommodating Trauma. *Journal of Emotional and Behavioral Disorders, 29*(3), 187-196. https://doi.org/10.1177/1063426620982624

National Institute for Health and Care Excellence (NICE). (2018). *Post-traumatic stress disorder.* London. National Institute for Health and Care Excellence (NICE).

Wang, S. K., Feng, M., Fang, Y., Lv, L., Sun, G. L., Yang, S. L., Guo, P., Cheng, S. F., Qian, M. C., & Chen, H. X. (2023). Psychological trauma, posttraumatic stress disorder and trauma-related depression: A mini-review. *World Journal of Psychiatry, 13*(6), 331-339.

Xu, J., Zhang, R., & Zhang, W. (2008). Process and Effect of an ADHD Boy's Sandplay Therapy. *Chinese Journal of Clinical Psychology, 16*(4), 440-442, 445.

Zhang, W., Zhang, R., & Wang, W. (2013). A Qualitative Study of Sandplay Productions of Pupils with ADHD Tendency. *Chinese Journal of Clinical Psychology, 21*(6), 992-996, 911.