

## CASE REPORT

## The Implementation of Sand Tray Therapy in Managing Mood Disorders among Adolescents in Primary Care: A Case Report

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### ABSTRAK

Kemurungan dan kebimbangan ialah gangguan kesihatan mental yang biasa berlaku dan boleh menjejaskan individu merentasi semua peringkat umur, termasuk remaja. Keadaan ini memberi kesan mendalam terhadap pelbagai aspek kehidupan mereka. Laporan kes ini menekankan keberkesanan terapi dulang pasir (sand tray therapy, STT) sebagai kaedah rawatan kaunseling dalam pengurusan gangguan emosi dalam kalangan remaja di penjagaan primer. Laporan ini memaparkan kes seorang remaja perempuan berusia 14 tahun yang mempunyai sejarah kemurungan dan kebimbangan selama setahun disebabkan oleh isu perpisahan ibu bapa, cabaran persekolahan dan tekanan psikososial. Beliau didiagnosis mengalami gangguan kebimbangan umum dan gangguan kemurungan utama dan diberikan ubatan sertraline, pendidikan psikologi dan STT, di samping sesi psikoterapi keluarga. Melalui STT, beliau dapat meluahkan kebimbangan paling dalam dan menemui cara untuk mengatasi emosi tersebut. Menjelang penghujung rawatan STT, beliau menunjukkan peningkatan yang ketara; mula melakukan semula hobinya, menikmati suasana sekolah serta lebih rapat dengan ahli keluarga. Kes ini menekankan kepentingan pendekatan terapeutik multimodal dalam kaunseling, khususnya STT bagi remaja yang mengalami gangguan emosi. Intervensi awal mampu mencegah komplikasi jangka panjang yang serius serta menyokong perkembangan remaja yang lebih sihat.

**Kata kunci:** Kaunseling; kebimbangan; kemurungan

### ABSTRACT

Depression and anxiety are common mental health disorders that can affect individuals across all age groups, including adolescents. These conditions can profoundly influence multiple dimensions of their lives. This case report aims to highlight the effectiveness of sand tray therapy (STT) as a counselling treatment modality for managing mood disorders among adolescents within primary care settings. This case report illustrated a 14-year-old girl who presented with a year-long history of depression and anxiety exacerbated by parental separation, school challenges, and psychosocial stressors. Diagnosed with generalised anxiety disorder and major depressive disorder, she received sertraline, psychoeducation and STT, alongside family psychotherapy sessions. Through her STT, she managed to share her innermost worries and find a way to overcome the emotions. Towards the end of the sessions, she showed significant improvement and she started reconnecting with her hobbies, enjoying school and building a stronger

family relationship. The case highlights the value of a multimodal therapeutic approach in counselling, and particularly STT for adolescents with mood disorders. Early intervention can prevent severe long-term complications and support healthier adolescent developmental outcomes.

**Keywords:** Anxiety; counselling; depression

## INTRODUCTION

Anxiety and depressive disorders are among the most common mental health conditions. These two conditions often coexist, exhibiting high comorbidity, and are classified under the broader category of internalising disorders (Kalin 2020). In Malaysia, 26.9% of adolescents reported symptoms of depression (Institute for Public Health 2022).

Miller and Campo (2021) highlight two primary approaches for treating adolescent depression, namely pharmacological interventions and psychotherapy. However, these treatment methods may have several challenges, including side effects, varying efficacy and the intensity or frequency required for non-pharmacological interventions (Viswanathan et al. 2020). In primary care settings, providers often face difficulties in identifying, treating and monitoring adolescent patients with depression (Chavez et al. 2023). Further, Bentley et al. (2021) argued that not a single therapy protocol is equipped to address the complexities of overlapping symptoms, such as co-occurring depression and anxiety. Hence, there is a need for more flexible and integrative therapeutic approaches to manage depression in adolescents effectively.

This case report aims to present the value of sand tray therapy (STT) as a potential supplement therapy that can be integrated into primary care settings for adolescents with mood disorders. STT is a psychotherapeutic approach combining elements of play therapy and art therapy (Morin 2024) using miniatures to create a scene within a sand-filled rectangular tray (Herce et al. 2024). It is a therapy that operates on the principle that unconscious emotional dynamics become visible and recognisable through manual creation (Chalfon & Ramos 2022). According to Homeyer

and Sweeney (2023), STT can be either client-led or guided with specific direction. It may be conducted entirely without words or with verbal support, incorporating a range of counselling methods. STT utilises symbolic tools to access unconscious material, foster self-actualisation and promote personal growth. At the same time, it helps clients externalise and restructure their narratives. STT facilitates emotional exploration and meaning making through tangible experiences, requiring therapeutic support throughout the process. This approach projects the client's inner world and uses symbolic processes to access and work through unconscious material. It also supports narrative reconstruction, which enhances insight and creates emotional distance from problems. These processes enable emotional release, empower clients through creative problem-solving, and improve their ability to manage emotions and navigate life circumstances. Besides, research indicates that STT effectively addresses both internalising and externalising symptoms (Herce et al. 2024; Tan et al. 2021).

Despite its growing presence in mental health settings, the efficacy of STT in managing emotional and behavioural problems, particularly in children, remains underexplored (Tan et al. 2021). As mental health cases among children and adolescents become increasingly prevalent in primary care (Chavez et al. 2023), there is a growing recognition of the need for integrated mental health approaches in primary care settings. Incorporating STT into primary care could offer a viable, accessible intervention, contributing to a more holistic and integrated care model for managing adolescent mental health issues particularly mood disorders.

### CASE REPORT

A 14-year-old girl, presented to a primary care clinic with a one-year history of depressive symptoms and suicidal ideation. She reported persistent low mood, accompanied by anhedonia, difficulty initiating sleep, easy fatigue, restlessness, poor concentration, pervasive feelings of worthlessness and hopelessness that were followed by frequent suicidal thoughts. She showed disinterest in maintaining relationships with friends and preferred to be alone. Her mother reported that she became increasingly withdrawn and preferred to isolate herself in her room, though she still maintained some level of interaction with family members. Despite having adequate sleep of about six to eight hours a day and a good appetite, she often felt fatigued and irritable.

Her depressive symptoms were predisposed by significant psychosocial stressors from her parental separation at a young age. She was diagnosed with separation anxiety at 7 years of age when she presented with school refusal attributed to her parental marital conflicts. She was successfully being managed by a local psychiatrist through behavioural therapy and seemed to cope well with her schooling. However, her mental well-being was re-challenged once again as she entered secondary school. She was often being bullied and body-shamed by friends at school. Ongoing parental conflicts further worsened her mental well-being. These had made her to lose interest in academics, but she continued attending school just to please her mother. She no longer found joy in sports and resorted to smoking cigarettes instead. She also admitted feeling worthless and started to have suicidal thoughts like wanting to jump from a building. She denied hallucinations or other psychotic symptoms. She has a younger brother with attention-deficit/hyperactivity disorder and autism spectrum disorder and a strong family history of mood disorders from her maternal side. Clinical examination showed a well-kempt adolescent girl with a body mass index of 20.4 kg/m<sup>2</sup>. A mental state examination showed she had a low gaze and a subdued mood. Her speech

was coherent and appropriate, albeit delivered in a low tone. She demonstrated good insight yet quite reserved in sharing her life experiences. A comprehensive screening revealed a score of 40 on the Beck Anxiety Inventory (BAI) and a score of 34 on the Child Depression Inventory (CDI). Both screening inventories were suggestive of high levels of anxiety and depression. She was diagnosed with major depressive disorder (MDD) with suicidal ideation and generalised anxiety disorder (GAD). Her clinical presentation and assessment that fulfilled the DSM-5 criteria characterised by having excessive worry for more than six months about her school performance that she found difficult to control, that was associated with restlessness, irritability, easily fatigue and difficulty concentrating. She was feeling depressed for nearly every day for more than 2 weeks, associated with anhedonia, feeling of worthlessness, frequent fatigue and recurrent thoughts of death. All these had impaired her social relationship. There was no substance or chronic medical condition attributed to these symptoms.

She was referred to the emergency psychiatry clinic on the same day because of the suicidal risk. Assessment by the psychiatrist had further confirmed the diagnoses and thus she was prescribed with daily sertraline 25 mg and to be co-managed at the primary care clinic. Supportive psychotherapy was provided to the patient and her mother, focusing on the diagnoses, treatment goals and effective coping strategies. She was referred to a counsellor for STT that was available in the primary care clinic at that time. The self-guided STT sessions through the freedom of choosing sands and miniatures had made her at ease and allowed further exploration of her mental conditions. She was worried about her academic performance, body image and not meeting her mother's expectations. By the third session, she showed a marked improvement, more forthcoming and relaxed in sharing her thoughts and feelings. She reported a marked uplift in her mood. She had accepted the parental separation and had a better relationship with both parents. She quit smoking, re-engaged with

her hobbies and began enjoying school again. She continued further follow-ups at the primary care clinic for further monitoring of her mental health conditions.

## DISCUSSION

GAD and MDD are among the common mood disorders seen in primary care settings (Chua et al. 2024). Early identification of these conditions is important as any delay in the treatment especially in late adolescents, may lead to deleterious consequences such as substance misuse (Morales-Muñoz et al. 2023). The diagnosis of GAD and MDD in the patient is made based on the symptoms presented by the patient which fulfilled the DSM-5 criteria as described earlier (American Psychiatric Association 2022).

The patient's recovery was further supported through a comprehensive approach that included supportive psychotherapy, STT, active involvement from her mother and sertraline. She responded well to sertraline, a low-dose selective serotonin reuptake inhibitor (SSRI), addressing both her depression and anxiety. It is more effective than a placebo and consistently reduces the risk of suicidal thoughts and behaviours among adolescents (National Institute for Health and Care Research Evidence 2022). She did not experience the common side effects of sertraline like nausea, headache and diarrhoea. Meanwhile, selective serotonin and norepinephrine reuptake inhibitors (SNRIs) like venlafaxine should be avoided in adolescents as it has been associated with increased suicidal risk and attempts (National Institute for Health and Care Research Evidence 2022).

Psychotherapy proved to be particularly effective in this case. It fostered a good collaboration between family members and healthcare professionals leading to positive outcomes (Sarkhel et al. 2020). The sessions helped her mother to understand Ms. XYZ's mental condition better, which led to active steps to support her daughter. Psychotherapy is a crucial component of patient management, offering both the patient and family the opportunity to

learn about the symptoms and diagnosis of the mental conditions, avoid the contributing and perpetuating factors, and actively participate during treatment (Korczak et al. 2023).

The patient was additionally provided with counselling and STT. The therapy is an effective modality for managing children and adolescents who have experienced trauma, which is often more complicated as compared to adults (Herce et al. 2024). Adolescents may struggle to fully articulate their experiences, making it harder to verbalise their emotions and experiences (Herce et al. 2024). Given this challenge, STT serves as a valuable approach in reducing anxiety and depression. It emphasises the patients' self-creation and exploration of an imaginative world, allowing them to express their perspectives through imagery and storytelling while finding solutions to their problems (Keivani & Alhosseini 2018).

STT is a therapeutic approach facilitated by certified therapists or mental health professionals (Morin 2024; Tan et al. 2021). The combined elements of play and art therapy in STT require a comfortable and private space equipped with sand, a tray and miniatures (e.g., animals, and buildings). Given the flexible and adaptive nature of STT (Homeyer & Sweeney 2023), the number of sessions is not fixed (Herce et al. 2024; Tan et al. 2021). Factors such as patients' developmental stage, age and severity of mental health illnesses may influence the frequency of sessions (Herce et al. 2024; Tan et al. 2021). The key steps in conducting STT include preparing the room or space for the session, followed by introducing the counselling approach using STT, selecting and arranging the miniatures in the sand tray, processing using counselling approach directive or non-directive, cleaning up the sand tray, and documenting the session (Homeyer & Sweeney 2023).

During the STT session, the therapist will invite the patient to touch and appreciate the chosen sand texture of either synthetic or natural sand with their bare hands and freely create a world by arranging the miniatures in the sand tray according to the issue that the patient wants

to share using their chosen miniatures. While the patient engages in the session, the therapist observes and records the patient's behaviours, and the miniatures selected. The healing process starts while the patient plays with the sand and miniatures (Tan et al. 2021). The therapist facilitates the patient to fully focus on the process of making their sand tray creation. At the end of the session, the therapist communicates with the patients about their creation and explores their feelings and problem-solving options. The tray becomes the medium that reflects their unconscious mind and rather than painfully voice their emotions as in verbal therapies, the tray absorbs the negative emotions like fear, anger and hurt that they are experiencing (Homeyer & Sweeney 2023).

It is acknowledged that the positive improvements in the patient were not solely attributed to STT. The combination of pharmacotherapy and supportive psychotherapy to her mother and the patient had also contributed to her recovery. Multimodal approaches are more effective than single-method interventions, particularly for patients with mental health issues (Ning & Wang 2021). Such a diverse treatment approach is necessary, especially for patients who do not respond adequately to SSRIs or psychotherapy alone (Pettitt et al. 2022).

### **Limitations and Future Studies**

Since this is a case report, there are certain limitations, and it should be interpreted with caution. One key limitation is that the study examines only a single female participant, which restricts its generalisability and prevents the establishment of causal inferences. These limitations open opportunities for future research to further explore the use of STT in primary care by obtaining a larger study sample and incorporating causal factors of anxiety and depression among adolescents. Her positive outcome was decided purely based on clinical assessment in terms of improvement in her moods, interest in hobbies, schooling and family relationship. Additionally, performing quantitative assessments such as BAI, CDI and collecting written reports from teachers

once she completed the therapy would provide more evidence on her overall improvement.

### **CONCLUSION**

Adolescents are exposed to various mental health conditions including mood disorders that can significantly impact their personal development. STT may be considered a viable intervention in primary care settings especially in dealing with adolescents who are not verbally forthcoming. STT provides a non-invasive and engaging approach in dealing with adolescent patients. It allows better engagement between healthcare providers and patients in a manner that minimises potential harm. STT can serve as a supplementary therapeutic option alongside traditional counselling, offering a more holistic approach to adolescent mental health care.

This case study offers broader implications for the use of STT in primary care settings. The study demonstrates the importance of involving primary care providers, mental health professionals and caregivers in the comprehensive management of adolescents with anxiety and depression. The report also highlights the limited use of psychotherapeutic approaches in primary care, identifying it as a key factor in the suboptimal treatment of adolescent anxiety and depression. The integration of selective pharmacological treatments, such as SSRIs, is proposed as a complement to psychotherapeutic methods. Moreover, the report explores the potential of STT as an innovative complementary intervention. While its application in primary care is still evolving, the report suggests that its adaptation, along with collaboration with mental health professionals, could significantly improve therapeutic outcomes.

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