

PLAY THERAPY WITH THE ADHD CHILD: LESSONS LEARNED

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Over the last twenty years, I have had the opportunity, challenge and privilege of working with ADHD children and their parents. In my work with these children, I take on the role of "skill builder" and coach. I am able to help them to learn skills to overcome many of the difficulties encountered by individuals with ADHD. While my primary goal is to teach skills, I have learned that I cannot reach that goal without the use of play.

Some of the "skill deficits" that may be seen in ADHD children are:

- * **Difficulty in being able to calm down and relax once upset.**
- * **Difficulty in ability to stop, think, and consider alternatives before choosing a course of action**
- * **Difficulty in understanding social cues- using and responding to nonverbal language.**
- * **Difficulty in planning ahead and being future oriented.**
- * **Difficulty in identifying and appropriately expressing feelings.**

I have developed a variety of play therapy techniques to help the child (and family) learn skills for overcoming some of these difficulties. Even more important than any techniques, however, is a basic orientation to being playful. Being playful and allowing the child to play is essential to creating a "safe place" that allows them to relax, be themselves, and do their work.

Many years ago when I first began my career at local mental health center, I remember how difficult it was to reach these children with traditional "talk therapy". However, whenever I did an activity or engaged the child in play, they responded well and the session went much better for them, as well as for me. Once I began speaking their language-the language of play-I was amazed at what could be accomplished.

I remember working with a child who was having difficulty with school. As we were talking about this, he commented, "It's boring." I asked, "Do you mean school is boring?" he replied, "No, this conversation right now is boring." I thanked him for telling me that and immediately got him involved in a playful activity. He was much more animated, engaged with me, and much easier to talk with.

On another occasion, I was having difficulty in getting an ADHD child involved in the therapy sessions. One day, he brought his beloved hackey-sack with him. I invited him to demonstrate for me. He was happy to do so, and playing in this way allowed him to relax, to be himself, and to begin to engage with me and with the therapeutic process. His skill with hackey-sack provided a "language" that could be used in talking about the other much-needed skills that his parents and teachers wanted him to learn.

In my work with families I have found that parents are often so caught up in the difficulties and stresses of raising an ADHD child, that they may have trouble just being with their kids and enjoying them. I often recommend that the child and their parents do a "Be a Kid Activity". I tell them that this can't be to balance the checkbook or to rake the backyard. It has to be "play" and has to be fun..., tossing a ball, getting a "sno-cone" and seeing who can get the purplest tongue, or playing a board game. Without fail, parents and children experience this as extremely rewarding. The parents see the "child" and not the "ADHD" and they enjoy the child and themselves. One recent visitor to our office, laughing in the midst of a silly ball-throwing activity, commented, with all of his 7-year old wisdom, "Ah, it feels good to be young again."

I have learned to be open to lessons learned from ADHD children. They come to me for help and look to me to teach skills. Yet, many times they are the teachers, and we are the pupils and we need be aware and learn and be thankful. It has been very rewarding to work with these children and I am very thankful for the lessons learned.

ADHD Research: Implications for therapists who work with children

The MTA Study

NIMH Multimodal Treatment Study

Six hundred (600) children, ages 7 to 9, diagnosed with ADHD, hyperactive type, were assigned to one of 4 treatment options:

- 1) Routine community medical care
- 2) Medical care by MTA physicians
 - intensive contact
 - higher dosages of medication
 - monthly meeting with family
 - monthly contact with teacher
- 3) Behavioral/Psychosocial treatment by MTA staff
- 4) Combination of 2 & 3

The MTA Study: Findings

- All treatment groups improved
- The combination treatment (#4) and the MTA medical management (#2) were significantly superior to behavioral treatment alone (#3) or "routine community care" (#1)
- The combination treatment (#4) results were obtained with 20% lower dosages of medication than the MTA medical management (#2)
- Families & teachers reported higher levels of satisfaction for treatments that included behavioral components.
- Behavioral components were necessary to maximize improvement when there were co-existing problems, such as anxiety, poor social skills, and/or parent-child difficulties.

Skill building: One Component of the Treatment Plan for ADHD

- ◆ Assess and build on the child's existing strengths and interests in order to teach the needed skills.
- ◆ Help the child to
 - become more aware of the skills he/she needs to acquire
 - believe that these skills are useful and desirable in life
 - understand that these skills can be learned through practice
- ◆ Use a playful, imaginative and flexible approach to engage the child's interest and to encourage the child to be persistent in doing the "practice" necessary to master the skills.

The MTA: Psychosocial Approaches to Treatment

Components of the MTA Behavioral Program

- **Children:** attended all day 8-week summer camp
- **Parents:** participated in 14 month educational program that included group sessions, family sessions, and frequent phone consultation
- **School:** MTA staff provided consultations with teacher and a trained classroom aide to work directly with child for 12 weeks

This treatment component was partially based on a summer treatment program first developed in 1980 by **William Pelham, Ph.D.**

Dr. Pelham states: "Over the years, the major thing I have learned is that the essential components of treatment for ADHD are the psychosocial approaches. Medication should be an adjunct to that. Medication is helpful but it can't provide the building blocks for development that behavioral interventions can. The other thing that I have learned is that if you use behavioral interventions, the literature is very clear that you can dramatically reduce the dose of medication that you are using with children."

A Playful Formula for Teaching Skills

P Playful intervention to demonstrate the skill in an engaging and memorable way

L Link the skill to the child's everyday life

A Assign specific ways to practice the skill, get coaching, and monitor progress

Y Yahoo! Celebrate and acknowledge Progress