

**CLINICAL EDITOR:** This article addresses an innovative play therapy treatment of children with Attention Deficient Hyperactivity Disorder (ADHD). The author looks at the condition through the lens of emotion dysregulation and substantiates a role for a more participatory, action-oriented play in its treatment.

## *A Remedy For ADHD:* Play That Emotionally Arouses And De-Arouses Children

Attention Deficient Hyperactivity Disorder (ADHD) symptoms often reflect difficulties children and adults exhibit with managing their emotional highs and lows. This article focuses on children who are prone to become quite disorganized in their thinking and behaving either during peaks of excitement or when emotionally deflated. Motor restlessness, forgetfulness, distractibility, and uneven alertness and attention to the task at hand can be thought of as fallout from the child perpetually struggling to avoid, cope with, and recover from implosive and explosive emotional episodes (Schore, 2003). Likewise, children with ADHD often stand out because they have trouble toning down the intensity of their emotional communications to successfully realize social goals (Walcott &

Landau, 2004). Time and time again, they are observed stoking up their emotional expressions to achieve social goals. Examples such as angrily commandeering a leadership role in peer interactions or spiritedly jumping ahead in line are all too common for these children. The child with ADHD is often unable to inhibit the anticipatory excitement and frustration aroused by waiting one's turn. Self-recovery from emotional episodes is frequently beyond reach for these children and they can become stuck feeling angry or showing protracted, over-the-top excitement, even with large doses of restorative care from adults. Some researchers have begun to see ADHD as a "social disability" (Greene, Biederman, Faraone, & Ouellette, 1996; Henker & Whalen, 1999). This is not surprising

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since smooth handling of emotional highs and lows in everyday social interactions seems to be an area of great challenge for children with ADHD.

I argue that to genuinely engage the child diagnosed with ADHD and make therapeutic inroads, the play process should embody a high degree of activity and emotional arousal (Gnautati, 2008). Play therapy that is sedentary, talk heavy, and object mediated may be ill-suited for these children. A more participatory, action-oriented stance on the part of the therapist ensures a greater range, type and intensity of emotion will color the play - challenging and fortifying the child's emotion regulation capacities. It is doubtful that progressive emotional mastery is strictly internal to the child and individualistically achieved through the provision of nondirective play experiences. Rather, the strength, intensity, and of the feelings depend on play therapists skillfully throwing themselves into the play. This play should be adapted in ways that arouse and de-arouse the child based on what the interaction permits (Altman et al., 2002; Lyons-Ruth, 2006; Santostefano, 2004).

Similarly, the type of toys the therapist provides for the child has implications for the arousing and de-arousing play process. If, as many relational child therapists contend (Altman et al., 2002; Lyons-Ruth, 2006; Santostefano, 2004) emotions emerge, peak, and taper off contingent upon varying degrees of interpersonal and kinesthetic stimulation, consideration needs to be given to the type of toys that promote states of excitement as well as tranquility. Play therapists should keep in mind that the type of toys we have available in our play space covertly communicates to the child what activity level is or is not acceptable, what feelings are permissible to display, and how vigorously those feelings may be expressed. I like to have an array of arousing toys such as rubber swords, Nerf guns™, balls of varying weights and sizes, Velcro mitts™, soft rubber bats, and foam swimming-pool noodles (for hitting), juxtaposed with down-regulating toys such as chess and checkers, Connect-Four™, Barrel of Monkeys™, and Sorry™. In this regard, I am in agreement with Bellinson (2002) who proposes ample use of board games and toys in the office to broaden the range of what can be therapeutically tapped.

#### A Case Example

The following narrative comments are drawn from a case example of my clinical work with 12 year-old Miguel. This case and comments illustrate the premises above.



“Play therapists should keep in mind that the types of toys we have available in our play space covertly communicates to the child what activity level is or is not acceptable ...”

Without asking permission, Miguel took a half-filled plastic trash bag out of my office trash can and placed the empty trash can in the corner of the room.

I commented, “I guess you are feeling like pushing your weight around today Mr. Miguel.”

He availed himself with a rubber ball and began using it to “shoot baskets” into the trash can. I picked up another rubber ball and intermittently shot baskets into the same trash can, being careful to wait for opportunities Miguel left open for me. I sensed that Miguel was pulling for a more vigorous interaction. Before each of my shots I attempted to dribble around him before aiming my ball at the trash can, and upped the competitiveness in the room with some pointed remarks: “Who says older guys like me can’t dribble and shoot?” and “Does it take an adult to show a kid how to play properly!” Miguel, taking my cue, added some comments of his own, in a more edgy tone: “No it takes a kid to show a shiny-headed, baldy adult how the game is played” and “You know I’m gonna win and you are gonna lose.”

Before one of Miguel’s tosses I positioned myself close to him and delivered a steady stream of noises and utterances: “Ba, ba, ba, ba, da, da, da...can the Great Miguel get the ball in the basket, or will he be so annoyed by me being soooooo annoying that he will lose his concentration and duff it....jo, jo, jo,...Will he get so frustrated that he will quit?” Under some duress, Miguel was still able to tune me out and make the

basket. He came at me aggressively, growling and trying to get me in a bear hug. I matched his expression, but gently holding him in a more subdued way, without any growling noises. Miguel softened his hold and we went on with the game" (Gnautati, 2008, p. 102).

This vignette captures the value of a more participatory, emotion-centered, action-oriented play therapy approach with children with ADHD, an approach whereby the play process itself creates occasions for them to enter, tolerate, and recover from states of heightened emotional states more effectively. Therapists, by prompting competition and helping to accelerate intensity within trusted relationships, help some children learn to deal with their own behavioral and emotional responses.

Play therapy has been marginalized as a treatment for children with ADHD, and primacy given to medications and behavioral interventions (Barkley, 2006). Arguably ADHD symptoms are typically viewed primarily as neurological deficits to be managed, then socio-emotional vulnerabilities to be therapeutically worked through. Perhaps as clinicians, we need to be resourceful in drawing inferences from the literature on children's socio-emotional development to shed light on this disorder and reflect more deeply on how the play process itself can stimulate and organize the ADHD child in healing ways.

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