Is it ADHD or Trauma? Using Play Therapy to Differentiate

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Agenda

- Define ADHD and Trauma
- Discuss presentations of ADHD and trauma reactions
- Apply play therapy to ADHD and trauma presentations

Prevalence Rates: ADHD

- Approximately 11% of children 4-17 years of age (6.4 million) have been diagnosed with ADHD as of 2011-12.
- The percentage of children with an ADHD diagnosis continues to increase, from 7.8% in 2003 to 9.3% in 2007 and to 11.0% in 2011-12.
- Rates of ADHD diagnosis increased an average of 3% per year from 1997 to 2006 and an average of approximately 5% per year from 2003 to 2011.
- Boys (13.2%) were more likely than girls (5.6%) to have ever been diagnosed with ADHD.
- The average age of ADHD diagnosis was 7 years of age, but children reported by their parents as having more severe ADHD were diagnosed earlier.
- Prevalence of ADHD diagnosis varied substantially by state, from a low of 5.6% in Nevada to a high of 18.7% in Kentucky.

Taken from: http://www.cdc.gov/ncbddd/adhd/data.html
Percentage of Children Diagnosed with ADHD; 2011-12 National Survey of Children’s Health

Percentage of Children Currently Diagnosed with ADHD; 2011-12 National Survey of Children’s Health

Percent of Youth Aged 4-17 Currently with ADHD Receiving Medication Treatment by State: National Survey of Children’s Health (2011-12)
Prevalence of Trauma Exposure and PTSD in Children

The National Child Traumatic Stress Network

In a nationally representative survey of 12- to 17-year-old youth, 8 percent reported a lifetime prevalence of sexual assault, 17 percent reported physical assault, and 39 percent reported witnessing violence.

Kilpatrick DG, Saunders BE. (1997). Prevalence and Consequences of Child Victimization: Results from the National Survey of Adolescents. National Crime Victims Research and Treatment Center, Medical University of South Carolina

Among 536 elementary and middle school children surveyed in an inner city community, 30 percent had witnessed a stabbing and 26 percent had witnessed a shooting.


Among middle and junior high school students (n=2248) in an urban school system, 41 percent reported witnessing a stabbing or shooting in the past year.


http://www.nctsn.org/resources/facts-and-figures

Relatively high rates of exposure in the past year, varying by location and size of the high school, were reported by high school students (n=2735) surveyed in six schools in two states. Among males, 3 to 33 percent reported being shot or shot at, and 6 to 16 percent reported being attacked with a knife. Among females, there were lower reported rates of victimization except for sexual abuse and assault.


In a community sample of older adolescents, 14.5 percent of those who had experienced a serious trauma developed PTSD.

A recent review of research on children exposed to specific traumas found wide ranges in rates of PTSD:

- 20 percent to 63 percent in survivors of child maltreatment
- 12 percent to 53 percent in the medically ill
- 5 percent to 95 percent in disaster survivors


http://www.nctsn.org/resources/topics/facts-and-figures

Types of Traumatic Experiences for Children

- Physical or sexual abuse
- Abandonment
- Neglect
- Death or loss of loved one
- Life-threatening illness in caregiver/self
- Domestic violence
- Automobile accidents
- Bullying
- Community violence
- Police activity
- Incarceration of loved one
- Natural disasters
- Acts or threats of terrorism
- Chronically chaotic living environments
- Lack of financial resources

### Adverse Child or Family Experiences

<table>
<thead>
<tr>
<th>Factor</th>
<th>National Prevalence</th>
<th>State Range</th>
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<tbody>
<tr>
<td>1 or more ACEs</td>
<td>47.9%</td>
<td>49.6 [CT] – 37.5 [AZ]</td>
</tr>
<tr>
<td>2 or more ACEs</td>
<td>22.4%</td>
<td>16.3 [NJ] – 32.9 [OK]</td>
</tr>
<tr>
<td>Socioeconomic hardship</td>
<td>25.7%</td>
<td>20.1 [MD] – 34.3 [AZ]</td>
</tr>
<tr>
<td>Divorce/Parental separation</td>
<td>20.1%</td>
<td>15.2 [DC] – 29.5 [OK]</td>
</tr>
<tr>
<td>Lived with someone who had drug or alcohol problem</td>
<td>10.7%</td>
<td>6.4 [NY] – 18.5 [MI]</td>
</tr>
<tr>
<td>Victim or witness of neighborhood violence</td>
<td>8.6%</td>
<td>5.2 [NJ] – 16.6 [DC]</td>
</tr>
<tr>
<td>Lived with someone who was mentally ill or suicidal</td>
<td>8.6%</td>
<td>5.4 [CA] – 14.4 [MI]</td>
</tr>
<tr>
<td>Domestic violence witness</td>
<td>7.2%</td>
<td>5.0 [CT] – 11.1 [OK]</td>
</tr>
<tr>
<td>Parent served time in jail</td>
<td>6.9%</td>
<td>3.2 [NJ] – 13.2 [KY]</td>
</tr>
<tr>
<td>Treated/judged unfairly due to race/ethnicity</td>
<td>4.1%</td>
<td>1.8 [VT] – 6.5 [AZ]</td>
</tr>
<tr>
<td>Death of a parent</td>
<td>3.1%</td>
<td>1.4 [CT] – 7.1 [DC]</td>
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What is PTSD: Using the DSM-5

- Trigger to PTSD as exposure to actual or threatened death, serious injury or sexual violation. The exposure must result from one or more of the following scenarios, in which the individual:
  - directly experiences the traumatic event;
  - witnesses the traumatic event in person;
  - learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or
  - experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).


Four Diagnostic Clusters: Behavioral

- Re-experiencing
- Avoidance
- Negative cognitions and mood
- Arousal
Re-experiencing
- Spontaneous memories
- Recurrent dreams
- Flashbacks
- Other intense, prolonged psychological distress

Avoidance of...
- Distressing memories
- Thoughts
- Feelings
- External reminders

Negative Cognitions and Mood
- Persistent and distorted sense of blame of self or others
- Estrangement from others
- Markedly diminished interest in activities
- Inability to remember key aspects of event
Arousal

- Aggressive, reckless, or self-destructive behaviors
- Sleep disturbances
- Hypervigilance
- DSM-5 emphasizes the “fight” aspect as well as the previous emphasis on “flight”

Other DSM-5 Changes

- Number of symptoms required depends on cluster
- Only requires disturbance to be present for one month
- Eliminates acute vs. chronic phases of PTSD
- Preschool Subtype: presentation in children younger than 6
- Dissociative Subtype: with prominent dissociative symptoms

Symptoms of Trauma Exposure & Reactions

- Ten (1988) noted significantly more
  - Pessimism about future
  - Belief in omens and prediction
  - Memories of incorrect perceptions
  - Thought suppression
  - Shame
  - Fear of reexperiencing
- Trauma specific and mundane fears
- Behavioral reenactment
- Repeated nightmares
- Dreams of personal death
- Posttraumatic play
Potential Reactions: Preschool & Elementary Aged
- Recreating event
- Sleep trouble
- Somatic complaints
- Changes in behaviors
- Over or under reacting to sensory stimulation
- Worry about recurrence
- Talk of death/dying
- Increased distress
- Increased safety concerns

Potential Reactions: Middle & High School Aged
- Heightened worry about safety
- Worry about recurrence
- Decreased attention and focus
- Increased activity level
- Change in academic performance
- Irritability/angry outbursts
- Over or under reacting to sensory stimulation
- Somatic complaints
- Discomfort with feelings
- Repetitive thoughts/comments
- Emotional numbing
- Withdrawal

Commonalities Across Ages
- Heightened awareness of danger
- Rapid mobilization
- Self-protective behaviors
- Need-fulfilling behaviors
- Re-experiencing the trauma
- Hyperarousal
- Avoidance behaviors
“Trauma affects children holistically, permeating all areas of childhood and interrupting healthy development, including identity formation, cognitive development, physical health, emotional functioning, social skill development, and the ability to trust self and others (Briere & Scott, 2006; Eth & Pynoos, 1985; Everstine & Everstine, 1993; Perry, Pollard, Blakely, Baker, & Vigilante, 1995; Perry & Szalavitz, 2006; van der Kolk, 1994). The earlier the traumatic experience occurs, the more damaging the effects (Perry & Szalavitz, 2006).”


“Effects of trauma on children are understood best within the context of relationships. Children are relational beings and their relationships with parents and significant caregivers play a fundamentally important role in a child’s development (James, 1994). Children with healthy and secure attachments with caregivers are better equipped to cope with trauma. When traumatic events sever intimate relationships, children experience a loss of safety, trust, and value (Perry & Szalavitz, 2006). Children with impaired attachments are at a greater risk of traumatization through neglect and abuse.”


Research on ADHD and Trauma Comorbidity in Children

- Becker (2002) found that abuse predicted ADHD symptoms
- Briscoe-Smith et al (2006) found significantly higher rates of abuse for girls with ADHD than comparison group (most combined subtype, ADHD previously diagnosed)
- Fuller-Thomson et al (2014) found 7x higher odds of ADHD diagnosis in those reporting abuse
- Bernstein (2012) found that ADHD is commonly associated with a greater number of traumas than in non-ADHD population
- Famularo (1996) found that PTSD is significantly correlated with ADHD, other anxiety disorders, suicidal ideation, and trends toward mood disorders
- Brown and colleagues (2014) studied over 6,000 children: 42.6% of those with current ADHD diagnosis had exposure to 2 or more ACEs compared to 19.5% of no ADHD diagnosis. Also found ADHD medication and severity of ADHD symptoms increased depending on number of ACEs
Conway (2011) said that complex trauma cannot be extricated from ADHD diagnosis, as children with ADHD tend to have more “environmental trauma” (chronic stress) and “attachment trauma” (disruptions in attachment relationships).

Bennett (2000) found that children with ADHD diagnoses had more significant life events, more severe events, and more chronic traumas.

Comparison of Symptoms

Whitlock (2009) compared behavioral and neuropsychological profiles of kids with ADHD diagnoses: trauma compared to none reported. Found 67% comorbidity of ADHD in trauma group. Trauma-only had little impairment on cognitive and behavioral measures but significantly lower memory composite scores than normative sample. Trauma group also had significantly higher executive functioning scores.

Overmeyer and colleagues (in Messent, 2013) found that when a clinician was told about a child’s diagnosis of ADHD, the clinician was less likely to look for possible trauma and family/psychosocial factors.

Comparison of Play Presentations: ADHD

Zhang and colleagues (2013) examined sandplay of children with ADHD diagnoses and without. Those with ADHD diagnoses had:

- Larger number and category of miniatures
- Scenes that were more disorganized and chaotic
- Themes were more trauma related
- Making time was longer
- Productions were displaced more frequently
- Sandbox overflowed (miniatures to edges)
- Lower integration
- Higher energy and destructiveness

Cordier (2009) found that children with ADHD symptoms tended to have troubles with social play as they lacked interpersonal empathy.
Posttraumatic Play Behaviors: Terr

- Intense play
- Repetitive play
- Play disruptions
- Avoidant play
- Negative affect

Terr (1983) identified certain play characteristics as being posttraumatic. She described this play as being repetitive, grim, devoid of the pleasure nontraumatic play possesses, and as being so intense that the child’s ordinary coping skills are insufficient to prevent the child from feeling overwhelmed by pain and anxiety. PTPB characteristics include compulsive repetition, an unconscious link between play and the trauma, literalness of play with simple defenses, and failure to relieve anxiety. PTPBs have a secret, ritualistic, and driven quality (Terr, 1981).


Comparison of Play Presentations: Trauma

- Repetitive reenactment of the trauma
- When the trauma occurred in terms of development can alter how the play is impacted
- Cohen and colleagues (2010) found that in children exposed to terrorism, PTP had predominantly negative affects, frequent acting out/misbehaviors, lowered developmental level, and reduced awareness of self as a player
Techniques
- Drawing/Art
- Puppets
- Self-regulation
- Emotional expression
- Trauma specific

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Drawing and Art Techniques

COLOR-YOUR-LIFE: INSTRUCTIONS
Prentend this paper shows your whole life, from the time you were born until now. Use the crayons to color in all the feelings you have had your entire life. If you have been happy about half the time in your life, then half the paper you might color yellow. If you have been happy your whole life with no other feelings, then you should color the whole paper yellow. You may fill in the paper any way you like.
Variations

- Color Your House
- Color Your Family
- Gingerbread Man
- Feelings for the Week
Support System Genogram

- **Supplies:** Paper, markers/crayons/colored pencils
- **Goals:** promote recognition of current support system and where gaps may lie
- **Activity:** Have draw circles (including a Me circle) to identify supports in their lives. Look at where the circles are drawn in relation to the Me and who is present/missing.

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Shields

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Puppet Play
Why Should We Use Puppets?

- Makes Learning Enjoyable
- Facilitates Self-Expression
- Builds Therapeutic Alliance
- Positive Affect
- Role Rehearsal
- Practice Skills
- Master Trauma
- Fantasy Compensation
- Social Connections

Many types of puppets:

- Realistic Family
- Royal Family
- Animal Family
- Fantasy
- Occupational
- Various Animals
- Angels / Fairies / Devils
- Aggressive
- Neutral
- Nurturing

GUIDELINES FOR CHOOSING MOST USEFUL TYPES

- Easy to Manipulate
- Comfortable
- Washable
- Symbolic Value
- Have a Personality
- Moveable Mouths
- Range of 15-20 Puppets

Courtesy C. Schaefer
Larger Than Life

“Puppets aren’t little men, women or animals. A puppet must always be more than his live counterpart—simpler, sadder, more wicked, more supple. The puppet is an essence and a emphasis. For only in this way does a puppet begin to reflect truth.”

—B. Baird
Emotional Expression and Regulation Techniques

Emotions Identification

- Use Feelings Flashcards to introduce child to a variety of emotional expressions. Show the cards one at a time, and have the child identify the emotion and stack in piles of similar expressions.
- You can use this to get an idea of how the child’s emotional vocabulary as well as whether the child is experiencing the emotional expressions of others as particularly intrusive, scary, welcoming, etc.
- Can move into Feelings Charades, emotional check-in, etc.

Feelings Faces
**Peanut Butter & Jelly**

- **Supplies:** you and child
- **Goals:** Regulation
- **Activity:** You say “peanut butter,” child says “jelly.” The goal is to have the child match you in tone, pitch, and volume. As you adjust yours, you model how we can “rev up” a response or tone ourselves down.

**Beat the Clock (Kaduson)**

- Focus on a project without interruption; increases child’s attention span. Can adjust time span as needed.

“We are going to play the Beat the Clock game. I am giving you 10 poker chips. You must keep your eyes on your work for 2 minutes, without looking up and without paying attention to anything else. If you do that, you will earn an additional 10 chips. If you look up, however, I will have to take a chip away. After we have done this, and you have earned 25 chips, you can earn a prize.”

**Garbage Bag (Kaduson)**

- Decorate brown paper lunch bags and use six slips of paper to write down personal “garbage” to put in the bag.

“What if there wasn’t any garbage collection, and the garbage had to stay in the house? It would probably gather into huge piles. These piles would be so heavy that they could not be moved, and finally all the garbage would have no place to go. So it would have to be carried around on people’s backs from our house to our friend’s house, from home to school, and so on. If we never disposed of the garbage, we would always have to worry about where to store it. Garbage for us is all that yucky stuff that we think about all the time, that bothers us when we try to go to sleep, that interferes with our thinking pleasant, happy thoughts. So let’s get some of that garbage out of ourselves and stick it in the garbage bag.”
Balloons of Anger Technique

Child and therapist each take a deflated balloon and blow it up. Comment on what it feels like to take the deep breaths necessary to fully expand the balloons. Describe the balloon as being our anger. As we get more and more angry, the balloon gets bigger and bigger. We can choose to explode and let all the anger out at once (letting go of your balloon and watching it fly across the room) or we can use coping skills to let a little air out at a time. It might feel good and funny to let the balloon just go, and explode with our anger, but there are better ways to let the air out, bit by bit.


Cotton Ball Races

Team up to work on achieving goals with the cotton balls—try to score into a goal across the table, knock each other’s off by directing your breath through the straw, see who can send theirs the farthest distance with one breath, etc. Adapt to breath training needs and anger management.

Trauma Specific
Bibliotherapy
- Brave Bart by Caroline Sheppard.
- Story featuring a cat who enters therapy following an unspecified trauma.
- A Terrible Thing Happened by Margaret Holmes.
- General story about witnessing a trauma and trying to forget about it; goes through therapy and emotions.

Release Play Therapy
- Therapist only presents materials relevant to the child’s trauma.
- Abreactive healing:
  - 1. Miniaturization
  - 2. Repetition
  - 3. Active Control
  - 4. Mastery Ending

Great chapter on this in Drewes & Schaefer’s newest book, Play-Based Interventions for Childhood Anxieties, Fears, and Phobias.

Story books
- Creation of the trauma narrative including drawings/creations by the child and the words of the story. Words are adapted over time to include appropriate affect and meaning, including safety skills and helping process afterwards.
- In Trauma Focused Cognitive Behavioral Therapy, this is a key feature of the treatment and parents are included by the therapist throughout.
Remembrance Rocks

- **Supplies:** smooth river rocks, approximately 2-3 inches in diameter, permanent metallic paint markers
- **Goal:** Promote coping with grief by creating a memorial token; promote expression of feelings
- **Activity:** Have children write personal messages on the rocks (peace, healing, love, etc.). Can either keep in a special location or carry it.


Thanks for coming!!