

Directive Group Play Therapy for Children with ADHD

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(Definition box begins)

Directive Group Play Therapy is the use of fast-paced structured and semi-structured games designed for children diagnosed with Attention Deficit Hyperactive Disorder (ADHD) and low self-esteem. Through specifically designed games and a regiment of concurrent reinforcement methods, the therapist sustains the attention of fidgety children, teaches values, social skills, emotional as well as life skills, and manages misbehaviors. The group process and games empower and motivate the players, help build their self-esteem, promote self-confidence, team work, and facilitates improved handling of interpersonal conflicts. The fun atmosphere dissipates past fear and pain in learning. The learned positive experience is transferable to new social settings and situations.

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(Definition box ends)

Introduction

During my undergraduate and Master's social work training in the 70s, my favorite class was Social Group Work. I was influenced by group work classics of that time such as Konopka (Konopka, 1963), Bernstein (Bernstein, 1965), Cartwright and Zanders (Cartright & Zander, 1968), Trecker (Trecker, 1955), and Yalom (Yalom, 1970, 1975, 1985, 1995) to name only a few. I was also fortunate to have expert group work teachers who engaged students using experiential, structured exercises to help us understand first hand all the components of group dynamics and stages of group development. I deeply

felt the power of the group dynamics changing the thoughts and behaviors of myself and classmates. I became hooked on group work.

Earlier, as a Hong Kong youth worker, I led all sorts of activity, hobby, and friendship groups for many years. After graduation from graduate school, I considered myself competent in both running my groups as well as supervising students with their group work. But these were not therapy-related groups. Later, when I became the Treatment Supervisor for a 16-bed small Residential Treatment Center (RTC) in Texas, imagine my excitement when I thought I could use Social Group Work as one of my treatment methods. The kids' ADHD diagnosis never even crossed my mind!

Before my first group meeting, I conscientiously planned games appropriate to meet their developmental needs and interests. I also planned healthy refreshments for the end of their session. I eagerly looked forward to my first meeting with the youngest group of children (ages 5 – 7). The time came and a houseparent led four boys into the activity room and I told him the session would last an hour. I started my enthusiastic introduction to the children explaining how we were going to have fun and enjoy tasty refreshments at the end. Their eyes were on me for no more than a minute before the squirming began and in three minutes they were out of their seats, poking at the games, or reaching for a cookie. My mouth constantly repeated their names, asking them to return to their seats and listen to the game's rules before we could play. Suddenly, one kid jumped up and said, "I hate this" and promptly zoomed out the door. Immediately, I knew I was in trouble because RTC safety rule #1 was to know the whereabouts of every child at all times! I certainly could not chase after this one kid while leaving the other three alone in the activity room by themselves. While I was standing at the door, almost in tears, as if by a stroke of luck the campus secretary walked by so I begged her to go ask the boys' houseparent to go find the missing child and return him to his dorm. She took one look at my panic-stricken face and said that she purposely came over to check on me just in case I needed help. I gratefully thanked her.

The three kids still in the room seemed to enjoy the fiasco and were gleefully helping themselves to the date-bars and baby carrots. Needless to say, the rest of the session was spent on practicing independent living skills like “napkins on laps,” “chew with mouths closed,” “use inside voice,” “be careful with juice,” “good sitting,” “use good manners,” and “keep hands to yourselves.” It seemed as if my first group session lasted forever and I was totally drained at the end!

How I Conceptualize Directive Group Play Therapy (DGPT)

For two weeks, I agonized over my “sinking of the Titanic” experience. I did my soul searching and realized that all these kid’s behaviors, the hyperactivity and short-attention span, were congruent with their ADHD diagnosis. To plan a group for ADHD kids without acknowledging all their symptomatic behaviors would be like ignoring the elephant in the room. In fact, these behaviors were the reason why they were sent by their parents, teachers, probation officers, and judges for treatment in the first place. So in addition to my Social Group Work training that emphasized building of relationships and personal growth, I would need to target my methods at the group members’ short attention-span, distractibility, restlessness, feet-tapping, getting out of their seats, talking out of turn, interrupting each other, idiosyncratic attention-seeking behavior, and aggressiveness toward themselves, peers, and even the therapist. I had to admit that my original thinking about using Social Group Work was insufficient.

First, children only learn when they are paying attention. I learned this from a workshop about brain studies taught by Dr. Gaskill (Gaskill & Perry, 2013). He and Perry’s research found that brains of kids with ADHD are wired differently with a smaller left brain and weak executive functions. Therefore, these children have a harder time with tasks like paying attention, managing time, completing homework, and delaying gratification. This led me to decide that if I could *engage their attention first* perhaps ADHD children could be motivated to use appropriate manners, polite language, feeling words, social skills, some etiquette, and better judgment. Because ADHD kids do not have natural inclination

and patience to learn, every social or life skill must be broken down and taught to them in tiny steps. Therefore the goal for therapeutic interaction should be to sustain the child's interest long enough to look, listen, and to practice using a feeling word like "frustrated," understanding a value like responsibility or empathy, a social skill like "taking turns," or a life motto like "all good things in this world are earned." If these "fact-bites" are understood, practiced, and internalized, then children with ADHD will have the basic intellectual scaffolding to understand themselves and others, apply rules in different settings, find ways to communicate, and ways to build meaningful relationships. By learning to habitually break down every task in life to manageable steps, they will create "mini successes" and avoid frustration which can unglue them emotionally.

Something must be done to boost low self-esteem of kids with ADHD. There is a high correlation between ADHD kids and maltreatment (Perry, 1999). Some kids with ADHD are reported to have a high threshold for physical pain; so quite often adults in their lives cross the line from discipline to abuse. At school, ADHD kids' idiosyncratic behaviors make them targets for bullies. The taunting, name-calling, and hurtful personal ridicule increases their feelings of helplessness which turns inward as self-doubt, depression, and self-hatred. Repeated rejection by family, teachers, and foster families or treatment facilities' staff can be perceived by children as "nobody wants me." As a result, many kids with ADHD appear to be loners, lack a sense of belonging, are fearful of new settings, sensitive to personal feedback, defensive, and do not trust adults.

A play therapist should provide opportunities for group members to *safely* express their real personality during their treatment to help rebuild self-image. I do this in games by encouraging short constructive feedback from their peers and myself. My plan is to end each group session with *at least ten minutes* for members to practice listening to and giving honest feedback to each other.

Returning to my story about my disastrous “Titanic” first experience with ADHD boys, the questions on my mind were: How to get their attention? How to get them motivated? How to provide feedback about their ADHD behavior without acting like a typical, critical adult? Then as I was mulling this over, I had a flashback memory from when I worked three summers as a casino “Change Girl” in Reno, Nevada to earn money for college. My job was walking around with a heavy money apron filled with rolls of coins to give patrons change for their paper bills to use in slot machines. I did a lot of people-watching and noticed how all the patrons at slots machines, black jack tables, keno games, and the roulette tables paid *continuous attention* to the dealers and the amount of poker chips in front of them! Lots of patrons played for long hours, glued to their slot machines, mechanically feeding coins, yet joyful any time they hit Three Cherries or Three Bars and a small handful of coins dropped onto their tray. I saw how every black jack dealer was engaged with four or five patrons seated around a table, which reminded me of Piaget’s parallel-play concept. I observed how dealers were pleasant, but firm in enforcing the rules, patiently waiting for each patron to make a move, then giving instant feedback by delivering colorful winning poker chips or taking away the losing player’s chips. In hindsight, I was watching powerful positive (giving chips) and negative (losing chips) reinforcement patterns that kept the black jack players attention for long periods of time. I suddenly recognized I could use giving and withholding chips in my boys group to get their attention, raise motivation, and provide quick feedback on behaviors.

Capturing Interest with Fast Paced, Novelty Play

Among all the books I read describing ADHD kids, I found Thomas Phelan’s book, *All About Attention Deficit Disorder: Symptoms, Diagnosis & Treatment: Children and Adults* (Phelan, 1993) most helpful, especially when creating structured games. Phelan (1993, p. 13) described how ADHD kids can pay attention best under four conditions. Later I added my own fifth idea.

1. When it is a novelty item or idea: In the games I describe in my book *Directive Group Play Therapy: 60 Structured Games for the Treatment of ADHD, Low-Self-Esteem, and Traumatized Children* (Leben, 1994 - 2009) I use recycled materials, easy to find items in the home and in garage sales. One reason is that my agency had no budget for therapeutic toys and I could not afford store-bought games. Second, ADHD kids tend to play *rough* and “accidentally” break toys. If the games or toys are created from disposable materials, the therapist does not even have to show a twinge of displeasure when they are broken. Third, when group members see a handful of pinto beans and empty egg cartons on the table, they are immediately curious and ask “What are those for?” I would say, “These are for one of our new games I will teach you,” knowing *now* I have their attention. For extra novelty, I would sometimes playfully give game instructions in Cantonese, my native tongue, and suddenly the group members would perk up and look at me funny with big smiles on their faces. Only a few store-bought games include surprise novelty in their design, for example, the fifty-year-old Booby-Trap Game sold by Gem Color Co. #214 or Parker Brothers (www.samstoybox.com/toys/BoobyTrap.html) given to me by my father-in-law was so much fun the boys would behave better for 30-minutes just to “earn” 15-minutes to play it. Balancing items like match sticks on a soda bottle or stacking alphabet blocks to make a tower are also great examples of including novelty that attract kids with ADHD.

2. When it is something the child is interested in: Playing games is something that all kids with ADHD like to do. To match their temperament and treatment objectives, I designed fast-paced, fun games with only a few, easy to remember rules like my “Bigger-Smaller-Same Game” (Leben, 1994 - 2009, p. 30). Children with ADHD prefer games that are engaging with win-win results for every player and allow spontaneous, creative, expression. Even though store-bought games facilitate the social skill of taking turns, many kids with ADHD dislike them because such games have too many rules, take too long to play, and only one person can win. Furthermore, as a therapist I find many store-bought games

promote a superficial participation of moving a marker instead of an opportunity for deeper interactions between members and therapist.

3. When it is a one-on-one situation: Resembling a black jack dealer at a casino table, the therapist is playing with each child one-on-one, and yet the rest of the group is watching and learning from the therapist's interactions with other players.

4. When the child feels intimidated: I interpret Phelan's "intimidation" to mean being strict. The therapist remains cordial and respectful without a fake big smile, but directive when explaining a game. And, like a black jack table dealer, the therapist strictly follows the game rules and dispenses poker chip rewards for appropriate behavior or genuine effort. When loudly dropping a poker chip in a child's bowl, the therapist smiles and offers simultaneous short remarks like "that's good sitting. I like it" or "I love the way you're listening to me" or "thank you for changing your attitude." Such short feedback statements when accompanied with rewards are exactly what kids with ADHD need as guidance.

5. When the child is rewarded frequently: I reward group members frequently with tokens like poker chips as well as saying positive comments continuously throughout the session. For kids with severe ADHD symptoms, I start by using dry roasted peanuts (after consulting with their parents about food allergies) as primary reinforcement because after eating one, the players tend to want another, creating an internal drive for appropriate behavior. Then gradually I will introduce a second plastic bowl and use poker chips as a secondary reinforcement. After two more sessions, I transition to using only poker chips. In this way I train the kids to delay gratification because the group members are required to wait until the end of the group session to redeem their chips for healthy food items like corn nuts, sesame sticks, or baby carrots. Furthermore, I have a treasure chest with many small toys and trinkets. For example, a child who earns 27 chips can trade in 20 of those for a small toy car and seven sesame sticks.

I have even observed that parents, who I know also have ADHD genes, love token rewards too. Parents are just as curious about the treasure chest items and will excitedly trade their chips for little tubes of tooth paste and fancy little hotel shampoo bottles. After 30 years of working with these parents, I cannot help wondering if they could have benefited from play therapy in their childhoods.

Stages of Group Development

To further develop my approach, I remembered the Stages of Group Development in the Boston Model (Garland, Kolodny, & Jones, 1965, pp. 45-47) that describes five group development stages: 1)Pre-Affiliation, 2)Power and Control, 3)Intimacy, 4)Differentiation, and 5)Separation. In each stage, the group members show characteristic behaviors that help the therapist to assess at what stage the group is at. The stages which are of vital importance in helping members change are the **Intimacy** and **Differentiation** Stages. However, the group does not just reach those stages by having a certain number of sessions. It is up to the trained group worker to use facilitation skills and selection of effective games and activities to encourage interactions to resolve the key dynamics of each stage, thus “pushing” the group through stages.

When children first enter the group they act like strangers and need opportunities to safely feel accepted and see other members’ abilities. Games in the **Pre-Affiliation Stage** should focus on inclusion and feeling good about participation. When members see a firm, competent leader, offering fun games, food, and rewards, the chances are they will want to return for more positive experiences.

During the **Power and Control Stage**, group members jockey for status positions and challenge each other and test the leader’s authority and rules. The therapist’s ability to handle the challenges fairly and calmly is the key to winning members’ confidence as a person they can trust and whose guidance they can accept. For example, I consistently model the use of polite, clean language. If a member starts cussing, instead of dealing directly with that member I can simply look in his direction, followed by giving

a chip to each of the *other* members and saying “thank you for using clean language” or “thank you for respecting yourself and our group” or “thank you for exercising self-control.” I then asked that mouthy member if he can express himself in a different way. In this incident, my member said, “I wish all of you would jump into the lake and leave me alone!” I immediately gave him a chip for changing to clean language to express his frustration! Another member said, “Yeah, you bet we’d be speaking clean language if we jumped in the water.” Everyone laughed which broke up a tense moment. Needless to say, I gave out chips to everyone with remarks like “very funny,” “good belly laugh,” and “a lovely smile!”

In the third stage, **Intimacy**, after members know one another better, trust is further built through mutual disclosure and dependence on group norms. The group members feel less defensive, act cohesively when making decisions, and can support each other to change old habits of vocabulary, mannerism, and attitudes.

In the fourth stage, **Differentiation**, members feel supported and validated enough to use socially acceptable language to express opinions, adopt more pro-social behavior, and further develop their unique personal identity.

In the final **Separation Stage**, the therapist brings the group to a close with play therapy games so that members can evaluate and share their own personal growth in social and emotional skills. Other activities described in my *Directive Group Play Therapy* book (Leben, 1994 - 2009) help celebrate the friendships built between members and express possible feelings of loss and sadness. As a therapist, I place great importance on planning and implementing the final three group sessions because I have worked with numerous cases of abused and traumatized children who have had serial abandonment issues that were never addressed. The most severe case I encountered was a 13-year-old boy who had over 40 child protective service caseworkers who collectively moved him through 24 foster homes and 26 changes in schools. He was never taught how to handle awkward and painful parting moments. When

I first met him, he was cold, defensive, and angry because he felt he had never had any control over his entire short life. He used aggression to protect himself from getting hurt. I believe that when children learn to say proper good-byes and honor the relationships built, in spite of the emotional pain at that moment, they become stronger human beings. With **Separation Stage** group activities children master those moments with greater competency. I want to make sure that children learn to handle parting moments in the DGPT experience.

Other Components for a DGPT Group

In addition to theoretical frameworks, I learned from experience other components that make Directive Group Play Therapy more effective.

Structure: Children with ADHD need and function better with structure, i.e., an environment that is organized and predictable. This is the most important DGPT group component.

- a. *Meeting time and place:* Same time, same place every week.
- b. *Same set-up:* Every player has a plastic bowl (from recycled, small margarine bowls) and in the therapist's corner a rack of poker chips and a container or two of crunchy snacks.
- c. *Seating arrangement:* Around a table or on the floor in a close circle so as to facilitate eye contact and assurance of safety. The child who needs the most support should sit on the therapist's right-hand side to benefit from close proximity, a helping hand, and verbal encouragement for participation.
- d. *Routine program format:* Check-in with each member, followed by a couple of fast-paced, fun games, a story, sharing and feedback time, and chips redemption.
- e. *Game choice:* I over-prepare myself by reviewing each child's treatment objectives so that I have several games that fit but can switch to another game which promotes better interaction.

- f. *Supplies:* I provide clean, well maintained toys, puppets, and play materials, mostly recycled or second-hand from garage sales or thrift stores.

Short, to the point language: The therapist should remember that ADHD kids have really short attention spans. I discipline myself with a “Six Second Rule” when I give spoken instruction, requests, or feedback. I know I have only about six seconds of attention from a child with ADHD. Therefore, I use specific, clear, to-the-point “sound bites” or verbal requests to say what I mean and want without hesitation. For example, I say “good sitting. I like it,” “pay attention,” or “eye contact.”

I make a conscious effort to counteract the children’s low self-esteem by giving quick, encouragement within six-seconds. If at all possible I stay away from the two words “good” and “bad” because they are too general to help much. Instead members are encouraged to use more descriptive language in the feedback segment at the end of each session. For example, if Peter says, “John, you told a *good* story.” After my prompting, he changed it to say, “John you told an *interesting* story. I enjoyed the funny ending.” Ben said, “Simon, you were bad in this session.” After my prompting, Ben changed it to say, “Simon, you kicked me under the table several times for no reason at all. I don’t appreciate it. I want you to stop that.”

Group size: For novice play therapists, two or three members, definitely no more than four, allows the therapist to give adequate attention to members as well as make better observations.

Group duration: At the outset it is a good idea to let potential group members know the planned duration of the group, usually 8 to 10 sessions. Knowing the beginning and end dates provides an incentive for their commitment to participate. For schools with 12-week semesters, a 10-session group allows the play therapist time for member recruitment and therapeutic separation. Even if a child can benefit from added sessions, it is preferable to have him join another group with different members allowing him more practice with various social emotional skills and problem-solving situations.

Reinventing Group Process to Help Kids with ADHD

After reviewing text books, soul searching and self-evaluation, I gathered my courage to try again with my new approach. Even though the concepts were sound, implementing them for the first few group sessions was like using a foreign language or driving a new car without knowing where the dials and buttons are located. However, when my new approach *actually worked* to keep members' attention and resulted in more pro-social behavior it motivated me to create more games. In the following case example, I will meticulously elaborate the application of Directive Group Play Therapy (DGPT) techniques.

To the untrained eye watching me conduct a DGPT session, the boys are just having a fast-paced card or domino matching game. If this person cares to step closer, he may report the boys are noisy and the therapist is speaking in short phrases while passing out poker chips like a black jack dealer. Although play interaction seems hectic, the kids are paying attention and having fun. However to the trained professional eye, the boys are closely watching the therapist for nonverbal and verbal cues for how to behave. The therapist's every move purposefully shapes better social-emotional interactions.

Case Example: The Young Boys Group

What follows is a *fictional* transcript of my second group session after my "titanic experience" with the four boys with severe ADHD, ages 5 to 7, named Ben, John, Simon, and Peter (not real names) who live at a residential treatment center. The boys sit at a round table with a recycled margarine, plastic bowl in front of each boy. Next to me I have a rack of poker chips, a bottle of dry roasted peanuts, and a bowl of round cereal pieces for rewards. Other supplies included: a stack of playing cards omitting the Jack, Queen, and King, a container of dry, raw pinto beans, and a rubber band.

My game plan for our 60-minute session included 1) check-in time, 2) two structured games: The Bigger-Smaller-Same Card Game and The Pinto Bean Picture Game, 3) feedback time, and 4) redemption of tokens.

I start all group sessions with a **Check-In Time**. In the first meeting, the Check-In-Time is longer because during the Pre-Affiliation stage it is important for group members to have meaningful opportunities to know the therapist and for the members to know each other. The Check-In-Time for later sessions will be much shorter because I ask each member to pick one to two feeling words from my *Feelings Wheel Game* boards mounted on the wall that describe their current feelings (Leben, 1991 - 2001). Each feeling word they express will earn one chip.

Following the group process transcript, there will be a discussion section to explain my rationale for the choice of games, frequency of giving rewards, and reason for my short therapeutic remarks.

Case Transcript - Check-In Time

Norma: (as soon as the boys come in and sit down) John, thank you for good sitting (I put a peanut in his bowl.) Ben, thank you for good eye contact (I put a peanut in his bowl.) Simon, thank you for looking at me (I put a peanut in his bowl.) Peter, thank you for joining our group (I put a peanut in his bowl.) Thank you for attending this meeting.

We met two weeks ago and it didn't go well. I'm sorry about that. Today I would like to try again and start properly this time. Thank you for listening (I give every member another round of peanuts.) So let's begin by introducing ourselves. I'll go first. My name is Norma, your new social worker. You can either call me Norma or Ms. Norma. I plan to have a play therapy group with you boys every Tuesday after school for 10 weeks. We will then take a two-week break for holidays. After that we'll start again. As for now, I want everyone to tell me your name and ask a question about me so as to get acquainted.

Ben: (jumping up and down and pointing) I want a cookie now!!

Norma: (Ignoring Ben) Thank you, John, for waiting. (I put a chip in his bowl.) Thank you, Simon, for good sitting. (I put a chip in his bowl.) Thank you, Peter, for listening to me. (I put a chip in his bowl.) Ben, thank you for calming down and sitting properly. (I put a chip in his bowl.) John, would you like to go first?

John: My name is John. Are you Japanese?

Norma: Hi, John. Nice meeting you (I extend a hand for a hand-shake.) Here is a peanut for telling me your name and another peanut for asking a good question. (I put two peanuts in his bowl) I'm Chinese, not Japanese, because I was born in Hong Kong, China. I'm married and living in Austin.

Ben: My name is Ben. I'm six years old. Is peanuts all we have to eat today?

Norma: Hi, Ben. Nice meeting you (I extend a hand for a hand-shake.) Here is a peanut for telling me your name and a cereal for asking a good question (I put a peanut and a cereal in his bowl.) After the games, we will have a granola bar and juice. When we play games, you'll **earn** more peanuts or cereal for good behavior! You can eat them right away. And, I may give you poker chips too for using good manners and nice words. You may save those poker chips and at the *end of the session* redeem them for more peanuts or go to my treasure chest for a small trinket if you have 20 chips.

Peter: My name is Peter. What do you have in your Treasure Chest?

Norma: Hi, nice meeting you Peter (I extend a hand for a hand-shake. I tried to put a peanut and a cereal in his bowl, but he pointed to the peanuts, so I acknowledged his choice and gave him two peanuts.) Well, I have all sorts of trinkets in there. It's for me to know and for you to find out. So let's not worry about them until you earn 20 chips.

Simon: My name is Simon. We live in the same dorm. Where do you live?

Norma: Hi, Simon. Nice meeting you (I extend a hand but he would only give me his four fingers which he quickly pulled back. He also pointed only to peanuts so I gave him two.) I live in my own house off campus about 10 miles away. I live there with my husband and my two cats Maple and Tippy.

You all asked good questions. Before we play games, I want to tell you my rules. Rules are necessary when two or more people are trying to learn, live, or work together. My Rule #1 is safety for everyone. Rule #2 is use words and not fists, so I can help you find the right words to use. Rule#3 is confidentiality, which is a big word meaning what is shared in this room should not be said again outside. Because that is the way you show respect to one another by not telling personal information to others without their permission first. Rule #4 is that the toys we play with here will stay in this play room. If anything is broken, please let me know so that I can either fix it for safe use by other children or discard it. Thank you for listening (I give every player two peanuts.)

Oh, one last thing (I reach for the rubber band and hold it with two thumbs.) From time to time, it is my job to stretch your patience and attention (I stretch out the rubber band several times.) Other things I'm going to stretch are your creativity, imagination, kindness, and different ways to solve problems. I'm also like a mirror that reflects how you behave and the effect it has on others. You definitely will earn *more* chips when you show me you are learning and growing.

Discussion of Pre-Affiliation Stage

Notice that while speaking to the boys I reward frequently. The first several rounds of peanuts or cereal are only for engaging their attention. When I feel that I have their attention I switch to rewarding desirable behaviors. It is more positive to teach proactively than waiting until a player misbehaves and then punish him. When misbehavior occurs, like it did with Ben demanding a cookie, I will manage the situation by rewarding other boys who are acting appropriately rather than focusing on his misbehavior.

This encourages all players to stay alert for bonus tokens. I repeatedly demonstrate appropriate words and social skills that group members can copy.

I allow players to ask personal questions about me to model a beginning level of disclosure and trust. Players feel empowered and secure in the process when given honest answers by a kind but firm leader. When leading adolescent groups, players occasionally ask me obnoxious questions to test my boundaries. One time I was asked, "Do you have sex with your husband?" While the rest of the group giggled, I squarely faced this boy and showed him my left hand. "See this wedding ring? We're licensed to have sex." Then I gave each of the other boys a bonus chip for exercising self-control and not asking inappropriate questions so soon after we had just met. I briefly looked away from that boy and continued with the session.

Case Transcript – Bigger-Smaller-Same Game

Norma: Now let's play some games. The first card game we're going to play is called "Bigger-Smaller-Same Game." I'm the dealer. It's a new game for you. So let's learn it together with a trial run. (I swiftly shuffle the deck of ordinary playing cards and deal every boy a card, face down.) I'll play with you one at a time. I'll say "1, 2, 3" and you'll flip your card and I'll put down a card too. If you have a 3 and I have a 2, say "bigger!" If you have a 2 and I have a 3, say "smaller." If you have a 3 and I have a 3, say "The same!" I'll give you a chip for every **correct** answer. Is that clear so far?

Group: (They nod their heads.) Yes

Norma: Thanks for paying attention. (I give every player a poker chip.) John, you're sitting on my left, so I'll play with you first. Are you ready?

John: Yes.

Norma: OK, 1, 2, 3. Flip your card. What's your answer?

John: You have a 4 and I have a 9! So I'm Bigger.

Norma: That's a correct answer, John. Here's a chip. (I put a poker chip in his bowl.)

John: (with a smile) Thank you!

Norma: Ben, you're next. Are you ready?

Ben: Yes

Norma: OK, 1, 2, 3. Flip your card! What's your answer?

Ben: You have a 7 and I have a 5, so I'm "smaller!" But I don't like to be smaller, I want to be bigger!

Norma: You have a correct answer, so here is a chip for your correct answer. (I put a poker chip in his bowl.)

Ben: I guess that's alright.

Norma: Simon, it's your turn. Are you ready?

Simon: (softly and slowly) Y-e-a-h.

Norma: OK, 1, 2, 3. Flip your card. What's your answer?

Simon: (looks at his cards; not saying anything. He has an 8 and I have a 10. The rest of the boys are squirming and making faces. But Simon doesn't say a word.)

Norma: John, this is a chip for you for quietly supporting Simon. (I put a chip in his bowl.) Ben, this is a chip for you for being patient. (I put a chip in his bowl.) Peter, this is a chip for you for patiently waiting for your turn. (I put a chip in his bowl.) Now Simon, let's look at your cards again. I have 10 and you **only** have an 8. So, is your card bigger, smaller, or the same as mine?

Simon: (sheepishly but clearly thinking) Smaller.

Norma: That's a correct answer, so here is your chip. (I put a chip in his bowl.) However, I want to give you a **bonus** chip for spending extra time to look at your problem, think about it, and come up with a right answer all by yourself. I like your effort. (I put another chip in his bowl.)

Norma: Peter, thank you for waiting for your turn. Are you ready?

Peter: Yes, I was ready five minutes ago.

Norma: OK, 1, 2, 3. Flip your card. What's your answer?

Peter: I have a 10 and you have a 2. I'm way bigger than you.

Norma: That's a correct answer, here's your chip. (I put a poker chip in his bowl. I continued to play three more game rounds, making sure that each boy takes a turn to go first.)

Norma: (I explain variation two of the game.) All of you did wonderful with one card. Now, I'm going to show you how to play with two cards. For this variation I'll give everyone two cards. Go ahead and turn your cards over. I'm giving you a little bit more time to look at your cards because you will be doing something more difficult called "making a **choice**." Let's say you have a 3 and a 2, it is your job to decide whether your number is 32 or 23. Is that clear? I think it is John's turn again. Are you ready John? What is your number? (I turn over two cards from the deck. I drew a 4 and a 5.) My number is 45.

John: (He has a 7 and an 8.) My number is 87. Your number is 45, so I'm bigger than you! Again!

Norma: That is a correct answer. (I give a chip.) However, I like the **choice** you have made in maximizing your two numbers, so this is a bonus chip for that.

John: (grinning) Thank You.

Norma: (I turn over two cards from the deck. I drew a 2 and a 7.) My number is 72. Ben, what is your number?

Ben: My number is 44. It makes no difference which card goes first. I'm still smaller.

Norma: That's a correct answer, Ben. (I give a chip.) However, I like your **choice** of leading your number with a 4 of Hearts. I think if you live your life leading your decisions with a heart, you can seldom go wrong, so, this is a **bonus** chip for you. (I put a chip in his bowl.)

Norma: Simon, are you ready? What is your number? (I turn over two cards from the deck, a 6 and an 8.) My number is 68.

Simon: My number is 25. I think I'm smaller than you.

Norma: That's a correct answer, Simon. (I give a chip.) However, I like your **choice** because you can only count confidently up to 30, so 25 is a number you know well at this time. Here is a **bonus** chip for you. (I put a chip in his bowl.)

Norma: Peter, are you ready? What's your number? (I turn over two cards from the deck.) Um, I have an Ace and a 7, so I choose my number to be 71.

Peter: (He has a 10 and 4.) Well, I can play 104 or 410, both bigger than 71.

Norma: True, but what is your final **choice**?

Peter: (laughing) My final **choice** is 104 because I don't want to hurt your feelings too much!

Norma: You have a correct answer. (I give one chip.) I like your **choice** of considering my feelings, so here is a **bonus** chip for you. (I put a chip in his bowl.)

Discussion of Bigger-Smaller-Same Game

The Bigger-Smaller-Same Card Game is the first structured game I designed for DGPT and the first game I play with all new groups because it involves making choices, an essential life skill. I make adaptations for different age children as necessary. For example with kindergarteners, I take out the Jack, Queen, and King because they do not show a number. For elementary school kids, I include the Jack, Queen, and King, saying each face card counts as 10. For middle and high school kids, I challenge them to use three or even four cards to make larger numbers so as to make the game more exciting. With this game I can easily observe their level of math competency.

Even though it is a simple, three-rule game, it is amazing how many different situations can arise. Kids with ADHD want to be correct, but they like being fast even more without using their brains. Some kids try to cheat, for example, lifting a card corner to secretly peek. When they are caught, I manage this situation by taking away their cards, returning them to the bottom of the deck, and giving out new cards, all without saying a word. Other kids use tears trying to manipulate me for extra assistance. For such tear-droppers, I ask the group to wait quietly while the sniffing player tries to think. Then, just as quietly I put chips into their bowls to reward them. Some other children will say anything to earn a chip. So, they coyly tilt their heads, look at me, and guess, "Bigger? Smaller? Bigger? Smaller?" hoping I will give away the correct answer with my facial expression. To help this child trust his own ability, I patiently wait with a calm face while rewarding the other members' social skills like "sitting quietly" and values like "tolerance."

During play therapy I use three kinds of reinforcement: positive reinforcement, negative reinforcement, and random reinforcement. When I reward a child for a confident right answer, this is *positive* reinforcement for relying on his own ability. Since he actually spent effort on the task, he is getting a genuine boost to his self-esteem. I drop the chips very loudly in their bowls. In that way, the

reward is both visual and audible, putting smiles on their faces. Soon the kids do not even have to look at their bowels. They trust the sound of the chip and continue their focus on the game.

When a child tries to manipulate the group process but sees the other group members getting chips for good behavior and he does not, it acts as *negative* reinforcement. He certainly does not want other players to earn more chips. Peer pressure also plays a part in spurring him to take the risk of coming up with his own answer. Kids will watch others in order to learn why they are getting rewarded so they can get rewards too.

Giving **bonus** chips is *random reinforcement* because all members are rewarded when least expected. After a child gets the correct bigger-smaller-same answer, I can surprise them with a **bonus** chip for coming up with their own answer; not guessing. The technique I use is as follows. I pinch the chip between my thumb and index finger, steadily holding it between the child and myself. I lean my body slightly forward, say his name, and calmly state my observation about the quality or special deed he has just done. My intense gaze usually gets the child's complete attention. Just this one technique usually increases the child's eye contact and attention span three to five times as compared to our first encounter. After I use **bonus** chips the first time in the group, suddenly all members become more eager to practice new words, behaviors, values and social skills.

Case Transcript - The Pinto Bean Picture Game

Norma: Next, we're going to play the Pinto Bean Picture Game. I'm giving each of you a handful of pinto beans. The idea of this game is to create a picture with the pinto beans. Give your picture a name after you're done and I'll give you a chip. I want each of you to make three pictures, so get started. (I observe the members quietly while they move their beans around on the table.)

John: (In front of him is a small shapeless pile of beans.) I finished my first picture.

Norma: John, what name are you giving to your picture?

John: A tree.

Norma: If you say it's a tree, a tree it is! (I put a chip in his bowl.) Now make your second picture.

Ben: I have my first picture. It's a circle.

Norma: Ben, what does a circle remind you of?

Ben: A soccer ball. I love playing soccer.

Norma: Thank you for that soccer ball. Here is a chip for you. (I put a chip in his bowl.) Now start your second picture.

Peter: Here's my picture. It's a gun.

Norma: (Very softly with barely a sound I put a chip in his bowl.) I see, Peter. Now do your second picture. And let me see over here what Simon has drawn.

Simon: This is an ant! See, it has six legs.

Norma: Yes, Simon, I can see those legs. Here is a chip for paying attention to details. (I put a chip in his bowl.) Now do your second picture.

John: I made another picture for you. This is a smiley face.

Norma: Yes, John. I can see the eyes and lips. (I put a chip in his bowl.) Now work on your last picture.

Peter: I got my second picture. This is a knife with a long blade.

Norma: Peter, I can see it. (I very softly laid a chip in his bowl.) Whenever you're around knives, I want you to be very careful because they are sharp and dangerous.

Peter: My step-dad keeps a knife in his boot. He likes to sharpen it all the time. Once he threw it in my direction, scaring me to death.

Norma: Wow, I see how a flying, sharp knife might scare you. Thanks for sharing. (I loudly drop a chip in his bowl.) Now work on your last picture.

Ben: Here is my second picture. This is a rectangle.

Norma: Ben, what does a rectangle remind you of? (I put a chip in his bowl.)

Ben: A letter? No, a card like a birthday card!

Norma: Whose birthday is it?

Ben: My birthday, of course! It's next week.

Norma: Oh, thank you for letting us know. I hope you get a birthday card from home. Perhaps our little group can have cupcakes at our next meeting to help you celebrate.

John, Peter, Ben, and Simon: Y-e-a! Cupcakes, cupcakes, cupcakes!

Simon: My turn, Miss Norma. This is a picture of my gerbil. His name is Fluffy. I miss him.

Norma: What a lovely Fluffy! I can see why you love and miss him. (I loudly put a chip in his bowl.) Now, please work on your last picture.

John: Miss Norma, this is a picture of my mom. She smokes a lot. See the cigarette hanging on her lips. I told her it's bad for her, but she still keeps on smoking.

Norma: I hear you, John. It sounds like you love her and worry about her, but it's her choice to stop smoking. You tried. Thank you for sharing a story. (I put a chip in his bowl.)

Peter: (His beans are all scattered about.) My last picture is the front door of my house.

Norma: Tell me more.

Peter: One time, some guys drove by and shot at us from the street; leaving all these holes in the door.

Norma: My goodness. That must be very scary for you and your folks with the loud noise and wood chips all over the place. (I point at his scattered beans and put a chip in his bowl.)

Peter: (He nods his head.) But the landlord wouldn't give us another door, so my mom put a blanket over it to stop the cold wind blowing into our house.

Norma: So you were scared and cold because of that! No wonder you remember this incident so well.

Thank you for sharing your story. Now you can all help me put your beans back into this tub.

Ben: This is a picture of a bike. I want a bike for my birthday.

Norma: That is a good birthday wish. Here is a chip for sharing your wish. (I put a chip in his bowl.)

However I know for a fact that this campus does not give out bikes for birthdays. Can you ask your family?

Ben: My mom promised me for two years! But I still didn't get one.

Norma: I can hear that you're pretty disappointed about that. However I know the campus has bikes in the shed for high-token kids to ride. If you finish your homework early, you could ask your houseparent to check out one for you.

Ben: All right! (He proceeded to put his beans away without my asking.)

Simon: Look, this is a picture of a cinch bug! In fact I have a few in my pocket. (Big grin) You want to see?

Norma: Not really, but here is a chip for your cinch bug picture. (I put a chip in his bowl.) Now help me put all your beans back into this tub, please.

Discussion of Pinto Bean Picture Game

As the game transcript illustrates, in the context of making things with their hands, children more freely share what is on their minds; more so than a direct conversation with adults. In my groups, I

use many non-traditional materials like pinto beans in picture making so children can use their creativity to express past concerns and feelings. In my experience, many kids with ADHD do not like to use paper and pencil unless they are required to do so, as in the case of homework. Pinto beans are organic media, very comforting to the touch and definitely not expensive. Using pinto beans to form pictures and shapes is probably a novel concept to most children. The Pinto Bean Picture Game just takes a few minutes for a player to create images that serve as a focus for sharing memories, thus encouraging self-disclosure in the group. I ask each child to make three pictures, so I can look for themes. For example, Peter made a gun, a knife, and the door of his house hit by bullets. Young children especially do not have the ability to tell a complete story from beginning to end. However, they are able to remember particular scenes in their past or express worries about the future. In the case transcript, I validated the feelings associated with the child's own picture descriptions. If nothing else, it is empowering to arrange the pinto beans any way he likes, decide on a picture title, and be rewarded with a chip for his creativity. Even if it is an imperfect pinto bean picture, a child can make it disappear with a brush of his hand, erasing any evidence which can be judged by anyone.

One of my favorite experiences playing The Pinto Bean Picture Game was the time a kid with ADHD, who just loved to eat anything, asked me if he could eat the pinto beans. He grabbed a few beans and opened his mouth ready to eat some. I said, "You could, but we might have to end our group soon!" "Why?" he asked. I looked at him and said, "Because if you eat uncooked, raw beans, you'll start passing gas in no time! I don't want to be around to sniff it!" He threw the beans in his hand back to his pile and said, "No-o-o, I want to stay and play longer." I gave him a chip for a wise decision and a bonus chip to him and all the other group members for "exercising their self-control!"

Case Transcript - Group Feedback Time

Norma: It is almost closing time! For the last 10 minutes of every session, we will share honest feedback to each other about how we have done in *just this past hour*. Only helpful friends are courageous enough to give feedback. You cannot make people change, but if you give concrete feedback out of respect and kindness, the receiver can decide what to do with it – to change or not to change.

This is how we're going to do it. I am putting a tall stack of chips in the middle of the table. As helpful friends, you'll take turns and give feedback to each other by awarding these chips. You cannot give more than three or less than one chip. Stay away from using the words "good" and "bad" because usually they are not clear enough to help. I'll give you my feedback at the end of the session. So who would like to start first?

John: Me, me, me. Ben, I'll give you three chips because you're my best friend.

Norma: John, let's stay focused on what we've done today, just in the last hour. Try again.

John: I'll give you *three* chips, Ben, because you know your numbers for the first game, and thanks to you, we may have cupcakes for next meeting. Simon, I'll give you *three* chips also because you used manners and took your turn. Peter, you know your numbers well too, but I can only give you *two* chips because you were wiggling a lot in the first game making my eyes tired just looking at you.

Peter: (sounding defensive) But, Simon was holding up traffic!

Norma: Peter, as a receiver of feedback, please remain humble. When you sound defensive, friends can choose not to give you feedback, so you're actually getting less goodies in life. If you want to get three chips from John next time, maybe sitting still more often will get you three chips. Even though this moment may not sit well in your heart say "thank you" anyways to show that you're gracious in listening to honest opinion from friends.

Peter: (mumbling) Thanks.

Ben: John, you play good.

Norma: Ben. Remember to stay away the words “good” and “bad.” Try to say something you saw.

Ben: John, I like you because you’re smart and almost always the first one to say the correct answer or finish your picture. I’ll give you three chips. Simon, you are the youngest in the dorm, but you listened to Ms. Norma and could keep up with us. I’ll give you three chips too. Peter, you must show more patience. But I think you are honest in telling things about your step-dad and door of your house, so I’ll give you three chips too.

Peter: John, we both like numbers and you’re as fast as me. Your mom smokes and so does my step-dad. That is a *nasty* habit. I’ll give you three chips for sharing. Ben, you are in a good mood because you have a birthday next week. I like riding bikes too. Let’s finish homework early every day and we can ride together on campus. You get three chips from me today. Simon. You’re OK. You stayed in this room the whole time today without running off like last time. I’ll give you three chips.

Norma: Now it is my turn to give you guys my feedback. John, you’re quite a leader. You listened and focused on getting your task done. Keep up with the good work. Here are three chips for you. (Pause) Ben, you have a big heart. You care for others’ feelings and give honest feedback. I definitely want to give these three chips to you. (Pause) Peter, I guess that you were restless whenever you did not feel safe or not knowing what is expected of you. I believe you have good intentions and willingness to share your life stories. I just love it when you could take my re-direction about receiving feedback and thanked John afterwards. You’re improving in front of my eyes, and here are three chips for you.

Case Transcript - Chips Redemption Time.

Norma: Well boys, the session is officially over. Please count your chips in rows of five so that you’ll quickly know how many chips you have earned. Tell me the numbers of chips before going to the

Treasure Chest. Then come back to me for more peanuts, a granola bar, and a juice box. Let's be on task because your staff is waiting.

Norma: (With raised voice over scurrying of busy feet.) Remember to think of a name for our group next time. See you next week, same time, and same place. Bye.

Discussion of Feedback Time and Chip Redemption Time

Group members need help in giving feedback. With modeling and coaching, they can learn new vocabulary to share their opinions. In my experience of **Feedback Time**, group members take very seriously the task of awarding chips and expressing their reasons. They are empowered with the time and attention received from the group. They will speak honestly as peers knowing I will help them smooth out their words to be more diplomatic for the listener.

Encouraging members to decide on a group name, in general, is a catalyst to pushing towards Stage 3 group Intimacy. A group name reflects the members' identity and sense of belonging. In their second session, this young boys group decided that they were the Tuesday after school "Amigos Club."

If you can quickly complete most of the tasks needed for Pre-Affiliation Stage, and even the Power and Control Stage, you will make more time for therapeutic work in the Intimacy and Differentiation Stages. In the first session, only two games might be played. However, in a ten-week group, from the second session onward, I use *The Feelings Wheel Game* (Leben, *The Feelings Wheel Game*, 1991 - 2001) on the wall as a guide for Check-In Time. In later sessions, I add story time and additional structured games for different target behaviors. I also allow members to propose games spontaneously if they address their target behaviors. The following is an example from one of my Pre-Teen Groups.

One summer, I had the consent of four parents to put together a Middle-School Prep Group for four boys with ADHD. I had previously worked separately with each family. I convinced the parents that a

weekly, eight-session, two-hour Thursday morning group would be beneficial for all the boys in terms of preparing them for their big transition from elementary school to middle school. Middle school demands include heavy book bags, combination locks which need nimble fingers to open, more academic subjects, more loose papers to organize, voice and hormonal changes, pretty girls, and new-found freedoms. Both the parents and boys were anxious about middle school being less structured with less supervision from adults. Plus, these boys were physically much shorter than their peers. All these boys needed more general readiness skills: sitting still, raising their hands rather than blurting out questions or answers, walking with more confidence, being respectful to teachers, and assertive to peers without aggressiveness.

It was the boys' third group session. After we finished playing the Snow Picture Game (Leben, 1994 - 2009, p. 78) and everyone was helping to return the super light-weight foam packing peanuts, which they endearingly called 'Ghost Poop' back to the bag, Juan shouted, "I have an idea for a new game!" He asked every member to put a foam peanut on their heads and whoever could keep it the longest without dropping would get a bonus chip. All the boys liked his idea. I responded by saying, "How about if I make the deal sweeter? What if for each round the first one who drops his peanut still gets one chip? But because you are sitting still longer, the second one will get two chips, the third one will get three chips, and the one who keeps it the longest will get four chips." At that point, everyone was really motivated with a foam peanut on their heads.

The next game we played was the *Feelings Wheel Game*. Suddenly all four were little gentlemen sitting up straight and still around me, at least for a few seconds. Many foam peanuts fell and chips were earned while we played. However, the boys' motivation remained high, the foam peanuts remained on their heads longer and longer. They each earned the four-chip reward many times. I was impressed by

how this spontaneously invented game reinforced sitting still with positive peer pressure and group culture.

During Feedback Time, they were thrilled by the heaping bowls of chips they earned and congratulated each other for sitting still longer than before. As feedback to them I said, "You're all growing up in front of my eyes. Juan, you spontaneously suggested a fun game which others can recognize and play. Romeo, Chris, and Tom, you were supportive and encouraged each other to do better. In your case, sitting very still is good preparation for middle-school. I'm so proud of you and everyone gets three chips from me for extra effort and attentively listening to my feedback." Then they all zoomed off to my Treasure Chest to redeem their chips for little toys.

After all these years, I am still deeply touched by this moment because it exemplifies positive peer pressure, group cohesiveness, and accepting a member-initiated, original game interactively coming together to fulfill several treatment objectives.

Troubleshooting Inappropriate Individual Behaviors

The boys' behaviors I describe above are simple ones to manage. However in my over 30 years of working with groups of ADHD boys, there were much harder, difficult boys who tested my control. Since my intention is to keep the group experience positive, I do not take away chips, reprimand, or send them away. However, there are a few considerations and favorite measures which work for me as described below:

1. I admit that not all kids with ADHD will benefit from DGPT right away. If a specific child needs lots of attention, it may be best to first work with him one-on-one for several sessions to develop a trusting relationship. This assures the child a familiar adult is present for support, perhaps preventing possible acting-out behavior.

2. If a member is screaming or talking too loudly, I use peer pressure by rewarding chips to all other members with “Thank you for using your inside voice.” Or if a member says, “It’s boring! I don’t want to play anymore.” I would put chips in the bowls of other members with remarks like “Thank you for still wanting to play with me.” “Thank you for showing tolerance to your peers.” or “Thank you for showing patience.”

3. Especially when working with children I don’t know yet from RTCs or group homes or with aggressive members having severe ADHD symptoms, it is a good idea to consider using a helper for the first few sessions. Sometimes school events, news from home, or health issues caused members extra emotional distress. As a safety issue, I would request their houseparent, campus secretary, or even an intern to sit by the door with a timer. Most of the time, this adult can just observe. When a group member acts out, he would be asked to go sit on the floor (literally grounded) next to the adult for **one** minute while the game continues. After the timer goes “ding” the player may return. If he acts out a second time, he must sit next to the adult on the floor for **two** minutes. After the timer goes “ding” again, he can return. But if it happens a third time, he is required to sit quietly with this adult for the rest of the session. For every minute of “good sitting” the helper can award one chip. Sometimes, just having time to himself is exactly what this member needed in the first place. My philosophy is to offer opportunities to earn chips for “calming down.”

Miscellaneous Thoughts on Successful DGPT

Since my first group in a residential treatment center 30 years ago, I have run DGPT groups in other settings such as therapeutic group homes, schools, and in my private practice. Although the group work methods remain the same, I make modifications for group size and various combinations of members. Some of my insights are as follows:

1. Partnering with parents is a must. I prefer to meet parents alone first before starting play therapy with their child. My goal is to strengthen their parenting skills like choice of words, gestures, and structured daily routine to bring about positive changes in their child in two sessions. I even require divorced parents to attend my parent education together or at least to take turns to bring the child and each participate in my sessions.

For parent education, I provide each parent with a folder filled with psycho-educational material (See list of contents below.) I include instructions on how parents should start up a token economy system like my *Smiley System for Compliance and Responsibility Training for Children*. (Leben, 2002 - 2013) to provide a 24/7 visual structure with ways for children to earn Smileys by means of regular chores, and daily routines for getting ready for school, meals, homework, and bedtime. Parents will also learn to be consistent in discipline issues.

Parenting Folder Contents

- current criteria for ADHD diagnosis
- importance of; healthy food choices to nourish the brain
- strengthening parent-child relationship with feeling words
- literature on how the brain works
- left brain executive functions, defined as mental processes that deal with self-regulation, paying attention, organization, time-
- the five conditions parents can use to get their child's attention
- the Six-Second Rule of communication
- a list of age and grade-appropriate Social skills
- why children misbehave and how to design creative logical consequences to help them change bad habits
- characteristics to look for in teachers who work well with ADHD kids

- management, productivity and task completion
- anger management
- medication issues

2. *Be creative in recruiting group members:* In a private practice setting, it may be harder to find 3 or 4 children to start an ADHD group. So, I have tried to be creative in recruiting members. For a family, I include one or both parents with the child and another sibling or a big teddy bear on another chair to form a group. I have also formed groups with two different single moms and their kids. No matter what group size or mix of adults and children, the individuals still learn from the group peer pressure and interactive experience.

Duration for family groups can be more flexible from eight to fourteen sessions. The focus is on the child's target behavior and family members' relationship. After the first phase, I'll give the family a therapy vacation for six months. However the parents can call earlier to have their refresher course to strengthen old skills, resolve new issues, or learn new skills for the next school grade.

3. *Treatment duration for kids with ADHD:* Based on being a RTC treatment supervisor and a foster mom of 40 kids in my therapeutic foster group home for a total of 15 years , I believe the optimum duration for minimum treatment for a child with ADHD is two academic years and a structured summer program in between with DGPT groups running every 8 to 10 weeks. This provides four seasons and several anniversaries of past traumas that require the child to adjust. Many parents can be coached to provide a structured home program and set up strict daily routines that their children with ADHD need. Consistency from all the adults involved in the children's lives at home, school. and in the community is needed to reinforce treatment goals.

4. *The structured summer program groups*: Kids with ADHD need constant structure, especially during summer vacation, otherwise they regress. I recommend diligent parents to start planning their home summer program in February. Then in the last week of school, parents will be ready with an organized Summer Program with every day planned. My supervised activities were comprised of a daily school hour, Independent Living Skills (ILS) training, lunch preparations, quiet reading time, weekly library visits, hobby groups, swimming at the community pool, outdoor exercise activities, and special car trips. The eight-session weekly DGPT should be also part of the structured summer program. Throughout the day, children earn chips with the token economy system for good behavior and performance. Earned tokens are redeemed weekly for allowance and the total number of tokens accumulated during the summer can earn out-of-town trips to beaches, amusement parks, zoo, or even a special destination like Disneyland as reward for persistence and accomplishments.

This is a good place to insert a little story. In my private practice, a mom called requesting play therapy for her 9-year-old daughter diagnosed with severe ADHD symptoms named Anna (not her real name.) During the intake interview, the mom said that her daughter had already been seen for three years by another therapist who took Medicaid. This therapist did not let her participate in the sessions and never told her about Anna's progress. Now her patience was gone and she just wanted Anna to see a different therapist. While assuring her that she certainly could change, I requested she have therapist sign a consent form so we could consult together about her daughter. I explained to her that with my DGPT method, she or her husband *were expected* to take part in the play therapy sessions.

In my first meeting with the mom and Anna, I introduce myself and play therapy method. I asked them if they had any questions to ask me. Mom shook her head, but Anna looked at me with earnest eyes and said, "I saw my last therapist for three years. I remember seeing two other therapists for

months too. Can you tell me if I am really, really, really sick? Why else would I need to go see doctors for so many years?" It was hard for me to believe Anna asked such a candid question, not knowing why she had to be dragged to therapy for so many years. It bothered me that the lack of communication among adults gave Anna the wrong impression that she was very sick. I dropped a plastic chip in her bowl and said, "That's for asking an excellent question because you have every right to know about the progress of your treatment. I'm happy to tell you that usually the first phase of my work with you may last no more than three months. In fact, if your mom, teacher, and I see that you are paying better attention, having better grades, following instruction after one request, taking your meds on time, and going to bed without prompting, we might even end sooner. After this first phase, I'll give you a therapy vacation until your mom calls me to schedule for more sessions, usually no more than six. After that, I will leave it to your mom to call me whenever she thinks we need to work on your attitude or school issues, that sort of thing." Anna was listening carefully and nodding her head. I put another plastic chip in her bowl and said, "That's for paying excellent attention. I like that!" Needless to say, I learned that even a nine-year old child wanted to know how many treatment sessions would be necessary and when will they end.

Treatment Effectiveness

Throughout my career, I have made various small attempts to measure the effectiveness of DGPT methods. Here are some of my findings.

While I worked in residential treatment programs, I kept a record of how many tokens were earned each session by each group member. Usually from the first to the last session, there was a steady climb in the number of earned chips meaning that members were using more and more pro-social behaviors. If a member had a sudden drop in chips for a session, it was a clear indication of a major behavioral break-down.

In a suburban school-based program near Austin, Texas, I asked the school district for permission to work with four elementary school boys with the most ADHD symptoms. I was referred a 2nd grader, two 3rd graders, and one 4th grader. At the beginning I had an initial, intake meeting with each child's teacher and parent to learn about what target behaviors they wanted the boys to improve. After an 8-week DGPT group, all teachers reported increases in the students' grades and decreases in their trips to the Principal's office. The parents reported increases in the boys' response to their first requests for chores and completion of homework with fewer hassles.

In a trial study at an Austin, Texas charter school, I conducted eight, 30-minute, DGPT group sessions for four of their most hyperactive kindergarteners from two classes. At the time of referral I asked teachers to write a description of each child's classroom problem behaviors. Towards the end of the eight sessions, I observed that the group members could sit still longer and were more willing to talk and share what was on their minds. Their teachers final evaluations reported that the kids slowed down during recess, talked more amongst themselves, and played less aggressively with other peers. However, I felt the 30-minute period allowed by the school was insufficient for major impact.

In an inner-city, low-income elementary school in Austin, I conducted a 10-week, 45-minute DGPT group for four second-graders with ADHD symptoms (two boys and two girls from two different classes.) The school social worker helped me design a self-evaluation form with a five-point scale with drawings of facial expressions for unhappy, mildly unhappy, neutral, mildly happy, and happy. When the students walked in they marked their initial feeling in the Check-In column, then at the group's end before they went back to their classroom, they marked their feelings again in the Check-Out column. After 10 sessions, the overall improvement in mood every week as reported by the students were up an average of two levels. In addition, the group members' two teachers were asked to rate the children on 65 social skills using a seven-point scale from "non-existent" to "consistently observed." They gave an

initial assessment and again after the ten DGPT sessions were done. All four kids improved an average of one, two, or even four points on 63 of the 65 social skills rated.

School psychologists and counselors who use this method in the United States and Hong Kong have shared with me DGPT process and games are very helpful when they lead school groups for hyperactive students. Furthermore, by seeing students in groups they can now include three times as many kids with ADHD symptoms than working with similar students individually. This kind of efficiency is exciting to school administrators who are faced with increasing demand from parents of students needing social and emotional services. The skills learned from DGPT are clearly observed to be transferred to the home and school settings.

Using DGPT with Other Populations

In the past 30 years, I also worked with many children with co-morbid diagnoses as in the case of Autistic Spectrum Disorder (ASD). If one of the diagnoses was ADHD, I began treatment with my DGPT method and usually achieved positive results. While doctors and scientists are still searching for the neurobiological causes for ASD, we know as therapists we are mostly treating ASD symptoms. However, I am encouraged by parents' feedback that weekly DGPT sessions help their children to be more aware of social skills and making friends in weeks rather than the months parents had invested with other therapists.

In my Hong Kong teacher and counselor workshops, I am often asked about the issue of increasing numbers of students who exhibit social and/or emotional challenges, yet are not formally diagnosed. In Hong Kong, after 2007 these students were labeled as having Special Education Needs (SEN.) Every school has one school social worker who will supposedly work with SEN students one-on-one, but they are overwhelmed by the range of behavioral problems. Since applying my DGPT methods in school programs, many school social workers shared their success in promoting more pro-social

behaviors. It is apparent to me that DGPT methods have been applicable to children in both the American and Chinese cultures.

In 2011, I was invited to work with one agency's social workers providing residential care and convalescence to elderly clients with various degrees of dementia and Alzheimer's. Because the regular recreational activities program did not sustain residents' interest, they asked me to teach them DGPT structured games they could try with residents in weekly groups. After two or three sessions, the members in these small groups seemed to have regained some pro-social qualities including looking people in the eyes, leaving their dorm rooms more often, engaging in peer conversation more readily, and showing a happier general disposition. The social workers admitted they started as non-believers, but were amazed how a handful of colorful poker chips and adapted DGPT games could motivate their elderly residents. Like ADHD children, it seems reasonable to me that withdrawn elderly residents also suffer from diminished executive left brain functions. Every year when I return to Hong Kong I teach these social workers new games and am excited to hear their success stories with elderly.

Conclusion

In conclusion, I admit my DGPT method evolved from utmost desperation when I was working as a residential treatment center therapist. At this time, I hope others will someday conduct evidence-based studies to prove its usefulness. Because after practicing and sharing this method for over 30 years in the United States and internationally, I believe that it has its place in short-term treatment methods for children diagnosed with ADHD.

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