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A Case Study in Supporting a Child with ADHD Experiencing Trauma and Adaptive Problems at School

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Article history: Received: 11 February 2025 Received in revised form: 01 April 2025 Accepted: 07 May 2025 Published online: 31 October 2025

Abstract

Neurodevelopmental disorders, such as attention deficit hyperactivity disorder (ADHD), have been increasingly recognized in Japan in recent years. However, support for families who have migrated to Japan remains limited. The aim of this case study was to examine (1) the effectiveness of play therapy and family therapy for a child with a neurodevelopmental disorder who experienced trauma due to domestic violence, and (2) the role of the therapist as a facilitator in promoting collaboration among professionals supporting the child. Play therapy was conducted weekly over a 24-month period, while psychoeducation and family therapy were provided to the parents on a monthly basis. Additionally, the therapist implemented strategies to improve the family and school systems, and acted as a liaison to bridge communication gaps between the parents, doctor, teacher, and child services staff. Results demonstrated a significant reduction in the father's tendency toward domestic violence and marked improvements in the child's ability to communicate freely at home. Furthermore, the therapist's role as a liaison successfully improved communication among professionals, although challenges remained in establishing effective coordination within the school system. These findings highlight the importance of play therapy in helping children express their experiences and the value of addressing family communication patterns and narratives. They also underscore the critical role of the therapist in fostering interprofessional collaboration to provide comprehensive support for children with trauma.

Keywords: Neurodevelopmental disorder, trauma, play therapy, family therapy

Abstrak

Ketidakupayaan perkembangan seperti gangguan spektrum autisme (ASD) dan gangguan hiperaktif kekurangan perhatian (ADHD) semakin mendapat pengiktirafan di Jepun dalam beberapa tahun kebelakangan ini. Namun begitu, sokongan kepada keluarga yang berhijrah ke Jepun masih terhad. Kajian kes ini bertujuan untuk meneliti (1) keberkesanan terapi permainan dan terapi keluarga terhadap seorang kanak-kanak yang mengalami gangguan perkembangan dan trauma akibat keganasan rumah tangga, serta (2) peranan ahli terapi sebagai fasilitator dalam menggalakkan kerjasama dalam kalangan profesional yang menyokong kanak-kanak tersebut. Terapi permainan dijalankan setiap minggu selama 24 bulan, manakala psikopendidikan dan terapi keluarga diberikan kepada ibu bapa secara bulanan. Di samping itu, ahli terapi melaksanakan strategi bagi menambah baik sistem keluarga dan sekolah serta bertindak sebagai penghubung untuk merapatkan jurang komunikasi antara ibu bapa, doktor, guru, dan kakitangan perkhidmatan kanak-kanak. Hasil kajian menunjukkan pengurangan ketara dalam kecenderungan bapa terhadap keganasan rumah tangga serta peningkatan jelas dalam keupayaan kanak-kanak untuk berkomunikasi secara bebas di rumah. Selain itu, peranan ahli terapi sebagai penghubung berjaya meningkatkan komunikasi dalam kalangan profesional, walaupun masih terdapat cabaran dalam mewujudkan penyelarasan yang berkesan di peringkat sekolah. Penemuan ini menyerlahkan kepentingan terapi permainan dalam membantu kanak-kanak meluahkan pengalaman mereka dan nilai dalam menangani corak komunikasi serta naratif keluarga. Ia juga menekankan peranan penting ahli terapi dalam memupuk kerjasama antara profesional untuk menyediakan sokongan menyeluruh kepada kanak-kanak yang mengalami trauma.

Kata kunci: Ketidakupayaan perkembangan, trauma, terapi permainan, terapi keluarga

1.0 INTRODUCTION

Children with Attention Deficit Hyperactivity Disorder (ADHD) are characterized by core symptoms of inattention, hyperactivity, and impulsivity (Faraone et al., 2015). These children often struggle with tasks requiring impulse control, leading to difficulties in social interactions and the display of problematic behaviors such as stealing and violence (Retz et al., 2021). The current case study presents a clinical intervention for a primary school child who was experiencing trauma and was exhibiting maladaptive behavior and emotional dysregulation in the classroom setting. A core focus of the therapist was to support the parents in developing a deeper understanding of ADHD, and to shift communication patterns that unintentionally reinforced conflict and misunderstanding. Through family therapy from the *systems approach*, the therapist worked to improve communication within the family and establish more collaborative relationships with school staff to ensure consistent and supportive interactions across all settings.

In parallel, play therapy was employed with the child to provide a safe space for emotional expression and to allow him to process underlying trauma that may have contributed to his behavioral difficulties. This integrative approach, combining psychoeducation, family therapy, school collaboration, and child-centered play therapy illustrates the importance of understanding that maladaptive behaviors

of a child with ADHD may not always be a symptom to be managed, but a form of communication shaped by relational dynamics. By understanding how patterns of interaction can unintentionally escalate unwanted behaviors, more supportive and responsive environments can be created to meet a child's underlying needs.

1.1 Literature Review

Multiple research have identified several risk factors that contribute to maladaptive behaviors in children with ADHD, including disruptive peers, peer rejection, criticism from teachers, and parental abuse (Mrug et al., 2012; Mikami & Hinshaw, 2006). On the other hand, understanding the characteristics of ADHD and providing consistent support from adults, particularly parents, have been shown to help children with ADHD thrive (Climie & Mitchell, 2017).

However, supporting children with ADHD can be challenging, particularly for parents (Climie & Mitchell, 2017). Parents of children with ADHD tend to experience higher levels of stress compared to other families (Theule et al., 2013), which can lead to strained parent-child relationships and, in some cases, increased maladaptive behaviors and abuse (Counts et al., 2005). These challenges are further amplified when a family relocates to a foreign country. In the case of Chinese families with cultural factors rooted in Confucianism, factors such as the importance of social harmony and the need to "save face" can contribute to negative attitudes toward mental health issues and neurodevelopmental disorder (Yang et al., 2014). Language barriers and cultural differences often discourage migrant families from seeking mental health support (Teraoka et al., 2017). Teraoka et al. (2017) reported that individuals from culturally different backgrounds often feel that they would not be understood even if they were to consult mental health professionals, leading to further isolation as they attempt to adjust to life in Japan.

Misunderstandings of the child's behavior, coupled with the child's difficulty in self-regulation, may heighten parental frustration and stress. Climie and Mitchell (2017) reported that this dynamic can lead to a breakdown in parent-child relationships, increased behavioral problems, and even parental abuse. Therefore, there is a clear need to provide comprehensive support that addresses not only the symptoms of ADHD but also the broader family environment (Climie & Mitchell, 2017). Research supports the importance of this approach. A recent study by Psyllou et al. (2025) found that positive changes in parenting practices are associated with a reduction in behavioral problems and functional impairment in children with ADHD. This suggests that improving parental strategies and providing targeted support to parents could have a direct and meaningful impact on the child's adjustment and overall functioning.

Currently, care for children with ADHD in Japan centers on government-supported intervention programs (療育: ryouiku) and medication (Ministry of Health, 2022). After obtaining a diagnosis and, if desired, medication, parents can apply for a welfare certificate, which allows access to subsidized intervention programs. These typically include social skills training, emotional regulation training, and parent training. However, for foreign families, navigating this process in Japanese presents significant challenges. The need to consult doctors, apply for benefits, and locate intervention centers in an unfamiliar language creates additional barriers and burden to accessing care. Furthermore, parents also face challenges in the school setting. Despite the increasing number of foreign students in Japan, a recent study conducted by Otsuka et al. (2025) found that these students often fail to receive adequate support in schools. This is due to parents' reluctance to seek medical assessment and diagnosis, cultural resistance to special education placement, and insufficient communication between teachers and foreign parents, leaving teachers uncertain about how to support these students effectively. As a result, foreign families raising children with ADHD in Japan are at a distinct disadvantage and may not receive adequate support.

While research on ADHD and family support in Japan exists, most studies have focused on Japanese families. There is a notable lack of research exploring the unique challenges faced by migrant families raising children with ADHD in Japan. Furthermore, little is known about how interprofessional collaboration between therapists, teachers, doctors, and child services can be facilitated to support these families. While multicultural competence is vital for professionals working with diverse families to have a clearer assessment and understand of their circumstances (Nam & Kim, 2025), the role of the therapist as a cultural and linguistic bridge in such cases remains underexplored in Japan.

This case study aims to explore the environment of a foreign child with ADHD, focusing on how risk factors such as peer rejection and parental abuse have contributed to maladaptive behaviors. It will also examine the effectiveness of therapeutic interventions and the role of the therapist in promoting communication among professionals and the family to support the child's adjustment.

■2.0 FAMILY BACKGROUND

The Lee family consists of 4 members; the father, John, the mother, Sarah, Peter (henceforth known as Identified Patient: IP), and the little brother, Daniel. The family moved to Japan from China during the early days of year 20XX. John is currently working from home with his business based in China while Sarah is the housewife. Both IP and Daniel studied in an international school near their home. Prior to coming over to Japan, the family did not understand any Japanese and English, and IP and Daniel required shadow teachers to translate whatever the teacher was saying to Chinese. When asked about the reason for this move, John reported that the education in China was too competitive and that the children would be more at ease if they were to study in Japan.

2.1 Presenting Problem

John expressed that IP was showing adaptive problems at school such as shouting at his shadow teacher, disturbing other students in class by making inappropriate comments, and playing openly with his saliva. On top of that, his shadow teacher was constantly absent due to personal reasons and it was during these days that IP was especially aggressive with his interaction with the people around him. He would, without permission, go over to Daniel's classroom and demand that Daniel plays with him or go bully another lower grade student together. This problem eventually escalated and the class teacher relayed a message to John that IP was not allowed to come to school on days that

the shadow teacher was absent. It was at this point that the couple brought IP and Daniel over to the clinic. At the end of the consultation, while John was using the restroom, Sarah let slipped that John would hit or shout at IP.

■3.0 METHODOLOGY

Moreover, since there may be a possibility of daily life trauma occurring, weekly sessions of play therapy were introduced for IP to allow to be accustomed to the presence of the therapist and also allow him to express his thoughts and emotions in a safe place. Daniel was also scheduled to attend group social skill training sessions conducted by the same therapist on a later date.

A consultation with a pediatrician specializing in child development and neurodevelopmental disorder was set up by the therapist after the WISC-V was conducted for both IP and Daniel (scores were omitted in this case study). IP was diagnosed with attention-deficit/hyperactivity disorder (ADHD) while Daniel was placed on observation. With that, IP was started on medication (Intuniv: Guanfacine Hydrochloride) and the clinical therapist was tasked with creating a support plan for the family. For the present case, the therapist employed the principles of the systematic family therapy with several aims in mind.

1) To understand the system and narrative behind IP's erratic behavior at school so as to think of strategies to help reduce the risk of such behavior occurring. To accomplish this, the therapist sought to gain the permission from John and Sarah to contact and visit the school teacher so as to form a liaison.

2) Understanding the family system and the narrative of each family member. To accomplish this, the therapist held weekly therapy sessions with John and Sarah so as to understand what they have been going through. A single session does not necessarily have to have all family members joining.

■4.0 RESULTS

4.1 20XX January – 20XX March Building Rapport and a possibility of trauma due to abuse

The therapist (CP) started with weekly sessions of play therapy with IP. Sessions were based on the 8 core principles of Axline so as to allow IP to feel safe and slowly express his emotions (Axline, 2012). First impressions of IP were that of a very guarded child. He would continue wearing his winter coat even when he was inside the play room and wore a face mask throughout the whole session. Tentative glances at the therapist would result in him looking away when the therapist looked back and smiled. Beginning sessions were him sitting in a chair looking down and giving short answers only when he was talked to. When the therapist got up to get something, IP would also jump up and offer to help. As sessions continued, IP became more inquisitive of the clinical therapist and he could be observed to be talking more. Every time he entered the playroom, he would also take off his coat and face mask and roamed freely around the room to see what he wanted to play with. Play remained simple as he would choose several stress balls or slime to play with. Even though he became more relaxed when engaging with the therapist, it was noticed that ever time IP returned to where his dad was waiting for him, he would stiffen up again. Remembering what Sarah had revealed during the initial session whereby she stated that there was a history of abuse ongoing in the family, the therapist suspected that IP's guarded behavior against adults could be due to trauma suffered. More observations needed to be made however. During a certain session while he was playing around with the stress balls, IP suddenly talked about a certain experience that happened when he was in school back at China. The following extract is part of the conversation of the experience.

IP: *Mr CP, I really envy bullies.*

CP: *oh?*

IP: *I think that they are really strong. They don't seem to be afraid of anything.*

CP: *You feel that they are up for anything.*

IP: *Yeah, I wish I can be like them. There were bullies at my school and I often see them bullying the other kids.*

CP: *At school?*

IP: *Back when I was in China, yeah.*

CP: *You saw them bullying other students and they seem to be invincible in your eyes. You felt you wanted to be the same?*

IP: (Nod) *but I can't. I was not strong enough. All the people at my school were tall and big. If I were to do something, I will definitely get beaten up. Please do not tell my father what I said. Okay?*

CP: (Gently) *Like I said previously, what's said or done here remains in this room unless it is something of danger to you or others.*

As portrayed in the above extract, IP seemed to have a certain feeling towards the bullies he saw. While never engaging in such acts in China, there was a certain yearning and awe in his narrative, of how good it would be if he could be invincible like how the bullies were. These narrative of his remained inside him as he moved to a new environment whereby he stated that there were no bullies and how everybody was 'meek' around him.

4.2 20XX March – 20XX July Understanding The Family's Narrative And Communication Pattern

As play therapy with IP continued, it was time for the therapist to understand the family system and each member's narrative. A weekly session was set up for family therapy and such sessions were based on the principles of Systems Approach which so as to look at the communication pattern and introducing strategies to break up unhealthy communications in the family (Yoshikawa & Higashi, 2001). All family members do not necessarily have to be present when these sessions were held but was recommended. During the first session, John came alone since Sarah had some other pressing matters to attend to. First impressions of John were that he was very soft spoken and polite.

However, there was a certain weariness that could be felt by the therapist. John would take the majority of the first session to talk about the problematic behaviors that IP were displaying at school, ending it with a soft sigh. The following is an extract of what John was experiencing.

CP: *You looked tired.*

John: (Laughing wryly) *I am.*

CP: *But tell me. These problems are occurring at school. What is the school doing to help?*

John: (Pondering*) I don't really know… It seems that every day, they (IP and Daniel) are having these problems. The teacher would call me daily to let me know how bad the situation is and tell me to consult a professional as soon as possible.*

CP: *Like a wake-up alarm! It must be hard, having to listen to such complains every day!*

John: (Sighing*) Yes, it is taxing. Especially in the busy days. You know, I told the children that I don't expect them to perform well academically. I just want them to sit down and not get into trouble. Is that something too much to ask for? Especially IP. Daniel, if warned, will do so but not IP. I have received so much complaints about IP…*

In such a context, it would seem that there was a possibility of a negative cycle in John's narrative. Since John was the sole breadwinner in this family, he was already facing pressure due to high expenses. On top of the already high pressure he is feeling, he would be getting calls from the school complaining about the wrong-doings that his children had done. John's narrative comprised of how hard he was working to supply for his family. All he wanted in return from IP was that he does not cause any troubles at school, which he was unable to do so. This has resulted in a huge frustration he had towards IP.

Sarah joined John in the following sessions. During these sessions, Sarah talked about how troubled the family was. First impressions of Sarah were that she was very apprehensive of John as she would be looking furtively at John as she talked about the family's circumstances. As she continued however, her pace became faster, as if she was spilling out everything that had been held up inside her. The following is an extract and intervention chance from the therapist.

Sarah: (Looking at John and back to CP) *I too am so tired. Everyday, I am stuck in the middle, trying to mediate things between John and the children. John will be…* (look tentatively at John*), he will get so angry and start shouting at the kids. Daniel is still small so he knows not to hit him. But IP… I told him to stop but he just can't control himself. In the end, I will get in between them. I know that John will never raise his hands against me.*

John: (Remains silent)

Sarah: *I know that he is frustrated. But that is not the way to treat IP. It's not like IP listens if he was to do this. In fact, they become worse and cause more troubles at school. But I also don't know how to handle all this.*

John: (Remains silent and looks at the CP)

CP: *Sarah, I feel that you are doing a wonderful job at being the core of this family. It takes a lot of courage and effort to do what you are doing. But John is also doing his best. Everyday, he does his best, trying to support this family financially. Perhaps all he wanted was some peace after a hard day of work.*

John: (Tears start welling up)

Sarah: (Crying) *Yes… Now that you have said that. Coming to Japan, putting the kids in international school, having two shadow teachers every day, he has to work so hard. Our daily expense… just for the kid's education we have to fork out 6 figure yen (above RM30000 approximately) monthly for the two of them.*

CP: (Eyes widen in shock)

Sarah: *And I know he loves the kids. He truly does. Especially IP. John is a very kind and gentle person. When we did not have kids, he had never once raised his voice and had any complaints. We never fought at all. Even now, he is always so gentle with me. I just wish that he will be the same with the kids, but that is so hard to do so. Even I get angry sometimes.*

As family therapy continues, both John and Sarah talked about how John could not control himself and would start hitting IP. Sarah noted how IP would often be anxious around John and it would come to an extreme that IP refuse to talk in front of John. He also had difficulty regulating his emotions and sudden bouts of meltdown whereby he would lay on the ground and start screaming and crying. It was from this point that the therapist assessed that trauma was at play here. Sarah often mused on why a smart childlike IP would display some behavior and further psychoeducation from the therapist allowed both John and Sarah to understand that this might be some trauma induced symptoms based on physical abuse. During this time, the school has not yet given permission for the therapist to observe IP at school. A plan is first formulated based on the system as portrayed in Figure 1.

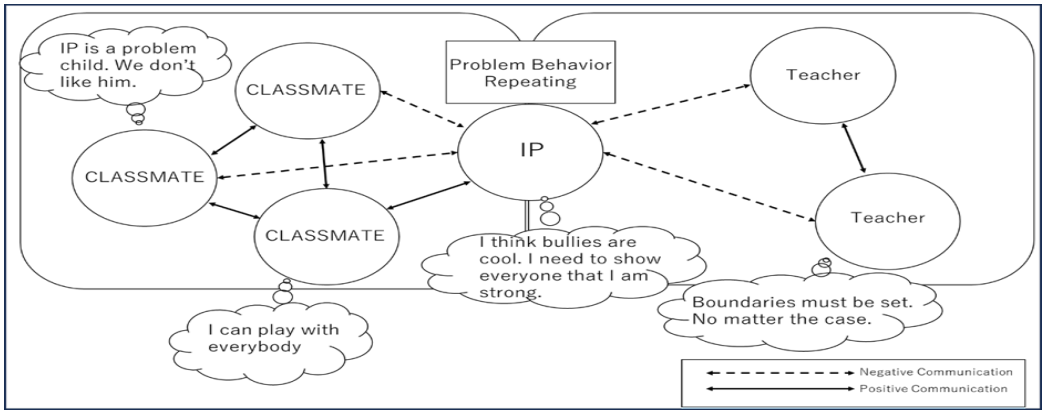

Figure 1 Communication patterns and narrative between family members and the teacher

Based on the above figure, several interventions were thought of and introduced to attempt to introduce positive factors into the system. Before that, the therapist emphasized to the family that all interventions, when agreed upon, had to be followed through.

1) Sarah taking John's place in communicating with the school teacher. Anything that is perceived as 'bad news' will be heard only by Sarah. To encourage a positive environment, Sarah was encouraged to just listen and not do anything back at home.

2) John was to focus on his job. Outside of that, he was encouraged to take the family for outings and engage in activities that IP finds enjoyable. The idea was to change the communication pattern of him shouting and hitting to one of that is more positive when interacting with the children.

3) Allowing Daniel to enter a Japanese public school so as to not only ease John's financial burden (free education) but to separate the siblings since it seems that IP is constantly escaping from class and manipulating Daniel to go bully the lower classmates.

4.3 20XX July – 20XX November Understanding the School's System and Narrative

It was during this period that the therapist received a reply via mail from the school teacher. Contents revealed a list of problems that IP was currently displaying, and requesting what IP's diagnosis was. Diagnosis was not revealed to the teacher due to confidentiality and the therapist requested for an opportunity to observe IP at school. Interactions with the teacher often resulted in IP having a meltdown and the shadow teacher having to intervene in most cases. It was during these cases whereby IP would get into a shouting match with the shadow teacher. Other students were also observed to be critical of IP and only one student was interacting with IP. Every time IP had a meltdown, the teacher could be heard threatening to call John which resulted in escalation of IP's behavior. In such a school setting, it was observed that the people around IP had the following narrative as seen in Figure 2.

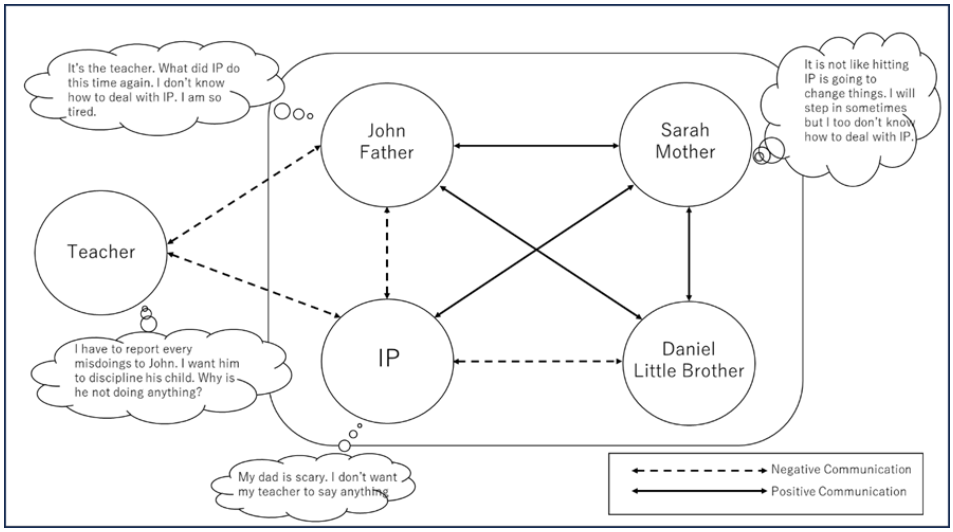

Figure 2 System of IP's school environment and narrative of people involved

This has resulted in a system whereby IP was isolated and rejected by his peers. Teachers were also critical of IP and would threaten to call John under the narrative that they have to set 'boundaries' with IP. IP would panic which only caused his behavior to escalate which resulted in the school teacher actually calling John.

After discussing on this system during family therapy sessions, a few strategies were decided on. During the next trip to school, the therapist suggested to the school teacher that;

1) Anything that happens at school can be dealt with at school. John is under a huge stress and he is seeking help to interact better with his kids. Boundaries are indeed important but there are several reasonable accommodations that can be considered.

2) IP be given some time to cool down in a small corner any time he is having a meltdown.

Before leaving, the therapist spotted the one child interacting with IP. When he came over, the therapist thanked him for always being there for IP.

4.4 20XX November Rupture in Liaison and The Inclusion of Child Services

Liaison with the doctor showed improved engagements between the doctor and the Lee family as John and Sarah were able to get their worries and values across to the doctor, and the doctor was able to understand more on what they were experiencing. This was due to the fact that the therapist was able to converse in both Japanese and Chinese. During all sessions with the doctor, the therapist would be translating what John and Sarah said from Chinese to Japanese, and vice versa for the doctor. When there was a conflict in values between the doctor and the Lee family, such as not wanting to have medication since that would mean that IP is indeed having disabilities and John would have a hard time saving his 'face', the therapist would show empathy on the circumstances but at the same time provide psychoeducation on the effects of medication and how neurodevelopmental disorder were viewed in Japan. During family therapy, Sarah would also comment on the relief they felt every time the therapist was there with them during the doctor's consultation. The family system was moving in the right direction and IP was also expressing himself more freely during play therapy. Everything seemed to be going smoothly up to this point. One

day, however, the therapist got a call from child service that the school teacher had reported the possibility of child abuse. It seemed that the teacher did not follow what was agreed on and continued with threatening IP. This resulted in IP having a huge meltdown and crying out that John would get angry again. After explaining to child service about what was going on, the staff in charge agreed to visit the school for an observation. After hearing reports from the teacher, the therapist, and the doctor, child services came to a similar conclusion with the therapist that a different approach is needed to be used by the teacher. Child services again reminded the teacher that there was no need to threaten IP. Misbehavior can be simply relayed to Sarah if she wants to understand what is happening at school. With the inclusion of child services, this has however resulted in a rupture in the liaison between the therapist and the school teacher. No response was heard from the teacher despite several emails. Child service acted as an intermediary by visiting the school from time to time.

4.5 20XX December – 20XX+1 May Improvements and the shift in IP's Systems

Family therapy and psychoeducation on understanding neurodevelopmental disorder and how to interact with children continued. As sessions continued, John was able to come to terms that his abuse may be leading to trauma experienced by IP. He would try to close out on all the negative things and engage positively with IP. There were however still some instances whereby he could not control his feelings. Therapy sessions help him explore and validate these feelings. The huge turning point was when John resolved in putting Daniel in a Japanese public school as suggested by the therapist. During sessions, he would be talking about how a huge burden has been lifted from his shoulders and that he has more capacity within himself to interact more positively with his children. As play therapy sessions continued, IP was able to confront his traumatic experiences by talking with the therapist about what was happening at home. He talked more on his emotions and how it felt good bullying 'weaker' students but knew that this was something not acceptable. Accommodations were also allowed and IP was able to have more meaningful interactions with his classmates. Maladaptive behaviors gradually decreased and therapy sessions were spaced out to once a month as follow up. Table 1 shows the changes that occurred after all interventions were carried out.

Table 1 Changes after the introduction of intervention

Changes brought about by Play Therapy		
Before Intervention		After Intervention
1) A manifestation of trauma based symptoms (anxiety, aggression) as a result of physical abuse. IP was unable to express himself. 2) Emotional regulation further made difficult due to ADHD . 3) The lack of a safe place.	→	1) Understanding that there is a safe place for him to express himself freely. 2) Talking about how he is envious of bullies and understanding why he wanted to become stronger. 3) Understanding being a bully does not help him in facing his trauma.

Changes brought about by Family Therapy		
Before Intervention		After Intervention
John: 1) Financial stress due to extremely high expenses.	→	1) Feeling less burdened after moving Daniel to a public school.
2) Violence towards IP due to calls from school teacher.	→	2) Having more positive interactions with IP after there were no more calls.
Sarah: 1) Getting in between John and IP but feeling stuck.	→	1) By taking calls from the teacher, the family became more peaceful.
2) Not understanding how to interact with IP.	→	2) Promoting positive interactions in the family through psychoeducation.
IP: 1) Maladaptive behavior in the school	→	1) Negative behaviors decreased due to family's positive interaction.

Changes bought about by liaison		
Before Intervention		After Intervention
Teacher: 1) Threatening to call John everytime IP misbehaves.	→	1) Refrained from threatening IP through the help of child services.
2) Keeping boundaries at all cost.	→	2) Allowing for reasonable accomodations through the help of child services.
Classmates: 1) Staying away from IP because of his behavior.		1) Promoting friendship by thanking the classmate who played with him.
Doctor: 1) Insufficient information due to language barrier.	→	1) Understanding the family's worries and constructing an effective treatment.

■5.0 DISCUSSION AND RECOMMENDATION

5.1 Abuse And Trauma

The present case study demonstrated that both John and Sarah were experiencing significant stress, which contributed to maladaptive family dynamics. In particular, John resorted to physical aggression, which stemmed from his limited understanding of neurodevelopmental disorder and his inability to effectively engage with IP. This has resulted in trauma experienced by the IP manifesting into symptoms such as interpersonal relationship problems and emotional regulation which were found to be in line with a study done by Sanders & Becker-Lausen (1995).

To address these issues, one of the key interventions introduced by the therapist was play therapy. Research has shown that play therapy is effective for children coping with trauma, helping them process emotions and develop healthier coping strategies (LeBlanc & Ritchie, 2001). Sanders and Becker-Lausen (1995) highlighted that improving emotional regulation and interpersonal relationships are crucial for trauma recovery, particularly in children. Furthermore, child-centered play therapy has been shown to strengthen social and emotional competencies in children who have experienced adversity (Ray et al., 2022).

During the initial assessment, IP was observed to be highly guarded and reluctant to communicate with those around him. Therefore, the therapist adopted Axline's (1947) eight principles of play therapy, which emphasize creating a safe and nonjudgmental environment where the child feels free to express themselves. This approach was particularly relevant given that children with ADHD often struggle to

organize and articulate their thoughts verbally (Danforth & Navarro, 2001). The goal was to create a safe environment for him allow him to express himself through the play materials so as to reduce his burden of using just verbal communications. Over the course of the sessions, IP became more open and expressive. However, he remained cautious, at times asking the therapist not to disclose certain information to his father out of fear of repercussions. This reflects the deep-seated anxiety and mistrust that had developed from his prior experiences with John. By adhering to Axline's principles, the therapist was able to establish a strong therapeutic alliance, helping IP to feel secure and understood, which in turn encouraged deeper emotional exploration and self-expression.

A significant breakthrough occurred when IP shared his admiration for a bully. He constructed a narrative in which the bully represented strength and invincibility; traits he associated with survival based on his experiences in China. This internalized belief appeared to influence his behavior in Japan, where he engaged in bullying weaker students as a means of asserting control and dominance. Retz et al. (2021) found that children with ADHD are more prone to maladaptive behaviors, including aggression and rule-breaking, due to impaired impulse control and a heightened need for immediate gratification. In IP's case, his bullying behavior may have been a coping mechanism shaped by his own experiences of abuse and social rejection.

Play therapy offered IP a safe place to talk about his experiences with no judgement. Feelings that he has oppressed within himself due to the fear of being punished were reflected on. In such sense, another major role of the play therapy was to allow him to explore and gain insights into his feelings. During play therapy, he was able to understand that he was using bullying as a way to feel invincible, and also gained insight that such behaviors were leading to peer rejection. IP understood that the therapist was not there to judge or attack him. While giving objective statements and encouragements, IP was able to figure out better communication patterns he could use with his peers. He came to a realization that not every one of his peers were avoiding him. There was one who was praised by the therapist who would often go out of his way to play with IP. By talking about this one episode, IP realized that continuing being a bully would push away his friend. Using dolls and figurines, IP was able to simulate and rehearse more constructive social interactions, which allowed him to develop greater insight into the impact of his behavior on others.

5.2 The Importance Of Changing Family Communication Patterns To Something Positive

John was making significant financial sacrifices to keep both of his children enrolled in an international school. According to a survey conducted by the National Tax Agency (2022), the average annual salary for a family in Japan is approximately 4.5 million yen (around RM140,000). John revealed that the financial strain of covering international school fees required him to work exceptionally hard, which had become a major source of stress. Additionally, frequent calls from the school regarding his children's behavior likely contributed to the formation of a hostile narrative toward IP, further straining the family dynamic.

To alleviate John's mental and financial burden, one of the primary strategies explored in this case study was transferring Daniel to a public school, where education costs are covered by the state. However, Yoshikawa and Higashi (2001) emphasized that family system interventions should ideally be reversible. This ensures that if an intervention proves ineffective or counterproductive, the family can revert to its previous state without lasting disruption. Changing schools is inherently a difficult-to-reverse decision, which meant that the therapist needed to approach it with caution and sensitivity. Even if the strategy was logically sound, the Lee family required time to process and accept the change. Therefore, it was essential to carefully address any concerns surrounding the transition. For example, one potential concern was whether Daniel would be able to understand lessons taught in Japanese. This worry was addressed when the therapist informed the family that Japanese public schools offer free translators to support foreign students in their academic adjustment.

The next step involved identifying and reinforcing positive communication patterns within the family to foster healthier interactions and improve the overall family dynamic (Yoshikawa & Higashi, 2001). Sarah was aware that reprimanding or punishing IP was ineffective; however, she felt uncertain about how to engage with him and often found herself caught between John's frustration and IP's emotional responses, leading to feelings of helplessness. The therapist identified this communication pattern as an opportunity for intervention. Educating Sarah about the characteristics of ADHD and encouraging her to take on the role of communicating with the school was a strategic way to strengthen existing positive patterns. Sarah was instructed to listen objectively to the teacher's reports, avoid displacing her frustrations onto IP, and consistently offer praise when IP performed well at school. This shift relieved John from the stress of managing school-related issues, allowing him to focus more effectively on his work.

Simultaneously, John was encouraged to engage in shared activities with IP to repair the strained father-son relationship. The goal was to replace negative communication patterns with positive, reinforcing interactions. John responded well to this intervention, and the therapist frequently heard reports of John organizing family outings and engaging in enjoyable activities with IP. These shared experiences helped John and IP build trust and emotional connection, gradually improving their relationship.

By reducing the practical and emotional burdens on both parents, the case study illustrates the importance of modifying family communication patterns to support a child with ADHD. Positive changes in communication and emotional engagement create a reinforcing cycle, where improved parent-child interactions reduce maladaptive behavior, leading to decreased parental stress and a more harmonious family environment.

5.3 Liason And Rupture

In the present study, an effort was made to establish a liaison among the school teacher, doctor, parents, and staff at child services. Effective collaboration among these key figures is essential in supporting children with ADHD, as it helps create a consistent and stable support system across different settings.

One of the key considerations when working with the doctor was ensuring that the doctor understood the family's cultural values. Yang et al. (2014) highlighted that patients are often hesitant to accept support when they feel their cultural background is not adequately understood. Since the background of the therapist and the Lee family were relatively similar, and the fact that everyone shared a common

language which was Chinese, John and the rest of the family were rather comfortable in sharing their values with the therapist. The therapist, in turn, communicated these insights to the doctor, facilitating a more culturally informed and empathetic approach to care.

In contrast, establishing an effective liaison with the school teacher proved to be more challenging. Macdonald et al. (2003) emphasized that effective communication with school staff is crucial when supporting children with ADHD, as it can lead to better clinical and academic outcomes. However, despite efforts to explain the Lee family's circumstances and John's attempts to manage his frustration toward IP, the teacher appeared to fixate on the perception that John was abusive toward IP. The teacher maintained a strict stance on classroom boundaries, believing that making accommodations for IP would be perceived as unfair by other students and could undermine classroom discipline. This perspective was not entirely unreasonable. Nussey et al. (2013) found that providing psychoeducation not only to teachers and parents but also to classmates can foster greater understanding and positive attitudes toward children with ADHD. In hindsight, the therapist could have improved the situation by offering psychoeducation to the teacher and the class, helping them understand IP's challenges and the rationale behind certain accommodations.

The communication breakdown escalated when the teacher threatened to call John again following an incident of misbehavior by IP. Despite the therapist advising against this approach, the teacher's action triggered a severe emotional meltdown in IP, who struggled with emotional regulation. The situation culminated in the teacher calling John to remove IP from the school, leading to a rupture in the relationship between the therapist and the teacher.

Recognizing that the existing communication pattern with the teacher was unlikely to improve through direct intervention, the therapist sought alternative strategies to support IP. Through collaboration with staff at child services, the therapist introduced tailored accommodations to help IP better manage his behavior and emotional responses in the school environment. This outcome underscores an important insight from the present study: when initial liaison attempts fail, it may be more effective to build new collaborative relationships with professionals outside the child's immediate system rather than persist with an ineffective dynamic.

5.4 Importance Of Understanding Systems And Narratives

As discussed earlier, the relationship between parents and their children with ADHD is prone to deterioration (Counts et al., 2005), which may lead to the development of negative communication patterns and an increase in maladaptive behaviors (Kok et al., 2016). Research by Robinson et al. (2024) has shown that high parental stress levels can increase the likelihood of harsh disciplinary strategies and physical punishment, which in turn exacerbate emotional dysregulation in children with ADHD. This dynamic was clearly observed in the present case study, where John's lack of understanding about how to manage IP's behavior contributed to the emergence of negative communication patterns. As these patterns became entrenched, they reinforced and intensified maladaptive behaviors, forming a cycle of negative narratives within the family system.

Moreover, IP's maladaptive behavior was further exacerbated by the negative narrative held between the school teacher and his parents. As IP's behavioral issues escalated, the teacher would frequently call John, asking him to discipline his child. This placed additional pressure on John, who struggled to manage IP's behavior effectively. Webster-Stratton et al. (2013) noted that parents often experience significant difficulty in managing children with ADHD, even when explicitly guided. In John's case, this resulted in the use of physical punishment and harsh disciplinary measures, contributing to a vicious cycle of stress, abuse, and further emotional dysregulation in IP. This negative spiral not only reinforced maladaptive behaviors in IP but also deepened John's sense of helplessness and frustration, perpetuating the dysfunctional family dynamic.

The present case study underscores the critical importance of identifying the reciprocal relationship between the maladaptive behaviors of a child with ADHD and the communication patterns within the family. Breaking this negative cycle requires targeted interventions aimed at restructuring these communication patterns and addressing the underlying emotional and behavioral issues driving them.

In regards to school, it is understood that there is tendency for a child with ADHD to engage in maladaptive behaviors when interpersonal relationship conflicts arise (Retz et al., 2021). When conflicts arise, children with ADHD often struggle to articulate their perspective clearly, making it difficult for teachers to understand the situation (Danforth & Navarro, 2001). This communication gap can lead to repeated misunderstandings and social rejection. Over time, classmates may begin to avoid the child, and teachers may adopt a punitive stance toward them. Danforth and Navarro (2001) noted that such experiences of rejection can foster the development of hostile narratives toward peers and teachers, further reinforcing the child's maladaptive behaviors.

This pattern was evident in the present case study. When IP experienced social rejection from his peers and misunderstanding from his teachers, he began to exhibit a range of maladaptive behaviors, including sleeping in class, bullying other students, and engaging in inappropriate behaviors such as playing with his saliva. This led to a breakdown in classroom dynamics and reinforced the teacher's negative perception of IP, prompting further disciplinary actions and increased pressure on John. This created a negative feedback loop, where the teacher's reaction to IP's behavior further alienated him from his peers and escalated the severity of his maladaptive responses. Van der Pol et al. (2017) argued that breaking such negative cycles requires restructuring the underlying narrative and interaction patterns within the system. In this case, the therapist recognized the need to extract and understand the narratives of IP, his family, and the people around him. From there, the therapist attempted to shift the negative system into a more positive and supportive framework by introducing new strategies aimed at improving communication and emotional regulation.

To break this negative cycle, the therapist first focused on addressing the abuse and trauma experienced by IP. It was essential to provide IP with a safe and non-judgmental environment where he could explore his emotions and examine his narrative; particularly his admiration toward bullies without fear of reprisal. By creating a secure space, the therapist helped IP process his emotional responses and develop healthier coping mechanisms.

Family therapy also played a key role in restructuring communication patterns. Yoshikawa and Higashi (2001) emphasized that understanding the context in which communication takes place is essential to identifying why certain patterns emerge and how they can be modified. In the present case study, observing how John and Sarah interacted during therapy sessions provided valuable insight into the

communication patterns at home. This allowed the therapist to identify underlying narratives such as John's belief that he needed to discipline IP to meet the school's expectations, and work toward replacing them with more constructive and supportive strategies.

By understanding the narratives held by each family member and recognizing the emotional underpinnings of their communication patterns, the therapist was able to develop targeted interventions. For instance, shifting John's role from disciplinarian to emotional supporter reduced the pressure on him and allowed him to engage with IP in a more positive and empathetic manner. Similarly, encouraging Sarah to take a more active role in communicating with the school helped alleviate John's stress and created a more balanced family dynamic.

■6.0 CONCLUSION

Supporting a child with ADHD and trauma, particularly when they are exhibiting maladaptive behaviors at school, requires a thorough understanding of the communication patterns within the systems surrounding the child. It is essential to identify the narratives held by both the child and those interacting with them, as these narratives can significantly influence behavioral and emotional outcomes. In the present case study, the identification and reduction of risk factors that reinforced negative communication patterns and narratives, combined with efforts to enhance positive factors that promote healthier interactions, led to meaningful clinical improvements.

However, the findings also highlight the importance of establishing a strong and collaborative liaison with school teachers. Failure to build this connection may compromise the overall support system, potentially undermining the progress made in therapy. Strengthening this area of intervention remains a critical next step in ensuring the long-term success of therapeutic outcomes for children with ADHD and trauma.

Acknowledgement

The authors express their sincere gratitude to the LEE family for their willingness to share their experiences and for granting permission to publish this case study. Their openness has contributed to a deeper understanding of the complexities of psychological assessment and intervention. The authors also extend their appreciation to Medical Corporation Keishinkai for their support in facilitating this work and for their commitment to advancing clinical knowledge.

Conflicts of Interest

The author(s) declare(s) that there is no conflict of interest regarding the publication of this paper

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