

# Childhood Of Trauma Is How Jay Got That Way

By Susan Campbell

Jay Smith's official 2-inch thick file is a baby book for the broken-hearted. On page after page of Department of Children and Families forms, first steps are replaced by therapist notes, locks of hair by angry poetry, hand-print turkeys with diagnoses.

To say Jay's start was rocky doesn't begin to tell her story. Her mother was addicted to cocaine. There was violence at home; Jay sometimes showed up at school with dark bruises, and people who knew the family started calling the state to report the neglect of Jay when she was barely old enough to go to school.

This was a girl who tested limits, trusted no one and later showed up at school with a bag of marijuana around her neck. Over the years, Jay Smith, who abandoned her birth name to start over, bounced from foster care to a hospital to a shelter to a group home. Her nomadic experience is not unique, and, as with other children in the system, constant turmoil and new placements only added to her wounds.

It also made her difficult to diagnose and treat effectively. Along the way, a round of doctors diagnosed her with everything from depression to oppositional defiant disorder. But buried in the notes, years after someone first called DCF, is a diagnosis that so often goes missing in a traumatic childhood: post-traumatic stress disorder. Somewhere along the way, a mental health professional thought to consider Jay's upbringing as at least part of an explanation of her acting out.

Formerly considered the provenance of combat veterans and survivors of childhood or domestic abuse, anxiety disorders such as PTSD are slowly gaining ground as a diagnosis among children like Jay, but only slowly, according to studies from groups such as the Child Welfare League and

the Dartmouth Psychiatric Research Center. Dartmouth research says most trauma survivors are never diagnosed or treated.

A proper diagnosis might be missed for a variety of reasons, not the least of which is a child's frequent movements through the system. New research shows that a child's response to trauma may be more complex than traditional diagnoses. Some researchers - Julian D. Ford, Ph.D., director of the Connecticut-based Center for Trauma Response, Recovery and Preparedness, among them - seek to include in the next edition of the Diagnostic and Statistical Manual of Mental Disorders, the guidebook for mental health professionals, something called "developmental trauma disorder," which would include anxiety and behavior, cognitive and learning problems, along with a wider range of emotional and behavioral problems, and perhaps put more children on the road to recovery.

Trauma - catastrophic events that are outside the norm and have long-term effects - affects children differently than it does adults. Therapists often don't spend enough time with their young clients to make a proper diagnosis, even though clinicians say that trauma threads its way through the lives of most children found in treatment, school detention or jail, urban or suburban. Already, overburdened teachers rarely have the time or training to identify traumatized children, and so, just as Jay was neglected at home, traumatized children are left wanting, with disastrous results.

The effects of childhood trauma cannot be overstated. A recent study from the Massachusetts-based Trauma Center at the Justice Resource Institute says that children subjected to trauma learn to ignore either what they feel or what they perceive. This is not to say that all traumatized children grow up to be unhappy adults, but there is a greater chance that they will deal with depression, substance abuse, and a host of other life-altering disorders.

Ford said 7 percent of the population has one of the better-known trauma-induced disorders, PTSD, but studies suggest that number jumps

to 15 percent within the juvenile justice system nationally. Some studies suggest that as many as half of some populations of troubled youth exhibit symptoms of PTSD. And that's not counting other anxiety disorders, including panic, phobias, social phobia, separation anxiety and generalized anxiety, said Ford.

Most research follows traumatic events such as Hurricane Katrina or the 9/11 attacks. For many researchers, corrosive, everyday violence - street shootings and domestic violence - has been slower to get attention.

In Connecticut, state child advocate Jeanne Milstein remembers an adolescent boy, upon hearing her talk about gun control, looking at her wryly and saying, "Lady, everybody has a gun."

Yet Ford said most affected children lack a diagnosis that could move them through treatment to fruitful adulthood. Instead, they're punished for bad behavior or - at best - diagnosed with something like ADHD. That may, in fact, be a correct diagnosis, but it's not the only one.

Smart, tough, funny Jay, now in her 20s, now enrolled in college and married with children, often wonders what her life would look like if DCF had stepped in earlier. Add to that question this: What would Jay's life look like if she had been properly treated for trauma?

This is the first of four columns looking at the effects of trauma on children and the gap in diagnosis and treatment. On Wednesday: Why a proper diagnosis is vital.

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