Connecticut Paves New Path In Treating Traumatized Children

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Maria lived for about seven years with two burdens that nearly drowned her emotionally – the repeated sexual assault of her two young daughters over a period of years by a male friend of her mother's, and her belated discovery of the abuse. That she would wake up on a safe shore years later; that she would see her daughters have a childhood again, that she would be able to vouch for a new therapy that trauma experts are just starting to push in Connecticut in a big way, would have been impossible for her to believe.

She didn't waste a second once she found out about the abuse, but her feeling of helplessness, her terror that her daughters would be damaged for life, would only intensify. The children, 7 and 5 when the abuse was discovered, languished in general therapy. In fact, they were getting worse. They couldn't go to school. They had trouble getting out of bed. They didn't want to eat. They stopped trusting anyone but mom. They were jumpy and startled easily.

Medications for depression didn't work. Hospitalizations didn't work. The girl's weren't being asked to confront the source of the pain, and they thought the whole horrible mess was their fault, Maria said. And Maria thought it was her fault she didn't notice sooner. And the fact that she was kept out of the room when the girls where in therapy only amplified her feeling that she was on the wrong side of a thick glass window, watching her girls suffer and not being able to do a thing about it.

Around Christmastime 2010, a therapist told her to try one of the clinics in central Connecticut that was practicing a new approach, one that focused on the original trauma, not the symptoms. The kids were screened for post-traumatic stress syndrome, just like a combat soldier would be.

They had it.

Over the next six months, Maria would see a remarkable change in the girls. And Maria was not only in the room but her input was a big part of the treatment. She and the kids were taught emotional coping skills, then the therapist led the children to the door of their pain and nudged them through. They talked about the trauma, talked about the man, talked about how it wasn't their fault.

Maria was able to surface and breathe great gulps of air. Her kids, she said, were blossoming again. They stopped clinging to her, stopped calling her at 9 a.m. from the nurse's office at school, begging that she come for them. Maria – a pseudonym because she has to protect the kids' identities -- decided last week that she wanted to talk openly about her ordeal, to help other families find the same way up.

Turns out her timing was good – the state Department of Children and Families, working with experts in childhood trauma, is using a multi-million dollar federal grant to increase from 16 to about 26 the number of outpatient community clinics that practice trauma-focused therapy, and to put it in play at DCF's most difficult facilities, the former Riverview Children's Hospital, reorganized as the Albert J. Solnit Psychiatric Center, and the Connecticut Juvenile Training School.

Underneath The Trauma

In Connecticut and nationally, 80 percent of the kids entering the child-welfare system have had trauma, yet the majority of treatment clinics here, both public and private, didn't routinely screen for post-traumatic stress. The result is that the true source of child's pain is often not addressed, and his symptoms – depression, aggression, withdrawal – are often misdiagnosed, said DCF psychologist Bert Plant.

It can get even more dicey when the trauma doesn't have a single source. A kid could rate high on the PTSD chart if she lives in poverty, has a dysfunctional family, sees crime in her neighborhood and is in a tough school environment, said psychologist Robert Franks. He's a childhood trauma expert, vice president of the Child Health Development Institute, and working with Plant and DCF to expand trauma-based therapy here.

When Dr. Judith Cohen and psychologist Anthony Mannarino of Pittsburgh pioneered the therapy, they took standard cognitive approaches and adapted them for children. Plant and Franks helped bring the practice to Connecticut in 2009 – but there are still swaths of the state where it's not readily available to kids, and many therapists aren't specifically trained in helping children confront traumatic events.

Last year, DCF Commissioner Joette Katz said she wanted a recognition of trauma's impact to inform everything the department does. DCF and the child health institute secured the grant, and are planning now how they'll train DCF social workers and clinicians across the state. They'll also keep data on how the treatment is working and how the kids are responding.

The approach "gets underneath the trauma, understands it, addresses it head on,'' said Plant. "The family is taught emotional coping skills. It's never sugar-coated. The kids begin to understand, "There's a reason why I'm acting like this.' ''

A Broken Family

Maria saw her older daughter on the telephone. This was eight years ago. The child was 7. Maria knew the child was talking to Maria's mother's male friend. Maria edged closer.

" 'No! My mommy said no!' " Maria recalled the child saying. "She hung up on him, and I knew there was something weird going on. I kept asking her, 'What is it that you were saying no to?' She finally told me. He had been touching their private parts. Many, many times. My mom would go to the kitchen, or to the bathroom ...''

The abuse of both girls had gone on for several years. Maria would leave her daughters with her mom when she had to run errands. No one suspected the male friend.

Maria took both girls straight to the emergency room when she learned of the abuse. Forensic interviews with the children confirmed the crimes. The police went looking for the man. He fled and committed suicide.

But he left a broken family. The next few years were torturous. "The girls would let a little bit out at a time,'' said Maria, 34.

Because she wasn't in on the girl's treatment, she could never get a full picture of her children's pain, nor could she grasp the scope of the abuse.

"They went through a lot of treatments,'' Maria said. "It's not that they were bad treatments; it's that they were not the right ones.''

"I saw depression, a lot of anger, crying a lot. They wouldn't get out of bed. They wouldn't eat. They had headaches, stomach aches. They thought it was their fault. Sometimes some of the medications helped, but some didn't help at all,'' Maria said. She didn't think the new therapy would help either, and the kids didn't want to go.

But the trauma therapist began with the premise that the symptoms were related to post-traumatic stress, not depression, not children acting out. She prepared the family with coping techniques. When they were ready, they confronted the sexual abuse together, talked about how it happened, why it happened.

Within a few months of continuous therapy, sometimes for as many as three days a week, Maria said the girls' grades in school started climbing back up. They were sleeping through the night again – no more complaints about nightmares and intrusive daytime thoughts. The older child slept over a friend's house for the first time since the abuse was disclosed. They could stand to be away from mom. They were smiling again, caring again, bickering like sisters again.

"You know, my children had thought that if they didn't talk about it, it would go away. But that wasn't happening, and it was getting harder and harder to avoid. They needed to talk about it,'' Maria said.

She is asked if she feels the nightmare is over.

"Yes,'' Maria whispered.