



Over, Under and Mis-Diagnosis of Court-Involved Youth: The Tragic Results and What YOU Can Do to Help

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Many court-involved youths have been diagnosed with multiple mental health disorders and prescribed a variety of psychotropic medications to impact their mood or behavior, yet these diagnoses are often inaccurate. When youth are over, under, or mis-diagnosed they may receive no services when needed, inappropriate interventions, or treatment that can make them worse.

A starting point for obtaining a correct diagnosis of a teen is to ensure that the diagnostician is licensed and qualified to evaluate the teen and make the diagnosis. Diagnosing a teenager is a complex challenge; it is difficult to tease out the correct diagnosis. For example, a teen in the manic phase of bi-polar, or using methamphetamine, might display classic symptoms of ADHD. And bi-polar is over-diagnosed in children. While some have it, and need life-saving medication, others are taking powerful, potentially toxic medications, and might suffer a life-long social stigma, because they are being treated for a disorder that they do not have.

Dr. Boesky added that ADHD is often under-diagnosed in girls because it tends to be the “inattentive” type. When not treated, these girls will tend to underachieve, become socially outcast, and develop a higher risk for engaging in delinquent behavior. Trauma, although starting to be recognized and treated more, has traditionally been under-diagnosed. Both genders, but especially males, are reluctant to talk about being abused.

Not treating trauma, or erroneously treating symptoms of trauma that mimic disorders like bi-polar, has significant implications for the youth’s future well-being. The more trauma that they have suffered—and poly-trauma is more typical with court-involved youth than suffering a single trauma event—the more damaged the youths become. Poly-trauma victims are:

- Twice as likely to suffer from depression
- Three to five times more likely to abuse substances
- Have a higher risk of delinquency and school and home truancy
- Have an increased suicide ideation

Re-occurring trauma is especially harmful because the brain maladapt to it. Humans are biologically programmed to survive. Trauma induces the release of adrenaline (with typical responses to flee, fight, or freeze). The brain is not programmed to release and process adrenaline and other coping brain chemicals on a constant or frequent basis. Trauma victims become hyper vigilant, and the harmful biological processes that occur with frequent trauma becomes “normal.” Youths develop sleep disturbances, attention deficits, and hostility, and sometimes are then treated for the disorders that these symptoms mimic. Sometimes trauma is treated as post-traumatic stress disorder, however that disorder usually does not develop until later in life. Further, the traditional responses of juvenile facilities to behavior issues of teens—sanctions and consequences—have little impact on trauma victims. Trauma-specific treatment is needed.



When working with youths with any diagnosis, it was suggested that workers learn more about *all* the disorders present. When working with youths that already have a diagnosis when they come under your care, explore further. Have they been properly and thoroughly diagnosed? Are they being unfairly “labeled” due to a misdiagnosis? The success of treatment can largely depend on treating youths for the correct disorder. Finally, regardless of the youth’s issues, you can be the one to make the life-changing agent in a youth’s life by playing a key role in caring about them and helping them.