February 2024

TRAUMA INFORMED CARE & CULTURAL COMPETENCY MANUAL

A VOLUNTEER'S GUIDE FOR ENGAGING WITH PALESTINIAN PATIENTS

BLOOM Charity is a US based 501c3 with a mission to support the mental health, early childhood development, food security and educational needs of vulnerable children around the world. BLOOM believes in every child's right to laugh, learn, hope & heal.

These guidelines were authored to support the volunteer community, host families, and care teams involved in the support and treatment of Palestinian patients being brought to the United States for medical treatment during the 2024 conflict in the Gaza strip. This is not a medical guide. BLOOM Charity is responsible for aligning the patients with professional mental health practitioners, and these guidelines will allow those practitioners to do their job, without unintentional harm and/or re-traumatization being caused by other individuals involved in the patient's care plan.

Key takeaways for volunteers include: 1) The trauma being experienced by Palestinian children is complex, intergenerational and persistent - it is not a 'post-traumatic' situation, 2) Non-mental health professionals should not probe and explore the trauma of individuals they are supporting, and 3) cultural competency and geopolitical awareness are key to building safety and trust.

Written By: Amina Shams, MPH CoFounder of BLOOM Charity
Peer Reviewed By: Lena Derhally, Licensed Psychotherapist; Dina Zalami, Licensed Psychotherapist
Edited By: Uzma Ahmad, CoFounder BLOOM Charity
Graphics and Design by: Aden Ahmad

Table of Contents

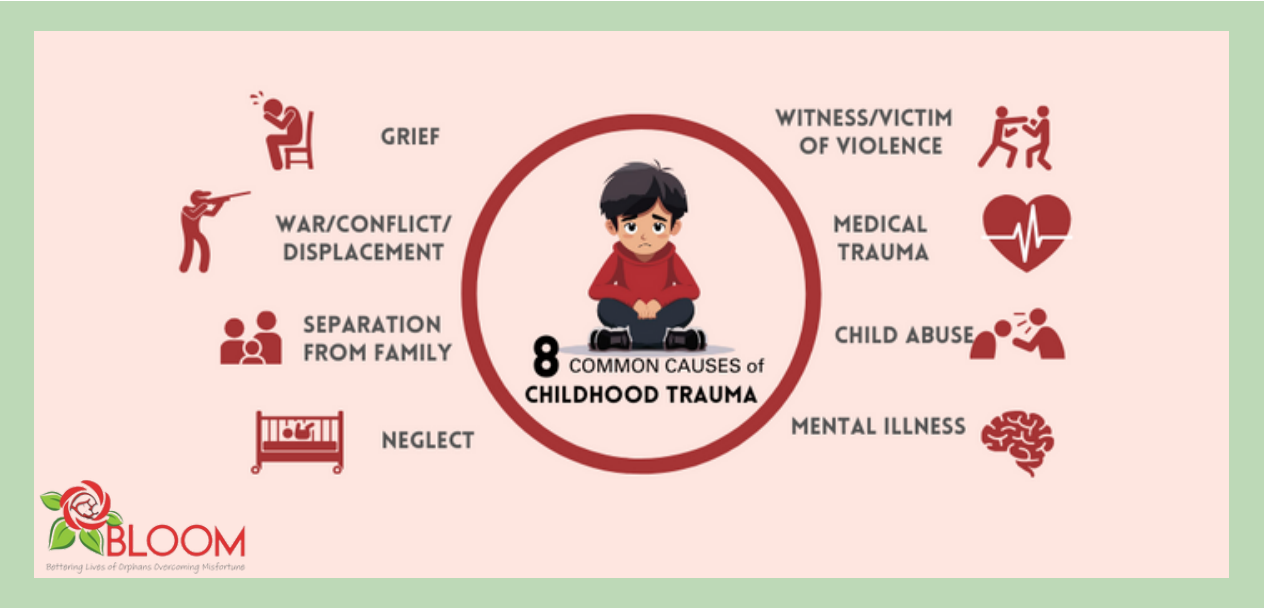
I. INTRODUCTION

The long-standing Israeli–Palestinian conflict has escalated since October 7, 2023, resulting in a catastrophic humanitarian crisis in Palestine. The dramatic escalation and relentless violence witnessed in the occupied Palestinian territory and Israel is deeply alarming with irreparable consequences. The population is overwhelmed by bombardment, hunger and disease. Families have been torn apart, and death and destruction has overwhelmed every system that would normally protect civilians in conflict. In times of crisis, children are the most vulnerable and pay the highest price. The children of Palestine are exhausted and traumatized while they face immense ongoing physical, psychological and social suffering.

BLOOM is committed to advocating for and addressing the needs of Palestinian children, who are in a situation of extreme vulnerability. In the face of this grave, unprecedented humanitarian crisis, BLOOM is committed to bringing laughter, learning, hope and healing to Palestinian children in need, as well as fostering a sense of hope and solidarity in the face of adversity.

Through our partnership with HEAL Palestine, BLOOM has committed to providing Cultural Competency and Trauma Informed Care (TIC) training materials for volunteers and care team members that will interact with children brought from Palestine to the United States for medical treatment. BLOOM will also align HEAL Palestine's patients and their companions with mental health and psychosocial support services, including an online support group for their shared experience of occupation, war, physical trauma and displacement to the US for treatment.

The purpose of this document is to provide Cultural Competency and Trauma Informed Care (TIC) guidance to help the volunteer community and care team support Palestinian patients and their companions traveling to the US for medical treatment in a way that is helpful, informed and does not cause further harm.



II. CHILDHOOD TRAUMA DEFINED

Trauma is a response to a devastating event, resulting in adverse physical and emotional outcomes. Traumatic events may include abuse, discrimination, natural disasters, racism, and war. Children are surrounded by potential dangers everyday, but when an event threatens or causes harm to emotional and physical well-being it becomes a **traumatic event.**

People who experience trauma may develop health conditions like anxiety, depression, heart disease and post-traumatic stress disorder (PTSD). Subsequent generations may inherit trauma and those health conditions through factors like discrimination and prejudice.

Childhood Trauma is defined as an event a child finds overwhelmingly distressing or emotionally painful, often resulting in lasting mental and physical effects. Common causes of childhood trauma include violence, displacement, separation from family, medical trauma, and grief.

Complex Trauma is the result of exposure to repetitive, prolonged trauma or multiple traumatic events - often invasive and interpersonal in nature - and the wide-ranging, long-term effects of this exposure.

Complex Post-Traumatic Stress Disorder (CPTSD) is a mental health condition that results from chronic (long-term) trauma - exposure to a traumatic event or series of events of an extremely threatening nature. The events are usually prolonged, repetitive, and cause feelings of powerlessness and loss of control. Examples of chronic trauma in children include long-term physical or sexual abuse, long-term domestic violence, frequent exposure to community violence, war and genocide. CPTSD is a newer diagnosis that experts estimate may impact up to 8% of the population.

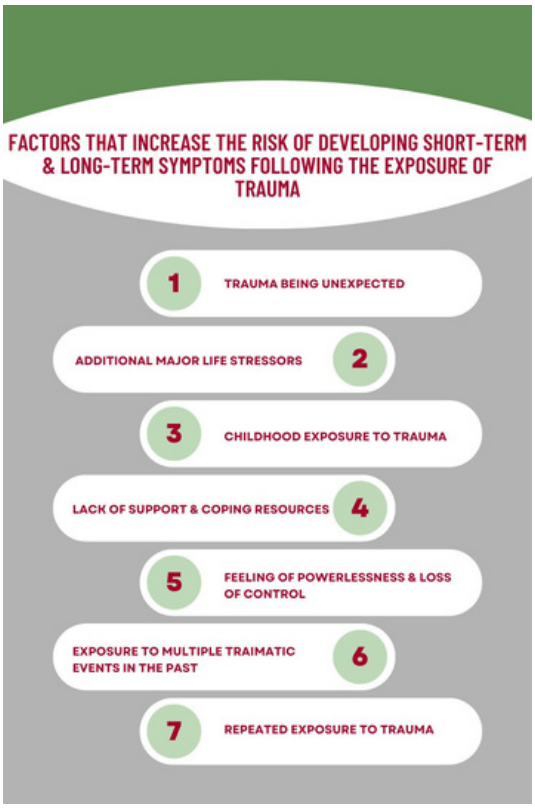
Generational, Intergenerational or Transgenerational Trauma begins when a group collectively experiences a horrific event, like war, racism, discrimination and genocide. It is a cyclical trauma that is inherited through families.

Studies have found that trauma can transfer in the uterus, most likely caused by hormonal changes due to maternal stress. DNA shifts, or epigenetic changes can also result from a traumatic experience and cause generational trauma. The theory is that trauma changes how your genes work and then those changes are passed down to children.

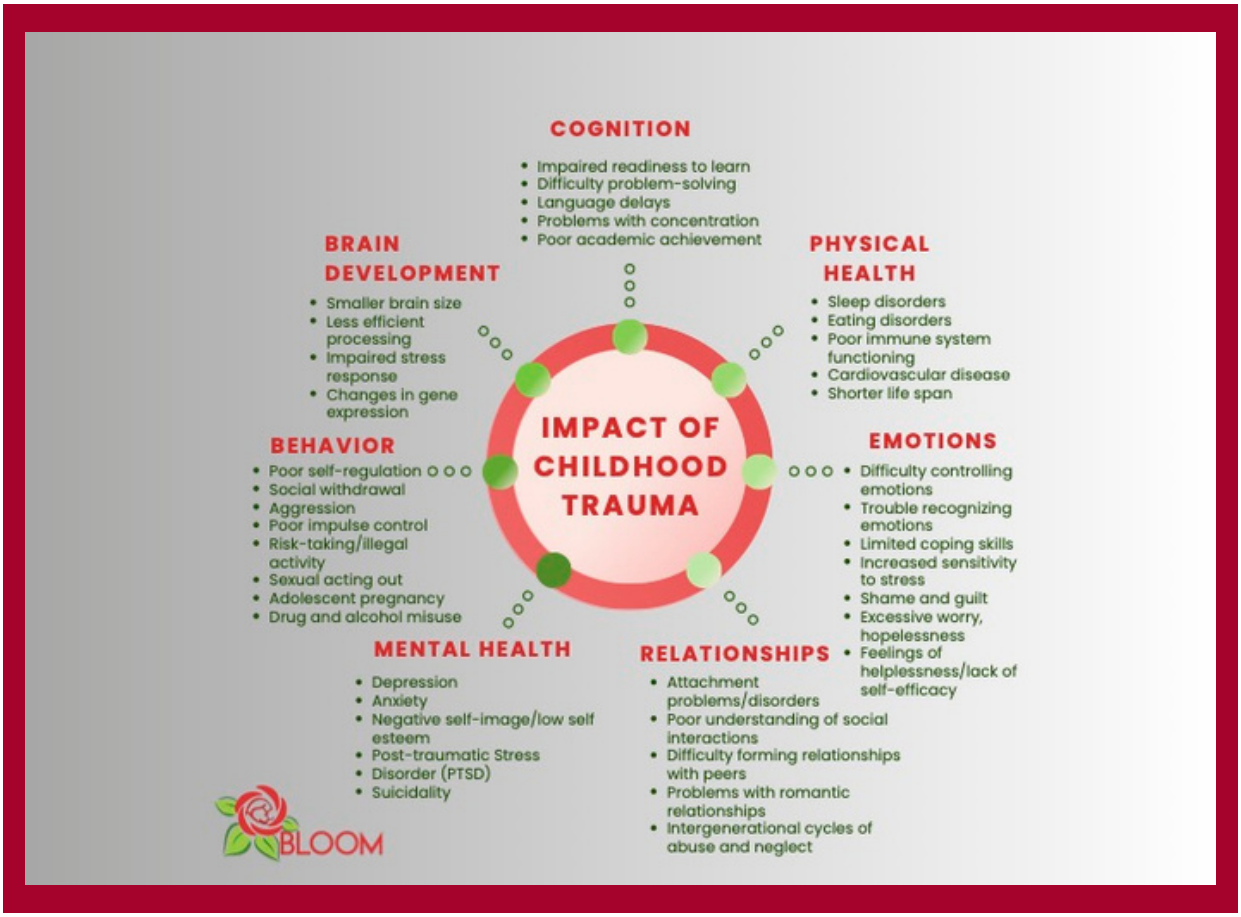
Finding ways to connect to cultural strengths may help with building resilience and healing.

Patients may find support in:

-books or films they relate to
-practicing cultural rituals
-talking about their culture, land and traditions.



It is important to note that the trauma being inflicted on the Palestinian population is ongoing, chronic, repetitive and intergenerational. They are not in a 'post-traumatic' situation.*



The impact of childhood trauma is multifaceted and wide-ranging. Trauma impairs cognition, brain development, physical and mental health. Trauma also damages relationships, emotional and behavioral health for the children impacted.

Children who have faced childhood trauma are 2x more likely to develop depression and 3x more likely to develop anxiety disorders.

III. CHILDHOOD TRAUMA AS EXPERIENCED BY TODAY'S PALESTINIAN CHILD

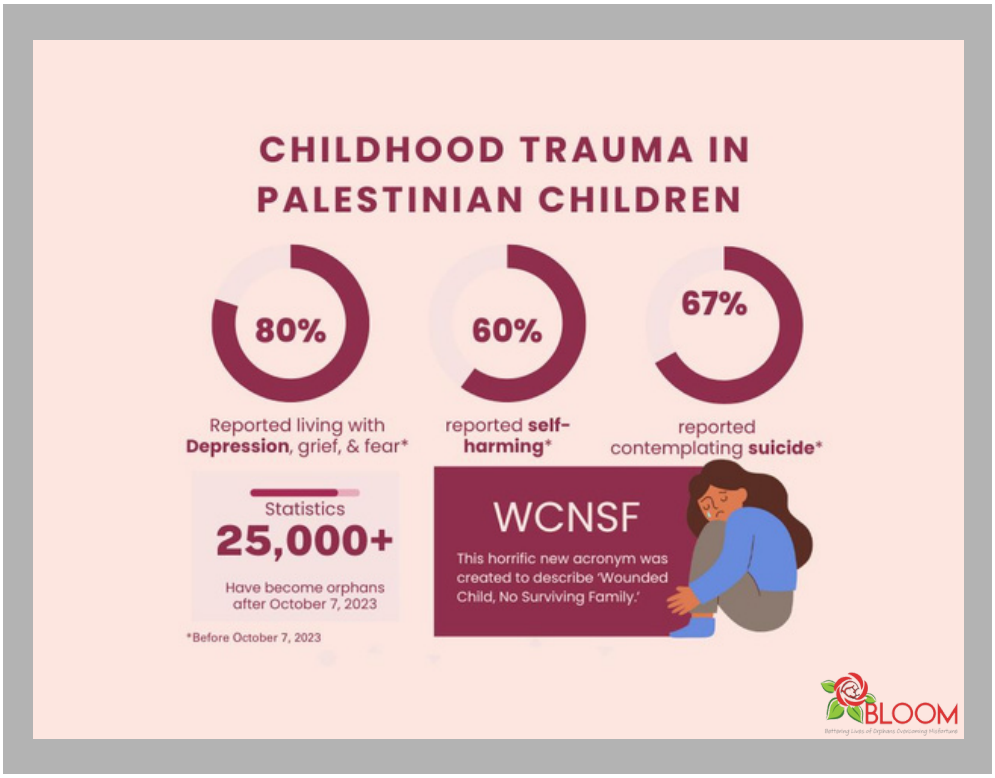
2023 marked the 75th anniversary of the Nakba in Palestine, an extremely traumatic event that began the forced displacement of Palestinians from their homes when they were expelled by Israeli settlers. The Palestinian children of today have grown up under occupation in the Gaza strip, hearing stories of their grandparents being forcibly displaced, leaving behind their land, homes and livelihoods.

Since the 1948 Nakba, Palestinians have become the largest single group of refugees in the world. One in every 3 refugees today is Palestinian. Prior to October 2024 there were over 6.5 million Palestinian refugees globally.

Before the current aggression, a 15-year-old child in Gaza had already experienced four major assaults on the Gaza Strip – in 2008-2009, 2012, 2014, and 2021. Additionally, in 2007 severe restrictions and sanctions were put in place in response to Hamas taking control of the Gaza Strip. The Israeli blockade exacerbated the humanitarian crisis for 2.38 million Palestinians in Gaza. Unemployment rose from 23% before the blockade to 47% at the end of 2022, and the poverty rate increased from 40% in 2005 to 62% percent in 2022.

A survey conducted by the International Committee of the Red Cross (ICRC) in 2023 found that 49% of Gaza youth suffer from stress, anxiety and depression and 34% percent report problems with social connection. The 2023 ICRC survey also found that 90% of Gaza's youth believe their lives are abnormal, two-thirds said they are dependent on their families and 40% had no hope of finding a job in the next 15 years.

Post-traumatic stress disorder and depression are the two most common mental health disorders found in the aftermath of war, occurring in up to one-third of people exposed to traumatic war experiences; but it is critical to note that the Palestinian situation is not POST-traumatic – rather this population is facing an **ongoing, complex, generational trauma.**



Prior to the escalation of violence on October 7th 2023, 80% of Palestinian children reported living with depression, grief and fear; 60% reported self-harming, and 67% reported suicidal ideations.

Within three weeks of the conflict, the number of children reported killed in Gaza surpassed the annual number of children killed in conflict zones since 2019.

Within the first 100 days of the war:

- 25,000+ children in Gaza became orphans .
- 10+ children in Gaza lost a limb per day.
- 1% of Gaza's child population was killed.

With extreme violence like this, it is fair to say that the entire population of Gaza is traumatized.

The long-term impact of childhood trauma includes changes in brain chemistry that result in the victim having a skewed perception of reality, extreme fear and helplessness, and severe behavioral issues.

IV. COMMON STRESS REACTIONS IN TRAUMATIZED CHILDREN

This section outlines the common stress reactions (emotional and behavioral responses) of children who have experienced natural disasters and traumatic events, like the ongoing violence and humanitarian crisis in Palestine.

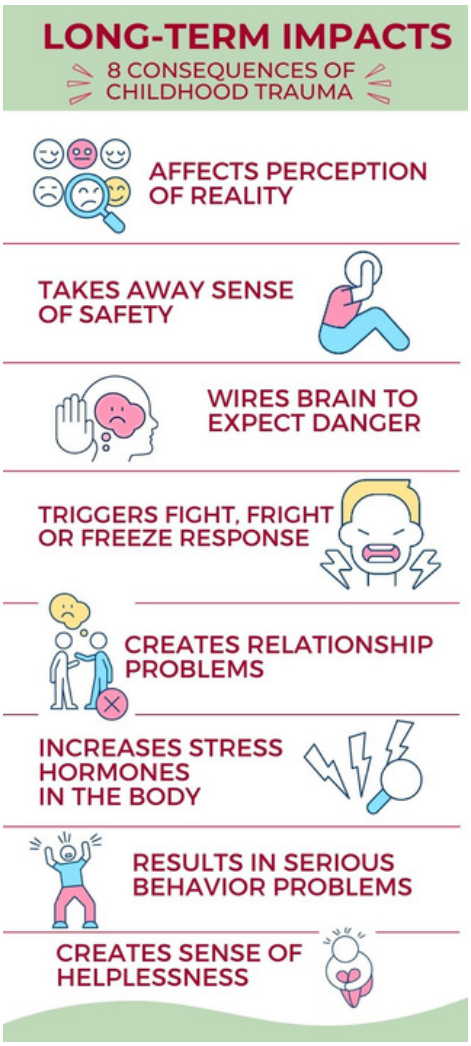
It is important to note that children who are vicariously exposed to these events (e.g., through the media or overhearing adult conversations) may also show symptoms and behaviors.

There is variability in a child's stress reactions to trauma.

Children's stress reactions to a traumatic event can vary according to:

- Level of exposure to the event
- Age and ability to understand the situation
- Gender
- Functioning prior to the event
- Personality style
- Resulting changes in living situations (e.g., relocation), roles and responsibilities
- Support network
- Previous loss or trauma experience

The reactions of any particular child may change many times in the days and weeks following a crisis. While some of these reactions are short-lived and resolve on their own, others may linger for months or even years after the event occurs.



THE 3 MOST COMMON TRAUMATIC STRESS REACTIONS IN CHILDREN ARE:

1) Avoidance

Children may try to avoid reminders, activities, thoughts and feelings related to the event.

Look for:

- Withdrawal from friends and social interactions
- Memory loss for information about/blocking out negative details of the event
- "Flat" emotions or "numbing" of emotional expression; inability to express a wide array of emotional responses (i.e.,"detached")

2) Re-experiencing

Children may show evidence of re-living aspects of the event, or of having recurring images and thoughts about the event.

Look for:

- Repetitive play about or acting out of trauma-related events
- The child acting as if the event is occurring again
- Frequent nightmares about the event
- Distressing psychological reactions to reminders of the event

3) Heightened Arousal

Children may show agitation and elevated responsiveness to reminders of the events.

Look for:

- Increased sensitivity to sights, sounds or other stimuli related to the event
- Nervousness
- Sleep problems
- Irritability
- Poor concentration
- Easily startled
- Crying
- Worry and anxiety about loved ones and the future
- Appetite changes
- Disorganized behavior

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COMMON TRAUMATIC STRESS REACTIONS CATEGORIZED BY AGE

Children's unique reactions to stress and trauma and their ability to understand and make sense of events are influenced by their developmental age. Below is a list of childhood stress reactions characteristically found in specific age groups:

Common signs of traumatic stress categorized by age are:

Toddlers and preschoolers: 2–5 year olds

- Repetitive play or talk about the event
- Tantrums, irritable outbursts, crying and screaming
- Crying and tearfulness
- Increased fearfulness (e.g., the dark, monsters, being alone), nightmares
- "Magical thinking" (believing they caused the event, or that the event can be undone)
- Excessive clinging to caregivers and trouble separating
- Reemergence of earlier behaviors (e.g., bed-wetting, thumb-sucking)

Poor eating, weight loss

Early school-aged children: 6–9 year olds

- Increased aggression, anger and irritability (e.g., bullying, fighting with peers)
- Blaming themselves for the event; feeling guilt, shame
- Moodiness, crying, anxiety, tearfulness and fear
- Denying the occurrence of the event
- Academic problems or decline, refusing to attend school, trouble with memory and concentration
- Concern about physical health and physical complaints (e.g., stomachaches, headaches)
- Repeated asking of questions
- Fear of future injury or death of loved ones
- Concerns about being taken care of
- Withdrawal from social interactions and pleasurable activities

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COMMON TRAUMATIC STRESS REACTIONS CATEGORIZED BY AGE (CONT.)

Middle school-aged children: 9–12 year olds

- Crying
- Aggression, irritability, bullying
- Anger or resentment about the event
- Sadness, isolation, withdrawal
- Fears, anxiety, panic
- Denial of emotions, avoiding discussion of the event
- Self-blame, guilt
- Appetite and sleep changes
- Concern about physical health and physical complaints (e.g., stomachaches, headaches)
- Academic problems or decline, refusing to attend school, trouble with memory and concentration
- Repetitive thoughts and talk related to the event
- Exaggerated and intensified expressions of concern and the need to help
- Worry and anxiety about loved ones and the event or future events
- Desire to engage in altruistic behaviors, trying to help those most hurt

Early teens and adolescents: 13–18 year olds

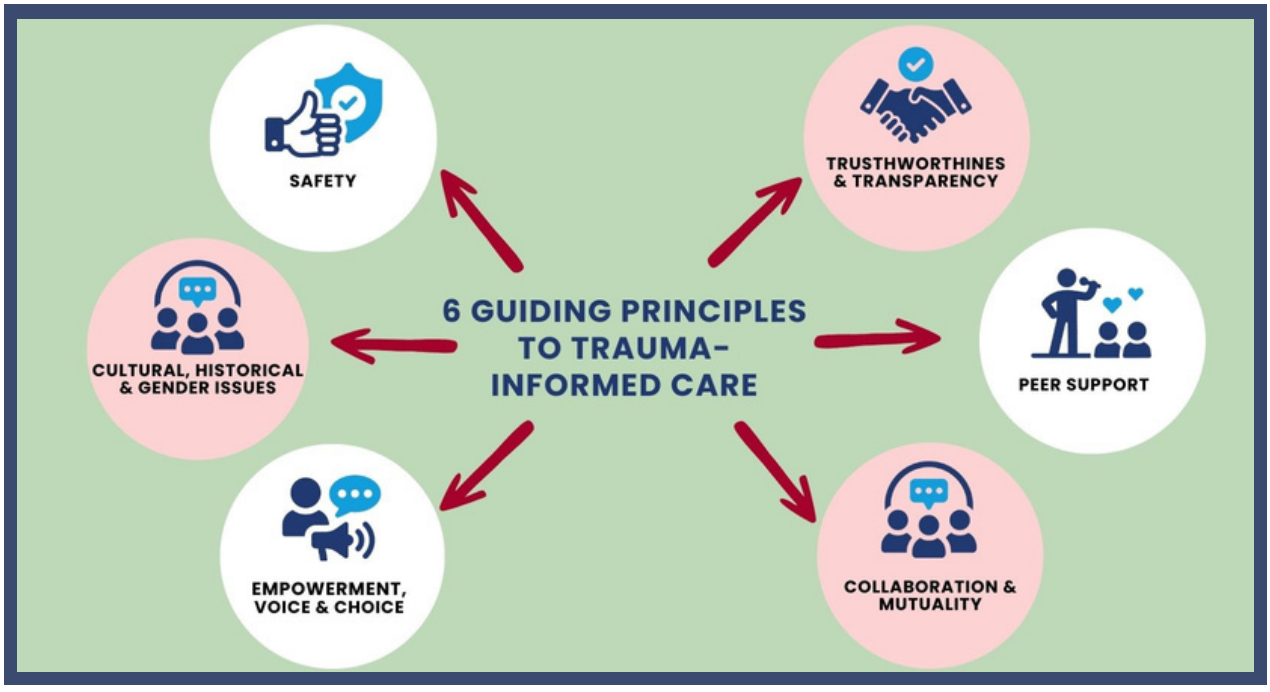
- Avoidance of feelings, distancing self from friends and family
- Evidence of anger and resentment or loss of trust
- Depression, self-harm, expression of suicidal thoughts
- Panic and anxiety, worrying about the future
- Mood swings and irritability
- Self-preoccupation
- Participation in high-risk and/or illegal behaviors
- Substance use and experimentation
- Academic problems or decline, refusing to attend school, trouble with memory and concentration
- Changes in appetite and/or sleep habits
- Rumination about the disaster
- Empathy for people directly affected by the disaster, desire to understand why the event occurred

V. TRAUMA-INFORMED CARE BEST PRACTICES

Trauma-Informed Care (TIC) is an approach to patient care that assumes the individual has a history of trauma. A trauma-informed approach to care recognizes that health care organizations and care teams need to have a complete picture of a patient's life situation to provide effective care. TIC recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.

A key goal of trauma-informed care is to prevent any re-traumatization that could deter patients from continuing to seek care. When used effectively, trauma-informed care enables caregivers and providers to ensure that healthcare processes, procedures and settings protect individuals from re-traumatization. Professionals who practice trauma-informed care attempt to fully understand the effect of trauma and devise a treatment plan to aid in recovery.

Trauma-Informed Care is based on six key principles set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA):



6 Guiding Principles to a Trauma-Informed Approach

SAFETY

Patients, staff and volunteers should feel physically and psychologically safe at all times. (ie, meeting areas should be welcoming and patient privacy must be respected)

TRUSTWORTHINESS AND TRANSPARENCY

Decisions should be made through active listening and transparency. The goal is building and maintaining trust between parties. The care providers and volunteers need to be transparent with patients to build trustworthiness. This is extremely relevant to the Palestinian population that is traveling to the US for medical treatment, with a likelihood of distrust towards the US government. Often, patients are afraid to seek medical care due to a lack of trust in the healthcare system. (ie, care plans should be communicated openly and clearly while respectful and professional boundaries are maintained)

PEER SUPPORT AND MUTUAL SELF-HELP

Build trust, establish safety, and empower patients, providers and volunteers through collaboration and resources. Providers and volunteers need to acknowledge and respect that patients may not want to be open about the trauma they experienced. Care providers who have experience with a certain type of trauma may be better equipped to care for patients with similar trauma.

COLLABORATION AND MUTUALITY

Individuals' strengths should be recognized and reinforced, providers should acknowledge that every patient's experience is unique and requires an individualized approach. This builds on what patients, providers and communities have to offer, rather than responding to perceptions of deficit. (ie, the patient is empowered and given options, they participant in the development of their care plan)

EMPOWERMENT, VOICE AND CHOICE

Individuals' strengths should be recognized and reinforced, providers should acknowledge that every patient's experience is unique and requires an individualized approach. This builds on what patients, providers and communities have to offer, rather than responding to perceptions of deficit. (ie, the patient is empowered and given options, they participant in the development of their care plan)

CULTURAL, HISTORICAL AND GENDER ISSUES

Volunteers and caregivers should actively move past cultural stereotypes and biases, and offer culturally responsive services. They should leverage the healing value of traditional cultural connections, recognize and address historical and generational trauma.

VI. METHODS & TOOLS TO SUPPORT CHILDREN IN TRAUMA RESPONSE

Teaching Children about the Body's Alarm System

Helping children recognize their Body's Alarm System is critical to their health and wellness. Everyone has an alarm system in their body that is designed to keep them safe from harm. When activated, this tool prepares the body to fight or run away. The alarm can be activated at any perceived sign of trouble and leave kids feeling scared, angry, irritable, or even withdrawn.Guiding children to develop self awareness about their body and trauma response is key to empowering them and allowing them to self advocate.

Healthy Steps Children Can Take to Respond to the Alarm:

- Recognize what activates the alarm and how their body reacts
- Decide whether there is real trouble and seek help from a trusted adult
- Practice deep breathing and other relaxation methods

There is hope. Children can and do recover from traumatic events, and you can play an important role in their recovery.

The Host Family and/or Caregiver's role when supporting a child in trauma

A critical part of children's recovery is having a supportive caregiving system, access to effective treatments, and service systems that are trauma informed.Not all children experience child traumatic stress after experiencing a traumatic event. With support, many children are able to recover and thrive. As a caring adult, host family, and/or family member, you play an important role.

Remember To:

Assure the child that he or she is safe: Explain that he or she is not responsible. Children often blame themselves for events that are completely out of their control.

Be patient: Some children will recover quickly while others recover more slowly.

Reassure them: Reassure them that they do not need to feel guilty or bad about any feelings or thoughts.

Seek help: Seek help from a trained professional - a mental health professional trained in evidence-based trauma treatment can help

patients and families cope and move toward recovery. Ask the medical care team for support and refer to the mental health practitioner.

If someone is experiencing a panic attack, here are some ways you can help:

Stay Calm: Keep a calm and reassuring demeanor. Your calmness can be contagious and help the person feel more secure.

Encourage Deep Breathing: Guide them through slow, deep breaths. Breathing exercises can help regulate their breath and calm the nervous system.

Create a Safe Environment: Find a quiet and comfortable space. Minimize stimuli like bright lights or loud noises.

Grounding Techniques: Encourage the person to focus on their senses. Ask them to describe what they see, hear, feel, and touch. This can help bring them back to the present moment.

Offer Supportive Words: Be empathetic and assure them that the panic attack will pass. Remind them that they are not alone.

Avoid Judgment: Don't dismiss their feelings or tell them to 'calm down'. Validate their experience and offer understanding.

Stay with Them: If they're comfortable, stay with them until the panic attack subsides. Having a supportive presence can be reassuring.

Remember, it's crucial to encourage professional help of a mental health practitioner if the panic attacks are frequent or severe.

Guided breathing exercises to calm anxiety & the nervous system:

Diaphragmatic breathing: Also known as belly breathing, this involves breathing deeply into your diaphragm rather than shallowly into your chest. Another one is the 4-7-8 technique, where you inhale for 4 seconds, hold your breath for 7 seconds, and exhale for 8 seconds. These techniques can help activate the body's relaxation response and calm the nervous system.

Equal Breathing: Inhale and exhale for the same count, such as inhaling for a count of 4 and exhaling for a count of 4. This helps balance the breath and can promote relaxation.

Alternate Nostril Breathing: Close one nostril and inhale through the other, then close the inhaling nostril and exhale through the other. Repeat, alternating nostrils.

Box Breathing: Inhale for a count of 4, hold the breath for a count of 4, exhale for a count of 4, and hold again for a count of 4. This creates a square or box pattern with the breath and can promote relaxation and focus.

Sama Vritti (Even Breathing): Inhale for a count, then exhale for the same count. This technique can help calm the mind and body, promoting balance and relaxation.

Experiment with these breathing techniques to find what works best and demonstrate them as useful tools for relaxation and stress relief.

Grounding exercises to calm anxiety and the nervous system:

5-4-3-2-1 Method: Encourage the person to name 5 things they can see, 4 things they can touch, 3 things they can hear, 2 things they can smell, and 1 thing they can taste. This engages multiple senses.

Body Scan: Have them mentally scan their body, focusing on each part from head to toe. This promotes awareness and can alleviate tension.

Grounding Objects: Carry a small object with them that has a comforting texture. Encouraging them to feel the object can provide a sensory anchor.

Name Colors Around Them: Ask them to name the colors of objects in the room or their surroundings. This helps shift their focus externally.

Mindful Walking: if possible, guide them in taking slow, deliberate steps. Pay attention to each foot lifting and touching the ground.

Affirmations: Repeat positive affirmations or reassuring statements to redirect their thoughts and create a sense of safety.

Points to remember:

1) Everyone responds differently, so it might be helpful to explore which grounding techniques work best for the individual.

2) Talking about about trauma too soon or without proper container can **retraumatize** individuals and cause further harm.

3) Non-mental health professionals should not probe patients about trauma, and mental health professionals should ensure they are able to provide consistent, predictable support before going deep into trauma work.

VII. BUILDING TRUST WITH PATIENTS AND FAMILIES THROUGH CULTURAL COMPETENCY

Cultural Competence in therapy involves the provider having an understanding of the culture, beliefs, background and values of the client. The practitioner should be cognizant of their race, ethnicity, history, socio-economic and geopolitical status and sexuality.

Culturally skilled providers are aware of and work to eliminate biases, prejudices and discriminatory practices. They also are able to leverage positive aspects of the patient's culture and traditions to support them in their healing journey.

Palestinian culture benefits from an extremely strong family unit and sense of purpose. **Families and volunteers can foster a child's resilience through framing, care and warmth.** Multiple studies have shown that family and parenting practices play a crucial role in a child's psychology during war. Parental care has been shown to moderate the relationship between the severity of trauma and the internalization of behavior problems in children who have experienced it. Therefore, it is critical that mental health and wellness programs for Palestinian children include both individual and family level approaches.

Additionally, it is critical to approach Palestinian children with a multicultural trauma informed lens and understanding that **western constructs around child development may need to be adjusted for this population**. The context and realities of war, oppression and genocide redefine childhood stages of development. Community expectations, and the role of a child within a family that is fighting for survival, dignity, and the transmission of cultural identity and traditions will be different from western norms.

Connecting with patients through language is one way to break down barriers and connect. In this section are some commonly used terms to support communication:

Basic Terms

As-salaam alaikum: Means “Peace be on you” and is used as a greeting like “Hello”

Sabaah Al Khayr: Good Morning

Naam: Yes

Laa: No

Tayyab: Okay/Sure

Marhaba: welcome

Kifak: It's a way to ask "How are you?" or "How are you doing?" in Palestinian Arabic. You can respond with "Ana kwayyis" if you're feeling fine.

Yom Sa'id: It means "happy day" and can be used to wish someone a good day.

Tfaadal: Please (ie, please come in, please take this)

Shukran: Thank you

Aafwan: You’re welcome

Khalas: It means "finished" or "done." For example, you can say "Khalas" when you're finished with a task.

Yallah: This is an enthusiastic expression that can mean "Let's go!" or "Hurry up!"

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Religious Phrases

Insha'Allah: translates to "God willing." is used in place of “I hope”, or “Maybe”, or “We will see” and “Okay”

Bismillah: literally means "In the name of Allah." Phrase is used to start any task.

Alhamdulillah: literally means "Praise be to Allah." Is used similar to “Thank God” and also used in times of trial as a way of showing patience and gratitude.

Subhanallah: literally means "Glory be to Allah." Is used similar to “Praise the Lord”, and an exclamation of gratitude.

Mabrook: "Congratulations!"

Mashallah: "Bless him/her!” , “Amazing!”, “Wow!”

Jazakallah Khair: “Thank you”

Fi Amanallah: “Be careful”, “Take care”, “Safe travels”

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Terms of endearment

Habibi / Habibti): means “my darling,” or “my beloved.” Habibi (حبيبي) is used to address a man, whereas Habibti (حبيبتي) is used with women. This term is appropriate throughout the Arabic speaking world in a variety of contexts from platonic friends and family to romantic partners.

ʿayuni / ʿeyuni: Given the symbolic importance of the eyes in the Arab world, it is not surprising that calling someone “my eyes” is an act of love. It is similar to the English saying, “apple of my eye.”

Hobbi: Hobbi comes from the Arabic word for “love,” Hob (حب). This term of endearment, translated to “my love,” is very common in music and poetry. Younger speakers also simply saying Hob.(حب)

Habib / Habibat albi: Literally translating to “love of my heart” or “my beloved heart.”

Ya Zalameh: Literally means “Hey Man”, Can be used in place of Dude, Buddy. Can be used for male or females, often used for children. Term of affection.

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VIII. SCREENINGS AND ASSESSMENT TOOLS FOR COMPLEX TRAUMA PUBLISHED BY THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

NCTSN The National Child Traumatic Stress Network

Assessment of Complex Trauma by Mental Health Professionals

There is no single established standard for the assessment of complex trauma in children. The suggestions offered below address both global assessment approaches and the most likely target areas for the assessment process. In some cases, a distinction is made between areas and components that are "essential" and those that are optimum (for the more complicated cases and professionals or agencies with the resources to use them). The recommendations below are derived from collective clinical expertise as well as from important articles published in this area.

1 General Guidelines for the Assessment of Complex Trauma

Create a Safe Environment:

- Choose a setting with adequate privacy. Clients and other professionals should not be able to overhear any part of the assessment. Also, it is very important that the child not be asked about traumatic events in the presence of the alleged perpetrator(s) or other individuals who may be invested in non-disclosure. Ideally, the clinician should spend some time meeting together with the child and family member to establish safety and outline the parameters of the meeting (including the purpose and format), and, if and when the child is comfortable, meeting individually with the child to inquire about possible exposure to traumatic events privately.

- It is absolutely essential that all persons participating in the assessment know and understand the limits of confidentiality, especially given the clinician's duty to report previously unidentified child abuse or neglect. It is equally important that everyone understand the efforts that will be made to protect the child and family's confidentiality.

- Provide the key participants in the assessment with a basic overview of the purpose of the assessment and how the results will be used. Be judicious in sharing this assessment rationale with other informants (daycare providers, teachers) who will contribute only limited information to the assessment in order to protect the child and family's confidentiality to the greatest degree possible. Encourage all participants to ask questions before, during, and following the assessment, especially if there appear to be questions or confusion about its purpose.

Gather Information from Multiple Perspectives:

- Having multiple reporters is ideal. If at all possible, collect information from the child, all caregivers (biological and foster), at least one teacher, and other relevant professionals in the child's life (e.g., case/social worker, direct care staff). At the very least, it is essential to gather information from the child and the child's primary caregiver(s).

Use a Variety of Assessment Approaches and Techniques:

- The ideal assessment would include a combination of different types of measures and strategies for collecting information. Since there is no one instrument that can fully capture the varied symptoms and problems that children with complex trauma histories may have, it is important to combine tools to capture the relevant information across domains of functioning. It is best to use a range of approaches and techniques, including a clinical interview, observation of the child and/or child and caregiver together, and various self-report measures completed by the child and the caregiver.

- The specific tools and techniques used will depend on your setting, target population, specific referral question(s) and areas of need, and available resources. There is no clear consensus as to which approach is best, as each has its pros and cons. It is important to use at least some established measures with good psychometric properties.

Work With the Child's Team and Family to Make Sense of Results and Develop Treatment/Service Plans:

- Review the results of the evaluation with a multidisciplinary team for the purpose of integrating the findings, reaching conclusions, and making appropriate recommendations.

  At the very least, the results of the assessment should be reviewed and discussed by at least two professionals and should be used to inform treatment planning.

- At the completion of the assessment process, review the key findings with the child's caregiver(s) and, as developmentally appropriate, with the child him- or herself. Draw the connections between the referral question, the results of the assessment, and recommendations for services. Invite the family members to provide their own thoughts on the findings and to ask any questions.

Assess Children Over Time:

- Ongoing assessment is important for several reasons. First, symptom expression often changes as children develop and have new experiences and exposure to new stressors. Second, monitoring change over time will reveal whether the current interventions are adequately addressing the child's needs. Third, children and families do not always disclose all relevant information during the first assessment; this may be especially true regarding traumatic events which children commonly disclose over time, as they develop increased rapport with the clinician.

Other Areas Essential to a Comprehensive Assessment:

- In addition to gathering information on the primary domains of complex trauma, it is also important to assess trauma history, classic post-traumatic stress symptoms, and family environment. While assessing a child's problems and difficulties, it is also important to consider the child's strengths, talents, abilities, sources of emotional support, and capacity for resilience.

Use Standardized Measures:

- The NCTSN has put together a detailed list of standardized measures to address the complex range of complex trauma. When at all possible, these resources should be used as they have demonstrated to be effective measures of complex trauma.

2 Helpful Tips for Mental Health Professionals

In conducting a comprehensive assessment for complex trauma, a critical step is connecting the dots to elucidate the link between the various domains of complex trauma and trauma exposure. Establishing the specific timeframe for traumatic events and their duration is critical to drawing these connections. Clinical interviews and the open-ended information they provide often clarify these links best. Understanding the role of trauma triggers is also critical in determining how specific internal or external stimuli precipitate reactions in the child. By identifying these reminders, you can help the child develop approaches for coping with them, and also may be able to buffer the child from unnecessary exposure.

The following table contains helpful tips for assessing these important domains:

Trauma Exposure	• Ask about the child's exposure to a wide range of potentially traumatic events (e.q., abuse, neglect, human-made natural disasters, war community and school violence, etc.) • Ask about the timing and duration of events. • Be sure to assess if any of the events are ongoing. • Phrase questions in a manner tht is clear, concrete, and objectiveley descriptive. For example, "has anyone ever hit you so that it left a mark?" or, "have you ever seen someone attacked with a weapon?". Questions such as "have you ever been abused?" or have you ever witnessed a traumatic event" may be subject to interpretation and may result in inadequate or inaccurate information.
Post-Traumatic Stress Symptoms	• Assess classic PTSD symptoms such as avoidance, re-experiencing, and hyper-arousal. Recognize that many children will experience some symptoms of PTSD without meeting full diagnostic criteria and others may exhibit a range of other symptoms as noted above.
Trauma Reminders and Triggers	• Identify reactions to trauma reminders that are triggered by a child's interaction with specific people, objects, places, or situations. • Identify reactions to reminders that are triggered by specific sounds, sights, smells, tastes, touches, or internal physical states. • Many children, especially younger children, may not be able to name their own personal trauma reminders. They may not make the connection between exposure to these reminders and their subsequent feelings or thoughts. Asking children, caregivers, and other adults in the child's life if they notice certain changes in the child's attitude, awareness, or emotional or behavioral responses in specific types of situations may help the clinician to identify trauma triggers.
Caregiver/Family Functioning and Response to Trauma	• Ask about caregiver/family General mental health Post-traumatic reactions Coping strategies Areas in which they would like assistance • Keep in mind that the mental health of caregivers can affect a child's functioning. Caregivers' mental health also sometimes affects the way they answer questions about their children.
Resilience, and Strengths of the Child, Family, and Community	• Assess child and family strengths and resources, including: Talents, skills, interests, areas of creativity Spirituality and religious beliefs Academic/educational strengths Personality traits (e.g., optimism, perseverance) Interpersonal strengths Community and social supports

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Assessment of Complex Trauma Information for Non-Mental Health Professionals

Not all children who've gone through traumatic experiences demonstrate the multiple functional impairments associated with complex trauma. The following questions can help determine whether to refer a child/family for more comprehensive assessment:

- **Has the child experienced early and repeated exposure to overwhelming events in the context of a caregiver/family setting or in the community?**
- **Is the child having difficulty regulating or controlling behavior, sometimes appearing hyperactive, engaging in risk behaviors, or having difficulties with complying with rules? (There may be a diagnosis of ADHD treated with limited success).**
- **Is the child having difficulty with sustaining attention, concentration or learning?**
- **Is the child showing persistent difficulties in his/her relationships with others?**
- **Does the child have difficulty regulating bodily states and emotions, including problems with sleep, eating, sensory processing, and/or difficulties with regulating or identifying/expressing feelings?**
- **Does the child have multiple mental health diagnoses without any one sufficient diagnosis explaining his/her problems?**

Professionals involved in a child's life, such as teachers, pediatricians, and those in the juvenile justice system, can play an important role in helping children receive trauma-focused assessment or services. There are a variety of resources, including brief screening tools, available to assist in this process of determining the need for more in-depth assessment or trauma-focused treatment. Some of these resources address child traumatic stress more generally, while others have been developed specifically to highlight the effects of complex trauma. Some examples include:

- *Trauma Screening Checklist: Identifying Children at Risk.*
  This one-page screening tool, with versions for school-aged children and children aged 0-5, assesses exposure to a range of types of trauma as well as the impact of trauma in multiple domains (behavior, feelings, and relationships). This tool was developed by an NCTSN center and is designed for use primarily in Child Welfare settings.

- *NCTSN Child Trauma Toolkit for Educators.*
  This resource, available in English or Spanish, provides suggestions for educators, including guidance on when to make a referral for additional help for a child. Fact sheets describe the potentially wide-ranging psychological and behavioral impact of trauma for children of different ages and include case examples of children with complex trauma.

- *NCTSN Bench Card for the Trauma-informed Judge.*
  This quick reference is designed to provide judges with guidelines to help them make decisions based on the emerging scientific findings in the traumatic stress field. The card includes a list of questions to assess whether trauma-informed services are warranted, including a reminder to assess for multiple or prolonged trauma exposure.

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Assessment of Complex Trauma by Parents and Caregivers

Please read the statements below. If you answer yes to two or more, you may want to consider referring your child for a complete assessment for complex trauma. The survey below is a tool to help you decide when you need to seek professional help.

- ○ **My child has been exposed to many potentially traumatic experiences.**
- ○ **My child has difficulty controlling emotions and easily can become sad, angry, or scared.**
- ○ **My child has trouble controlling behaviors.**
- ○ **My child often exhibits significant changes in activity level, appearing overactive or agitated sometimes and then calmer, or even quite slowed down at other times.**
- ○ **My child has trouble remembering, concentrating, and/or focusing. He/she sometimes appears "spacey."**
- ○ **My child has problems with eating, sleeping, and/or complains about physical symptoms even though doctors find nothing physically wrong to explain these symptoms.**
- ○ **My child has difficulties in forming and sustaining relationships with other children and adults.**
- ○ **My child seems to need and seek out more stimulation than other children and/or can be easily distracted by noises, sounds, movements, and other changes in the environment.**
- ○ **My child has many mental health diagnoses but none of them quite seem to explain his/her problems.**
- ○ **My child is taking medication (or many medications) for these diagnoses but the medicines are not helping.**

Accurate assessment is important because it helps clinicians to choose the best treatment possible. Children and adolescents with complex trauma may have a wide range of symptoms. Different children can have different combinations of symptoms, and these symptoms may change over time. How a child reacts depends on age, experiences, personality, strengths, and individual vulnerabilities.

There currently is no official diagnosis that captures the full range of complex trauma symptoms. However, through a comprehensive assessment, informed and experienced mental health professionals can help determine if your child's problems are related to complex trauma. Children with complex trauma sometimes carry multiple diagnoses (for example, bipolar disorder, attention deficit hyperactivity disorder, posttraumatic stress disorder, and so on) for which they may be prescribed several different medications. This may happen when the professionals making the diagnoses have not fully taken into account the impact of the child's trauma history. This can lead to a child's receiving improper diagnoses or treatment.

For Further Reading:

Resource for Assessments: 'Complex Trauma Standardized Domains'
https://www.nctsn.org/sites/default/files/resources//complex_trauma_standardized_measures.pdf

Article: 'Providing Mental Health Support in Humanitarian Emergencies'
https://www.who.int/news-room/feature-stories/detail/providing-mental-health-support-in-humanitarian-emergencies-an-opportunity-to-integrate-care-in-a-sustainable-way

Online Mental Health Course in Arabic:
https://www.edraak.org/en/programs/course/eh101-v2019_t4/

References:

https://www.onlinemswprograms.com/resources/how-to-be-mindful-re-traumatization/
https://www.sciencedirect.com/science/article/pii/S2212657023000478#:~:text=Almost%20all%20children%20and%20adolescents,were%20significant%20factors%20affecting%20exposure.
https://my.clevelandclinic.org/health/diseases/24881-cptsd-complex-ptsd
https://www.preventionweb.net/files/1899_VL206101.pdf
https://mediatorsbeyondborders.org/what-we-do/conflict-literacy-framework/trauma-informed/
https://mediatorsbeyondborders.org/what-we-do/conflict-literacy-framework/mindfulness/
https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html
https://beyondconflictint.org/the-field-guide-for-barefoot-psychologists/
https://www.edraak.org/programs/course/bc101-v2021_t1
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5775132/#:~:text=Children%20who%20grow%20up%20in,anger%2C%20internalizing%20and%20externalizing%20symptoms.
https://www.aljazeera.com/news/2023/6/20/gazas-blockade-palestines-nakba-lives-on-in-new-generations
The impact of trauma on children (Infographics - some examples at end of doc) resource:
https://www.samhsa.gov/child-trauma/understanding-child-trauma
https://ppimhs.org/newspost/setting-new-standards-with-trauma-informed-care/
https://www.cdc.gov/orr/infographics/6_principles_trauma_info.htm
https://www.preventionweb.net/publication/caring-kids-after-trauma-disaster-and-death-guide-parents-and-professionals-second
https://www.npr.org/sections/goatsandsoda/2023/11/10/1211672951/israel-hamas-war-

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