

Vital Service at Soroka Medical Center: Pediatric Trauma Recovery Center

*Many children and youth in the Negev region are exposed to severe trauma.
The Trauma Recovery Center for Children and Adolescents
provides immediate response and care.*

A request to partner in expanding care and treatment
at the trauma recovery center for children and adolescents.

Background

The Trauma Recovery Center for Children and Adolescents at Soroka Medical Center is an integral component in the array of pediatric psychiatric services that serves the entire population of the region. The Center serves the needs of both the community and inpatients and outpatients at the medical center.

The Trauma Recovery Center was established with the goal of providing assistance for children and youth ages 6-18 who have suffered a traumatic experience and require help coping with it. Our patients come from a wide variety of backgrounds, ethnic and cultural groups. The Center treats children and adolescents who have been exposed to a wide variety of trauma, such as medical trauma (surgery, difficult treatments, and life-threatening illnesses), home accidents, traffic accidents, burns, family trauma, and terrorist or missile attacks.

The multi-disciplinary team includes a pediatric psychiatrist, two clinical psychologists and an intern in rehabilitation psychology, clinical social workers, and para-medical therapists. As a university medical center, we also train graduate students in rehabilitation psychology, clinical psychology, and undergraduate psychology students.

According to Dr. Shosh Arbel, the Director of the Child and Adolescent Psychiatric and Trauma Treatment Department at Soroka Medical Center: "The purpose of the Center is to provide an immediate response together with short term and long term interventions. Its unique location within Soroka Medical Center enables uninterrupted care from initial treatment in the Emergency Room through hospitalization on the wards and subsequent reintegration into normal life within the community. We treat dozens of cases each



month of children who have suffered a wide variety of trauma. We offer care to every child and family treated in the Emergency Medicine Department, as well as all children and teens hospitalized in out pediatric wards and special units such as the burn unit."

Most treatments at the Trauma Recovery Center are for individual children or youth, combined with parent counseling. We have also opened several groups for parents whose children suffer from PTSD. Recently we opened a group for children who experienced a traumatic event and showed impairments in emotional regulation. When needed, the Center performs psycho-diagnostic tests. The Center also provides counseling, advice and support for the hospital medical teams. During times of emergency, for example when our area is under missile attack, or at times of multi-patient trauma such as motor vehicle accidents with many casualties, the team provides initial care in the emergency room, and subsequent short-term, and if necessary long term follow-up.



The following two examples illustrate this treatment:

A five year old child involved with his family in a car accident experienced it as a life-threatening event to himself and his parents. Although he suffered only minor physical injury, as a result of the accident he began to display avoidance behaviors, such as a refusal to travel by car or to go to school. These were accompanied by a variety of severe sleep and appetite disorders. The Trauma Recovery Center treatment, which consisted of helping the child and his parents return to a normal schedule and to a feeling of control over their lives, assisted them in overcoming this difficult crisis.

In a second case a child suffered severe burns from boiling water accidentally spilled on him. The Trauma Recovery Center team helped him and his parents cope with the sudden extreme changes in his life - long term hospitalization and severe pain. This intervention provided by the professional team led to a more rapid and complete physical and emotional recovery.

The Trauma Recovery Center deals with a great deal of trauma brought on as the result of terrorist attacks



and the threat and attack of missiles from Gaza. Each recurring round of hostility both causes new cases of trauma in addition to once again stirring up the trauma of past events among past trauma victims. The Center has provided care both at the medical center itself, as well as reaching into the communities that directly border Gaza.

Referral to the Center is by the hospital staff, and by family doctors and pediatricians within the community. The response is immediate and

geared to the requirements of immediate intervention that often include medication, relaxation techniques, family intervention, and a variety of types of therapy, including art and music.

The Need

There are several projects needed that would contribute significantly to the future work of the Trauma Recovery Center.

- ◆ **Training:** We aspire to ensure that all therapists who work in the Center will receive training and supervision in the broad range of the most relevant basic treatments for post-traumatic symptoms, including prolonged exposure, PE; EMDR; Somatic experience; SE; Trauma-focused CBT, and TF-CBT. A modest grant to assist in funding this training and supervision will surely assist us in achieving our goal of being a cutting-edge trauma recovery center.
- ◆ **A laptop computer and appropriate software** are needed to be used for assessing risk or resilience to psychopathology. Currently, every patient who is referred or applies to the Center completes a battery of questionnaires assessing PTSD, depression symptoms, attention deficit and social skills. We aspire to computerize the questionnaire in order to be more user-friendly and to build a database that will serve us both to follow patient outcomes as well as for future research on risk and resilience.
- ◆ **Upgrading biofeedback equipment:** Over the years, biofeedback has been shown to be an effective treatment for anxiety and PTSD. We would like to deepen and expand the use of biofeedback in our individual and group sessions.
- ◆ **A modest grant** whose use is open-ended would be most helpful, to be used at the discretion of the Trauma Center's Director as needed for training, equipment, and professional literature.

Donation And Donor Recognition

We respectfully request your consideration of a grant in the amount of \$5,000 - \$10,000 to partner with us in helping to meet these needs, and thereby improve the care we are able to provide. This will assist the children and youth who are our patients, and their families, recover from the severe trauma they have experienced and return to full and fulfilling everyday life.

Your generosity and partnership will be acknowledged in donor recognition signage at the Trauma Recovery Center for Children and Youth.

Thank you for your consideration of this request

Soroka Medical Center

Soroka Medical Center is the sole major medical center in the entire southern half of Israel, covering 60% of Israel's land area and responsible for the healthcare and medical treatment of more than a million people including 400,000 children. Soroka is one of Israel's largest hospitals and the busiest, caring for more than 500,000 outpatient visits per year, 250,000 ER cases, 80,000 hospitalizations, 35,000 operations, and more than 16,000 new babies born each year!

Soroka Medical Center is the sole tertiary medical center serving the Negev. It includes a level one trauma center and centers of medical excellence. Soroka is the teaching hospital of the Ben-Gurion University Medical School and of the Medical School for International Health.

Soroka stands at the forefront of medical progress, and is currently upgrading and enhancing research capabilities and the healthcare it provides. Soroka's staff is dedicated to advancing research and to providing the best medical and emergency care, while treating the patient as a whole human being.



Soroka Medical Center combines medical excellence, dedication, and the achievements of pioneering Israel, with significant opportunities to partner in meeting very immediate needs and having a very real impact on the lives of families and children.

Two Additional Illustrative Case Examples

"O", a ten year old child, was referred to the center with PTSD symptoms that started when she was six years old during her first exposure to missile attack on Beer Sheva. Her symptoms included intrusive thoughts on the possibility that she or members of her family would be hurt and avoidance of any place that she thought might be occupied with Arabs or anyone with a foreign appearance. She was not able to leave her house without her father by her side, and in most cases had him hold her, as she was too scared to walk on her own.

Before her admission to the Center she tried several other psychotherapies, but her parents reported no long lasting improvement. In the Center, "O" joined a group-therapy for children who had experienced traumatic events. Using cognitive behavioral and mindfulness techniques the children in the group learned to regulate their thoughts and actions and to use relaxation skills in time of need.

Once a month, the group therapists met with the children's parents and guided them through what their children learned. Our therapists also used psycho-education regarding PTSD symptoms and children's reactions to traumatic events in guiding the parents to adjust their own responses to their children's fears and stress reactions.

"O's" response to the group was inspiring, and she told the group therapists that the notion that so many children feel the same as she does, and that she is not the only one, really reassured her. For the first time, she was able to go with her friends to the mall, and even go from the parking lot to the trauma center - a place that at first symbolized a potential danger - without her father.

"A", a seven year old child, was referred to the trauma center after witnessing a severe traumatic violent event in his home. Following that event, he and his brothers were removed from their home and were raised by their aunt. When "A" first came to the Center he suffered from PTSD and separation anxiety disorder. He refused to enter the therapist's room without his aunt, and during most of the first sessions he sat in his chair quite anxiously.

Slowly, he began to feel more confident and started play with his therapist. By doing so, he opened an avenue to his internal world which was filled with orphaned figures and questions regarding the existence of evil. "A" was treated for three years. During this time, his aunt, who became his foster guardian, also met with "A's" psychotherapist for counseling. His aunt, who had to deal with her own traumatic grief and the sudden need to raise children as if they were her own, learned through these session how to regain "A's" trust and security and how to deal with "A's" questions on the traumatic event and his past.

The Center's clinical staff who worked on the case also collaborated closely with social services in order to provide a stable environment for the family. Today, approximately five years after the traumatic event, "A" doesn't suffer from any psychopathology and he is able to experience normative separations (e.g., the end of the therapy) without falling back to his previous seemingly "protective" but ultimately harmful shell.

