Trauma-Informed Dental Care

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Healthcentric Advisors
Learning Objectives

1) Provide an overview of the trauma-informed care approach and practical implementation strategies, highlighting the basics of establishing a trauma informed approach, including concept of universal precautions for trauma;

2) Identify strategies participants can apply to create a more trauma informed practice; and

3) Share lessons from the field
Session Agenda

8:30-8:45 Welcome, introductions, gauge the level of familiarity
8:45-10:00 Trauma 101, TIC principles, implementation strategies
10:00-10:30 Break/Visit with Exhibitors
10:30-11:30 Lessons from the field/Next steps
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Introductions

• Name
• Organization
• Level of familiarity with Trauma-Informed Care
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Trauma-Informed Dental Care

- Dental patients with a history of traumatic and adverse experiences are more likely to engage in negative health habits and to display fear of routine dental care. The Trauma-Informed Care framework and approach can guide dental care provider interactions with many types of traumatized patients, including those who choose not to disclose their trauma history in the context of oral health care (Raja, Hoersch, Rajagopalan, & Chang, 2014).
- Improvement in Substance Use Disorder (SUD) treatment outcomes at discharge suggests that complementary comprehensive oral health care improves therapeutic results in patients with SUDs (Hanson et al., 2019).
When You Think of Trauma, How Do You Define It?

- Abuse
- Neglect
- Violence
- Intergenerational
- Medical
- Bullying
- Transfer
SAMHSA’s Definition of Trauma – The 3E’s

An event of actual or extreme threat of physical or psychological harm which an individual experiences as traumatic, and which causes long-lasting effects
What are Adverse Childhood Experiences (ACEs)?


Over a ten year study involving 17,000 people, Largest study ever done on this subject

Participants were asked 10 questions

1 in 4 had 2 categories

1 in 16 had 4 categories

If a person has 6 or more categories, takes 20 years off life

Women were 50% more likely than men to have experienced 5 or more ACES
How Do ACEs and Adverse Events Affect People?
The Pair of ACEs

ACEs May Cause…

- Overeating, smoking, and substance use
- Mistrust
- Increased anxiety
- Perceived loss of control
- Worry that dentists would get angry
- Poor treatment adherence
- Last minute cancelling or no-show
Missouri Model: Developmental Continuum

- Trauma aware
- Trauma sensitive
- Trauma responsive
- Trauma informed
Where is Your Organization?

- **Trauma aware**
  Establishing awareness of the prevalence of trauma and effects on clients/staff

- **Trauma sensitive**
  Exploring trauma-informed principles and are preparing for integration

- **Trauma responsive**
  Integrating trauma-informed approach into practice

- **Trauma informed**
  Applying trauma-informed care approach as standard
6-Step Change Package

1. Complete the organizational self-assessment (Trauma-Aware)
2. Educate staff to attain a sustainable trauma-informed workforce (Trauma-Sensitive)
3. Engage Leadership/Board of Overseers to infuse trauma-informed values throughout the organization’s policies, procedures, and practices (Trauma-Responsive)
4. Screen and assess for trauma (Trauma-Responsive)
5. Ensure environment is safe, nurturing, and empowering (Trauma-Responsive)
6. Encourage the person’s voice and choice, monitor their perception of care, and sustain the work (Trauma-Informed)
Organizational Self-Assessment

STANDARDS OF PRACTICE FOR TRAUMA INFORMED CARE

I. Agency Commitment and Endorsement. Agency leadership acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decisions accordingly [includes Governance and Leadership, Policy, Finance and aspects of Engagement and Involvement*].

1= we haven’t started yet  2= we’ve done a little  3= we’ve done quite a bit  4= we’re stellar!

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<tbody>
<tr>
<td>1a. Leadership team (including administration and governance) has received information/training on trauma and trauma informed care. <em>Describe the process.</em></td>
<td>1 2 3 4</td>
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<tr>
<td>1b. Trauma Informed Care appears as a core principle in agency policies, mission statement, written program/service information. <em>Describe or provide examples:</em></td>
<td>1 2 3 4</td>
<td></td>
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<tr>
<td>1c. Individuals with lived experience in your service system have leadership roles in the organization. <em>What roles?</em></td>
<td>1 2 3 4</td>
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</table>
Have you ever had an experience so upsetting that you think it changed you spiritually, emotionally, physically or behaviorally? For example, leading to problems: sleeping, eating, completing daily tasks, being around others ongoing places,(behavioral) - with excessive physical body pain/discomfort (physical) - periods of prolonged sadness/tearfulness, increased fear or irritability/anger (emotional)

Do you think any of these problems bother you now?
Do you want to discuss the problems?
**Screening Tools**

**Adverse Childhood Experience (ACE) Questionnaire**

Finding your ACE Score: 10/24/06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often* …
   - Swear at you, insult you, put you down, or humiliate you?
   - Act in a way that made you afraid that you might be physically hurt?
   - Yes  No  If yes enter 1 ________

2. Did a parent or other adult in the household *often* …
   - Push, grab, slap, or throw something at you?
   - Ever hit you so hard that you had marks or were injured?
   - Yes  No  If yes enter 1 ________

3. Did an adult or person at least 5 years older than you *ever* …
   - Touch or fondle you or have you touch their body in a sexual way?
   - Try to or actually have oral, anal, or vaginal sex with you?
   - Yes  No  If yes enter 1 ________

4. Did you *often* feel that …
   - No one in your family loved you or thought you were important or special?

**LIFE EVENTS CHECKLIST (LEC)**

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it *happened to you* personally, (b) you *witnessed* it happen to someone else, (c) you *learned about it* happening to someone close to you, (d) you’re *not sure* if it fits, or (e) it *doesn’t apply* to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

<table>
<thead>
<tr>
<th>Event</th>
<th>Happened to me</th>
<th>Witnessed it</th>
<th>Learned about it</th>
<th>Not Sure</th>
<th>Doesn’t apply</th>
</tr>
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<tbody>
<tr>
<td>1. Natural disaster (for example, flood, hurricane, tornado, earthquake)</td>
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<td>2. Fire or explosion</td>
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<td>3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)</td>
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<td>4. Serious accident at work, home, or during recreational activity</td>
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<td>5. Exposure to toxic substance (for example, dangerous chemicals, radiation)</td>
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<td>6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)</td>
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## The Essence of Trauma-Informed Care

### Importance of Relationships

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<th>What’s wrong with you? (What hurts?)</th>
<th>vs.</th>
<th>What happened to you? (What helps?)</th>
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<td>• Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, and judgmental</td>
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<td>• Interactions that express kindness, patience, reassurance, acceptance and listening</td>
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<tr>
<td>• Language barriers</td>
<td></td>
<td>• Ask for clarification</td>
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<tr>
<td>• Referring by their condition</td>
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<td>• Person-first language</td>
</tr>
<tr>
<td>• “It’s not that bad”</td>
<td></td>
<td>• “I’m sorry this happened to you”</td>
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<tr>
<td>• “Worse things have happened to people”</td>
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<td>• “That must have been very scary!”</td>
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The Core Principles

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<th>Safety</th>
<th>• How can we ensure physical and emotional safety for staff and patients/clients throughout our system of care?</th>
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<tr>
<td>Trustworthiness</td>
<td>• How can we maximize trustworthiness as administrators and supervisors? Make tasks and procedures clear? Be consistent?</td>
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<tr>
<td>Choice</td>
<td>• How can we enhance staff and residents’/patients’/clients’ choice and control in their day-to-day work and lives?</td>
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<tr>
<td>Collaboration</td>
<td>• How can we maximize collaboration and sharing of power with staff and residents/patient/clients?</td>
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<tr>
<td>Empowerment</td>
<td>• How can we prioritize staff and resident/patient/client empowerment</td>
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Organizational Culture Shift

We assume that everyone has experienced some type of adverse event, unless otherwise notified.

Involves everyone adopting a new way of thinking and acting (more than new information)
The 4Rs

- **Realizes** - Realizes widespread impact of trauma and understands potential paths for recovery *(understand the basics of ACEs science and SDOH)*

- **Recognizes** - Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system *(use prescreening and screening tools to gather and share information)*

- **Responds** - Responds by fully integrating knowledge about trauma into policies, procedures, and practices *(using MI skills, help patient understand the role of trauma, the triggers, and how to de-escalate)*

- **Resists** - Seeks to actively resist re-traumatization *(ensure safety, reduce repeated interviews, coordinate care, and coach prior to appointments)*
TIC Strategies

• Offer a calming, soothing office environment
• Give as much control and choice as possible about what happens and when
• Validate concerns as understandable and typical
• Be flexible about having a support person in the room
• Explain what each procedure is and obtain consent
• Be clear that the patient can pause or end the exam or procedure at any time
• Ask if he/she might feel safer with the door open, closed or ajar
• Wear a coat, listen to music, keep the x-ray apron on, negotiate the angle of the chair
## Session Agenda

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Lessons from the Field

- Share some successes and challenges
- Potential workflows/behavioral health integration
- Future trainings
- Next steps
THANK YOU!

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References


References


SAMHSA References


Trauma Treatment References