



Trauma-Informed Dental Care

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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)?

Centers for Disease Control and Kaiser Permanente (an HMO) Collaboration (1995-1997)

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

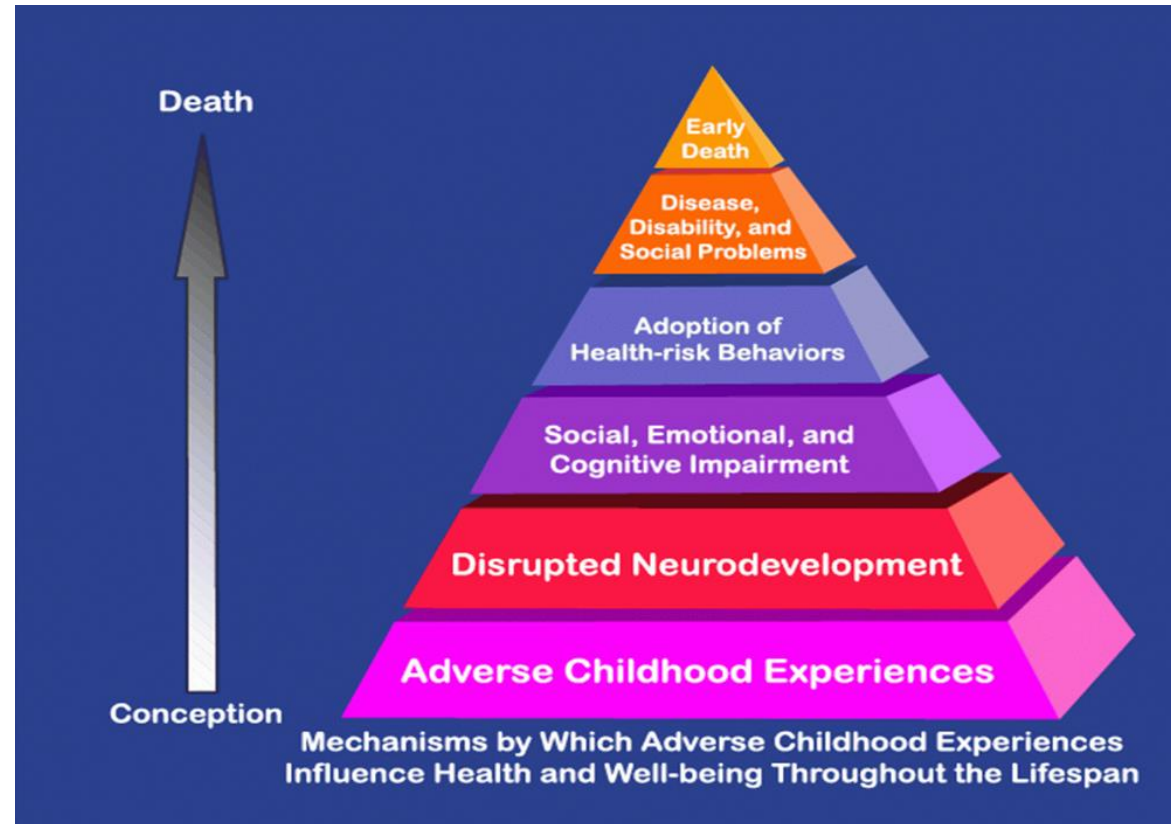
1 in 16 had 4 categories

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

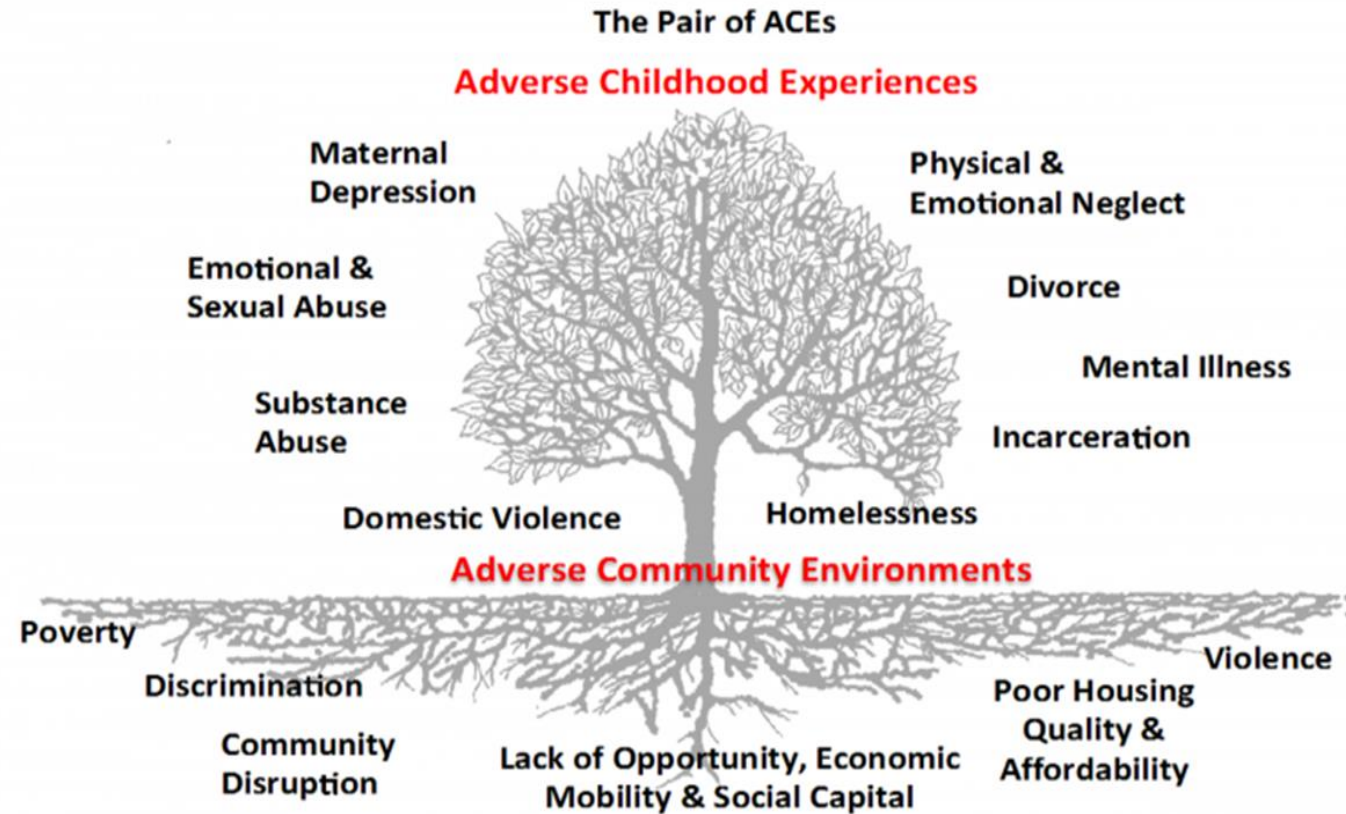
Women were 50% more likely than men to have experienced 5 or more ACEs



How Do ACEs and Adverse Events Affect People?



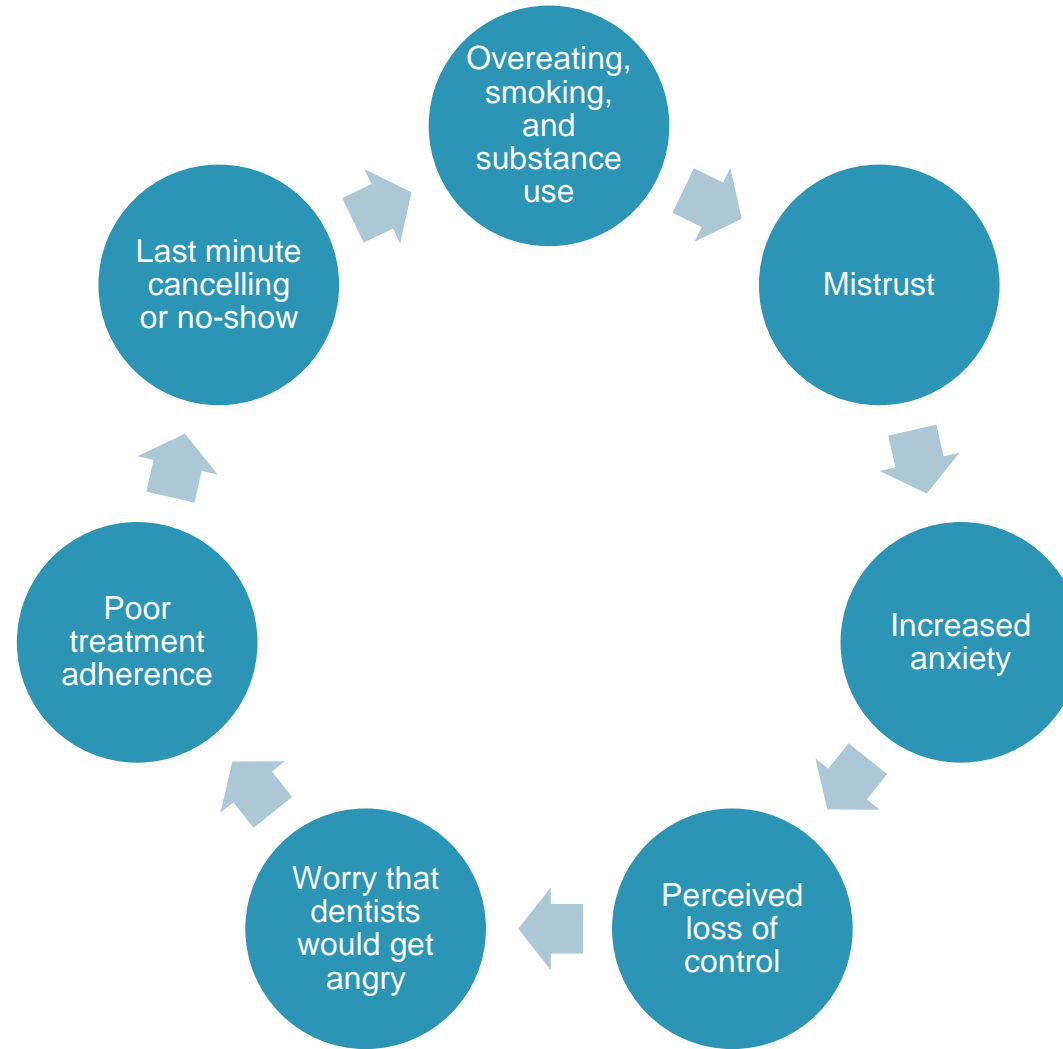
The Pair of ACEs



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



ACEs May Cause...



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

Trauma Informed Oregon
October 2015

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!

Ia. Leadership team (including administration and governance) has received information/training on trauma and trauma informed care. <i>Describe the process.</i>	1	2	3	4
Ib. Trauma Informed Care appears as a core principle in agency policies, mission statement, written program/service information. <i>Describe or provide examples:</i>	1	2	3	4
Ic. Individuals with lived experience in your service system have leadership roles in the organization. <i>What roles?</i>	1	2	3	4



Prescreening Questions

- 1. 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)
- 2. 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 ra hbr 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?
or
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?
or
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?
or
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.

Event	Happened to me	Witnessed it	Learned about it	Not Sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)					
2. Fire or explosion					
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)					
4. Serious accident at work, home, or during recreational activity					
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)					
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)					



The Essence of Trauma-Informed Care

Importance of Relationships

What's wrong with you?

What hurts?

- Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, and judgmental
- Language barriers
- Referring by their condition
- “It’s not that bad”
- “Worse things have happened to people”

vs.

What happened to you?

What helps?

- Interactions that express kindness, patience, reassurance, acceptance and listening
- Ask for clarification
- Person-first language
- “I’m sorry this happened to you”
- “That must have been very scary!”

The Core Principles

Safety

- How can we ensure physical and emotional safety for staff and patients/clients throughout our system of care?

Trustworthiness

- How can we maximize trustworthiness as administrators and supervisors? Make tasks and procedures clear? Be consistent?

Choice

- How can we enhance staff and residents'/patients'/clients' choice and control in their day-to-day work and lives?

Collaboration

- How can we maximize collaboration and sharing of power with staff and residents/patient/clients?

Empowerment

- How can we prioritize staff and resident/patient/client empowerment



Organizational Culture Shift

Universal Precautions

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

Trauma-informed Lens

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 can 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



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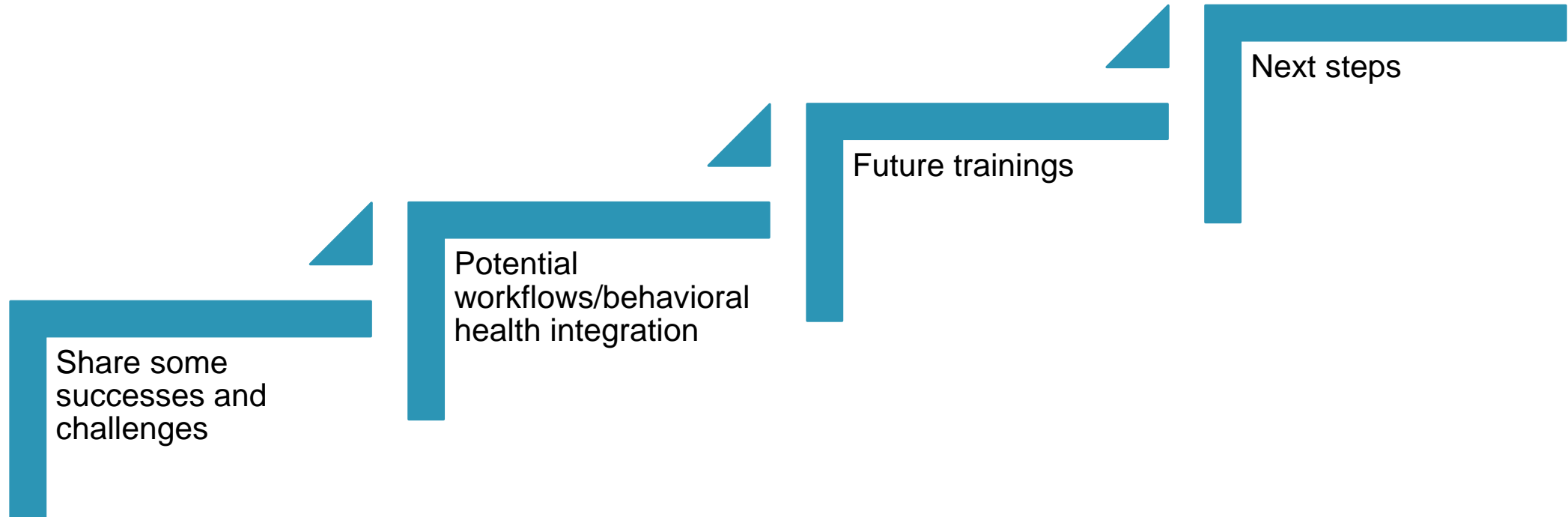
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Lessons from the Field



THANK YOU!

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References

- Andersen, R. & Rodman, M. T. (2012). Trauma survivors in dental settings: Trauma-informed practice and universal precautions. The important role of the oral health professional [PowerPoint Presentation]. Retrieved from <https://nchdv.confex.com/nchdv/2012/recordingredirect.cgi/id/258>
- Ellis, W. & Dietz, W. (2017). A new framework for addressing adverse childhood experiences: the building community resilience (BCR) model. *Academic Pediatrics*, 17, S86-S93. <https://doi:10.1016/j.acap.2016.12.011>.
- Hanson, G. R. McMillan, S., Mower, K., Bruett, C. T., Duarte, L., Koduri, S., Pinzon, L., Warthen, M., Smith, K., Meeks, H., & Trump, B. (2019). Comprehensive oral care improves treatment outcomes in male and female patients with high-severity and chronic substance use disorders. *The Journal of the American Dental Association*, (150)7, 591-601. <https://doi.org/10.1016/j.adaj.2019.02.016>
- MO. Department of Mental Health and Partners. (2014). *The Missouri Model: A Developmental Framework for Trauma-Informed*. Retrieved from <https://dmh.mo.gov/trauma/MO%20Model%20Working%20Document%20february%202015.pdf>
- National Council of Juvenile and Family Court Judges. (n.d.). ACE tool. Retrieved from <https://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>



References

- Raja, S., Hoersch, M., Rajagopalan, C. & Chang, P. (2014). Treating patients with traumatic life experiences: Providing trauma-informed care. *Journal of the American Dental Association*, 145(3), 238-245. <https://doi.org/10.14219/jada.2013.30>
- Raja, S., Rajagopalan, C. F., Kruthoff, M., Kuperschmidt, A., Chang, P. & Hoersch, M. (2015). Teaching dental students to interact with survivors of traumatic events: Development of a two-day module. *Journal of Dental Education*, 79(1) 47-55. Retrieved from <http://www.jdentaled.org/content/79/1/47>
- The Consortium. (n.d.). Trauma survivors in medical and dental settings. Retrieved from https://www.integration.samhsa.gov/clinical-practice/Trauma_Survivors_in_Medical_and_Dental_settings.pdf
- United Way of Deschutes County. (n.d.). Adverse childhood experiences. Retrieved from <https://www.deschutesunitedway.org/aces>
- Yachtmenoff, D.K. (2015). Standards of practice for trauma-informed care. Retrieved from <https://traumainformedoregon.org/wp-content/uploads/2014/10/Standards-of-Practice-for-Trauma-Informed-Care.pdf>



SAMHSA References

- SAMHSA. (2018). SAMHSA - TIC curriculum instructor's guidance. Retrieved from https://nasmhpd.org/sites/default/files/TraumaTIACurriculumTrainersManual_9-10-18_0.pdf
- SAMHSA. (n.d.a). *Life events checklist*. Retrieved from <https://www.integration.samhsa.gov/clinical-practice/life-event-checklist-lec.pdf>
- SAMHSA. (n.d.b). Trauma. Retrieved from <https://www.integration.samhsa.gov/clinical-practice/trauma-informed>
- SAMHSA. (2015). May webinar trauma-informed care (2 prescreening questions). Retrieved from https://www.integration.samhsa.gov/about-us/May_Webinar_TIC_05.05.16.pdf
- SAMHSA. (2014). *Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html>



Trauma Treatment References

- Bloom, Sandra. (n.d.). The Sanctuary Model. Retrieved from <http://sanctuaryweb.com/TheSanctuaryModel/THESANCTUARYMODELFOURPILLARS/Pillar3SharedLanguage/S=SanctuaryasaSafetyCulture/PsychologicalSafety.aspx>
- Cohen, J.A., Mannarino, A.P., & Deblinger, E. (n.d.). TF-CBT. Retrieved from <https://tfcbt.org/>
- Community Connections. (n.d.). Trauma Recovery and Empowerment Model (TREM). Retrieved from <http://www.communityconnectionsdc.org/training-and-store/trainings>
- EMDR Institute, Inc. (n.d.). What is EMDR? Retrieved from <http://www.emdr.com/what-is-emdr/>
- Levine, P. (n.d.). Somatic experiencing. Retrieved from <https://traumahealing.org/>
- Treatment Innovations. (2016). Seeking safety. Retrieved from <https://www.treatment-innovations.org/seeking-safety.html>

