

Understanding and Providing Trauma-Informed Oral Health Care

CareQuest Institute Continuing Education Webinar

January 26, 2023

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, February 3**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



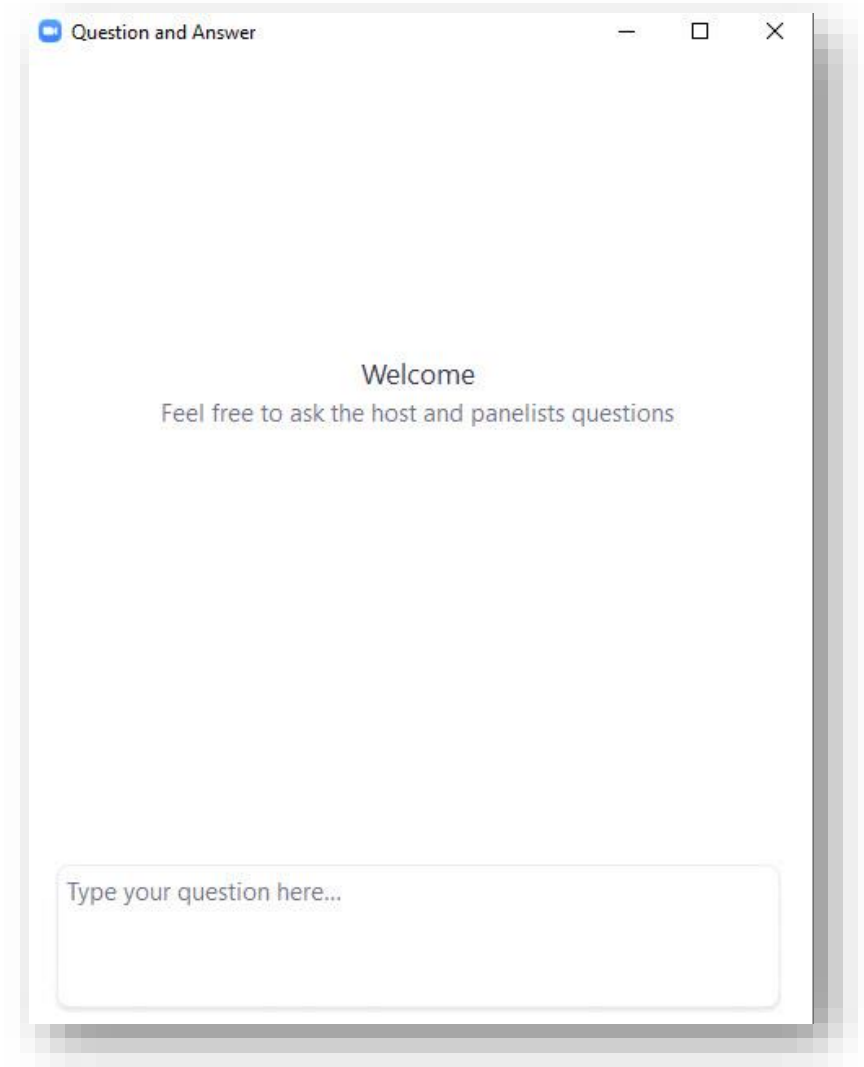
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*Full disclosures available upon request



Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Learning Objectives

At the end of this webinar, you'll be able to:

- Recognize how historically underrepresented and marginalized populations may be impacted by violence and trauma.
- Discuss how trauma and toxic stress are related to high-risk coping and health outcomes.
- Explain at least one strategy to employ when interacting with a trauma survivor in an oral health setting.
- Apply universal trauma precautions to clinical situations.

Our Strategy

Vision

A future where every person can reach their full potential through optimal health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health



Understanding and Providing Trauma-Informed Oral Health Care

WEBINAR | Thursday, January 26, 2023 | 7–8 p.m. ET | ADA CERP Credits: 1

MODERATOR & PRESENTER



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UNIVERSITY OF ILLINOIS AT CHICAGO

TRAUMA INFORMED ORAL HEALTH CARE: PRACTICAL STRATEGIES FOR CLINICAL PRACTICE

POTENTIALLY TRAUMATIC EVENTS

Based on the DSMV: The person has been exposed to a traumatic event where they experience, witness, or are confronted with death (or threatened death), serious injury, or threat to physical integrity

Motor vehicle accidents, natural disasters, sexual assault, childhood sexual abuse, domestic violence, community violence, combat, elder abuse, homicide, suicide of loved one

TOXIC STRESS

- Strong, frequent, or prolonged stressors
- Abuse, neglect, caregiver mental illness or incarceration, poverty
- Lack of adult support
- Disrupts brain & body functioning
 - Leaves child vulnerable to future physical, emotional, and cognitive disruptions

Source: Center on the Developing Child at Harvard University

MICRO AGGRESSIONS

A comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority)

“Death by a thousand cuts”

Affects our sense of safety and belonging

Has long term consequences for health



PREVALENCE OF TRAUMA IN THE UNITED STATES

Sheela Raja, PhD



CHILD ABUSE

- More than 5 children die every day as a result of child abuse
- 1 out of 4 girls and 1 out of 13 boys report a history of childhood sexual abuse
- Younger and special needs children are vulnerable
- Makes people vulnerable to future abuse

Sources: <https://www.childwelfare.gov/pubpdfs/fatality.pdf>;;
<https://www.cdc.gov/violenceprevention/childsexualabuse/fastfact.html>



SEXUAL ASSAULT

- 21% of females and 2.6% of males reported a lifetime history of sexual assault
- Vastly under-reported (especially non-stranger assaults, male survivors)

Source: <https://stacks.cdc.gov/view/cdc/60893>

Sheela Raja, PhD





INTIMATE PARTNER VIOLENCE

- Nearly 1/4 women and 1/10 men in the US report interpersonal violence (sexual, physical, stalking).
- In 2019, over 1,900 females were murdered by males in single victim/single offender incidents (>5/day).
- 91% of women murdered knew their attackers. 56% of murders involve a firearm. Black females were murdered at 3x the rate, compared to white women.
- 1/15 children witness domestic violence, perpetuating the cycle of violence.

Sources: <https://vpc.org/>; <https://ncadv.org/statistics>

ELDER ABUSE

- The physical, sexual, financial, or emotional abuse or neglect of an elderly person, usually one who is disabled and frail
- 1 in 10 seniors report experiencing elder abuse (only 1/24 cases reported)
- Estimates that only 1 in 14 cases are reported



COMBAT EXPOSURE

- 7% of US population (either as soldiers or immigrants/refugees)
- Military sexual trauma and harassment (4% of men, 39% of women report harassment or assault)
- Refugees likely exposed to multiple traumas including discrimination, financial problems, to warfare, sexual assault, and torture, as well as discrimination, stigma, forcible family separation after relocation

Source: Wilson, 2016; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096796/>

COMMUNITY VIOLENCE & FIREARMS

- In 2020, 54% of all gun-related deaths in the US were suicides (24,292); 43% were murders (19,384)
 - Compared to motor vehicle accident deaths (40,698), gun murders and suicides have increased steadily in the last 10 years
- 288 school shootings in the United States since (2009-2018); 57x the rate of the other six other G7 countries (Canada, France, Germany, Japan, UK, Italy)
- PTSD rates in some neighborhoods may be the same as for war veterans

Source: <https://www.pewresearch.org/>
<https://www.cdc.gov/nchs/fastats/injury.htm>;
<https://www.cnn.com/2018/05/21/us/school-shooting-us-versus-world-trnd/index.html>

MENTAL HEALTH IN AMERICA

- Lifetime prevalence of any anxiety disorder: 31.6%
- Anxiety is dramatically increasing in adolescents
- US Adults with a substance use disorder in the past year: 7.74%
- US adults with major depression: 8.4%
- Youth (aged 12-17) with major depression: 15.1%
- People (ages 13+) in US with PTSD (lifetime prevalence): 5.7%
- US adults with suicidal thoughts: 4.58%

Source: <https://www.mhanational.org/mentalhealthfacts>

STRESS AND ITS IMPACT ON ABILITY TO FUNCTION



27% of all adults said that most days they are so stressed they can't function



% REPORTING THEY ARE SO STRESSED THEY CAN'T FUNCTION

46% of those under 35



42% ages 35 to 44



16% ages 45 to 64



4% ages 65+



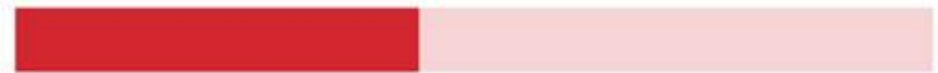
56% of Black adults under 35



46% white adults under 35



44% Latino/a adults under 35



43% Asian adults under 35



Figure 1a.

Percentage of U.S. Adults With Symptoms of Anxiety by LGBT Status: 2021-2022

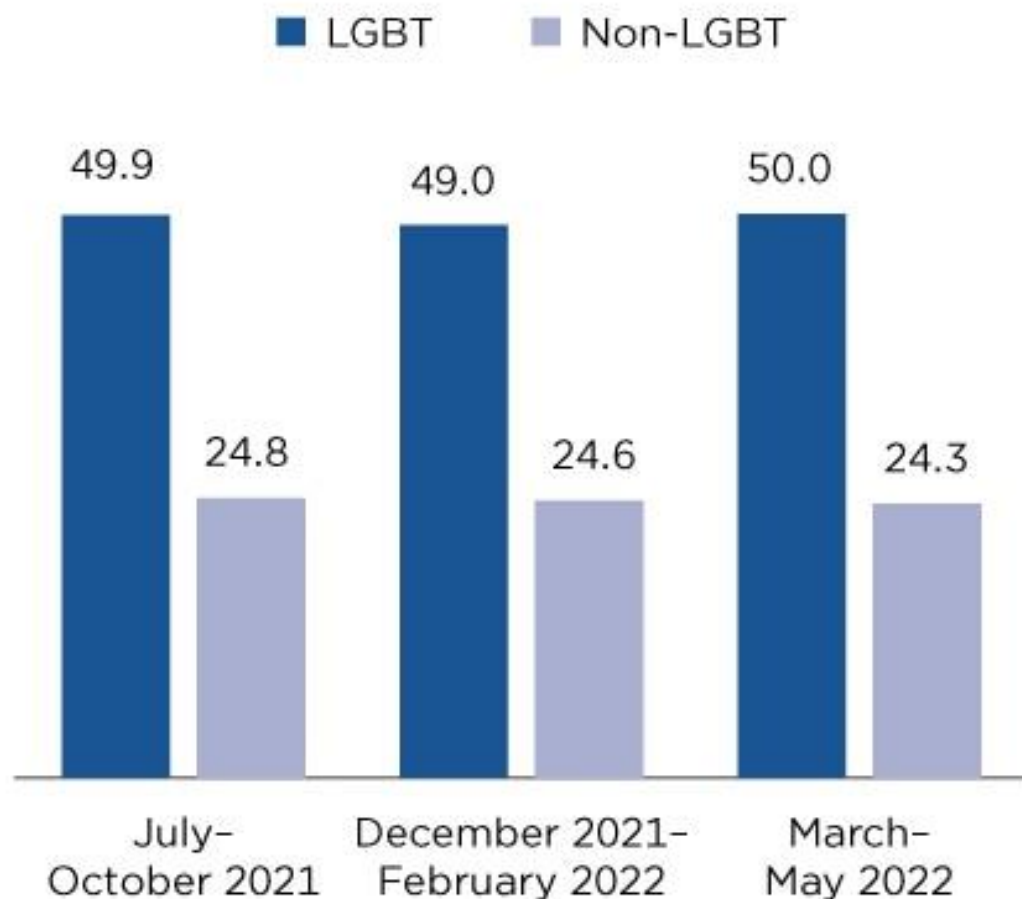
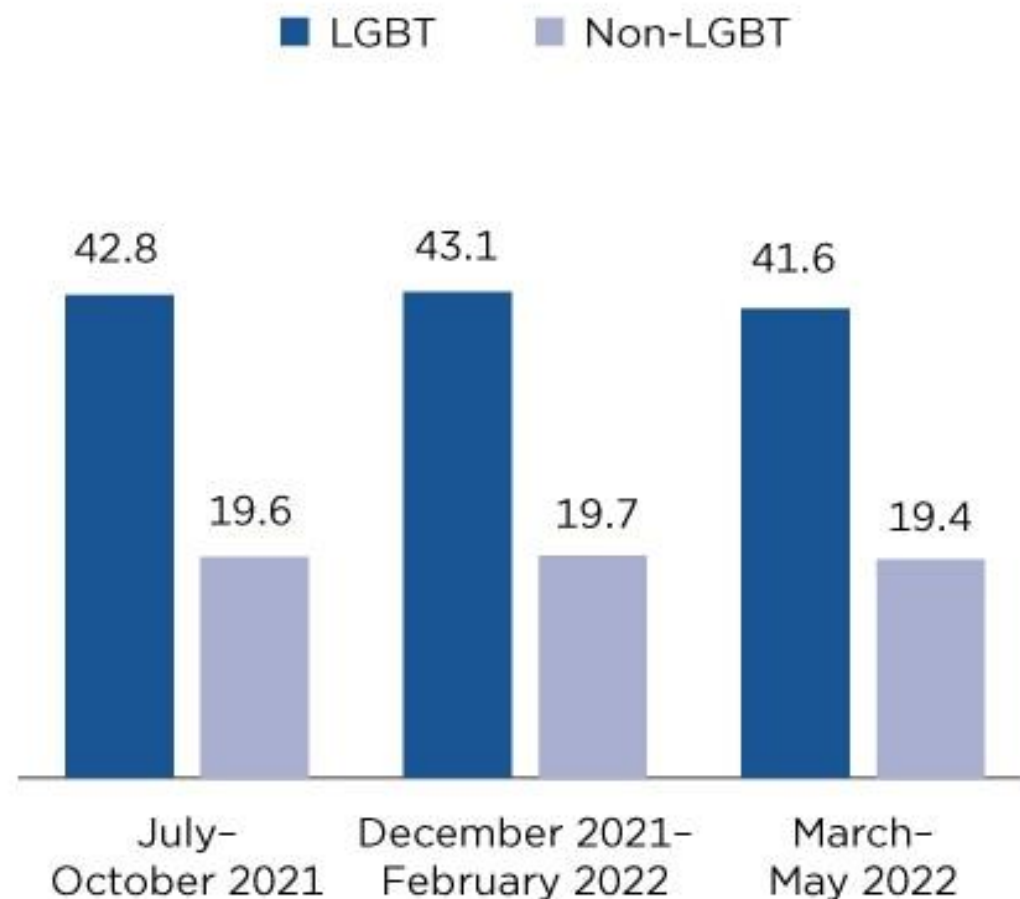


Figure 1b.

Percentage of U.S. Adults With Symptoms of Depression by LGBT Status: 2021-2022

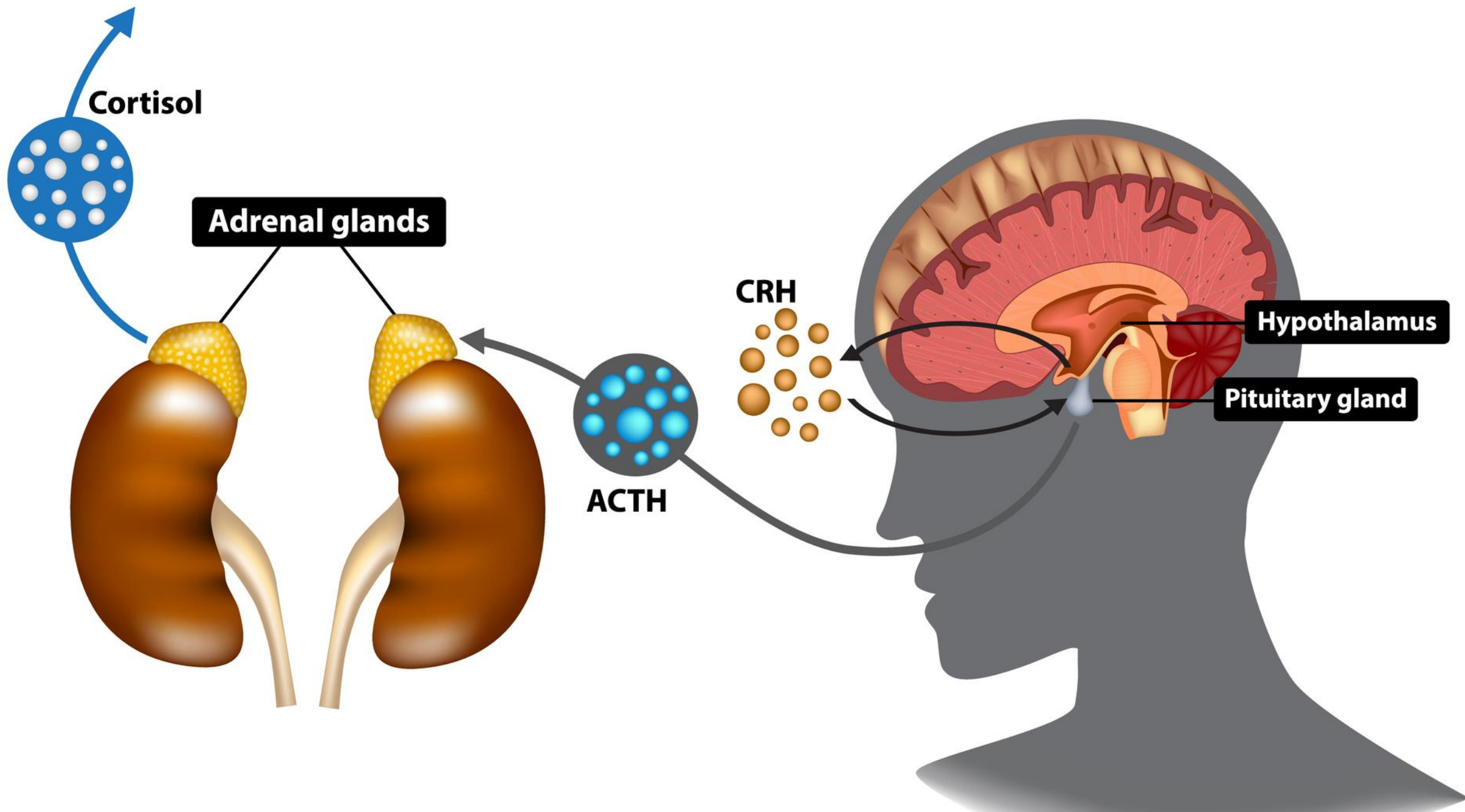


Note: Lesbian, gay, bisexual, and transgender (LGBT).

Source: U.S. Census Bureau, Household Pulse Survey public-use files, 2021-2022.



FROM NEURONS TO NEIGHBORHOODS



THE NEUROPHYSIOLOGY OF STRESS

Sympathetic nervous system (SNS) and HPA chronic reactivity is damaging to the body

Impedes hippocampal development (and can impair memory)

Chronic increase in blood pressure can lead to damaged blood vessels and heart disease

Chronic increases in blood sugar may lead to increased insulin production, and eventually, insulin resistance



Coping with Trauma

- Smoking
- Alcohol/ substance abuse
- Overeating
- High-risk sexual behavior

PTSD and Oral Health

Disease Burden

- Periodontal disease
- Missing and filled surfaces
- Orofacial pain
- Dental anxiety

Sources: Kisely, Steve et al. (2016). The oral health of people with anxiety and depressive disorders – a systematic review and meta-analysis. *Journal of Affective Disorders* , 200, p. 119 – 132.



UTILIZATION OF PREVENTATIVE CARE

- Trauma survivors are less likely:
 - To obtain regular mammograms
 - To obtain regular cervical cancer screenings
 - To attend regular dental appointments

Trauma Survivors in Health Care

- Having to lie down for treatment
- Objects used during exams
- Fear of flashbacks
- Fear of authority
- Fear of being touched
- Fear of pain
- Anxiety regarding potential diagnoses



TRAUMA-INFORMED CARE

SPECIFIC SUGGESTIONS: WHAT IS TRAUMA-INFORMED CARE?

Every part of an agency or institution (from front desk staff, administrators, to care providers) understand the effects of traumatic events, sensitively interact with trauma survivors, avoid re-traumatization, and engage in trauma screening and prevention as appropriate

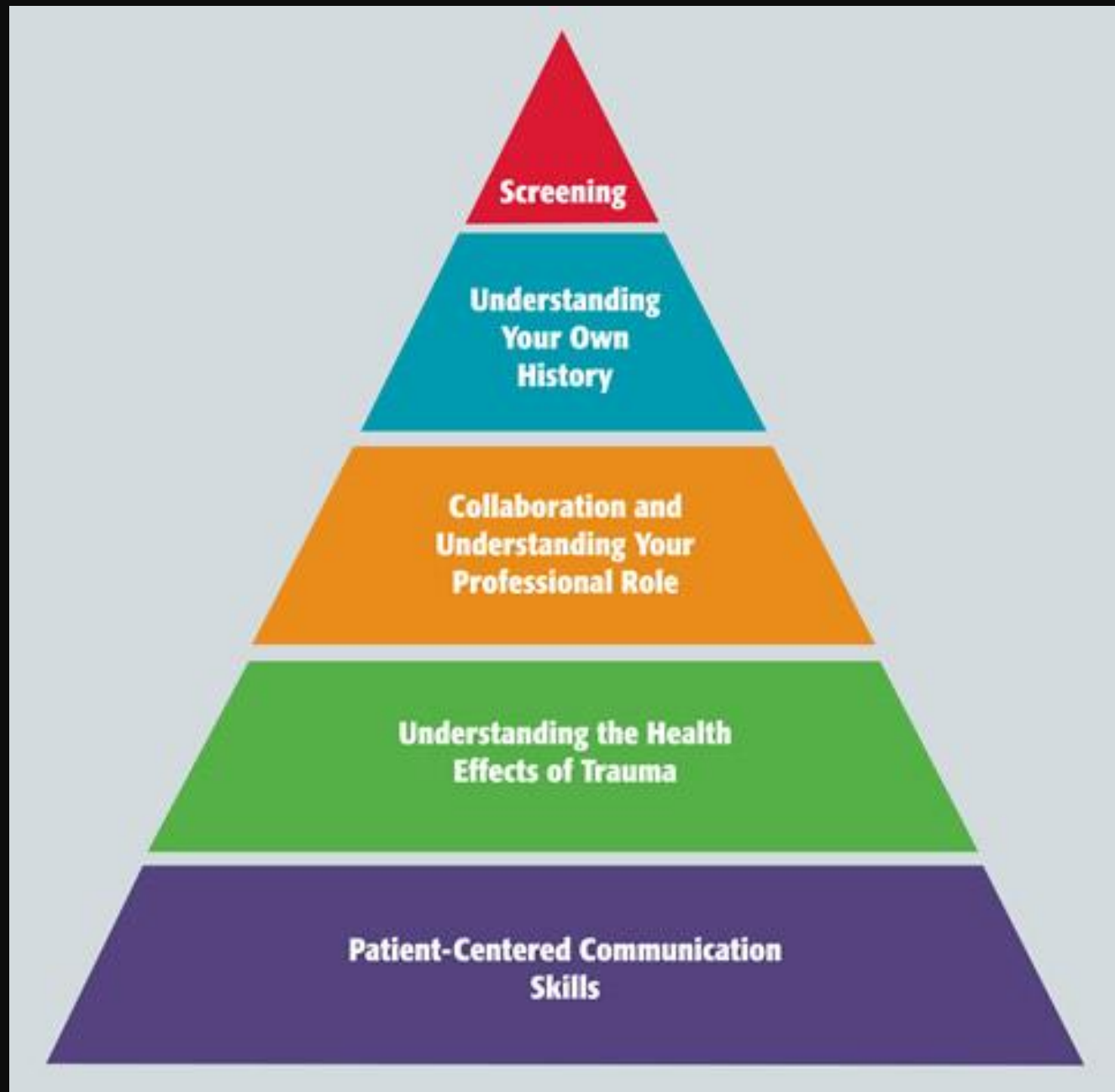
6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Office of Public Health Preparedness and Response \(OPHPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [OPHPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

THE TRAUMA INFORMED CARE PYRAMID



SOURCE: RAJA, ET AL., 2015

UNIVERSAL TRAUMA PRECAUTIONS

- Patient-centered communication skills
- Explain that stress can influence coping and physiology (in understandable, lay language)
- Collaboration
- Professional self-care

PATIENT-CENTERED COMMUNICATION SKILLS

Ask	Ask your patient if there is anything you can do to make them more comfortable.
Ask	If the patient seems worried or anxious about a specific procedure, ask them to think about what has helped them with a stressful situation in the past.
Use	Use tell-show-do modeling to let the patient know what you are going to do in advance—give them an overview of the whole appointment.
Let	Let the patient know that they can raise their hand (or another signal) and you will stop the, if it is medically safe to do so.
Do	Don't just rely on distraction techniques (use PMR, guided imagery, etc.).

Sample Statements

- “What can I do to make you more comfortable during this exam?”
- “Before we proceed, is there anything else you think I should know?”
- Just to let you know, this is generally how the exam is done. First, I will get a history, then we will do the exam, where you will feel some pressure. Let me know if you have questions along the way.”
- “I know that questions may feel personal. Please know this is confidential and we ask these questions to take the best care of you.”

UNDERSTANDING THE HEALTH EFFECTS OF TRAUMA

Does not involve the provider delving into trauma history

Awareness of the health-related effects of traumatic events

Educating patients in lay terms

- Negative coping behaviors (e.g., smoking, drinking, overeating, high risk sexual behavior) may be related to stressful life experiences
- Consistent with patient-centered communication skills and the principles of Motivational Interviewing

COLLABORATION & UNDERSTANDING YOUR PROFESSIONAL ROLE

Maintain a list of referral sources for patients who do disclose a trauma history

Keep information readily available to all patients in the waiting room (including local referral sources and national hotlines)

COLLABORATION & UNDERSTANDING YOUR PROFESSIONAL ROLE

Understanding your mandated reporting & inform patients when confidentiality needs to be breached (in most states, in the case of child and elder abuse)

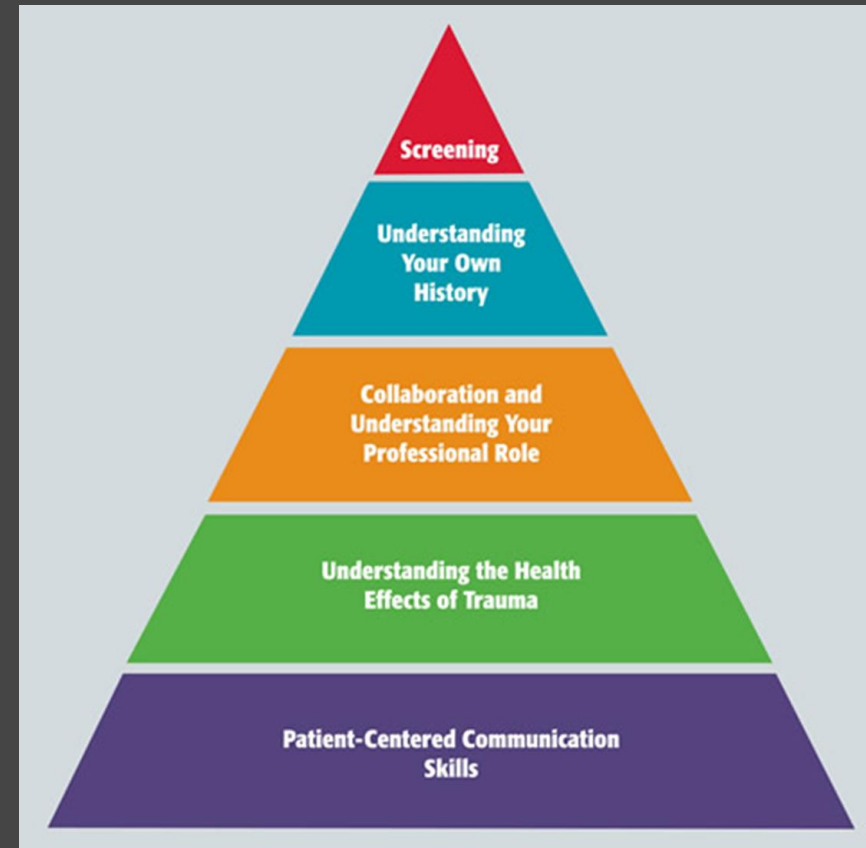
Respect the wishes of survivors to report (or not report) abuse when mandated reporting is not required (for example, in some states domestic violence does not need to be reported)

UNDERSTANDING YOUR OWN HISTORY

- Providers are human beings, too
- Your own history may interfere with your ability to ask questions or be empathic to a survivor
- Focus on present-centered communication that is within your expertise
- Support good self-care for your staff (guard against compassion fatigue, vicarious / secondary trauma, burnout, and moral distress)

MOST THE TRAUMA-INFORMED PYRAMID

- Does not require screening, asking, delving...
- Just universal trauma precautions!



AFTER UNIVERSAL TRAUMA PRECAUTIONS

1. What if a patient spontaneously discloses a trauma history?
2. What if you see an acute injury
 - How do you know if you need to report?
3. When should providers routinely ask about violence trauma?

RESPONDING TO SPONTANEOUS DISCLOSURE

- Provide validation and empathy: *“I’m sorry that happened to you.”*
- Provide education and normalization: *“Many patients have had experiences like yours it’s normal for these things to affect you. People can recover with help.”*
- Assess current difficulties: *“How much does this continue to affect your daily life today? In what ways?”*
- Assess social support: *“Have you been able to talk to others in your life about this?”*
- Assess implications for care: *“Do you think this might affect your health care?”*
- Provide referrals: *“I appreciate you telling me this. I’m not the expert, but a few referrals if you feel like you need more support?”*

RESPONDING TO AN ACUTE INJURY

“AVDR”

- **Ask:** “How did you get this injury? Sometimes when I see this type of injury, it can be caused by X, Y, or Z...”
- **Validate:** “Thank you for telling me. No one deserves this...”
- **Document:** “This is what I will need to put in the chart.”
- **Refer:** “Please let me know if I can give you a referral to someone who might be able to support you through this. Of course, I really appreciate you trusting me...”

ROUTINE SCREENING OF EVERY PATIENT

- If you practice in high-risk seeing like foster care, juvenile justice, VA hospital
- If you work in an interprofessional setting:
 - Screen for traumatic events
 - Screen for current functioning (does the patient need a referral for mental health)
 - Screen for activators in the environment

SUMMARY

- Traumatic events are prevalent
- Trauma affects the way people cope, their neurophysiology and physical health
- The Trauma-Informed Pyramid can be used to sensitively engage patients in health care
- Screening can take many forms and can play a role in healing

An underwater photograph of a vibrant coral reef. The scene is filled with numerous colorful fish, including many small orange and blue ones, swimming in clear blue water. The coral structures are diverse, with some appearing as large, rounded mounds and others as more complex, branching formations. The overall lighting is bright and clear, highlighting the rich colors of the marine life.

UNDER THE OCEAN,
THERE ARE MANY
ECOSYSTEMS



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ADVANCING YOUR ORGANIZATION THROUGH TRAUMA INFORMED CARE



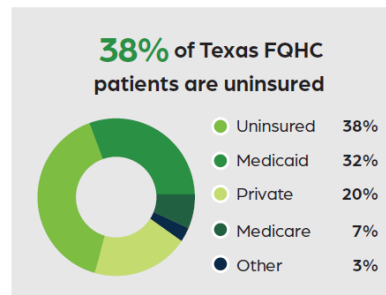
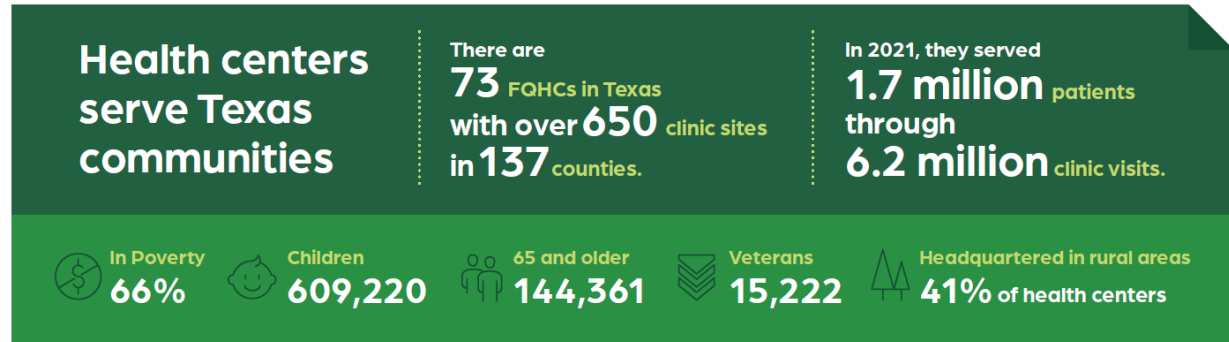
TACHC
— TEXAS ASSOCIATION OF —
COMMUNITY HEALTH CENTERS

Texas Association of Community Health Centers (TACHC)



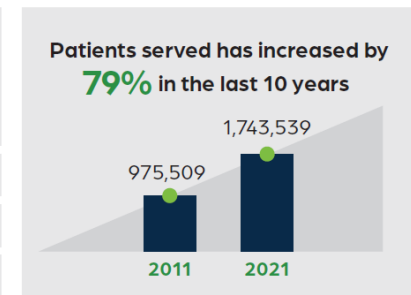
Formed in 1983, the Texas Association of Community Health Centers (TACHC) is the federally designated primary care association for Texas. Members operate in Texas's urban, rural, and frontier areas, all with the mission of advancing access to healthcare for all Texans.

Our mission is to strengthen and support community health centers to speak with a unified voice and drive healthcare transformation by exemplifying innovation, access and equity.



Health Centers Provide High-Quality Care for Low Costs—Average Annual Cost per Patient:

MEDICAL	\$682
DENTAL	\$618
MENTAL HEALTH	\$798



How Did We Get Started?



TIC Program



EDUCATION

Inquiry-based model fosters empowerment and deep knowledge gain by learners.



IMPLEMENTATION

Coaching Calls, peer support, and ongoing assessment propel tailored plans.



TRANSFORMATION

Ongoing support and leveled-trainings empower health centers to grow.

TIC Program Goals & Outcomes



Disseminate
Knowledge

Increase
Workforce
Retention

Improve Health
Outcomes

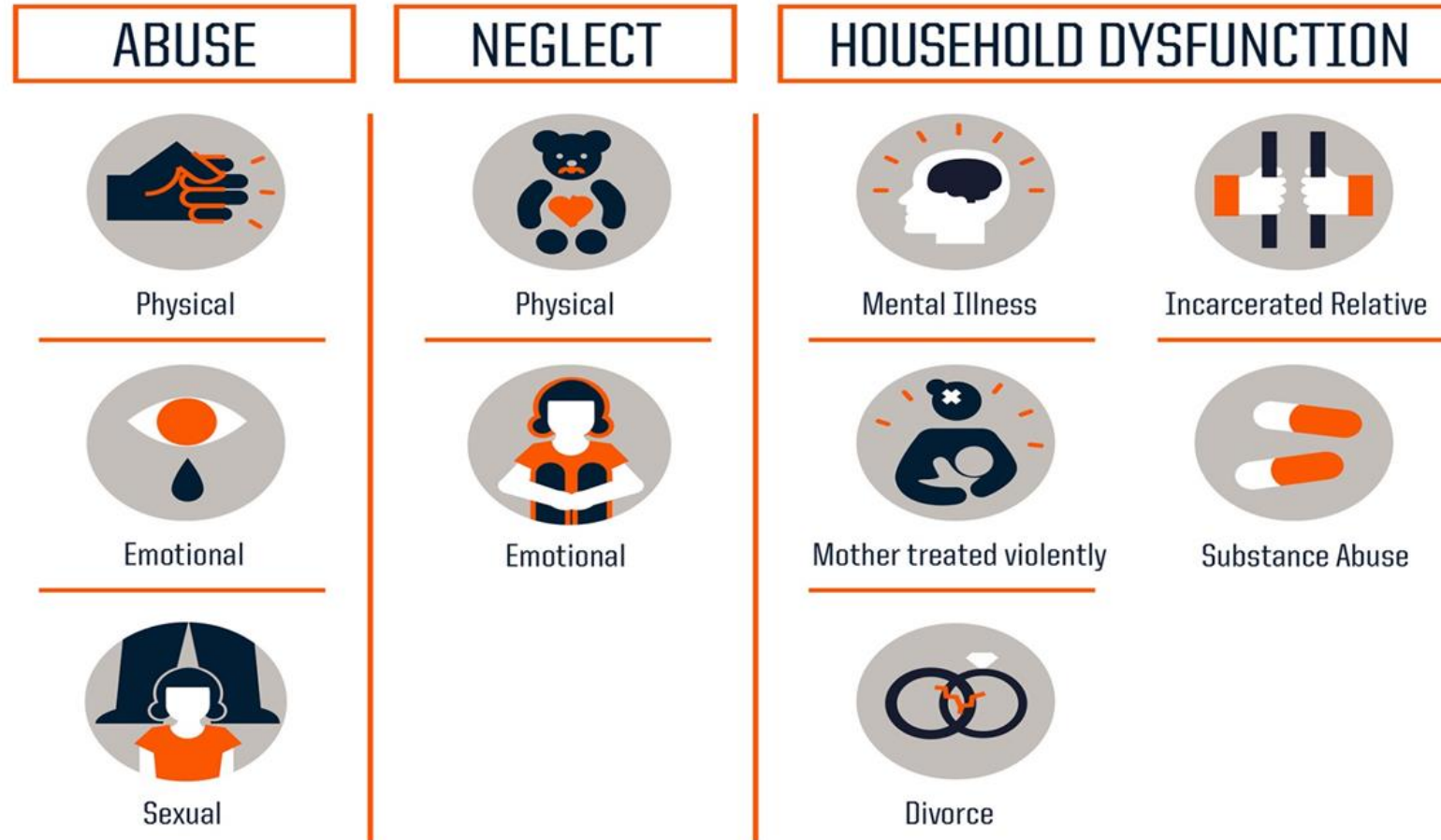
Strategically Aligned & Integrated

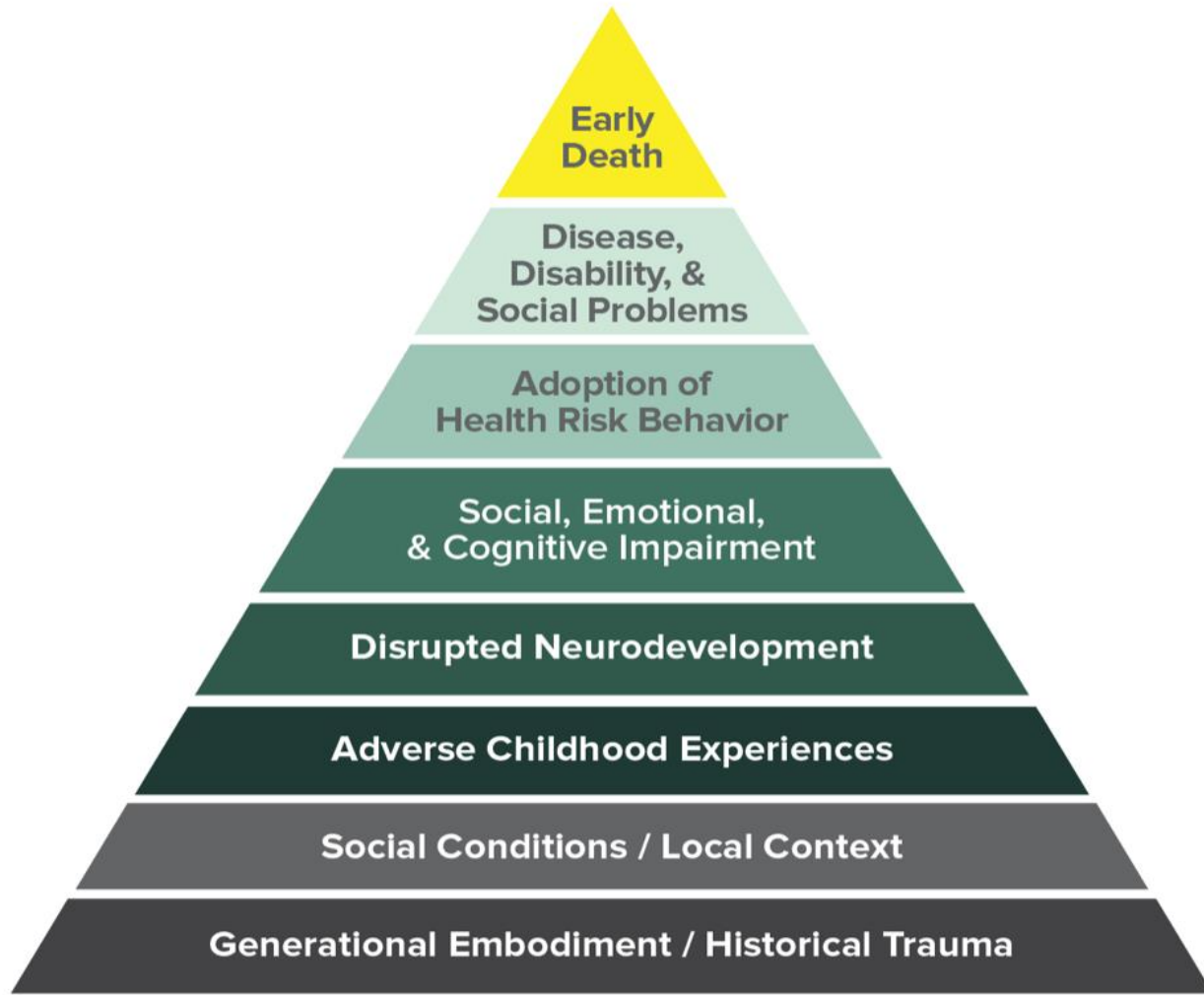


- Value-based care
- Non-medical drivers of health (SDoH)
- Workforce development
- Chronic disease prevention
- Justice, Equity, Diversity & Inclusion (JEDI)
- Workforce retention & burnout-reduction
- Disaster preparedness, response, recovery
- Health effects of climate change

The Need for TIC in Health Care

Adverse Childhood Experiences (ACEs)





Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

© 2021, CDC [National Center for Injury Prevention and Control, Division of Violence Prevention](#)



- ACEs are highly prevalent
- ACEs affect all communities
- ACEs are strongly associated, in a dose-response fashion, with common and serious health conditions

How Could This Present?



- Frequently missed appointments
- Reluctance to discuss health problems
- Confusion or poor memory
- Challenges adhering to treatment
- Varying perceptions of and experiences with pain
- Avoidance of services
- Postponing appointments
- Cycling in and out of crisis
- Delays in care until condition worsens

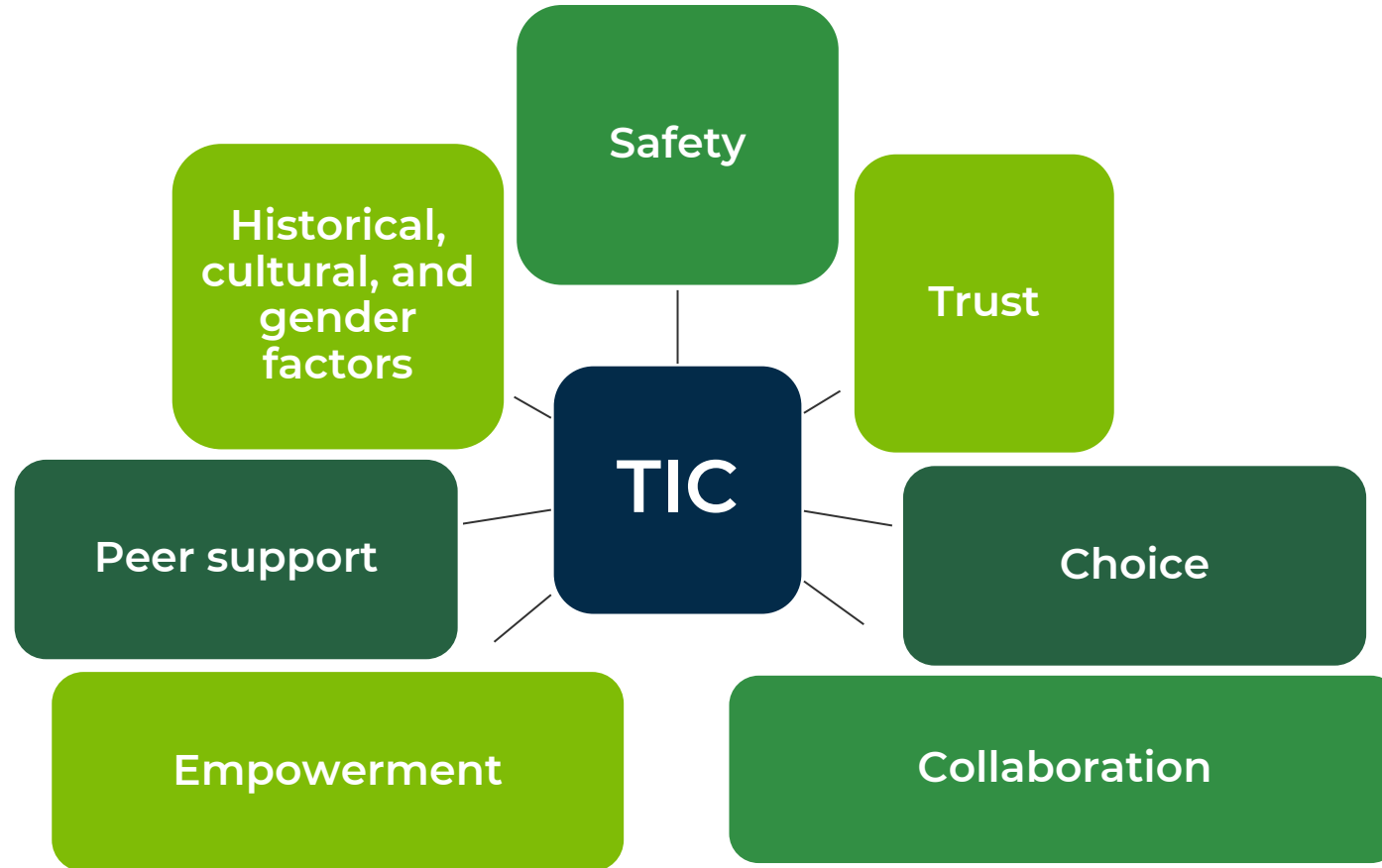
How Could This Present in Staff?



- Increased absenteeism
- Higher turnover rates
- Decreased productivity
- Low morale
- Increased tension on teams
- Breakdowns in communication
- Compassion Fatigue
- Vicarious Trauma

What Does This Mean?

TIC Pillars



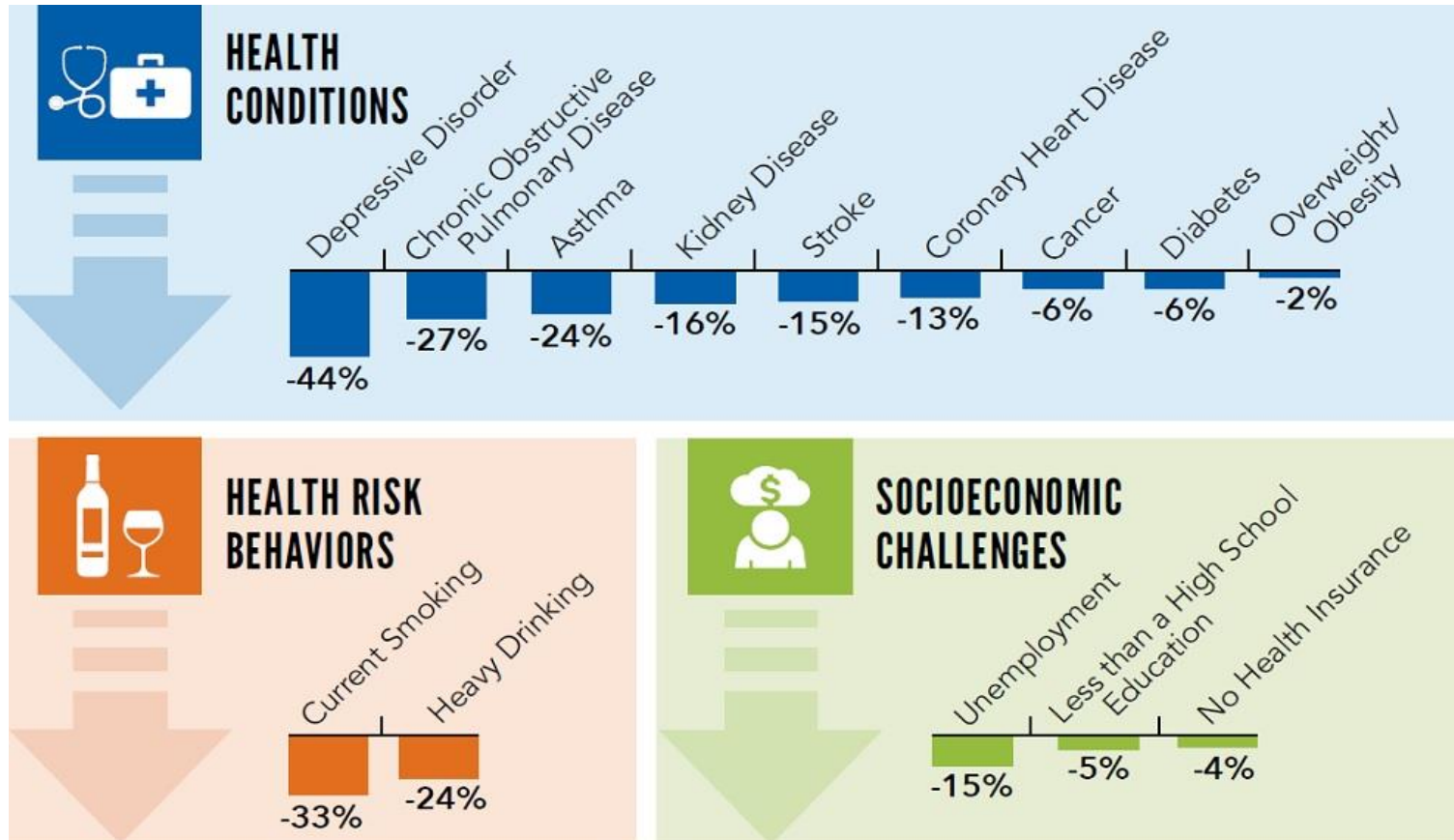
Source: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

The 4 R's



- **Realize**
- **Recognize**
- **Respond**
- **Resist re-traumatization**

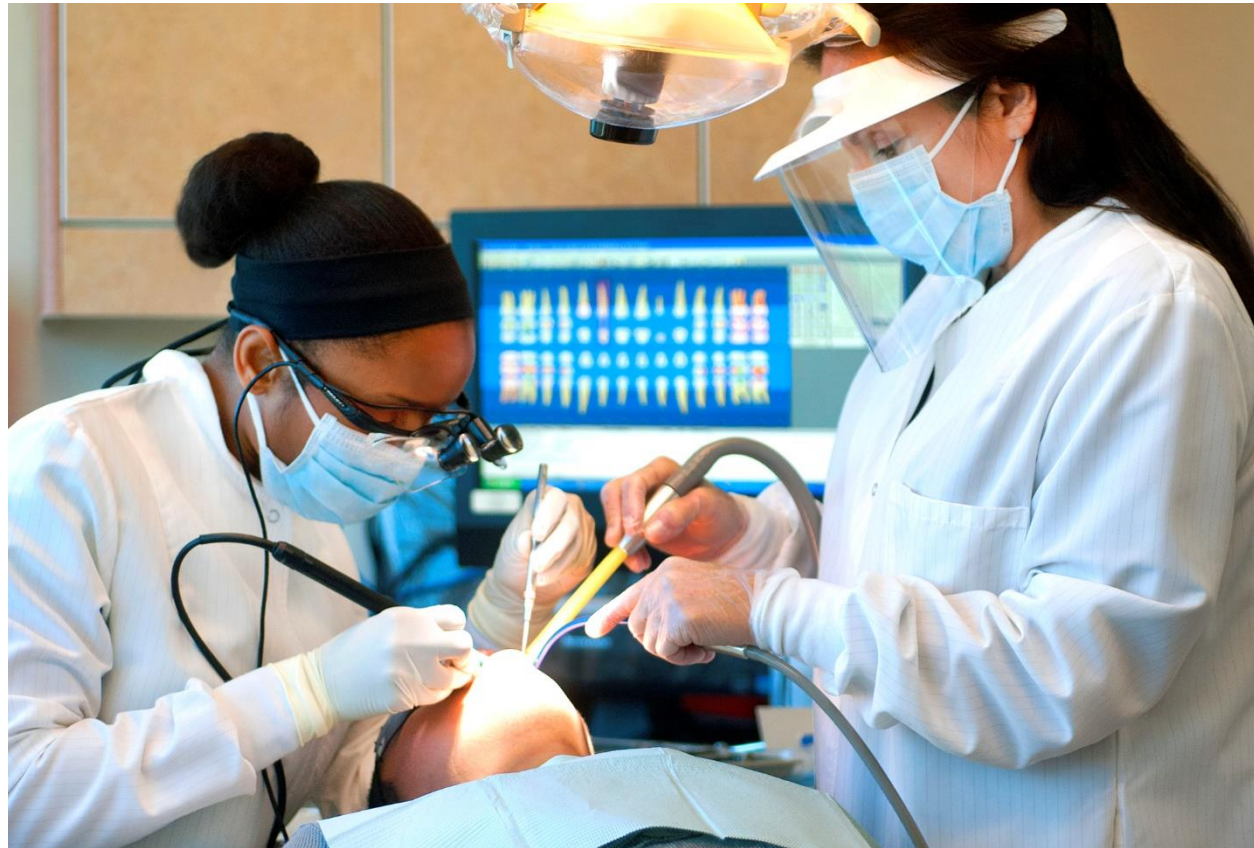
Getting Upstream



- Reducing risk
- Improving health outcomes
- Impacting generations

SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

Connection to Dental Care

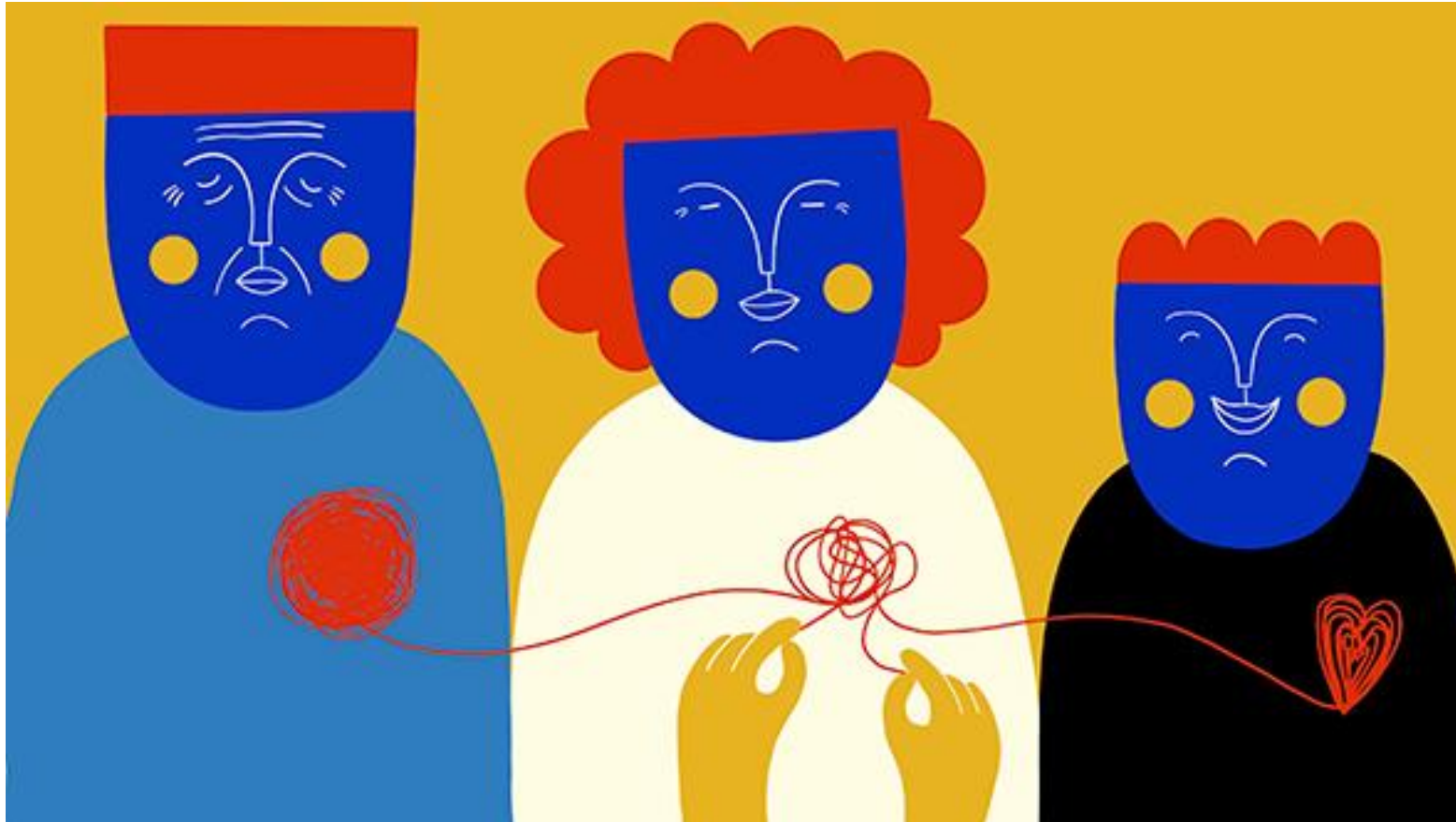


Caring for Special Populations

The Why



Experiences Matter



LGBTQIA+



Veterans



Homeless/ Housing Insecure



Migratory/ Seasonal Agricultural Workers



What Can We Do?

Universal Trauma Precautions



- Consider the impact of trauma
- Use patient-centered language
- Collaborate
- Create a healing environment
- Practice self-care

TIC Strategies



- Offer a calming, soothing office environment
- Provide opportunities for choice and control
- Validate concerns and express empathy
- Apply universal trauma precautions

Patient-Centered Language Recommendations



Instead of...	Use...
Patient (outside of a healthcare encounter)	Person, individual, member, consumer
Not-adherent, non-compliant	Has barriers, “often chooses not to do...because”
Resistant, refuses	Prefers not to, Isn’t ready for
Victim, vulnerable	Survivor
High-risk population	People who are at increased risk for...
You alone make decisions	We’re in this together, We’re a team
Male & Female, Gendered pronouns	Partners, Folks, People
Underserved, the Uninsured	People who are medically underserved
What’s wrong with you?	What happened to you?

Changes to Oral Health Landscape

Behavioral Health Integration



<https://www.genesisprimecare.org/about-us>

Dental Health Screener



DENTAL ANXIETY & EXPERIENCE SURVEY

At my last dental appointment, I felt?

_____ I was totally relaxed during the treatment.

_____ I was nervous but, nevertheless, the treatment was carried out successfully.

_____ I was nervous; the treatment could only barely be just be carried out.

_____ I was so frightened and nervous that:

a) Treatment was very difficult. (severely frightened)

Physical Environment



<https://serenityslidingdoor.com/healthcare/>



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Question and Answer

To Explore More Industry-Leading Research

Resource Library

We publish white papers, research reports, briefs, articles, posters, infographics, and tools on topics ranging from adult dental benefits to teledentistry. Use the filters below to find resources by type or topic.

Search by Keyword: Filter by Topic: Filter by Type:

Title	Topic	Type
Improving Care Coordination Between Oral and Medical Providers	Care Coordination	Video
Veteran Oral Health: Expanding Access and Equity	Expanding Access	White Paper
2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

www.carequest.org/education/resource-library

Missed Connections
Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

Webinar Evaluation

Complete the **evaluation by Friday, January 20** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

February 16: Advancing Population Health: Four Presentations from 2022 APHA Oral Health Student Awardees at 7–8 p.m. ET

February 23: Best Practices and Innovative Approaches to Strengthen School-Based Dental Sealant Programs at 7–8 p.m. ET

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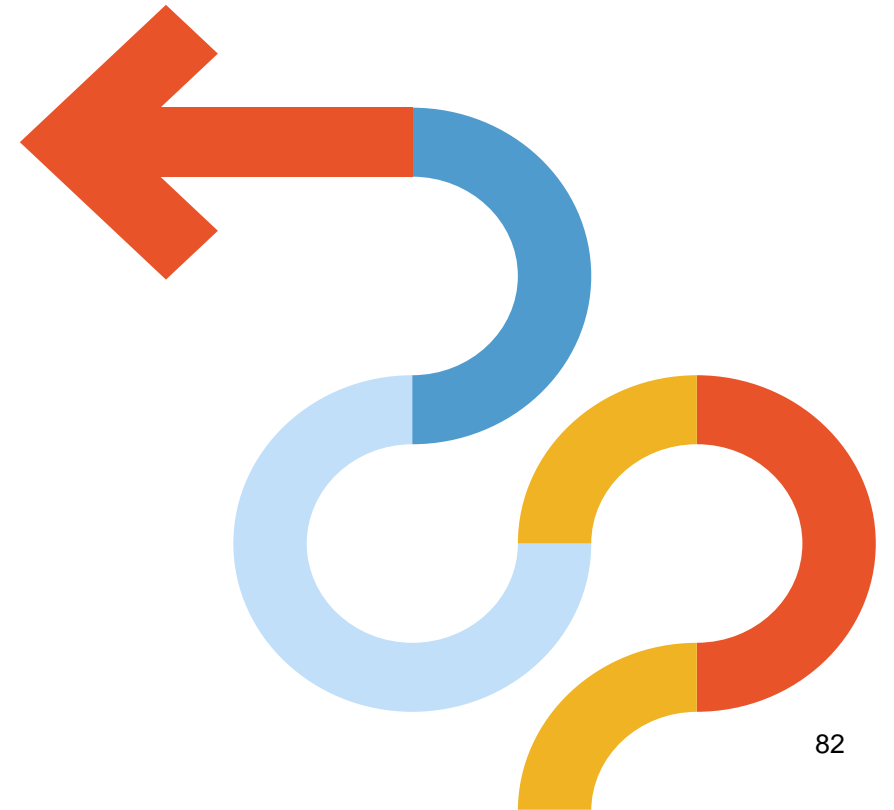
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