Trauma-Informed Care: Creating a Psychologically Safe Environment in the Dental Setting

January 23, 2025

CareQuest Institute for Oral Health®

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- 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.
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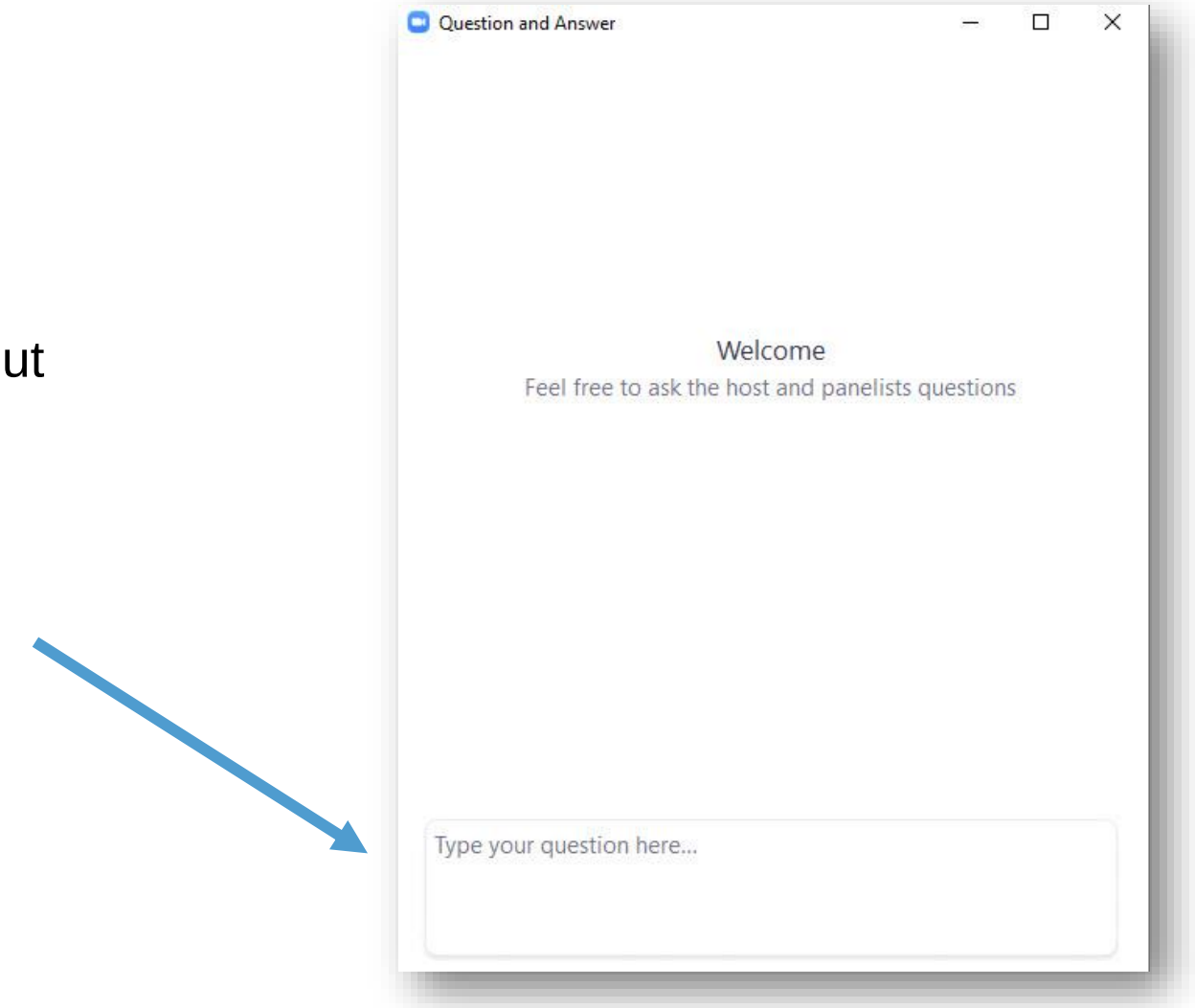
Question & Answer Logistics

- 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.



CareQuest Institute for Oral Health

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Webinar

Trauma-Informed Care:

Creating a Psychologically Safe Environment in the Dental Setting

Thursday, January 23, 2025

7-8 p.m. ET

ADA CERP Credits: 1

Moderator & Presenter

Aniela Brown, MSW
Trauma Informed Care Program Director,
Texas Association of Community Health Centers

Presenter

Mana Mozaffarian, DMD
Integration Consulting Dentist,
Former Chief Dental Officer of Pennsylvania

Poll Questions

1. **How often do you encounter patients who seem to exhibit signs of trauma or high anxiety?**

    - Frequently
    - Occasionally
    - Rarely
    - Never

2. **Have you received formal training on trauma-informed care?**

    - Yes, through professional courses or certifications.
    - Yes, through informal workshops or self-study.
    - No, I have not received training.

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Learning Objectives

- Define the principles of trauma-informed care (TIC).
- Identify how trauma can manifest in both patients and dental team members.
- Demonstrate practical strategies to create psychologically safe environments that can reduce patient anxiety and improve workplace culture.
- Evaluate the benefits of implementing TIC principles in dental practices, including improved patient outcomes and staff wellness.

Trauma-Informed Care: Creating a Psychologically Safe Environment in the Dental Setting

Aniela Brown, Aniela Brown, MSW
Trauma Informed Care Program Director
Texas Association of Community Health Centers

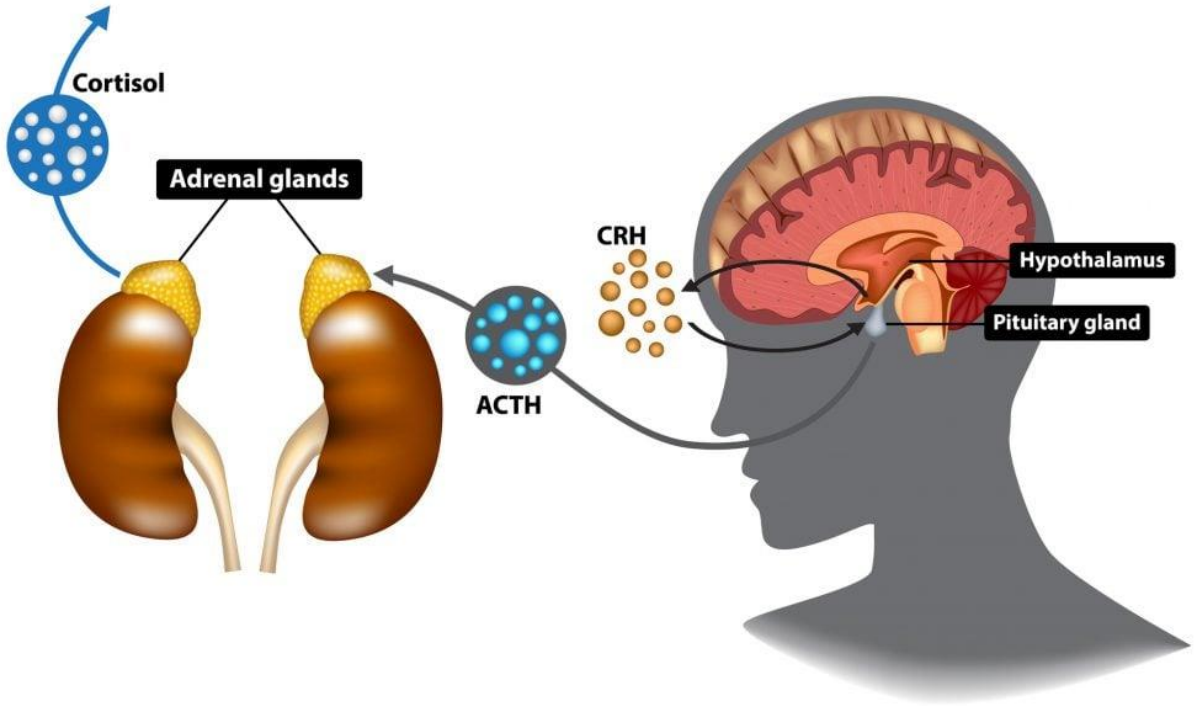
Trauma Defined

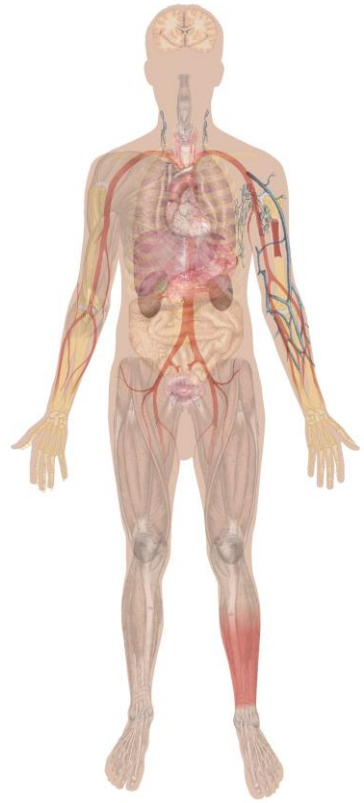
- Event(s)
- Experienced directly or witnessed
- Harmful or life threatening
- Lasting adverse effect(s)
- Impactful to overall wellbeing

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

- Acute
- Chronic
- Complex
- Historical
- Systemic

System-Level Impacts





Alarm!

Stress Hormones

Body-Wide Changes

Stress Responses for Safety

Varied expressions by individuals based on experience.

There's More to the Story

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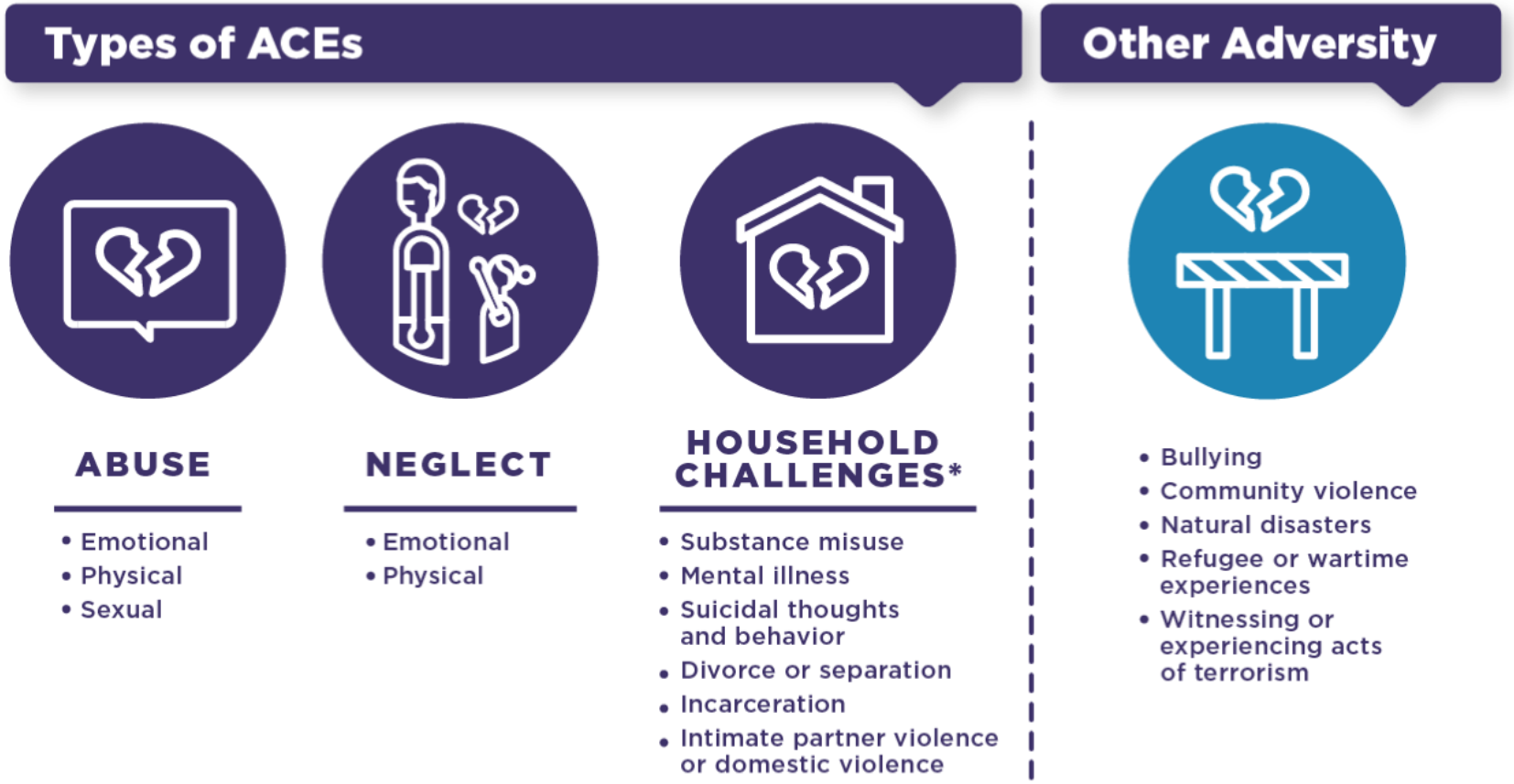
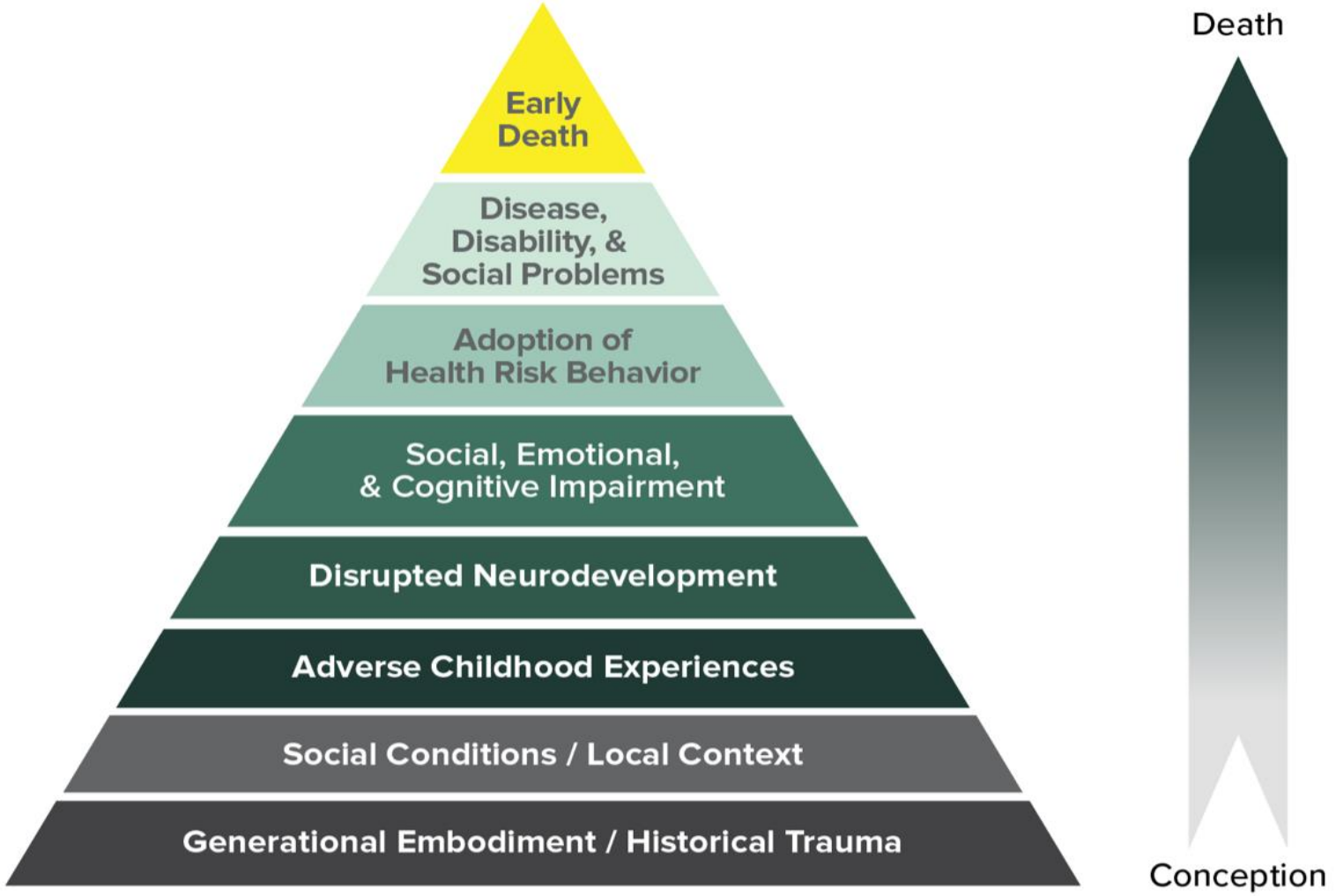


* The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.

Ref: CDC (2024), Adverse Childhood Experiences Resources-Presentation Graphics



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

Ref: CDC (2021), About the CDC-Kaiser ACE Study

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

Impacts across the Lifespan

CHRONIC HEALTH CONDITIONS

- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity

MENTAL HEALTH CONDITIONS AND SUBSTANCE USE DISORDERS

- Depression
- Substance use disorder including alcohol, opioids, and tobacco

HEALTH RISK BEHAVIORS

- Smoking
- Excessive alcohol use
- Substance misuse
- Physical inactivity
- Risky sexual behavior
- Suicidal thoughts and behavior

SOCIAL OUTCOMES

- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

Ref: CDC (2024), Adverse Childhood Experiences Resources-Presentation Graphics

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- Healing happens in relationships.
- Adversity is not destiny.
- Effects can be mitigated.
- Impact may create a layering effect.

Adapted from (c) 2013, ACE Interface, The Progressive Nature of Adversity in the Life-Course

What Hurts?

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Organizational Level

- **Patients having to retell their story**
- **Being treated as a number**
- **Discussing patients based on their diagnosis or engagement status**
- **Exclusion from treatment decisions**
- **Practices that exclude others**
- **Disregarding cultural humility**
- **“-ism” or bias**

Interpersonal Level

- **Not feeling appreciated for work**
- **Doing for not with**
- **Siloed workflows and feedback mechanisms**
- **Microaggressions**
- **Non-inclusive language and messaging**
- **Perpetuation of power dynamics**

Expression in Patients

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- 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

Expression in Staff

- Increased absenteeism
- Higher turnover rates
- Not meeting performance expectations
- Low morale
- Increased tension on teams
- Breakdowns in communication
- Compassion fatigue
- Burnout
- Secondary traumatic stress

Trauma-Informed Care (TIC)

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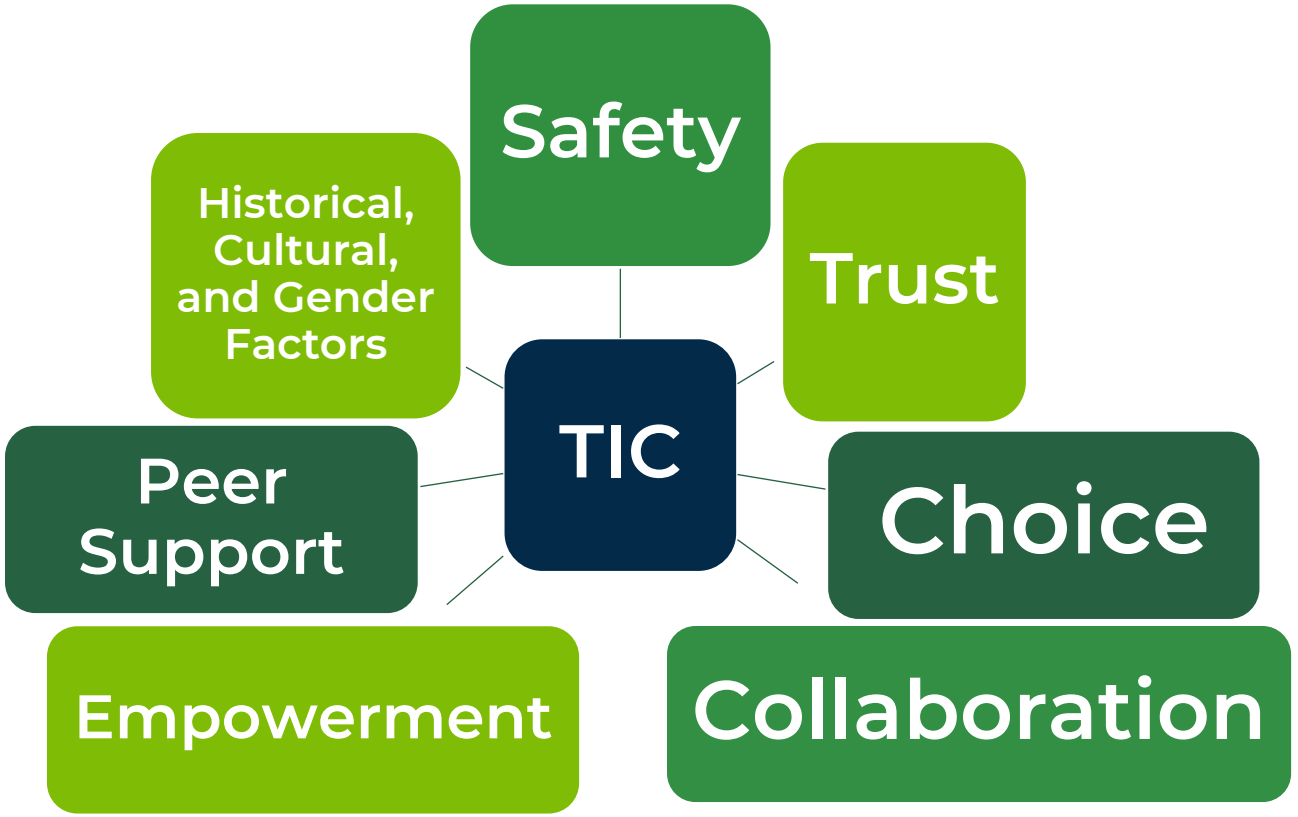
The intentional and long-term commitment to healing and resilience.

- **Structured Framework**
- **Strength-Based Approach**
- **Recognition of Impacts**
- **Universal Safety**
- **Opportunity to Rebuild**

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

TACHC TIC Pillars

Demonstration of change through practical application and integration.



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

Practical Strategies for Safety

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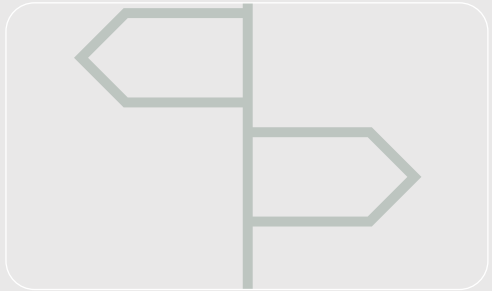
Considerations for TIC implementation across all roles in all organizations.

Physical Environment

Create a calm, soothing office environment

Avoid stressful TV programs

Include plants & nature scenes



Offer Choice

Provide options when safe and appropriate

Be flexible to including a support person

Discuss the angle of the chair and door

Strength-Based

Individual is the expert

Language is patient-centered

Treatment plans are forward-focused and goal-oriented

Universal Precautions

Disclosure of history is not required

Shift from “What is wrong with you” to “What happened to you”

The Best Dentist Ever

“And I think just because we talked to him the whole way through, and I stopped and addressed his concerns as we went through that he looked at it in the exact opposite of what I expected him to. And I was pleasantly surprised."

Aniela Brown, MSW
Trauma Informed Care Program Director
Texas Association of Community Health Centers
abrown@tachc.org

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Trauma-Informed Care (TIC)

A Potential Health Equity Instrument

Mana Mozaffarian, DMD

Consulting Dentist

Image Credit: SpiralUp.org

Presentation Disclaimer

- Presentation contains images (some are stock images) and stories that may trigger unexpected feelings, emotions or memories.
  - Please do not hesitate to leave, look away or any reaction that is best for you.

- Presentation also contains images and stories that may be perceived as political, though they are only in the context of lived experiences.
  - Please do not hesitate to do what's best for you, if you find the information uncomfortable.

Note: Feedback is always welcomed and appreciated in considering changes to reduce triggers (when possible).

How might this person behave during routine healthcare appointments?

They are:

- Well-educated in the importance of mental and physical health
- Diagnosed with multiple chronic diseases that require monitoring/care

- Respectful of all healthcare providers and staff
- Follow rules and regulations

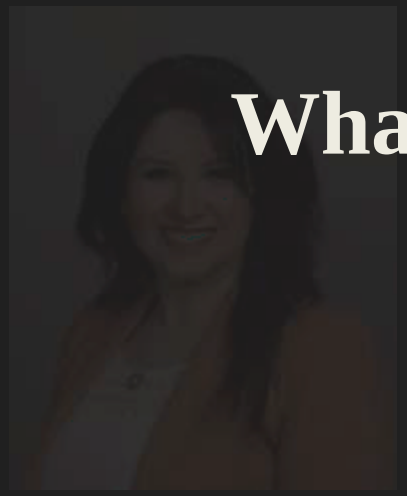
This patient avoids ALL routine healthcare appointments
(Only seeks life threatening care or international care)

Professional experiences: Chief Dental Officer, Dental Director, Professor, etc.

Personal/Professional passion: Health equity and justice, systems level Integration of mental health into physical health

Personal background (aka lived experiences): ???

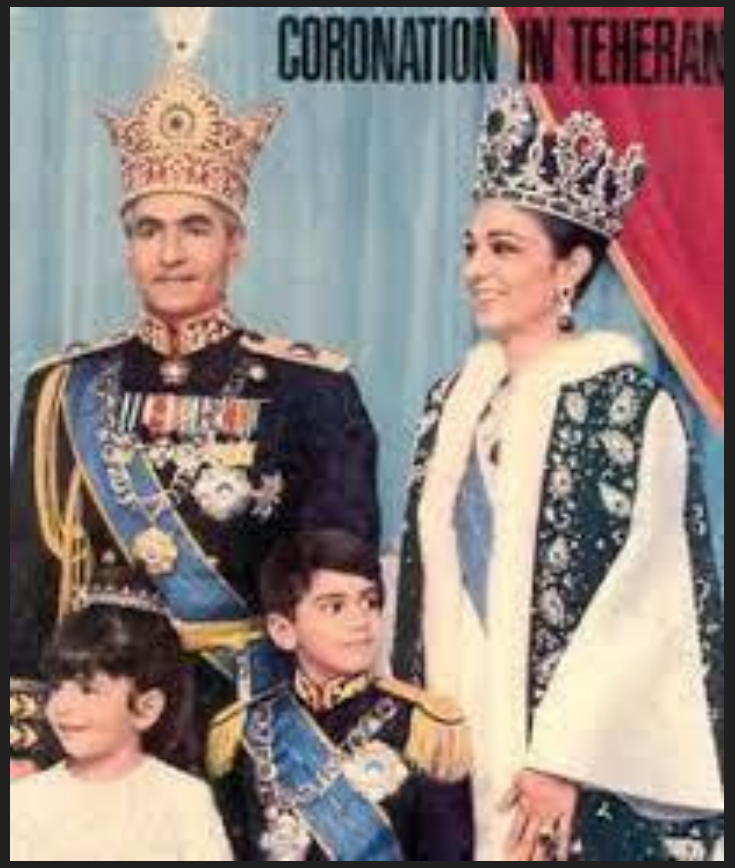
What in a lifetime can cause avoidance/anxiety of healthcare appointments?



Avoids routine care
Developed chronic medical conditions

Denta
Anxious

Year: 1979
Location: ?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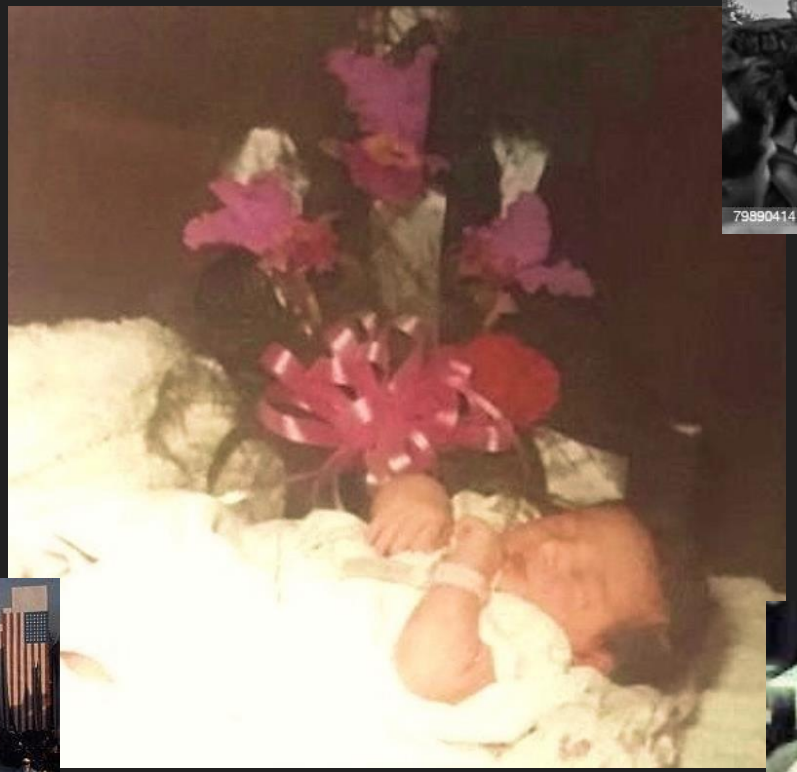


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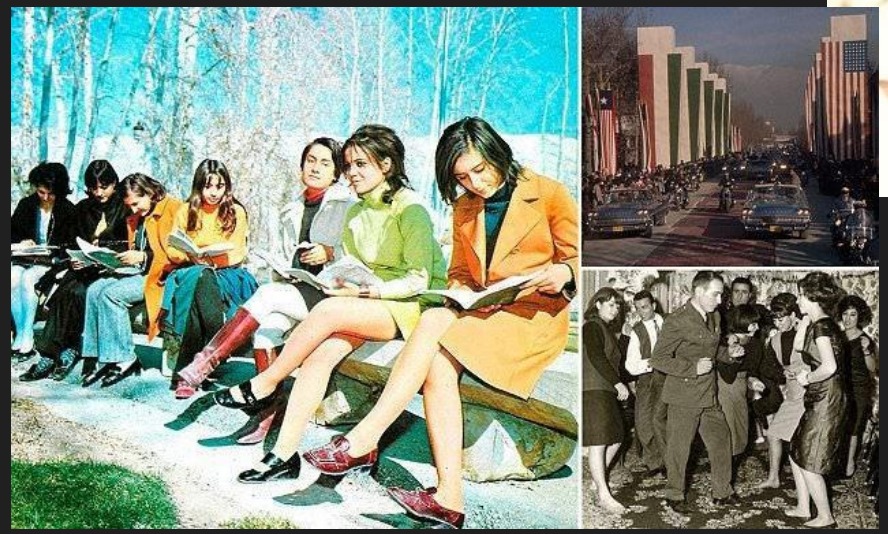
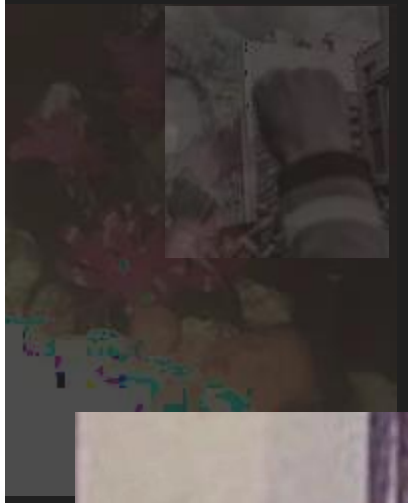
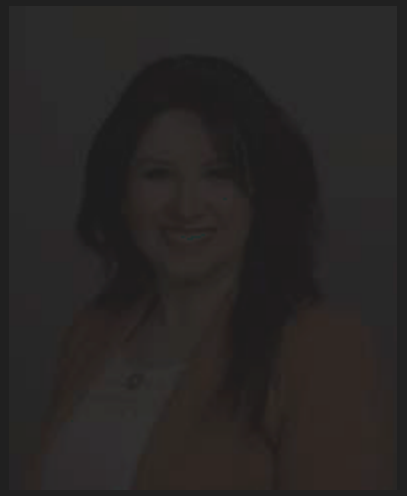
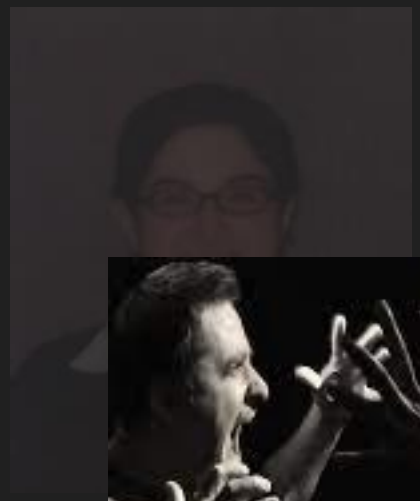






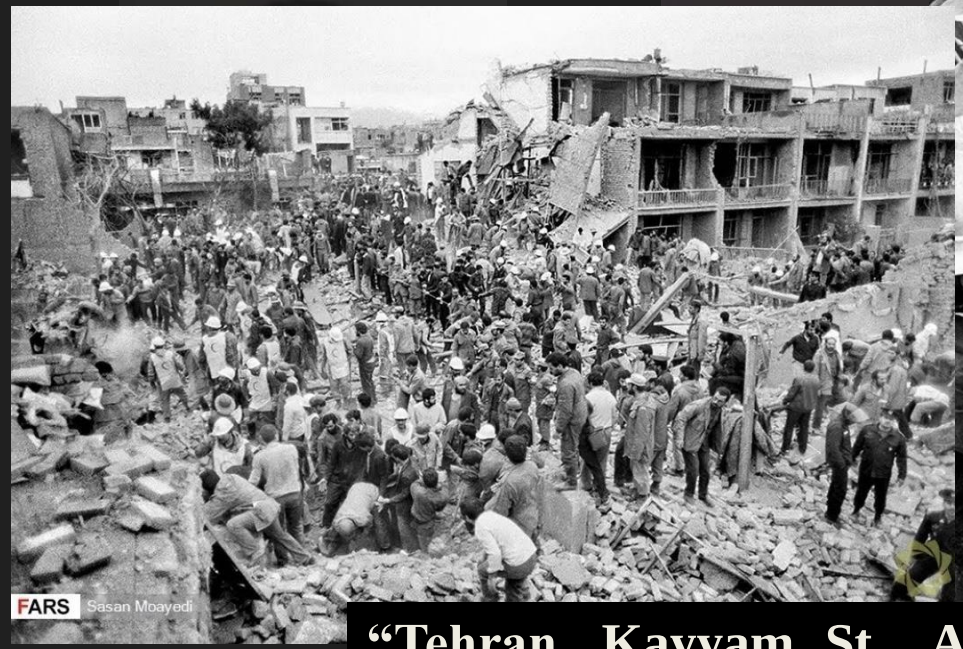
Avoids routine care
Developed chronic medical conditions



Unexplained

First birthday post-divorce/"loss"

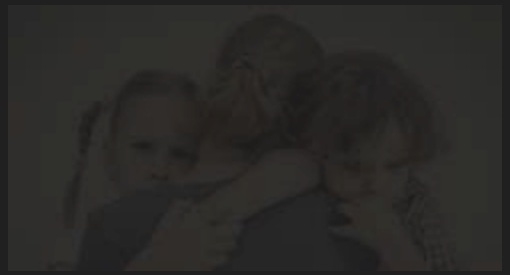
Family Violence and Neglect



“Tehran, Kayyam St., April 17, 1988 – People and aid workers carrying out operations to search for and rescue citizens wounded in Iraqi air raids.

First birthday post-divorce/”loss”

Family Violence and Neglect



https://ifpnews.com/40-photos-40-memories-iran-iraq-war-on-40th-anniversary/amp/

COMING TO AMERICA

Mental Health & Trauma

CDC Rates of Mental-Related Conditions in the U.S.

Children aged 3-17 years, in 2016-19:

- ADHD **9.8%** (approximately 6.0 million)
- Anxiety **9.4%** (approximately 5.8 million)
- Behavior problems **8.9%** (approximately **5.5 million**)
- Depression **4.4%** (approximately **2.7 million**)

Adolescents aged 12-17 years in 2018-2019:

- **15.1%** had a major depressive episode.
- **36.7%** had persistent feelings of sadness or hopelessness.
- **4.1%** had a substance use disorder.
- **1.6%** had an alcohol use disorder.
- **3.2%** had an illicit drug use disorder.
- **18.8%** seriously considered attempting suicide.
- **15.7%** made a suicide plan.
- **8.9%** attempted suicide.
- **2.5%** made a suicide attempt requiring medical treatment.

Source: Centers for Disease Control and Prevention

CDC Rates of Mental-Related Conditions in the U.S. Cont.

Adults aged 18 and over

- **Regular feelings of worry, nervousness, or anxiety: 11.7%**
- Regular feelings of depression: **4.8%**
- Number of visits to physician offices with mental disorders as the primary diagnosis: **57.2 million**
- Number of visits to emergency departments with mental disorders, behavioral, and neurodevelopmental as the primary diagnosis: **6.2 million**
- Number of suicide deaths: **48,183**
- Suicide deaths per **100,000 population: 14.5**
- Among **26,174 respondents, 53.0%** reported symptoms of at least one mental health condition in the preceding 2 weeks, including depression **(32.0%),** anxiety **(30.3%),** PTSD **(36.8%),** or suicidal ideation **(8.4%).**
- **61% of adults** had at least one Adverse Childhood Experience (ACE) and **16% had 4 or more types of ACEs.**
- Females and several racial/ethnic minority groups were at greater risk for experiencing **4 or more ACEs.**

What Exactly is Mental Trauma?

Substance Abuse and Mental Health Services Administration (SAMHSA):

- "an event or circumstance resulting in **physical harm, emotional harm, and/or life-threatening harm**… with lasting effects on the individual's **mental health, physical health, emotional health, social well-being, and/or spiritual well-being**"

Centers for Disease Control and Prevention (CDC):

"…Traumatic events are characterized by a **sense of horror, helplessness, serious injury, or the threat of serious injury or death**. Traumatic events affect *survivors, rescue workers, and friends and relatives* of victims who have been directly involved. In addition to potentially affecting those who suffer injuries or loss. They may also affect people who have witnessed the event **either firsthand or on television."**

https://www.samhsa.gov/trauma-violence https://www.cdc.gov/masstrauma/factsheets/professionals/coping_professional.pdf

Body's Response to Physical and/or Mental Trauma

- **Sympathetic nervous system** activation-commonly known as the **"Fight or Flight"** Response

  - ***Cascades of chemical reactions:*** Norepinephrine(NE) and Epinephrine(E) are released into the body
  - ***Resulting in:***
    - contraction of smooth and cardiac muscles cells leading to vasoconstriction, **increased blood pressure** and **heart rate**, cardiac output, **skeletal muscle blood flow**, increased sodium retention, increased glucose levels (due to glycogenolysis and gluconeogenesis), lipolysis, **increased oxygen consumption (impacts breathing)**, and thermogenesis. It also leads to reduced intestinal motility, cutaneous vasoconstriction, bronchiolar dilatation.

- **Lesser-known reactions of "Freeze" and "Fawn"**

- **Last step:** The brain tries to remember certain aspects of the event (sounds, environment, etc.) to assess future potential threat more quickly.

Brianna Chu; Komal Marwaha; Terrence Sanvictores; Derek Ayers. "Physiology, Stress Reaction". National Institute of Health (NIH), Sept 12, 2022 Karin Roelofs. "Freeze for action: neurobiological mechanisms in animal and human freezing". National Institute of Health (NIH). Feb 27, 2017.

Post Traumatic Stress Disorder (PTSD) Definition

National Institute of Mental Health:

“Post-traumatic stress disorder (PTSD) *can* develop after exposure to a potentially traumatic event that is beyond a typical stressor. Events that may lead to PTSD include, but are not limited to, violent personal assaults, natural or human- caused disasters, accidents, combat, and other forms of violence. Exposure to events like these is common. About one half of all U.S. adults will experience at least one traumatic event in their lives, but most do not develop PTSD. People who experience PTSD may have persistent, frightening thoughts and memories of the event(s), **experience sleep problems, feel detached or numb, or may be easily startled**. In severe forms, PTSD can significantly impair a person's ability to function at work, at home, and socially.”

https://www.nimh.nih.gov/health/statistics/post-traumatic-stress-disorder-ptsd

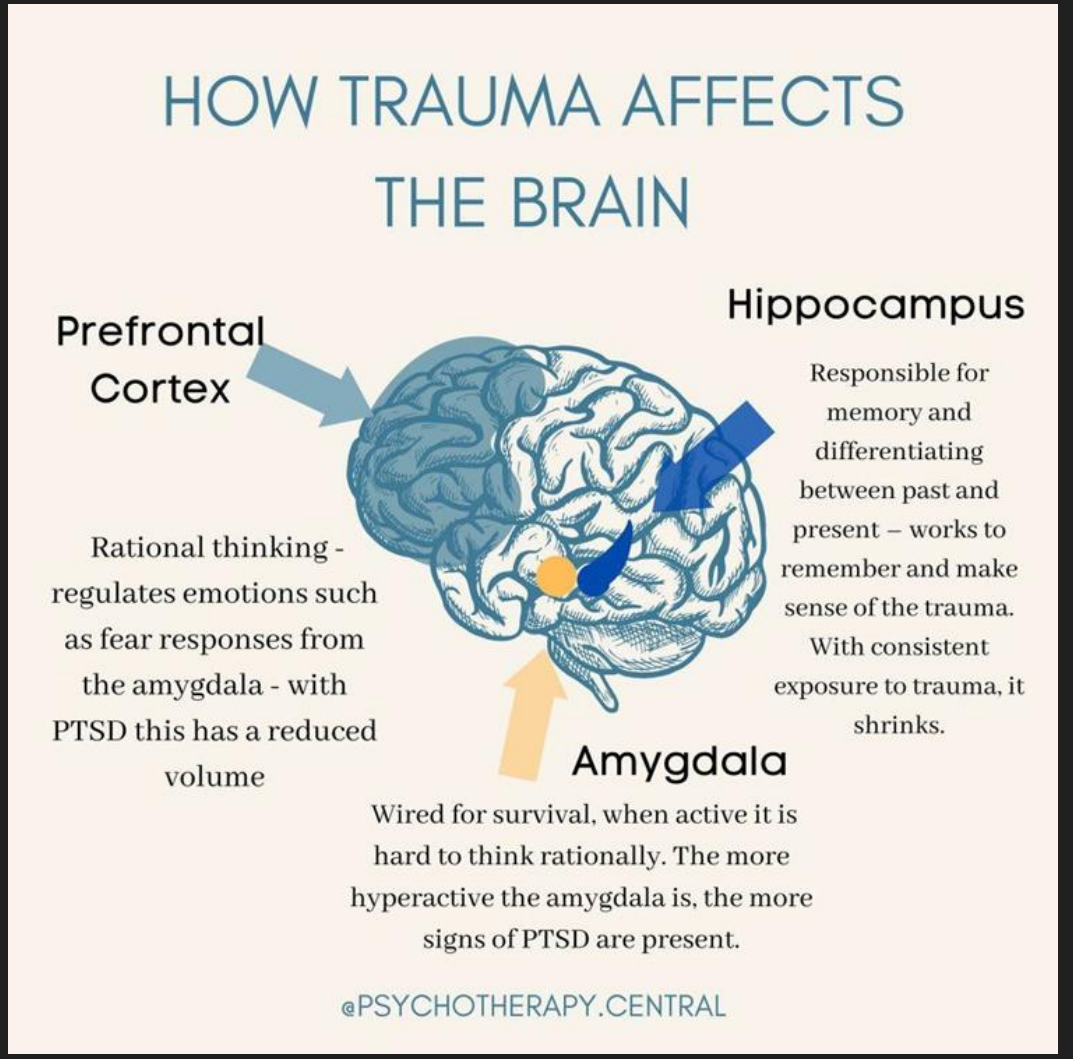
POTENTIAL Brain Function Changes

Brain has a protective survival need to quickly assess potential future threats to eliminate or minimize harm.

During and after the traumatic event if a trigger (sound, environment, etc.) is observed (real or perceived threat), the Amygdala, aka ”fear center” (the faster acting, less thinking/less rational area of the brain) takes over.

- The **physiological response is initiated** (inc. heart rate, etc.)
- And the **Prefrontal Cortex (the rational/thinking /emotion regulating area)** becomes difficult to access.

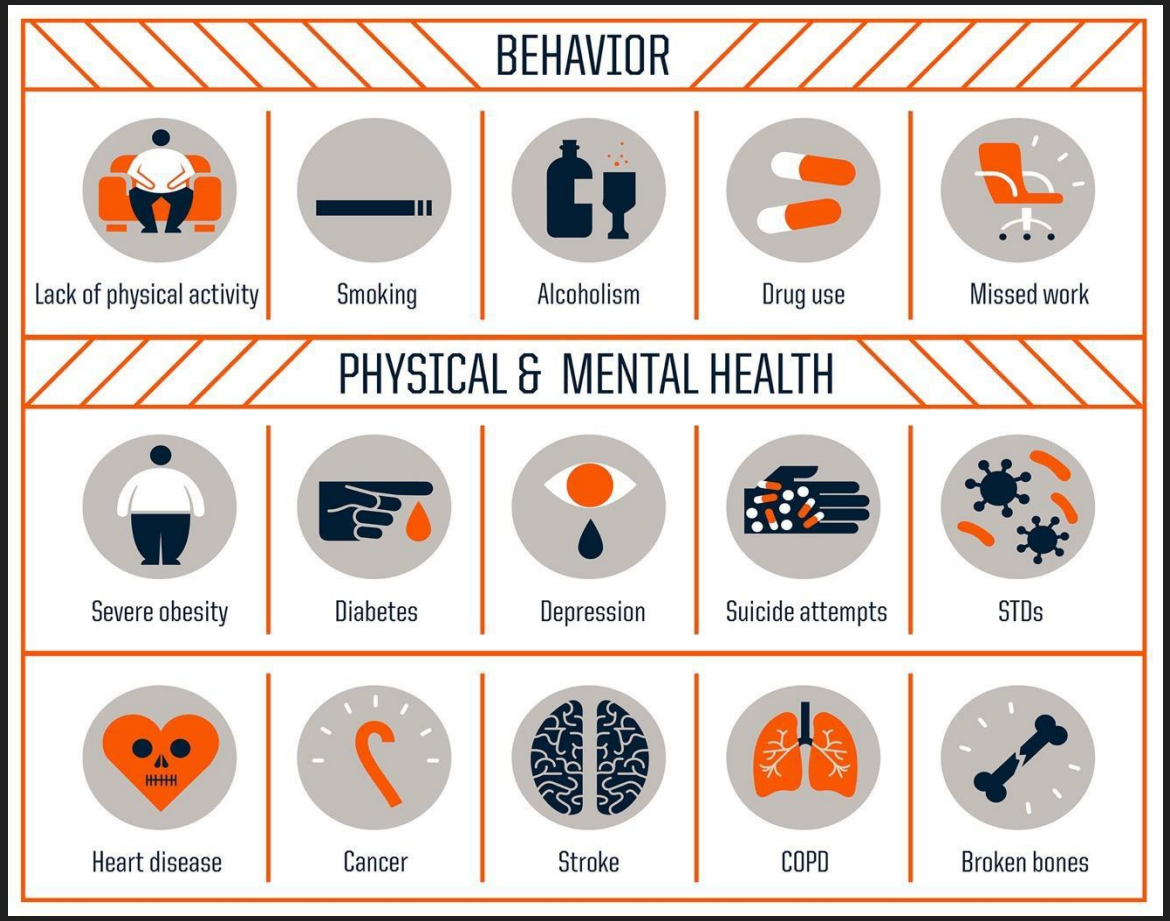
The more significant and repeated the traumatic events, the more the **Hippocampus (the memory center)** struggles with differentiating the present from the past.



https://www.nimh.nih.gov/health/statistics/post-traumatic-stress-disorder-ptsd

Health Risks of Adverse Childhood Experiences (ACEs)

"… and affect how the body responds to stress…"

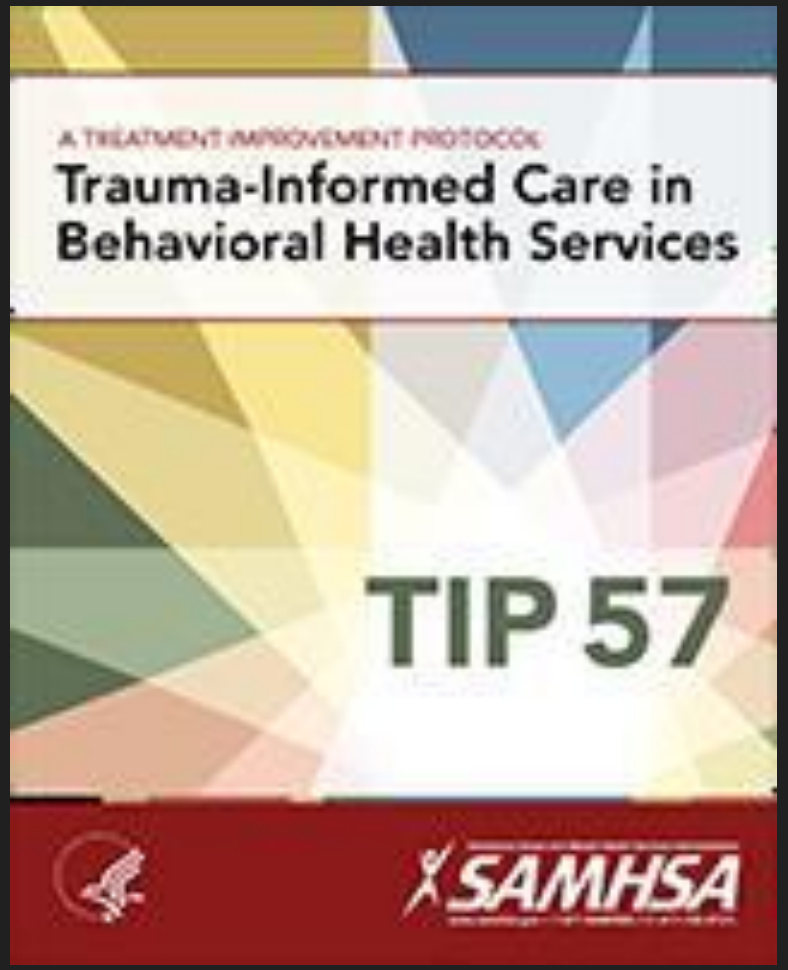


Source: Centers for Disease Control and Prevention

What is trauma-informed care? (And what it isn’t!)

Trauma-Informed Care (TIC) (in Behavioral Health)

”… **front-line professionals** and community-based programs can begin **to build a trauma-informed *environment*** across the continuum of care. Key steps include meeting client needs **in a safe, collaborative, and compassionate manner; *preventing treatment practices that retraumatize*** people with histories of trauma who are seeking help or receiving services; **building on the** strengths and ***resilience*** of ***clients in the context of their environments and communities***; and endorsing trauma-informed principles in agencies **through support, consultation, and supervision of staff.”**



https://www.ncbi.nlm.nih.gov/books/NBK207195/#part1_ch1.s5

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical , and Gender Issues

Four "R's":

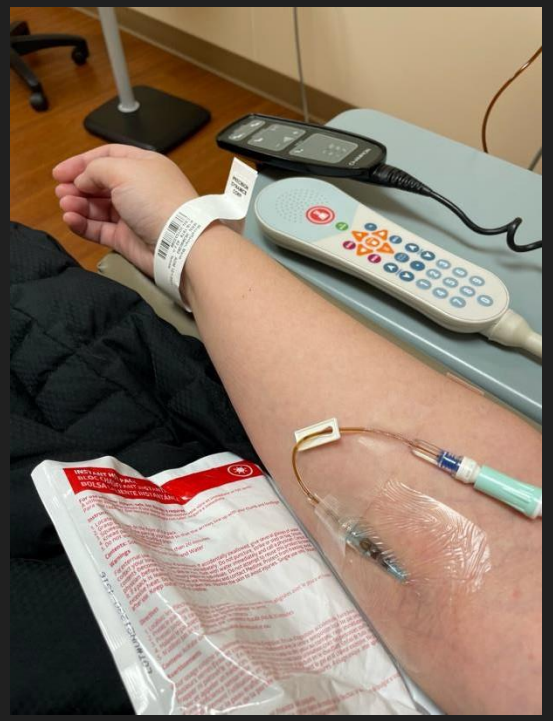
1. Realize
2. Recognize
3. Respond
4. Resist Retraumatization

TEN IMPLEMENTATION DOMAINS

1. Governance and Leadership
2. Policy
3. Physical Environment
4. Engagement and Involvement
5. Cross Sector Collaboration
6. Screening, Assessment, Treatment Services
7. Training and Workforce Development
8. Progress Monitoring and Quality Assurance
9. Financing

Overwhelmed yet?

The need for UNIVERSAL Trauma-Informed Protocols



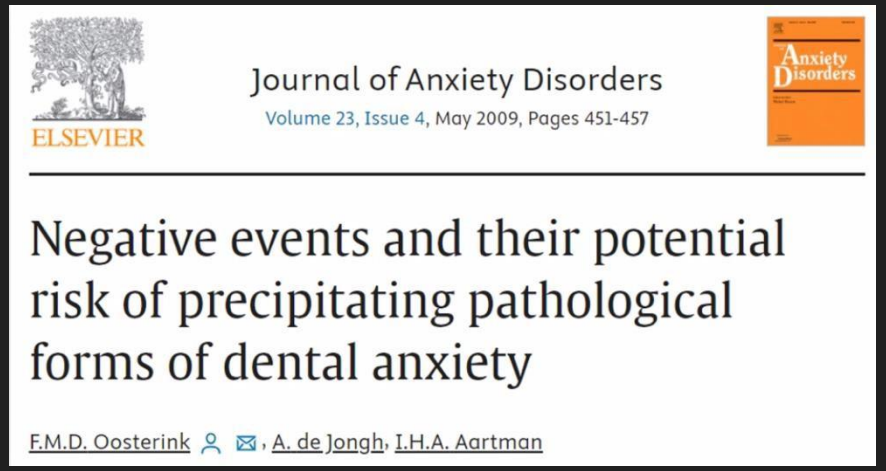
Understanding Pain (Physical vs Perceived)
(International Association for the Study of Pain-IASP)

Definition: "An unpleasant sensory and emotional experience associated with, or Resembling that Associated with actual or potential tissue damage" with 6 key contextual comments:

- Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.
- Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons.
- Through their life experiences, individuals learn the concept of pain.
- **A person's report of an experience as pain should be respected.**
- Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.
- Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain.

https://www.iasp-painorg/publications/iasp-news/iasp-announces-revised-definition-of-pain/

Pain and Dental Fear



ELSEVIER

Journal of Anxiety Disorders

Volume 23, Issue 4, May 2009, Pages 451-457

Negative events and their potential risk of precipitating pathological forms of dental anxiety

F.M.D. Oosterink, A. de Jongh, I.H.A. Aartman

OXFORD

Social Cognitive and Affective Neuroscience, 2019, 747–757

doi: 10.1093/scan/nsz047

Advance Access Publication Date: 25 June 2019

Original article

Predictability modulates the anticipation and perception of pain in both self and others

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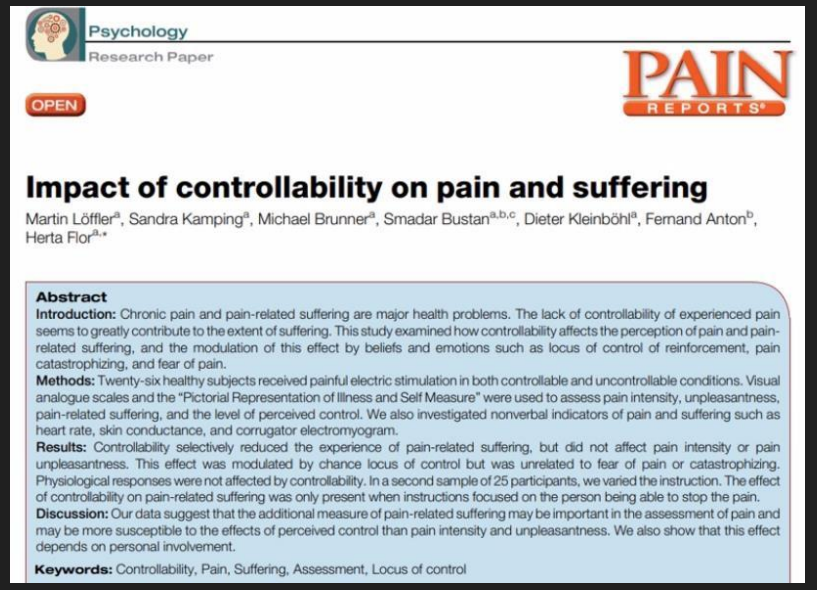
Abstract

Predictability has been suggested to modulate both the anticipation and perception of self-pain. Considering the overlapping neural circuits between self-pain and other-pain perceptions, the present study investigated how the predictability of forthcoming pain modulates the anticipation and perception of self-pain and other-pain. We used a balanced, within-participant experimental design in which a visual cue indicating the recipient, intensity and predictability of an upcoming painful electrical stimulation was presented before its delivery. Subjective ratings and electroencephalography activities to the anticipation and perception of self-pain and other-pain were recorded and compared between certain and uncertain conditions. Results showed that predictability affected the perception of self-pain and other-pain in a similar manner such that the differences in behavioral ratings and event-related potentials to high-intensity and low-intensity pain were significantly reduced when the intensity was uncertain. The strengths of predictability-induced modulation of self-pain and other-pain perceptions were positively correlated with each other. Furthermore, predictability also modulated the anticipation of both self-pain and other-pain such that pre-stimulus high-frequency α-oscillation power at sensorimotor electrodes contralateral to the stimulation side was maximally suppressed when anticipating certain high-intensity pain. These findings demonstrate that predictability-induced modulation on pain anticipation and perception was similarly applied to both self-pain and other-pain.



Psychology

Research Paper

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PAIN REPORTS

Impact of controllability on pain and suffering

Martin Löffler[a], Sandra Kamping[a], Michael Brunner[a], Smadar Bustan[a,b,c], Dieter Kleinböhl[a], Fernand Anton[b], Herta Flor[a,*]

Abstract

Introduction: Chronic pain and pain-related suffering are major health problems. The lack of controllability of experienced pain seems to greatly contribute to the extent of suffering. This study examined how controllability affects the perception of pain and pain-related suffering, and the modulation of this effect by beliefs and emotions such as locus of control of reinforcement, pain catastrophizing, and fear of pain.

Methods: Twenty-six healthy subjects received painful electric stimulation in both controllable and uncontrollable conditions. Visual analogue scales and the "Pictorial Representation of Illness and Self Measure" were used to assess pain intensity, unpleasantness, pain-related suffering, and the level of perceived control. We also investigated nonverbal indicators of pain and suffering such as heart rate, skin conductance, and corrugator electromyogram.

Results: Controllability selectively reduced the experience of pain-related suffering, but did not affect pain intensity or pain unpleasantness. This effect was modulated by chance locus of control but was unrelated to fear of pain or catastrophizing. Physiological responses were not affected by controllability. In a second sample of 25 participants, we varied the instruction. The effect of controllability on pain-related suffering was only present when instructions focused on the person being able to stop the pain.

Discussion: Our data suggest that the additional measure of pain-related suffering may be important in the assessment of pain and may be more susceptible to the effects of perceived control than pain intensity and unpleasantness. We also show that this effect depends on personal involvement.

Keywords: Controllability, Pain, Suffering, Assessment, Locus of control

- "Experiencing pain and helplessness, have the greatest potential risk for precipitating dental fear"
- "Predictability modulates the pain experience"
- "Feeling in control reduces the pain experience"

Trauma-Informed Recommendations in the Dental Settings (1)

(*As identified and organized by M. Mozaffarian, DMD)

Comprehensive Delivery of Care Model Changes:

- Trauma-informed & Motivational Interviewing training for the entire dental team
- Include mock practices whenever possible
- Establish a mental health care-coordination protocol (avoid referrals without care-coordination & follow-ups)
  - Add basic mental health screenings when ready
- Provide consistency whenever possible (e.g. Primary Dental
- Provider (PDP) assignments unless the patient requests change)
- Offer Minimally Invasive Procedures
- Schedule & PROMOTE a culture of 5-minute stretches and “shakes” to prevent physical injuries (from chronically activated sympathetic nervous system muscle spasm)

Few population specific considerations:

- Provide CERTIFIED translation services
  - Not only it’s the law, but consider human trafficking/domestic violence victims
- Gender/identity inclusive language on all forms & communication
- Avoid loud and sudden sounds throughout the clinic

Trauma-Informed Recommendations in the Dental Settings (2)

(*As identified and organized by M. Mozaffarian, DMD)

"Bite-size" changes to provide CONTROL/regulation to nervous system:

Before every appointment:

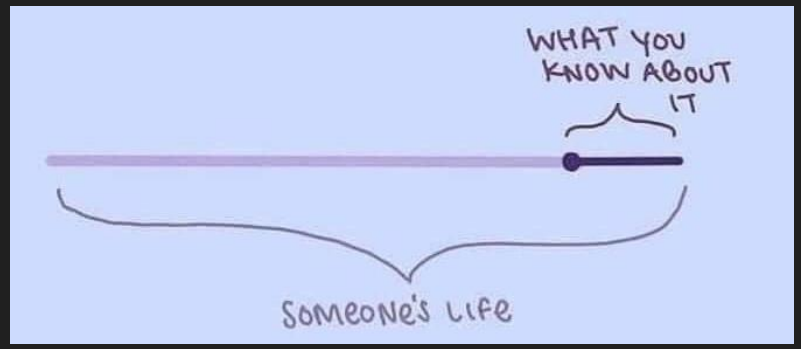
- Remind patients to bring in **objects (or support persons)** that gives them a sense of security or stress relive (stress balls, heavy blankets, etc.).
- Offer different resources on **therapies** (meditations, mental or somatic therapies) that are proven to settle the physiological responses.

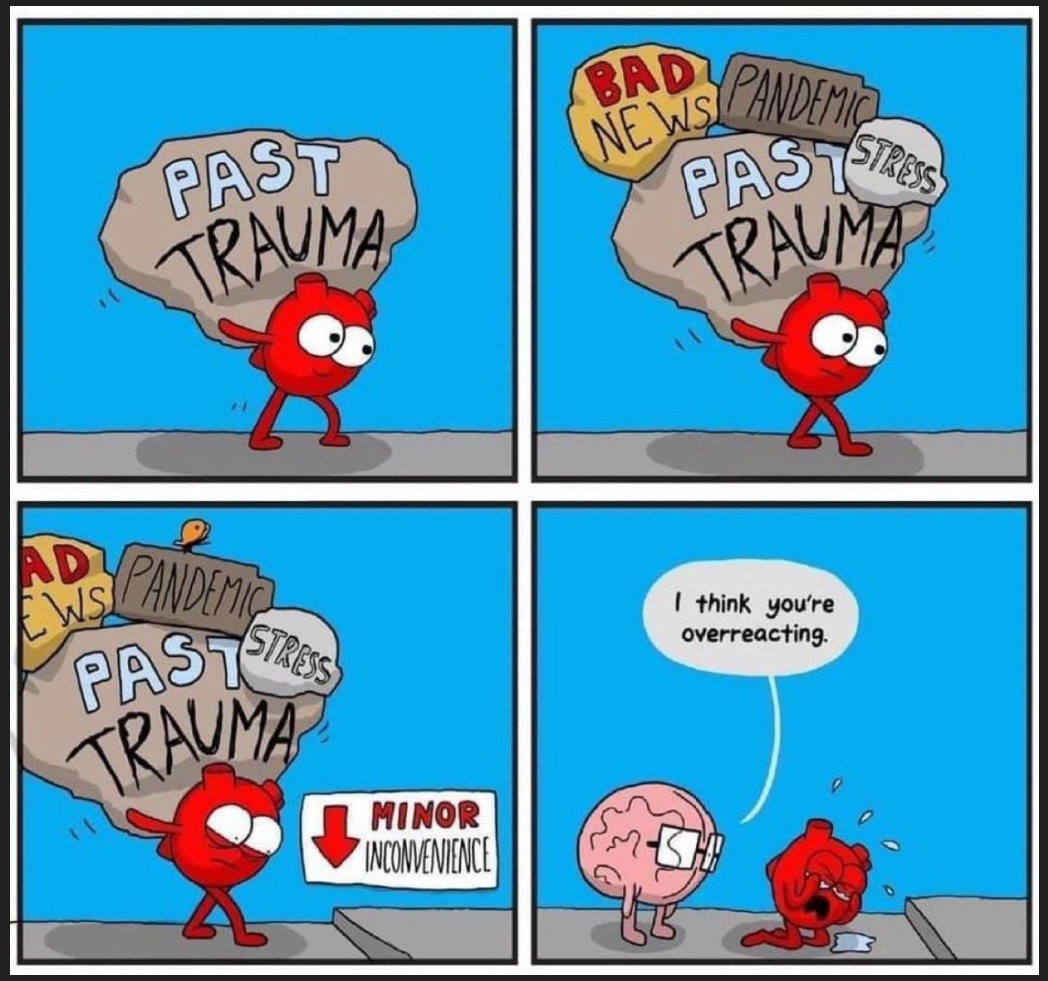
In the beginning of every appointment:

- Remind the patient that **they have control to stop the procedure** for any reason by raising their hand.
- When possible, offer them to **listen to the music or a program of their choice** (or offer earplugs).

During the appointment:

- **Avoid surprises and provide cues for the steps of the procedure that create different sensations** (e.g., Changing the angle of the chair or using an instrument that creates a different sound or vibrations)

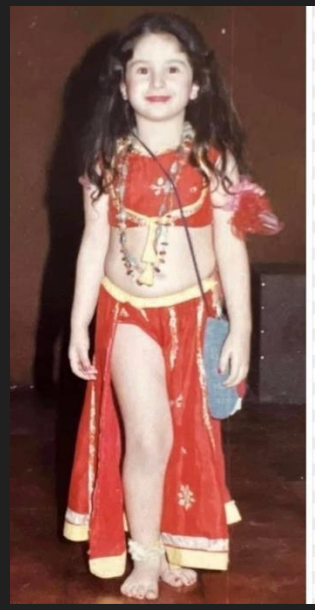

WHAT YOU KNOW ABOUT IT
SOMEONE'S LIFE


PAST TRAUMA
BAD NEWS
PANDEMIC
STRESS
PAST TRAUMA
PANDEMIC
STRESS
PAST TRAUMA
MINOR INCONVENIENCE
I think you're overreacting.

Resources

- SAMHSA’s Concept of Trauma and Guidance for Trauma-Informed Approach
- Key Ingredients for Successful Trauma-Informed Care Implementation
- CDC’s Building Trauma-Informed Communities
- Campaign for Trauma-Informed Policy and Practice (CTIPP)
- A Trauma-Informed Approach to Workforce by National Fund for Workforce Solutions
- International Association for the Study of Pain-IASP

Mana vs Moana

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Question and Answer

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Complete the evaluation by **Friday, January 31** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

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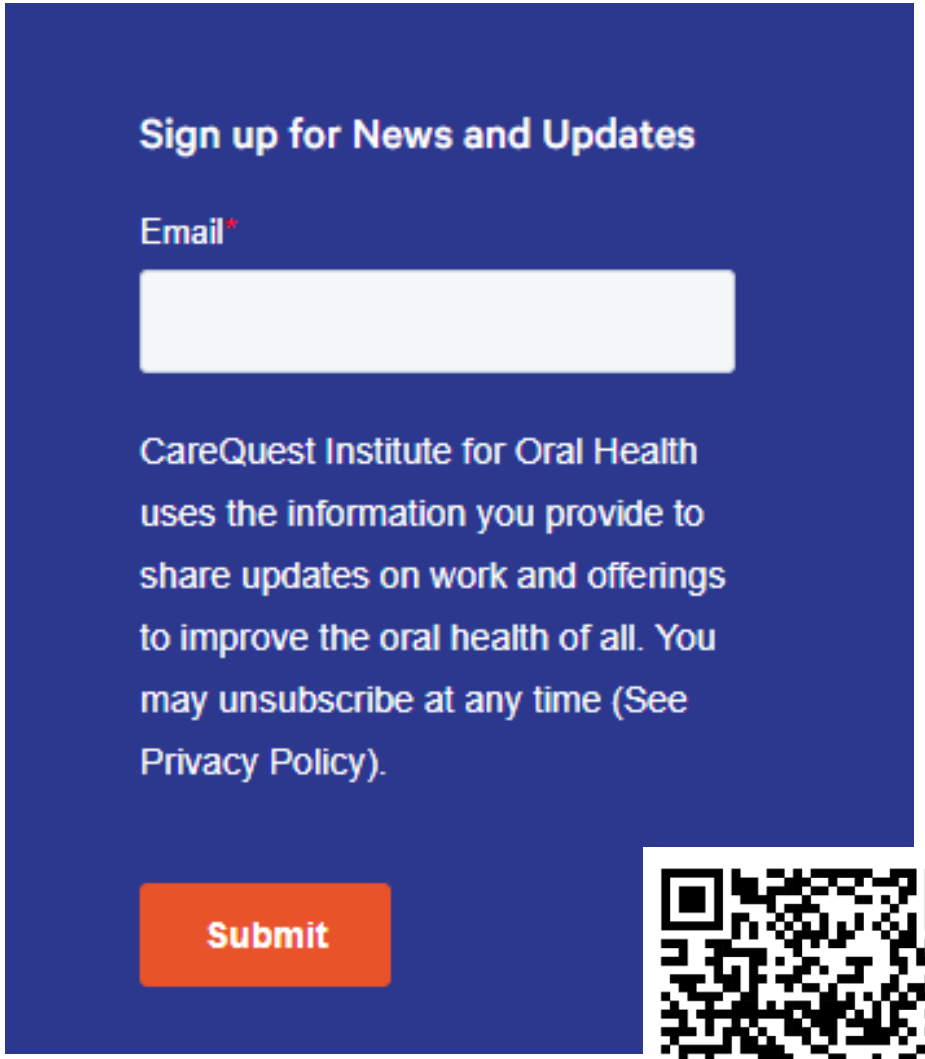
And we invite you to take a minute to sign up for our newsletter to get more information on future webinars!



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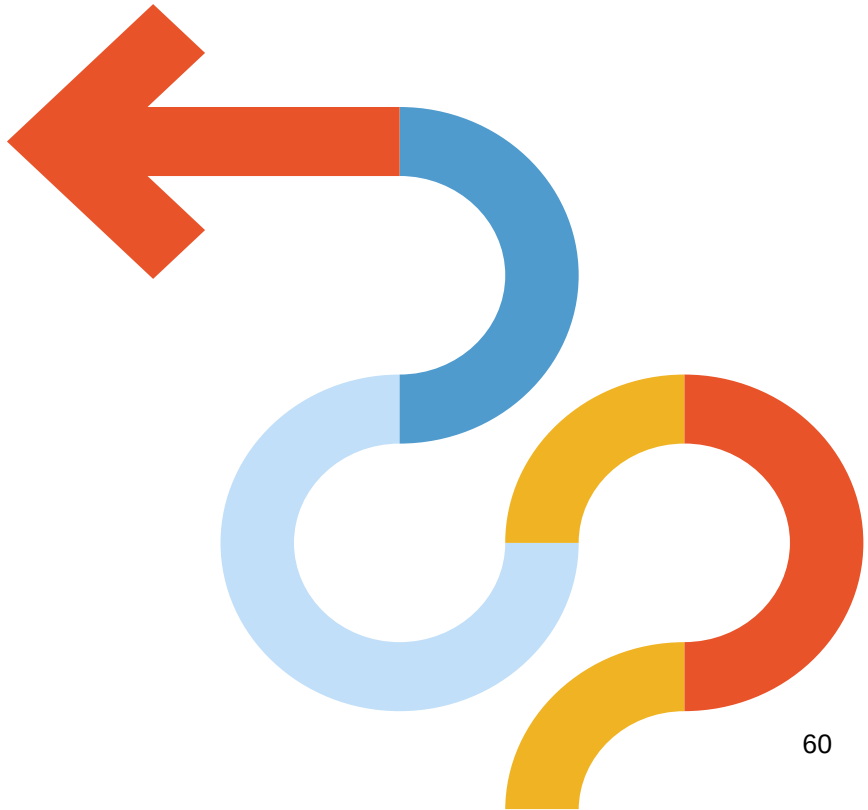

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