Trauma Survivors in Dental Settings: Trauma-Informed Practice and Universal Precautions

The Important Role of the Oral Health Professional

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Futures Without Violence Conference
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Violence against women occurs to women of all ages, cultures, socio-economic status, in all settings – it has no boundaries.

Report of the Federal Partners Committee on Women and Trauma, June, 2011
Scope of Issue

• One in six women will be sexually assaulted in her lifetime

• Girls between 16 and 19 are 4x more likely than boys to be a victim of rape, attempted rape or sexual assault

• More than 1,000 women are murdered every year by their partner

• An estimated 3-10 million children witness domestic violence every year

Report of the Federal Partners Committee on Women and Trauma, June, 2011

Andersen & Rodman, March, 2012
Violence and Gender

- Women and girls are most likely hurt by someone they know intimately.
- For women in the military, the greatest risk of harm is from fellow soldiers.
- For an adolescent girl, the greatest risk of harm is from someone she loves.

Report of the Federal Partners Committee on Women and Trauma, June, 2011
Trauma

• Trauma shapes and informs our interactions with ourselves and others, and view of the world

• It has a profound impact on our body, mind, and spirit

• Often resulting in isolation, disconnection, learned helplessness, humiliation, shame, rage, self-loathing, guilt, and adverse physical conditions, including addiction

Source: Adapted from the Transformation Center: Trauma and the Peer Movement (2008)
Trauma

• Traumatic events can be shocking and terrifying

• These events can include the human experience of interpersonal violence – including physical and sexual assault, domestic violence, child abuse or neglect and/or the witnessing of violence – institutionalization, acts of terror, disasters, or war

• Trauma often involves betrayal by a trusted person or institution

Source: Adapted from the Transformation Center: Trauma and the Peer Movement (2008)
Traumatic Event → Trust → Healing & Recovery
Trauma

“Traumatic reactions occur when action is of no avail

• When neither resistance nor escape is possible

• the human system of self-defense becomes overwhelmed and disorganized

Judith Lewis Herman, M.D. (1992). Trauma and Recovery (page 34)
Trauma

• Each component of the ordinary response to danger, having lost its utility

• tends to persist in an altered and exaggerated state long after the actual danger is over

• Traumatic events produce profound and lasting changes in
  • physiological arousal
  • Emotion
  • Cognition and memory.”

Judith Lewis Herman, M.D. (1992). Trauma and Recovery (page 34)
Trauma-Informed

For a trauma survivor to have the best experience in the office, medical and dental staff need to be “trauma-informed,” that is:

• To understand the emotional issues, expectations, and special needs someone may have in health care settings

• Survivors will come to understand and honor their concerns as normal responses that follow the experience of trauma

• Survivors will seek out ways they can feel more comfortable in health care settings

Source: Trauma Survivors in Medical and Dental Settings, Western Massachusetts Training Consortium, 2003

Andersen & Rodman, March, 2012
• Background
  • How it came to be
  • An interesting partnership emerged

• A collaborative effort of Kaiser Permanente and The Centers for Disease Control and Prevention
The Adverse Childhood Experiences (ACE) Study

• Largest Study of its kind (Public Health Crisis)

• Examining the health and society effects of childhood experiences throughout the lifespan

• 17,421 participants

• 1995-1997

• Majority of participants were
  50 or older (62%)
  White (77%)
  Had attended college (72%)

Women reported at least one childhood experience involving abuse, violence or family strife (66%)

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What Do We Mean by Adverse Childhood Experiences?

Experiences that represent health or social issues of national importance

- childhood abuse and neglect
- growing up in a home environment where the following occurred:
  - mother treated violently
  - substance abuse
  - criminal activity
  - a mental health diagnosis and/or
  - parental separation

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Adoption of Health-risk Behaviors

Social, Emotional, & Cognitive Impairment

Disease, Disability and Social Problems

Early Death

Adverse Childhood Experiences

Scientific gaps

Death

Conception
The Higher the ACE Score, the Greater the Likelihood of

- Long-term health consequences
- Extreme emotional responses
- Health risk behaviors/coping strategies
- Serious social issues
- Adult disease and disability
- High health care costs
- Poor life expectancy

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ACE Score and the Risk of Being a Victim of Domestic Violence

Risk of Victimization (%)

Women

Men

ACE Score

0 1 2 3 4 ≥5

0 1 2 3 4 ≥5

CDC
Safier Healthier People
Prevalence of Childhood Abuse by Frequency of Witnessing Domestic Violence

Frequency of witnessing domestic violence:
- Never
- Once, Twice
- Sometimes
- Often
- Very often

Childhood Abuse:
- Emotional
- Physical
- Sexual

Percent (%)

Graph showing the prevalence of childhood abuse by frequency of witnessing domestic violence for emotional, physical, and sexual abuse.
Childhood Experiences and Adult Alcoholism

ACE Score

% Alcoholic

0 1 2 3 4+

ACE Score

0 2 4 6 8 10 12 14 16 18

% Alcoholic

CDC

SAFER, HEALTHIER, PEOPLE
ACE Score and Intravenous Drug Use

% Have Injected Drugs

ACE Score

N = 8,022  p<0.001
Two Important Findings of the Study

- “Adverse childhood experiences are vastly more common than recognized or acknowledged”
- “Adverse childhood experiences have a powerful relation to adult health a half-century later”

*The Relationship of Adverse Childhood Experiences to Adult Health: Turning Gold into Lead, Vincent J. Felitti, MD,*

Reason for Optimism
Recovery, Healing, Growth

• Regarding the adult or aging brain…

“But all is not doom and gloom. As neuroscientists unravel the secrets of the aging brain, they are learning that there is good reason for confidence and optimism.

An organ long thought defenseless before the onslaughts of time, the brain is now recognized as capable of marshaling surprising powers of renewal.”

*The Secret Life of the Brain, Richard Restak, M.D.*
Miraculously, in the face of it, healing and recovery is possible for all

We wake
We rise
We connect

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Trauma-Informed Principles

• Safety
• Trustworthiness
• Choice
• Collaboration
• Empowerment

*Using Trauma Theory to Design Service Systems, Editors: Maxine Harris & Roger D. Fallot Ph.D., 2001*

Check-in Tool for Trauma-Informed Interactions (distribute card)
Ways you can help a woman feel safer and more comfortable prior to appointment

• During the reminder call invite patient to bring anything that might add to comfort during procedure
  – Music CD
  – Book on tape/CD
  – Pillow or blanket

• During the reminder call encourage patient to ask staff any questions about upcoming procedure
Ways you can help a woman feel safer and more comfortable prior to appointment

- If patient asks for sedatives for nerves, offer options/choice:
  - Meditation techniques
  - Non-narcotic medication
  - CD on visualization or meditation on loan from office
Ways you can help a woman feel safer and more comfortable in waiting room

- Office chairs big and small enough to accommodate all sizes
- Literature available in languages other than English
- Greet patients when they first arrive
- Greet patients by name
- Have someone bring the patient to the operatory room
Ways you can help a woman feel safer and more comfortable in your office

- Offer a calming, soothing office environment
- Provide relaxed, unhurried attention to the patient
- Talk over concerns and procedures before beginning
- Give her as much control and choice as possible about what happens and when
- Validate any concerns she might have as understandable and normal

Trauma Survivors in Medical & Dental Settings

Ways you can help a woman feel safer and more comfortable in your office

• Be flexible about her having a support person in the room with her

• Explain what each procedure is and obtain her consent

• Ask her if she is ready for you to begin

• Be clear that she can pause or end the exam or procedure at any time
Ways you can help a woman feel safer and more comfortable in your office

• Encourage questions
  Ask her if she is worried about any aspect of the exam or medical intervention
  She might feel safer with the door ajar, opened, or closed

• Maintain a personable, friendly manner

• Be straightforward and generous with information

• Talk to her throughout and let her know what you are doing and why (check in with her about this approach first)
Ways you can help a woman feel safer and more comfortable in your office

Encourage her to do what makes her feel most comfortable wherever possible such as:

- Wear her coat
- Keep the x-ray apron on
- Bring an ally/friend
- Bring a pillow or blanket
- Lavender oil on bib
- Hand holding
- Listen to music during procedure
- Keep the dental chair upright
- Listen to book on CD
- Visualization or meditation CD
- Squeeze ball
- TV on patient identified channel

Trauma Survivors in Medical & Dental Settings

Ways you can help a woman feel safer and more comfortable post appointment/procedure

• Dentist makes a follow-up phone call to determine immediate outcomes
Staff Development

- Make trauma-informed practice training available to staff
  - Through community resources
  - Professional development resources

- Make staff aware of the prevalence of trauma in the lives of women and girls

- Make resources on trauma-informed practice available to staff for further reading

- Train staff to respond appropriately when a patient is distressed
For More Information

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THANK YOU