



Trauma-Informed Oral Health Care

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- The speaker will not discuss any off-label use or investigational product during the program.

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Content Introduction and Caution

In this session, we will be discussing various types of trauma.



Please practice self-care.



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Learning Objectives

After attending this program, participants will be able to

- Define the terms trauma and resiliency.
- Briefly discuss the Adverse Childhood Experiences Study (ACES) and how the study findings have informed current trauma-informed practices.
- List and explain the four R's of trauma informed care.
- Identify situations in which oral health care can be retraumatizing.
- Discuss two trauma-informed communication strategies that help to promote a feeling of safety for people in the dental chair.



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Trauma-Informed Organization

The Substance Abuse and Mental Health Services Administration (SAMHSA) established the **4 R's of trauma informed care** for organizations and healthcare workers:

- **R**ealize the impact of trauma.
- **R**ecognize the signs and symptoms of trauma.
- **R**espond by integrating the principles and knowledge of trauma policies, procedures and practices.
- **R**esist re-traumatizing individuals.



NASTAD (2018) Trauma Informed Approaches Toolkit

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Polling Question – Mentimeter Scale

Using a scale of 0-5, with 0 being a clinic/agency having no formal trauma-informed practices, policies or procedures and 5 being a clinic/agency that has a formal and comprehensive trauma-informed system of care with written practices, policies and procedures, **choose a number that describes your clinic or organization.**



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Resiliency

Hard Things & Stressors:

- Not able to pay bills
- Not enough food to eat
- Violence
- Health problems
- Housing that does not feel safe

Good Things & Resources:

- People that you can count on
- Dependable transportation
- Safe housing
- A doctor you trust
- Having enough money

Things about You:

- Genetics and DNA
- Resiliency/ACE score
- Life story
- Personality

Resiliency is when the scale tips toward the good even when there are stressors and hard things.

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Post-Traumatic Growth (PTG) Theory

Richard Tedeschi and Lawrence Calhoun (1995)

People move from a place of fear, anger, resentment and hopelessness to one of **healing, gratitude, purpose and hopefulness**

Personal process of change that is deeply meaningful to the individual

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Resiliency and PTG: Not the Same

Survival → **Recovery** → **Post-Traumatic Growth**

Resilience returns a person to their "pre-trauma" level of functioning

PTG allows an individual to thrive and flourish in ways they had never experienced before the trauma

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Reference: Tedeschi, RL & Calhoun, LG (1995) Image accessed on 1/22/2018 at <https://hubpages.com/health/Post-Traumatic-Growth>

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Those experiences that produce intense emotional pain, fear, or distress; *possibly* having long-term physiological and psychological consequences.

TRAUMA

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Types of Trauma

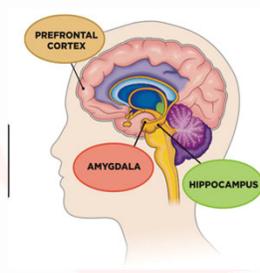
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Traumatic Event Categories

Abuse	Loss	Chronic
<input type="checkbox"/> Physical	<input type="checkbox"/> Natural Disaster	<input type="checkbox"/> Stigma
<input type="checkbox"/> Sexual	<input type="checkbox"/> Death	<input type="checkbox"/> Unstable Housing
<input type="checkbox"/> Emotional	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Food Insecurity
<input type="checkbox"/> Bullying	<input type="checkbox"/> Neglect	<input type="checkbox"/> Disability
<input type="checkbox"/> Witnessing Violence	<input type="checkbox"/> Terrorism/War	<input type="checkbox"/> Poverty
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Accidents	<input type="checkbox"/> Historical Trauma

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Three Major Structures Within the Brain That Regulate the Stress Response



Hippocampus
"Memory Saver"

Amygdala
"Security Guard"

Prefrontal Cortex (PFC)
"Wise Leader"

AETC Southeast logo and citation: Evans, A. & Coccama, P. (2014) Trauma-Informed Care: How neuroscience influences practice. New York: Rutledge.

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Survival: Instinctive Brain Overrides the Conscious Parts



FIGHT

FLIGHT

FREEZE

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Trauma Response Goal: Survival

5 TRAUMA RESPONSES

PHYSIOLOGICAL REACTIONS: THE 5 F'S

AUTONOMIC NERVOUS SYSTEM	PARASYMPATHETIC NERVOUS SYSTEM
<p>FIGHT</p> <p>Physical aggression, attacker may be smaller / weaker</p> <p>Verbal aggression, e.g. "F*** YOU!"</p> <p>FLIGHT</p> <p>Running, backing away or hiding</p> <p>If there is somewhere to escape to or hide</p>	<p>FREEZE</p> <p>Tonic immobility, involuntary response</p> <p>FLOP / FAWN</p> <p>Collapse and play dead</p> <p>After freeze fails, consumes energy, wounds heal</p> <p>FRIEND</p> <p>Trauma bonding (attach) / Stockholm Syndrome</p> <p>Social engagement, reciprocal or infant trauma</p>

traumadissociation.com source: Schore, 2009; Lodrick 2007

AETC Southeast logo and slide number 15.

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Protection, Survival and the Aftermath



The memories of the traumatic event can "get stuck" in the body and the limbic system



The amygdala or "alarm system" can get jammed



Alarm feedback cycle fails to turn off



The individual becomes overwhelmed by their symptoms of trauma and may experience "triggers"



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Trauma Triggers: Sensory



Color

Object

Smell

Sound

Sensation



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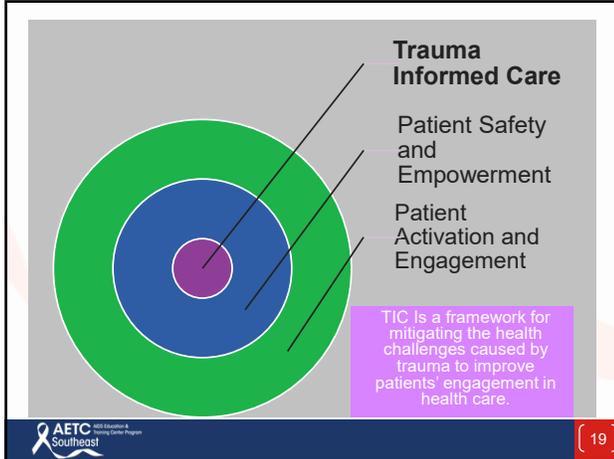
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Video

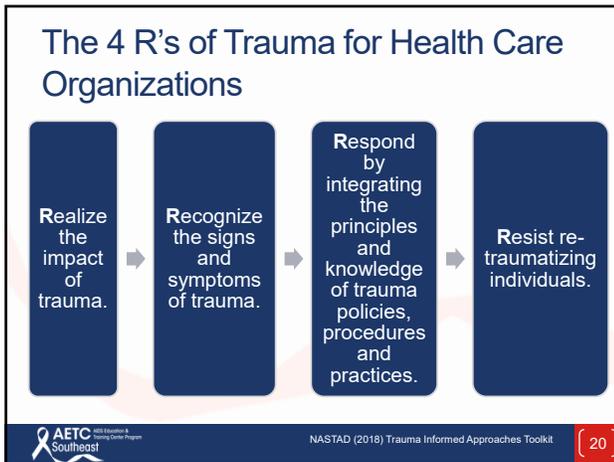


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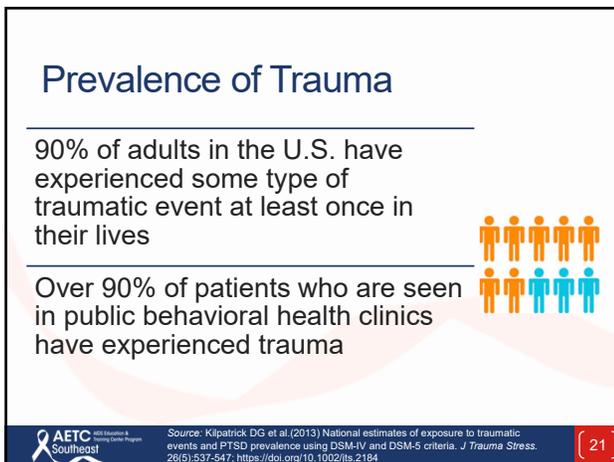
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Shared Risk Factors for Distress/Trauma

- Economically disadvantaged
- Ethnic minority status
- Homelessness
- Food/housing insecurity
- Chronic illness
- Behavioral health conditions
- Exposure to trauma

Social Determinants of Health

Exposure to Traumatic Events

Physical and Behavioral Conditions

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Adverse Childhood Experience (ACE) Study

- 10-items
- Self report
- Abuse and neglect
- ACE Study originated 1985-1997
- Assess relationship between trauma and health outcomes

National Public Radio Article Link: <https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>

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Repeated Trauma During Childhood

Negatively Affects Brain Development

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Trauma Responses



Are NORMAL RESPONSES to ABNORMAL SITUATIONS



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What Determines the Impact of Trauma?



Individuals experience and interpret traumatic events in very different ways.

Biopsychosocial, cultural and developmental factors influence an individual's immediate response and long-term reactions to trauma.

Reactions to a traumatic event may be temporary, or individuals may have prolonged reactions resulting in prolonged or enduring physical and/or mental health consequences.

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The Impact of Trauma on the Human Experience

Over time, the adaptive processes trauma survivors use to cope, become maladaptive and interfere with:

- EMOTIONAL REGULATION
- ATTENTIONAL BEHAVIORS

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Risk Factors' Effect on Life Expectancy

Smoking	10 years
Obesity	6-7 years
High Blood Pressure	5 years
Diabetes	7-8 years
Childhood Trauma	20 years

Diak, K., Patel, S., et al. (2004). Mortality in relation to smoking: 50 Years' Observations on Male British Doctors. *BMJ*, 329(7469), 953-959. DOI: 10.1136/bmj.329.7469.953. [PubMed] 15175753; Huddleson, A., Barnhill, J., et al. (2003). Obesity in Adulthood and its Contribution to Life Expectancy: A Life Table Analysis. *Annals of the New York Academy of Sciences*, 1002(1), 118-124. DOI: 10.1111/j.1749-7622.2003.tb04284.x; Franks, C., Saverling, E., et al. (2007). *Archives of Internal Medicine*, 167(11), 1241-1245.


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Trauma and Healthcare Access

Trauma may negatively influence an individual's access and engagement in healthcare

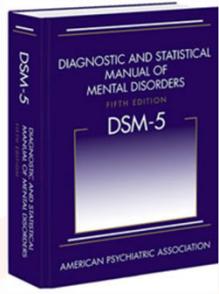
- **Avoidance** of medical, dental and behavioral health appointments
- **Reduced or lack of adherence** to treatment and care
- **Postponement of healthcare services** until condition deteriorates and symptoms progress
- **Misuse of medical treatment services** (e.g., emergency department and pain medication usage)


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Trauma Diagnoses

- Post-traumatic Stress Disorder (PTSD)
- Acute Stress Disorder
- Reactive Attachment Disorder
- Adjustment Disorders
- Disinhibited Social Engagement Disorder
- Other specified Trauma and Stressor-Related Disorder
- Unspecified Trauma and Stressor-Related Disorder



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Trauma Screening Versus Inquiry

Screening	Inquiry
Obtain evidence of traumatic events in a person's life.	Focuses on the symptoms and the impacts of trauma experiences on one's health and well-being
Identify people who may have unprocessed or unresolved trauma to provide support and referral for treatment when indicated.	Seeks to prevent the retraumatization that may accompany the act of recounting traumatic experience(s)
Identify people who are at-risk for psychological and/or physical health-related illness.	Follows a tiered approach that allows patient to control whether and how much to disclose
	Advises continued questioning only when an immediate safety risk is present.

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Retraumatization: What hurts?

System	Relationship
<ul style="list-style-type: none"> ▪ Having to continually retell their story ▪ Being labeled ▪ No choice in service or treatment ▪ Practices without cultural considerations 	<ul style="list-style-type: none"> ▪ Not being seen/heard ▪ Being non-collaborative ▪ Being non-transparent ▪ Victim blaming/shaming ▪ Microaggressions

Reference: Institute on Trauma Informed Care-ITIC (2021) at <https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html>

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Trauma

➔

Lived Experience

➔

Suffering

My HIV Journey

www.aaronmlaxton.com

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Video Debrief

- What is Aaron feeling?
- What feelings come up for you when listening to Aaron speak about his feelings about himself and his past trauma history?



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Trauma Can Alter Sense of Self

- Trauma "hijacks" a person's brain and their body
- "Hole" in their body
- "Lost" their boundaries
- "Feel" the beliefs they have about themselves



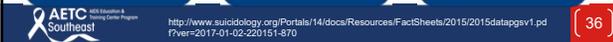
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Loneliness and depression stem from a feeling of core disconnection.

A person commits suicide every 11.9 minutes.

The strongest risk factor for suicide is depression.

A significant percentage of patients who commit suicide will have seen a health care professional, maybe their dentist, in the month before their suicide.



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Trauma to Recovery

Trauma is one of the most avoided, ignored, belittled, denied, misunderstood and untreated cause of suffering.

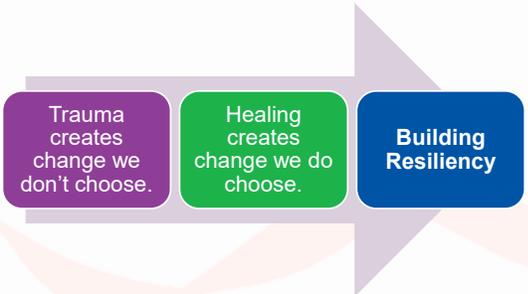
Efforts to address trauma and PTSD should be a priority in all organizations.

The focus of recovery is not "What's wrong with you?" but rather, "How has what happened to you, affected you?"

 AETC Southeast AIDS Education & Training Center Program Machtiger EL et al. (2012) Psychological trauma and PTSD in HIV-positive women: A Meta-analysis. *AIDS Behav.* Online edition, DOI 10.1007/s10461-011-0127-2 37

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Trauma and Healing



Trauma creates change we don't choose.

Healing creates change we do choose.

Building Resiliency

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Case Study - Josh

Josh, who is 37 years old, is a person who struggles to manage his HIV and during the COVID pandemic he began to experience severe panic attacks. He repeatedly visited the emergency department in distress telling the providers he felt he was suffocating. Last month Josh's primary care provider arranged for Josh to see a dentist since his last oral health exam was 3 years ago. Josh arrives at the dental office on time and becomes upset and angry when the hygienist asks him to take a seat in the dental chair in preparation for his exam and meeting with the dentist.

- *What assumption might people make about Josh?*

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- How do you think Josh is perceived by the health care team?

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The "Lens" of Trauma

Non-Trauma View

- I live in a predictable world.
- I am worthwhile.
- I am hopeful and optimistic about my future and life.
- I have the ability to impact & change my life for the better.
- I trust myself to make decisions.



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The "Lens" of Trauma

Non-Trauma View

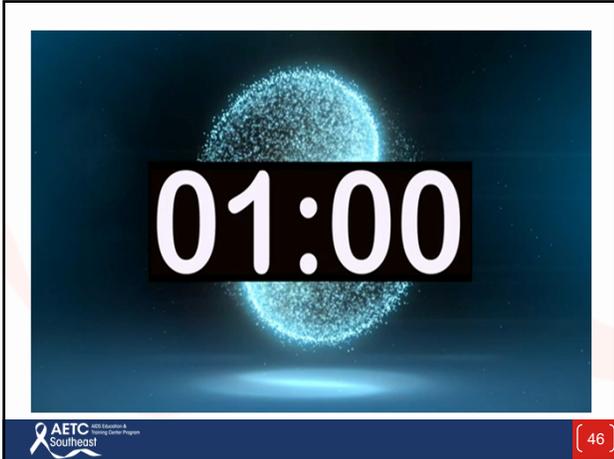
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Trauma View

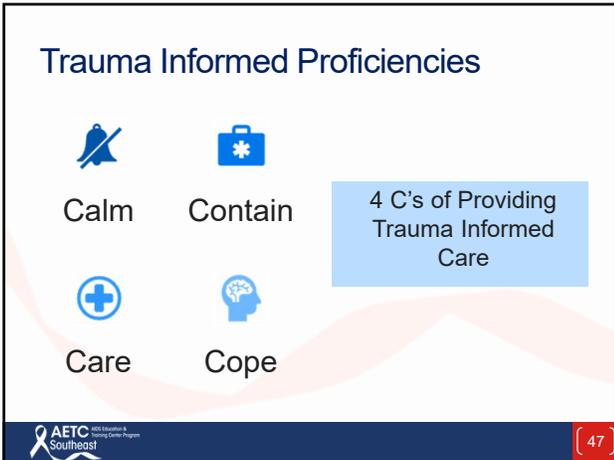
- The world is unpredictable.
- People want to hurt me.
- I am not safe.
- No one will help me.
- I am not good/smart/worthy.
- It will never get better; I can't even trust myself.

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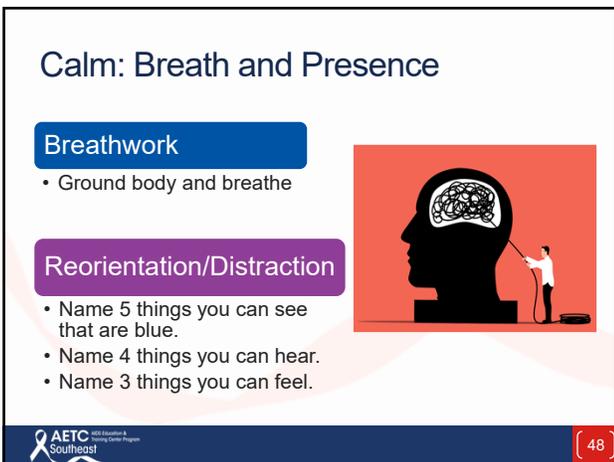
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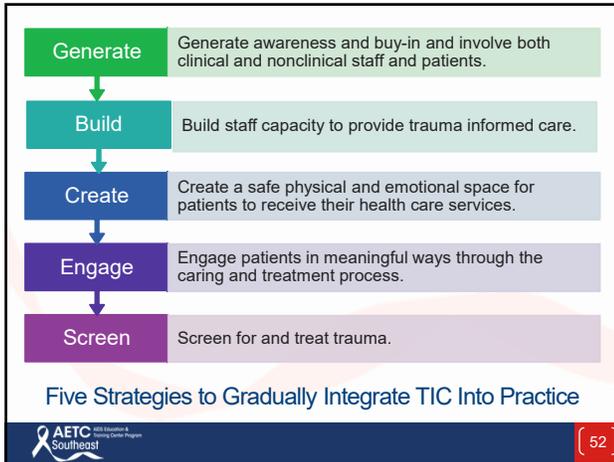
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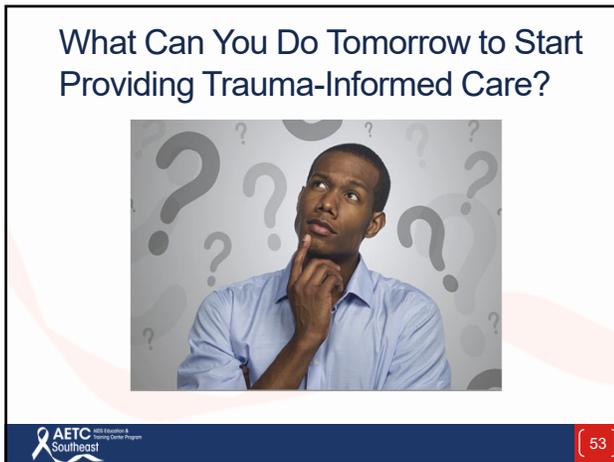
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National Coordinating Resource Center

- **The National Coordinating Resource Center (NCRC)** is the central “hub” of the entire AETC program that supports the work of the eight regional AETCs, two national AETCs, and the National HIV Curriculum
- **What Does the NCRC Do?**
 - Provides **free, self-directed or downloadable resources** for education of health care providers working with people with or at-risk of HIV
 - Serves as the **central web-based repository** for AETC Program training and capacity building resources
 - Fosters **communities of practice, collaboration, group facilitation, and resource development** among AETCs and with external partners
 - Coordinates and facilitates **national AETC Program webinars**
 - Maintains a **free virtual library** with training and technical assistance materials, a **program directory**, and a **calendar of trainings** and events
Learn more: <https://aidsetc.org/>



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National Coordinating Resource Center

The AETC NCRC website aidsetc.org includes:

- Free virtual library with training and technical assistance materials
- Program directory for AETC Program
- Calendar of AETC trainings and other events
- Online learning and training tools



The AETC NCRC Social Media Channels:

- Free [Facebook](#), [Twitter](#), [YouTube](#), [LinkedIn](#), and [Pinterest](#)
- *HIV Care Tools mobile app coming soon!*



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National Clinician Consultation Center

The National Clinician Consultation Center (NCCC) provides free expert clinical advice to health care professionals on HIV prevention, care, and treatment and related topics (e.g., hepatitis C) through telephone and e-consultation

The **NCCC** manages the following hotline and warmlines:

- HIV/AIDS Management Warmlines
- Perinatal HIV Hotline (open 24/7)
- Hepatitis C Management Warmlines
- Substance Use Management Warmlines
- PEpline Warmlines
- PrEPline Warmlines

- Learn more: <https://nccc.ucsf.edu>



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National HIV Curriculum (NHC)

The National HIV Curriculum (NHC), developed by the University of Washington, is a free, web-based curriculum that provides ongoing, up-to-date HIV training information to health professionals

The NHC:

- Contains 6 self-study course modules designed to provide health care providers with core knowledge on HIV prevention, screening, diagnosis, and ongoing treatment and care
 - Offers free CME credit, CNE contact hours, CE contact hours, and maintenance of certification (MOC) credits
 - Is appropriate for all levels –from novice to expert
- Learn more: www.hiv.uw.edu



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Resources - Images

- Image accessed on 4/12/22 at www.pixabay.com/3633e9112_1920.jpg
- Accessed on 16/12/2020 at <http://buncombeaces.org/>
- Picture accessed on 1/22/2018 at <https://socialwork.columbia.edu/event/post-traumatic-growth-veterans/>
- http://www.ncdsv.org/images/ODVN_Trauma-and-You_May-2013.jpg and www.pixabay.com/coronavirus-4991979_1920.jpg
- Image accessed on 4/4/22 at www.pixabay.com/sun-glasses-g285024ca7_1280.png
- Accessed on 4/6/22 at pixabay.com/mental-g1b2a9757e_1280.png
- Image accessed on 6/13/2020 at www.pixabay.com
- Image accessed on 4/4/22 at <https://pixabay.com/photos/man-thinking-doubt-question-mark-5723449/>



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Speaker Contact Information

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National Suicide Prevention Resource

National
Suicide
Prevention
Hotline

1-800-273-
8255

24/7
Confidential
Support

Domestic and Intimate Partner Violence

National
Domestic
Violence
Hotline

1-800-799-
7233 (SAFE)

24/7
Confidential
Support

Six Key Principles of TIC

empowerment
voice
choice

collaboration
mutuality

peer
support

trustworthiness
transparency

safety

cultural
historic
gender
acknowledgment
respect

Case Study - Josh

What we don't know about Josh is that he is an Army Veteran. He became addicted to opioids that he started taking initially to treat a shoulder injury. The pain medication then served as a coping mechanism to deal with combat flash backs. He has been off pain medications for five years. Josh is terrified of relapsing and is worried that the dentist may give him medication for pain. Although Josh documented in his patient history form that he is a Veteran, the staff did not ask about it.

- *Now, how do you view this patient?*
- *What is triggering for him?*
- *How might seeing a dentist be triggering for Josh?*
- *What strengths and resiliencies does Josh exhibit?*
- *What can the healthcare team do to support Josh ?*

Contain

1. Ask about military service.
2. Ask about trauma and safety concerns.
3. Allow for patient choice and control.
4. Respect time constraints.
5. Offer appropriate information and possible referrals.
6. Create a healing rather than triggering conversation.



Conversation Guide

- **Set the stage**

I want you to feel comfortable here. Tell me what if anything helped you feel comfortable at other dental offices in the past?

- **Normalize**

I am going to ask you a few questions about safety and trauma, which is experienced by numerous people so that I can provide the best care for you.

- **Ask**

In an effort to be more trauma-informed, I want to ask - have you had any significant or traumatic life experiences that you think it would be helpful for me to know about?

- **Clarify**

Trauma is a very general term for experiences that can have a long-lasting, harmful effect on people. Trauma can be physical or emotional abuse, but it could also be facing difficulties in locating stable housing, or experiencing stigma.

“Hold” the Trauma



Acknowledge

- *Thank you for sharing.*
- *If you feel uncomfortable, let me know.*

Validate

- *You did nothing to deserve this.*
- *I am so sorry this happened to you.*