A publication of the
Trauma Informed Care Learning
Community of Warren and
Clinton Counties, Ohio

Serving Trauma Survivors in Medical and Dental Settings

Why is it important for Doctors and Dentists to be informed about special issues of trauma survivors?

Traumas can come in a variety of forms

Such as:
- Childhood physical or sexual abuse
- Domestic violence
- Sexual assault
- Community violence
- Car accidents
- Medical trauma
- Natural disasters

Multiple studies have shown that more than 60% of U.S. adults have suffered or witnessed at least one trauma. The Adverse Childhood Experiences study, done in collaboration with the CDC, is one of the most prominent.

It has been found that trauma exposure can be associated with a variety of physical complaints including:
- Cardiac issues
- Chronic pain
- Gastrointestinal or Gynecological problems

Additionally, negative coping skills may result from a traumatic experience, such as:
- Overeating
- Smoking
- Substance use
- High-risk sexual behavior

Many trauma survivors have special issues and concerns that medical professionals may see during examinations. Coming to a medical or dental office can produce anxiety in anyone. However, anxious feelings about an office visit may be amplified for a trauma survivor. For example, the visit may trigger memories including physical pain by an authority figure and unbearably intense emotions. This anxiety can be so great, they may become uncooperative in the office.
The result could be difficulties expressing any discomfort or postponement of medical/dental services until conditions escalate to an urgent situation.

It is also important to recognize that patients who do not present with anxiety or depression may still have experienced trauma.

Understanding Trauma-Informed Care

A patient who has been abused may have experienced being pinned down, nearly suffocated, or painfully invaded. Dental or medical procedures can make them relive their experience. Even a simple office visit could trigger a variety of trauma responses including:

- **Emotional reactions:** Intense, overwhelming feelings such as anxiety, fear, worry, anger, feeling powerless or helpless to protect oneself, a fear of loss of life or bodily injury, experience flashbacks, feeling trapped
- **Physical or somatic reactions:** Nausea, light headedness, increase in heart rate/BP, increase in respiration or holding breath, headaches, stomach aches, gagging, cringing when touched
- **Behavioral reactions:** Behaving as though they are being abused, crying, uncooperative, argumentative, unresponsive, restlessness, frequent appointment cancellations
- **Cognitive reactions:** Memory impairment or forgetfulness, inability to give adequate history

These procedures/experiences may remind the patient of the original traumatic experience:

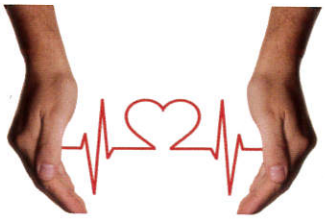
- **Examinations**: Being in an exposed, vulnerable position; the close proximity of the doctor; being touched; personal questions that may be embarrassing or distressing
- **Procedures that mimic previous trauma**: Invasive procedures; being placed into a horizontal body position; physical or chemical restraint; mouth blocked open or fingers/instruments in mouth; removal of clothing; loss of/lack of privacy
- **Student training:** Doctor discussing the "case" with a medical student in front of the patient may be experienced as being treated as an "object"
- **Sights:** White lab coats, medical equipment, restraints, X-ray bib
- **Sounds:** Dental drill, ambulance sirens, chaos in environment
- **Smells:** Latex gloves, rubbing alcohol, antiseptic odors, aftershave
- **Provider Characteristics:** Power dynamics of relationship; gender of healthcare provider

PRINCIPLES FOR PATIENT CARE

For trauma survivors to have the best experience in the office, medical and dental staff members need to be "trauma-informed." This means under-standing the emotional issues, expectations, and special needs that they may have in a health care setting. Survivors themselves need to understand that they are having normal responses to the abnormal trauma experience and to seek out ways they can feel more comfortable in a health care setting.

Helpful Tips

Strategies can be implemented to ensure a trauma survivor feels safe and more comfortable in your office. Positive medical and dental experiences can be part of a trauma survivor's process of healing from past abuse. To counteract feelings of helplessness, it is therapeutic to experience a validating authority figure who gives the person as much control and choice about the encounter as possible.



How Trauma Informed is My Practice?

Approach:

- ☐ We have a calming, soothing office environment. We offer written information regarding procedures.
- ☐ We use "Universal Precautions" by considering a possible abuse history for all patients. We screen for past trauma and current danger at home. We use a checklist completed by the patient identifying discomfort with certain procedures, positions, and/or boundaries.
- ☐ We provide relaxed, unhurried attention to the patient. We build rapport with the patient to enhance their comfort and feeling of safety. We talk over concerns and procedures before asking the patient to disrobe.
- ☐ We give the patient as much control and choice as possible about what happens and when. We encourage questions. We ask if the patient is worried about any aspect of the exam or medical intervention such as: "Are there any parts of examination or treatment which are particularly difficult for you?" "What will make the exam/procedure easier for you?"
- ☐ We are flexible about the patient having a support person in the room.
- ☐ "Inform before we perform." We explain each procedure. We ask the patient for permission to begin. We talk to the patient throughout to inform what you are doing and why. We are straightforward and generous with information.
- ☐ We are clear that the patient can pause or end the exam/procedure. During treatment, we use a previously agreed upon "stop signal" and frequently check on the patient's comfort level.

Environment:

- ☐ We give the patient a choice regarding the position of door (open, closed or ajar) to provide the feeling of safety.
- ☐ We use curtains and ample cloth gowns appropriate for all sized patients.
- ☐ We knock or gently announce before entering the exam room.
- ☐ We are mindful of our body positions during treatment and not lean into or touch the patient's body with our torsos.
- ☐ We offer an upright or semi-supine position for the exam/procedure. When a supine position cannot be avoided, we offer a blanket, lab coat or dental x-ray apron to cover the patient's torso.
- ☐ If the smell of latex is a trigger, we use vinyl gloves.
- ☐ We encourage the patient to do what feels comfortable such as listening to music or negotiating the angle of the dental chair.

Looking for more Information?

Web Resources:

Substance Abuse and Mental Health Services Administration
www.samhsa.gov/nctic/trauma-interventions

Ohio Department of Mental Health & Addiction Services
http://mha.ohio.gov/traumacare

Centers for Disease Control and Prevention Adverse Childhood Experiences Study
www.cdc.gov/violenceprevention/acestudy

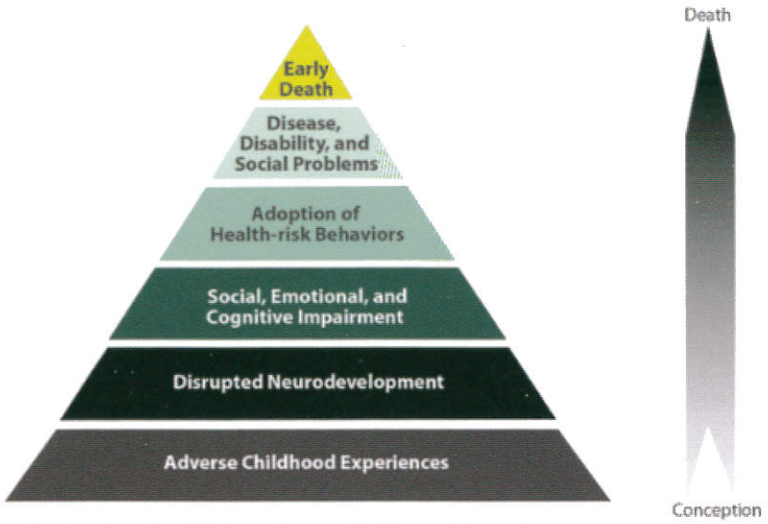
Local Resources:

Trauma Informed Care Learning Community of Warren and Clinton Counties, OH
www.MHRSonline.org

Tri-State Trauma Network
www.tristatetraumanetwork.org

Joining Forces for Children
www.joiningforcesforchildren.org

Articles & Publications:



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

Articles & Publications:

Hayes, K & Stanley, S. (1996) "The impact of childhood sexual abuse in women's dental experiences." Journal of Child Sexual Abuse 5, 65-74.

Saxe, G.N. & Frayne, S.M. (2003) "Ongoing Management of Patients with Post-Traumatic Stress Disorder." In Leibschutz, Frayne, & Saxe, (Eds.) Violence against Women: A physician's guide to identification and management. American College of Physicians: Philadelphia.

Larijani, H.H. & Guggisberg, M. (2015) "Improving Clinical Practice: What Dentists Need to Know about the Association between Dental Fear and a History of Sexual Violence Victimisation" International Journal of Dentistry, Volume 2015.

The Western Massachusetts Training Consortium: Trauma-Informed Practice Series

Mental Health Recovery Services of Warren & Clinton Counties

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