



COVER STORY

Treating patients with traumatic life experiences

Providing trauma-informed care

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Health care delivery in the United States has changed dramatically during the past few decades; simultaneously, the role of dentists has evolved as well. A landmark report by the Institute of Medicine suggests that dental practitioners work closely with other health professionals—particularly when patients have complex health conditions—and that this trend will continue in the future. The report also recommended the provision of holistic patient care and modeling of excellent clinical and communication skills as a teaching tool for dental students.¹ The importance of interprofessional and patient collaboration is emphasized by the American Dental Association in its strategic plan, which includes a goal to “improve public health outcomes through a strong collaborative profession, and through effective collaboration across the spectrum of our external stakeholders.”² On average, dentists see their patients more frequently than do physicians, and dentists often see patients over their entire life span. Therefore, dentists are in a unique position to develop a close rapport with patients and to refer patients to other services and care providers in the medical system.³

Similar to other health care professionals, dentists are likely to treat patients who have experienced a wide

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ABSTRACT

Background and Overview. Dentists frequently treat patients who have a history of traumatic events. These traumatic events (including childhood sexual abuse, domestic violence, elder abuse and combat history) may influence how patients experience oral health care and may interfere with patients’ engagement in preventive care. The purpose of this article is to provide a framework for how dentists can interact sensitively with patients who have survived traumatic events.

Conclusions. The authors propose the trauma-informed care pyramid to help engage traumatized patients in oral health care. Evidence indicates that all of the following play an important role in treating traumatized patients: demonstrating strong behavioral and communication skills, understanding the health effects of trauma, engaging in interprofessional collaboration, understanding the provider’s own trauma-related experiences and understanding when trauma screening should be used in oral health practice.

Practical Implications. Dental patients with a history of traumatic experiences are more likely to engage in negative health habits and to display fear of routine dental care. Although not all patients disclose a trauma history to their dentists, some patients might. The trauma-informed care pyramid provides a framework to guide dental care providers in interactions with many types of traumatized patients, including those who choose not to disclose their trauma history in the context of oral health care.

Key Words. Trauma-informed care; mandated reporting; patient-dentist interaction; posttraumatic stress disorder; communication skills; behavioral science.

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range of traumatic life events. Examples of traumatic events may include child abuse or neglect, domestic violence, sexual assault, elder abuse and exposure to combat. From a psychological perspective, trauma happens when a person experiences, witnesses or is confronted with death (or threatened death), serious injury or a threat to physical integrity.⁴ In the immediate aftermath, adult victims of traumatic events may respond with fear, anxiety, helplessness or horror and children may respond with feelings of disorganization or agitation. Trauma overwhelms a person's short-term ability to cope. Trauma also can disrupt longer-term functioning and influence use of health care, including oral health care. Therefore, it is important for dentists to be aware of the basic approaches to providing trauma-informed care (TIC), which we will outline in this article. We will propose the TIC pyramid, which is rooted in a review of the literature and clinical data and offers a way for oral health professionals to conceptualize how to apply TIC principles in practice.

According to results from large-scale studies that are representative of the U.S. population, traumatic events (such as child abuse or neglect, domestic violence, sexual assault, elder abuse and exposure to combat) all are highly prevalent among U.S. citizens.⁵ In a large epidemiologic survey, 22 percent of women and 4 percent of men reported having been sexually assaulted as an adult.⁶ Seventeen percent of women and 8 percent of men reported that they experienced sexual abuse as children.⁷ One of every five U.S. women and one of 14 U.S. men reported being physically assaulted by an intimate partner in their lifetime.⁸ In a 2008 study, approximately 6 percent of older people reported experiencing significant abuse in the preceding month and 25 percent reported experiencing significant psychological abuse, which includes issues such as financial control and medical neglect by caregivers.⁹ Finally, 10 to 20 percent of men and 2 to 10 percent of women in the United States reported combat exposure, either as soldiers or as civilians who immigrated to the United States from war-torn countries.⁵

All of these traumatic events involve violation of a person's bodily integrity and may influence his or her attitudes toward medical and dental care. The high prevalence of traumatic events suggests that dentists are likely to encounter survivors of violence and other traumatic events in their practices. For example, victims of domestic violence may be likely to seek emergency dental care because orofacial injuries are a common result of battering. In addition, head and neck injuries occur in more than one-half of child abuse cases, and the oral cavity is a frequent site of sexual abuse in children.¹⁰

THE LINK BETWEEN TRAUMATIC EVENTS AND HEALTH CARE

Traumatic events often have emotional consequences in the short term, such as anxiety, social isolation and

difficulty trusting others.¹¹ Sleep disturbance also is common in the immediate aftermath of a traumatic event.^{12,13} In the long term, survivors may engage in behaviors that help them cope with traumatic memories but that have negative health consequences.¹³ For example, trauma survivors may smoke cigarettes, drink alcohol or overeat to manage their emotional distress. Although these behaviors may provide short-term improvements in mood, they have long-term negative consequences for health,¹⁴⁻¹⁶ including oral health.¹⁷

Although these types of negative coping methods (such as smoking, alcohol use and overeating) contribute to higher levels of health problems and high levels of overall health care use for illness,¹⁸ trauma survivors may avoid seeking preventive medical and dental care.¹⁹⁻²² Trauma survivors may underuse preventive care for psychological reasons. Psychological factors such as anxiety and depression contribute to rescheduled, missed or canceled appointments.²² In addition to emotional distress, patients often experience physiological reactions when trauma memories are retriggered.¹³ Many health care visits involve the provider's needing to touch the patient's body and be in close proximity to the patient. For some traumatized patients, this may be prone to retriggering memories of trauma, depending on the nature of the trauma.

The care provider's behavior also may be a key factor in engaging patients in preventive care. When providers are empathic and sensitive, survivors of sexual violence report that they are more likely to follow up on medical appointments and engage in preventive care.²³ However, when survivors are treated negatively or insensitively by the medical system, they may feel revictimized, leaving them less likely to seek help from the health care system in the future. These negative experiences have been termed "secondary victimization."²⁴⁻²⁶ In the medical system, this may occur when providers refuse to recognize an experience as criminal victimization, when they engage in intrusive or inappropriate conduct, when they focus exclusively on biomedical concerns without demonstrating appropriate empathy for the patient and when they display victim-blaming attitudes (for instance, beliefs that trauma is not serious, victims should have protected themselves better and so forth). Victims who report secondary victimization also may experience more psychological and physical health symptoms (such as depression, pain and gastrointestinal issues) than do victims who have positive contacts with health care professionals.²⁷

DENTISTRY AND SURVIVORS OF TRAUMA

Little research is available about how dentists interact with survivors of traumatic events. We examined literature published from 1990 to the present by using

ABBREVIATION KEY. TIC: Trauma-informed care.

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