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Trauma-informed approach to care in the dental setting

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Trauma-informed approach to care in the dental setting

Abstract

Dental professionals are well trained in the art of patient communication and building relationships. As research and awareness around mental health progresses, it is important that clinicians evolve and adjust communication styles to serve the needs of patients. Trauma-informed care is the process in which the dental health-care provider (DHCP) approaches every patient as if they are survivors of former trauma that has the potential to be triggered in the dental chair. Trauma-informed care recognizes and responds to the awareness that trauma is pervasive, and patients may require a shift in the way treatment is provided. DHCPs who maintain a trauma-informed mind-set can avoid retraumatizing patients and assist in building resilience so that the patient can escape or avoid the vicious cycle of dental fear.

Educational objectives

1. Describe how previous trauma affects patients in the dental office.
2. Understand the neurobiological responses to trauma.
3. List the key factors in creating a safe space and empowering patients who are victims of trauma.
4. Utilize modes of patient communication and approaches that reduce retraumatization.
5. Define the key components to implementing trauma-informed care in the dental setting.

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Introduction

People who have survived trauma often struggle with mental health issues that can affect daily life situations, such as visiting the dentist or any other health-care provider. Due to the intimate nature of a dental appointment, a survivor of traumatic experiences may become triggered in the dental chair and suffer from retraumatizing experiences such as a post-traumatic stress disorder (PTSD) flashback, panic attack, or other uncontrollable anxiety.[1]

The idea of trauma-informed care has begun to gain impetus in the health and helping professions over the last few decades. Trauma-informed care (TIC) trains dental health-care providers (DHCP) to understand the impact of past traumatic experiences, whether disclosed or undisclosed by the patient. Trauma-informed care raises awareness that seemingly irrational patient behavior may potentially be trauma based. A trauma-informed care mindset teaches clinicians to proceed with empathy, considering the patient's need for psychological safety.[2]

The purpose of this course is to define the aspects of trauma-informed care and highlight the key factors that encourage clinicians to remain compassionate toward patient behaviors and navigate an appointment without sparking past traumatic experiences.[2] Key factors to creating a safe space and effective patient-centered communication will be discussed.

Trauma

Trauma is a diverse set of experiences that can look different from person to person. Individuals exposed to trauma can display symptoms of anhedonia (an inability to feel pleasure) and dysphoria (feelings of distress and uneasiness).[3] The variable indicators make it difficult to settle on one definition.

The Substance Abuse and Mental Health Administration defines trauma as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."[4] These events generally produce feelings of terror, helplessness, or horror.[5]

Trauma can occur when an incident directly happens to an individual or indirectly in the form of witnessing harm to another person, also known as secondary traumatic stress. Childhood trauma, especially sexual, can lead to a lifetime of chronic distress. Trauma caused by another person, rather than a natural occurrence, tends to lead to distrust and issues with relationships. Traumatic experiences often manifest in suicidal ideation/behavior, anger outbursts, anxiety, depression, and substance abuse. Some trauma can result in severe psychological disturbances and mental health disorders such as borderline personality disorder, PTSD, dissociative identity disorder, and self-harming behaviors such as cutting.[5]

The 3 Es of trauma

Trauma has no racial, ethnic, age, sexual orientation, geographical, gender, or socioeconomic boundaries and can happen to any human being at any time in life. The three Es of trauma serve as a concept for the dental clinician to better understand events, experiences, and effects of trauma on patients (figure 1).[4]

Events	The person must have been exposed to a traumatic or stressful event(s).
Experience	The interpretation of the individual's experience of the event determines whether it is considered traumatic. One person may experience an event in a very different way than another.
Effects	Effects of trauma vary from person to person. Individuals may have long-lasting effects that impair daily life and relationships.

FIGURE 1: The 3 Es of trauma.[4]

Events: One of the core indicative criteria for "trauma and stress-related disorders," according to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V),* is that the person must have been exposed to a traumatic or stressful event(s).[3] Trauma can occur because of various events such as abuse (sexual, emotional, physical, mental), violence, war, natural disaster, accidents, loss, life-threatening neglect, and other emotionally challenging circumstances. The event(s) may be a one-time occurrence or repeated.[6]

Experience: The interpretation of the individual's experience of the event determines whether it is considered traumatic. One person may experience an event in a very different way than another. The interpretation or significance of the experience shapes the context of the event. One person may endure feelings of powerlessness, guilt, shame, humiliation, fear, the question of "why me?" or self-blame while another individual escapes seemingly unscathed. This may be a function of how individuals label and assign meaning to the experience and the magnitude of how physically and psychologically disturbing the incident presented.[4]

Effects: The effects of the traumatic event can be long-lasting and vary from person to person. Some people experience immediate symptoms of trauma, while others carry on, not realizing ongoing underlying signs. These indicators can manifest as decreased coping skills that thwart daily living, interference with cognitive abilities, strain on relationships, hypervigilance, memory and attention issues, and dysregulation in behavior. A traumatized person may not realize the effects are a direct cause of the trauma. They may get triggered by one thing that is like the traumatic event without realization of the similarities.[4] This can lead to anxiety in the dental chair, which will be discussed in later sections.

Neurobiology of trauma

Trauma can significantly alter the brain and its response to the world. The sympathetic nervous system, which activates the fight/flight/freeze reaction during acute stress, increases heart rate, blood pressure, and glucocorticoids. This surge of stress hormones is in place to send signals of real danger in times of crisis and affects all body systems. When trauma or stress becomes chronic, the body begins to think it is in a constant state of danger.[7] This

dysregulates the body's systems, has long-term effects on the immune system, and interferes with parts of the brain that regulate stress and emotions.[5,7] Those with traumatic stress have dysregulation in the fight/flight/freeze system. Long after the perceived threat is gone, stress hormones continue to excrete, often expressed as anger, panic, and agitation.[8]

The hippocampus, which controls stress responses and memory, shrinks in patients with prolonged high levels of glucocorticoids. The amygdala is the emotional and fear-managing center of the brain. Research has shown that the amygdala is not physically altered in a traumatized brain like the hippocampus, but it is greatly affected.[9] MRI scans show that the amygdala gets hyperexcited when retraumatized with reminders of the original trauma. Scans also show that people with trauma have increased activity in the amygdala when faced with negative but nontraumatic stimuli. The frontal cortex is responsible for settling the amygdala after the stimuli has been removed and reengaging the parasympathetic nervous system.[9]

People with trauma disorders have been shown to have a decrease in volume of the frontal cortex. This affects the link between the frontal cortex and amygdala, interfering with calming of a stress response.[5,9,10]

Dental fear and trauma

It is estimated that approximately 36% of individuals suffer from dental fear, while an additional 12% suffer from severe dental anxiety.[11] For many, this leads to what is called the vicious cycle of dental fear. This cycle occurs when the patient avoids dental visits until an emergency visit ensues due to acute or chronic pain. This further leads to poor oral health and diminished utilization of dental services.[12]

These fears can be based in past dental experiences or linked to former, non-dental-related trauma. As stated previously, trauma symptoms may be initiated by a non-trauma-related stimulus. This is called stimulus generalization, which indicates that an event, unlike the original trauma, activates parts of the brain that indirectly remind the person of the trauma.[13] This is significant for dental professionals because of the intimate nature of a dental visit. It is important to remember that a patient could potentially feel out of control when in the vulnerable position of lying back with instruments or hands being placed in the mouth. These indirect stimuli may activate the patient's amygdala and sympathetic nervous system, creating feelings of fear, anxiety, and panic.[8,10] This has been described as a jumbling of fragmented memories that replay as an intrusion into the person's psyche and present physical self.[14] In these situations, the patient's reaction can often leave both the patient and clinician feeling confused and exhausted. Other patients may feel anxious and not report it to the clinician; this results in feeling unsupported and vulnerable.

Dental clinicians who understand the concept that former life trauma can translate into dental fear, and who proceed with a trauma-informed mindset, are more likely to support the patient through trauma-evoking experiences.

Trauma-informed care

Often, people who have experienced trauma will be apprehensive about seeking health-care treatment. Many will remain in the vicious cycle of fear and engage in self-neglecting behaviors such as avoiding visits and not following through with therapies or home care. This stems from distrust of the practitioner, fear of being retraumatized, and perhaps a personal set of beliefs about the health-care system.[6]

A trauma-informed mindset occurs when the clinician assumes that any patient could be a survivor of trauma and proceeds accordingly. This mode of care has been defined as "a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."[15] Trauma-informed care aims to improve patient interactions, treatment outcomes, patient safety, and instill wellness by acknowledging how patients' life experiences may affect their care. This broad lens lessens the possibility of retraumatizing a patient and provides a quality level of empathetic care to every person in the practice.[6]

The 4 Rs of trauma-informed care

Realization: Realization in trauma-informed care occurs when the dental team recognizes that trauma is widespread and any patient could be operating from a place of stress-induced survival. Patient behavior may be rooted in past experiences that currently drive decisions and coping skills. When dental practitioners view patients from this lens, it creates a safe, calm, and caring environment for both patient and clinician.[6]

Recognition: Recognition occurs when DHCPs learn to identify potential signs of a trauma survivor through understanding behaviors and interactions that may interfere with treatment or patient relationships.[6]

Trauma-informed clinicians recognize that a traumatized patient's behavior may manifest in a variety of ways. The patient may present as nervous, flat, submissive, fearful, lacking trust of the provider, or even angry.[6] Due to the previously discussed neurobiology of trauma, patients who are triggered in the dental office may respond in exaggerated manners that leave the provider and patient feeling exhausted.[1] As a clinician observes and experiences the patient in these behaviors, it is important to recognize, without confronting the patient, that a history of trauma is possible.

Responding: Responding is an advanced step for the DHCP as it requires further knowledge on creating a safe environment. The office should represent a place where care is taken through language and attitudes that reflect a considerate climate for trauma survivors. This step of responding may require each person in the office to be trained in the signs and symptoms of trauma and properly respond. Later sections will discuss how to provide a responsive atmosphere.[6]

Resisting: Resisting involves taking steps within the office to reduce the risk of retraumatizing patients. Retraumatization is the process of creating an event

or environment that mimics the patient's trauma in some way. This may be done inadvertently when the DHCP or office staff does not practice in a patient-centered, trauma-informed modality. Office policies or old ways of practicing may create a potentially emotionally unsafe environment where the patient feels excluded, shamed, or disconnected from treatment planning decisions. Steps to avoid retraumatization may include preparing (or eliminating) the office with certain smells, sounds, and visual items, instilling calmness and relaxation, and assessing potentially harmful policies.[7] This may also involve being aware of vulnerable positions in which patients are placed for treatment and taking steps to protect privacy.[6]

The 6 principles of trauma-informed care in practice

Safety: Safety involves effort toward assuring that every patient feels emotionally and physically protected in the dental setting. This should start with the first interaction in the reception area.[4,6] To maintain a safe environment, DHCPs should introduce themselves in the waiting area while reminding the patient of their role in the appointment. The interaction should be genuine and welcoming without being rushed, even when the clinician is short on time. Skipping or hurrying through this step may leave the patient feeling abandoned and distrusting of the provider from the very beginning.[2,4,6]

Many trauma survivors' events were physical or sexual abuse. Physical touch may trigger the patient's amygdala, causing unsafe feelings due to retraumatization. It is impossible to carry out any dental appointment without physical touch. The DHCP must ask permission before touching the patient for the first time.[2] Make the patient aware that they have body autonomy, and if asked to stop, the clinician always stops.[17] Perhaps offer the patient control of the suction and a safety cue, such as raising a hand as a sign to stop treatment.

Another critical step in the safety principle of trauma-informed care is protecting patient privacy.[4,6] Making it apparent to the patient that the staff goes the extra mile to maintain privacy helps build trust with the clinician. This includes using proper HIPAA protocols when confirming appointments, keeping a low speaking voice in an open operatory office, and asking family members or accompanying persons to step into the waiting room if private information needs to be discussed. Be observant of any signs that the patient does not feel safe, such as body language, facial expressions, or outward signs of anxiety.[2,4,6,18]

Trustworthiness and transparency: Trauma survivors value transparency and consistency in the process of building trust with the DHCP.[16] An honest, genuine, and consistent provider who sets realistic expectations can gain the trust of an apprehensive patient. Patients who struggle with retraumatization because of dental care may overcome and build resilience when the clinician is dependable, reliable, and carries out predicted or expected actions.[2] A DHCP can be consistent and reliable by informing the patient of the sequence of procedures and explaining what will happen next in the process of care. Patients will learn that the clinician is trustworthy, building further strength in the relationship and hopefully diminishing the vicious cycle of fear.[2,6,10,16]

Practicing standard precautions further carries out the principle of trustworthiness for the patient. When the patient can see that the DHCP takes steps toward physical safety—such as proper PPE, handwashing, wiping down surfaces, and opening sterilized instrument pouches—trust and reliability are established.[2]

Peer support: Peer support is a principle used in trauma-informed care that connects patients with peers or other people who have experienced trauma. This gives them a sense of community and promotes healing. As relationships and trust are built, dental clinicians often serve as a safe place for patients to disclose life events and hardships. Be prepared to offer peer support by having one to three referrals to local resources available to a patient.[4,6]

Collaboration and mutuality: Dental professionals are inherently in a place of greater power than the patient. Patients seek knowledge and skill from the DHCP, leaving them potentially vulnerable and in a position of less power. A key component to collaboration and mutuality in trauma-informed care is reducing or eliminating the power differential with the patient. Avoid lecturing from the place of an expert and join the patient as a peer for collaboration and support. A patient who is a trauma survivor may want to feel in control of choices about treatment.[4,17]

Motivational interviewing is a form of skilled communication commonly used by health-care professionals that strategically creates collaboration and mutuality with the patient. The art of motivational interviewing takes time and practice to refine and could serve as an effective intervention for dental providers who strive for a trauma-informed environment.[19]

One motivational interviewing skill is approaching the patient with open-ended questions that guide the conversation toward goal-setting based on the patient's needs and wants. Other strategies involve using an importance ruler and asking the patient for permission to proceed with an exam, treatment planning, or education. An importance ruler is a simple question that elicits knowledge about the patient's desires for change. For example, "On a scale of 1–10, how important is it to you to improve the health of your gums?" Questions such as this help the DHCP join the patient where they are and progress with a collaborative plan. Asking for permission to proceed builds trust and allows the patient to feel in control of the appointment. Building motivational interviewing skills is an essential asset for a trauma-informed DHCP. For more information on training in motivational interviewing, visit the Motivational Interviewing Network of Trainers at motivationalinterviewing.org.[20,21]

Empowerment, voice, and choice: Empowerment, voice, and choice are principles that call upon each team member to recognize, honor, and build upon the patient's strengths and experiences. Team members are committed to empowering individuals so that each patient may have the opportunity to heal wounds that perpetuate the vicious cycle of dental fear.[4]

In this phase, the clinician is called to remove labels by seeing the patient as a resilient person instead of pathology.[22] This can be accomplished by being mindful of language. For example, avoiding the word "noncompliant" and replacing it with "the patient is not flossing" is one way to remove a label and describe behavior. This can circumvent retraumatization and assist in gaining knowledge about the root of the behavior without shutting down the patient.[17]

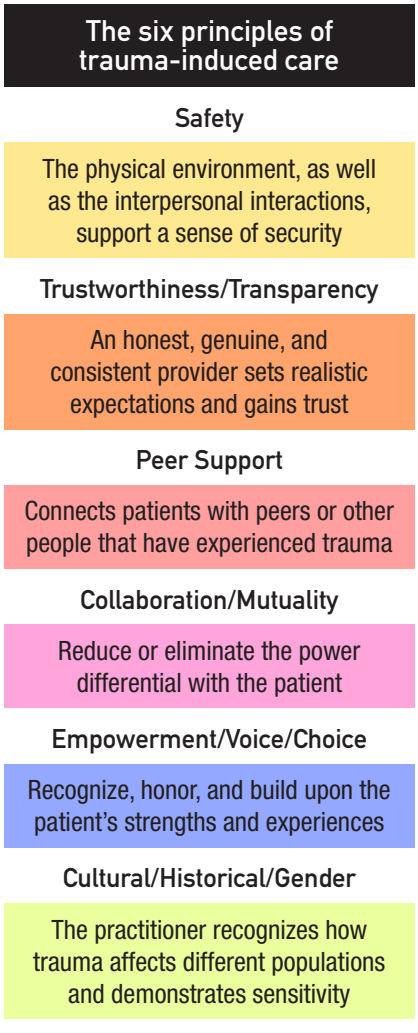

FIGURE 2: The six principles of trauma-informed care[17]

Avoiding dental and medical jargon is a further tactic in avoiding retraumatization and empowering the patient. When patients are triggered, and the fight/flight/freeze system has been activated, it is difficult to process new information through the frontal cortex. Using simple terms and common language empowers the patient with knowledge and new skills. It also allows the patient to process the information properly and maintains equality of power in the relationship.[2]

Motivational interviewing principles also apply to empowerment, voice, and choice in trauma-informed care. Using collaboration and mutuality for trust-building empowers patients to control their health with shared decision-making and goal-setting.[6]

Cultural, historical, and gender issues: Cultural competency is defined as "the awareness of and respect for an individual's or a population's cultural differences, the recognition of how these differences impact a specific group, such as health-care providers, and the ability to communicate effectively and work cross-culturally."[23] Groups of people may have been subject to systemic abuse based on cultural, gender, sexuality, or racial factors. In trauma-informed care, the practitioner recognizes how trauma affects different populations and demonstrates sensitivity.[22]

Conclusion

The dental office is a primary fear and anxiety inducer for patients who have experienced trauma. Patients may present with unexplained behaviors or feelings that are difficult to trace back to unresolved, non-dental-related traumatic experiences. The DHCP must view the patient through a trauma-informed lens to establish safety, collaboration, support, trust, and empowerment.

When the clinician recognizes that a patient may be reacting to the fight/flight/freeze system based on past trauma, the DHCP can better understand what the patient is feeling. This assists in accepting what could be going on behind the behavior. In this process, the clinician should also engage in self-care and recognize when one must calm themselves before engaging with an anxious patient. As more dental professionals are educated and implement trauma-informed care, patients who have experienced trauma can overcome fear, build resilience, and break the vicious cycle of dental fear.

References

1. Swarthout-Roan K, Singhvi P. The roots of dental fears. *RDH.* December 2013.
2. Fleishman J, Kamsky H, Sundborg S. Trauma-informed nursing practice. *Online J Issues Nurs.* 2019;24(2):Man 3. doi:10.3912/OJIN.Vol24No02Man03
3. Nuckols CC. *Diagnostic and Statistical Manual of Mental Health Disorders, 5th ed. DSM-5.* American Psychiatric Association; 2013.
4. SAMHSA's concept of trauma and guidance for a trauma-informed approach. Substance Abuse and Mental Health Services Administration. July 2014.
5. Sperry L. Trauma, neurobiology, and personality dynamics: a primer. *J Individual Psychol.* 2016;72(3):161-167.
6. Quaile HC. Trauma-informed care for the primary care provider. *Women's Healthcare.* 2020;8(4):1-12.
7. Sapolsky R. Stress and your body. The Great Courses. The Teaching Company. 2010.
8. van der Kolk B. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.* Penguin Books; 2015.
9. Boccia M, D'Amico S, Bianchini F, et al. Different neural modifications underpin PTSD after different traumatic events: an fMRI meta-analytic study. *Brain Imaging Behav.* 2015;10(1):226-237.
10. Leitch L. Action steps using ACEs and trauma-informed care: a resilience model. *Health Justice* 2017;5(5). https://doi.org/10.1186/s40352-017-0050-5
11. Beaton L, Freeman R, Humphris G. Why are people afraid of the dentist? Observations and explanations. *Med Princ Pract.* 2014;23(4):295-301.
12. Armfield JM. What goes around comes around: revisiting the hypothesized vicious cycle of dental fear and avoidance. *Community Dent Oral Epidemiol.* 2013;41(3):279-287.
13. Comer RJ. *Abnormal Psychology.* 7th ed. Worth Publishers; 2021.
14. Levine PA. *Trauma and Memory: Brain and Body in a Search for the Living Past.* North Atlantic Books; 2015.
15. Gerber MR. *Trauma-informed Healthcare Approaches: A Guide to Primary Care.* Springer; 2019.
16. Trauma-informed care in behavioral health sciences. Tip 57. Substance Abuse and Mental Health Services Administration. 2014.
17. Quaile HC, Benyounes-Ulrich J. Trauma-informed care part 1: the road to its

operationalization. *Women's Healthcare.* June 14, 2021.
18. Trauma informed care training: an intro-level training provided by DFPS. Texas Department of Family and Protective Services. Updated 2019.
19. Sypniewski R. Motivational interviewing: a practical intervention for school nurses to engage in trauma informed care. *NASN Sch Nurse.* 2016;31(1):40-44. doi:10.1177/1942602X15576777.
20. Motivational Interviewing Network of Trainers. https://motivationalinterviewing.org
21. Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change.* 3rd ed. The Guilford Press; 2013.
22. Purkey E, Patel R, Phillips SP. Trauma-informed care: better care for everyone. *Can Fam Physician.* 2018;64(3):170-172.
23. Nathe C. *Dental Public Health and Research: Contemporary Practice for the Dental Hygienist.* 4th ed. Pearson; 2017.

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QUESTIONS

1. Which of the following is not true of trauma-informed care?
   A. It raises awareness that seemingly irrational patient behavior has the potential to be trauma based.
   B. It has gained impetus in health-care professions.
   C. It teaches clinicians to proceed with empathy.
   D. All of the above are true.

2. What is dysphoria?
   A. Feelings of intense excitement and happiness
   B. An inability to feel pleasure
   C. A state of joy or bliss
   D. Feelings of distress and uneasiness

3. What is anhedonia?
   A. Feelings of intense excitement and happiness
   B. An inability to feel pleasure
   C. A state of joy or bliss
   D. Feelings of distress and uneasiness

4. Trauma is easy to define. It can look different from person to person.
   A. The first statement is false; the second statement is true.
   B. The first statement is true; the second statement is false.
   C. Both statements are true.
   D. Both statements are false.

5. Traumatic events generally produce feelings of:
   A. Terror
   B. Helplessness
   C. Horror
   D. All of the above

6. Trauma can occur indirectly in the form of witnessing harm to another person. This is known as primary traumatic stress.
   A. The first statement is false; the second statement is true.
   B. The first statement is true; the second statement is false.
   C. Both statements are true.
   D. Both statements are false.

7. Which of the following is not one of the three Es of trauma?
   A. Events
   B. Experience
   C. Energy
   D. Effects

8. A traumatic event can be:
   A. A one-time occurrence
   B. Repeated
   C. Both A and B
   D. None of the above

9. What determines whether an event is considered traumatic?
   A. The interpretation of the individual's experience
   B. It's a group decision.
   C. It's random.
   D. The clinician will decide.

10. In those with traumatic stress, stress hormones continue to excrete long after the perceived threat is gone and are often expressed as:
    A. Anger
    B. Panic
    C. Agitation
    D. All of the above

11. The hippocampus ___ in response to prolonged high levels of glucocorticoids, while the amygdala gets ___ when retraumatized.
    A. Enlarges; hyperexcited
    B. Shrinks; hyperexcited
    C. Shrinks; underexcited
    D. Enlarges; underexcited

12. The patient who avoids dental visits until an emergency visit due to acute or chronic pain is called:
    A. The blissful cycle of dental fear
    B. The easy cycle of dental fear
    C. The vicious cycle of dental fear
    D. The experienced cycle of dental fear

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QUESTIONS

13. Dental fear can be linked to former, non-dental-related trauma. This is due to stimulus generalization.
    A. The first statement is false; the second statement is true.
    B. The first statement is true; the second statement is false.
    C. Both statements are true.
    D. Both statements are false.

14. A patient could potentially feel ___ when in the vulnerable position of laying back and having instruments or hands placed in the mouth.
    A. Out of control
    B. Comfortable
    C. In control
    D. At ease

15. Indirect stimuli may activate the patient's amygdala and sympathetic nervous system, creating feelings of:
    A. Fear
    B. Anxiety
    C. Panic
    D. All of the above

16. What percentage of individuals suffer from dental fear?
    A. 100%
    B. 70%
    C. 36%
    D. 2%

17. When a clinician assumes that any patient could be a survivor of trauma and proceeds accordingly, this is called:
    A. Trauma-informed care
    B. Cavity-informed care
    C. Treatment-informed care
    D. Purpose-informed care

18. Trauma-informed care aims to improve all of the following except:
    A. Patient interactions
    B. Patient safety
    C. Treatment outcomes
    D. Scaling techniques

19. Which one of these is not one of the four Rs of trauma-informed care?
    A. Realization
    B. Recognition
    C. Rationalizing
    D. Resisting

20. Which of the four Rs of trauma-informed care involves the dental health-care professional learning to identify potential signs of a trauma survivor?
    A. Realization
    B. Recognition
    C. Responding
    D. Resisting

21. Which of the four Rs of trauma-informed care involves understanding that trauma is widespread and any patient could be operating from a place of stress-induced survival?
    A. Realization
    B. Recognition
    C. Responding
    D. Resisting

22. Which of the four Rs of trauma-informed care involves taking steps within the office to avoid retraumatizing patients?
    A. Realization
    B. Recognition
    C. Responding
    D. Resisting

23. Supporting a sense of security should start where?
    A. First interaction in the reception area
    B. While taking patient vitals
    C. After reviewing home care
    D. Following walking patient to the check-out area

24. Which of the following is not a step that the DHCP can take in order to create a feeling of safety for a patient who has experienced physical or sexual abuse?
    A. Ask permission before touching the patient for the first time
    B. Create a safety cue, such as raising a hand as a sign to stop treatment
    C. Keep going if a patient asks to stop
    D. Make patient aware that they have body autonomy

25. What are steps to take to protect patient privacy?
    A. Keep a low speaking voice in an open operatory office.
    B. Use proper HIPAA protocols.
    C. Ask accompanying persons to step into the waiting room while discussing private information.
    D. All of the above

26. What is a principle of trauma-informed care that connects patients with other people who have experienced trauma?
    A. Safety
    B. Peer support
    C. Trustworthiness and transparency
    D. Collaboration and mutuality

27. Which of the following is not a strategy used with motivational interviewing?
    A. Asking easy yes-or-no questions
    B. Approaching patients with open-ended questions
    C. Using an importance ruler
    D. Asking the patient for permission to proceed

28. What strategies can be used to empower a patient?
    A. Remove labels by being more mindful of language.
    B. Avoid dental and medical jargon.
    C. Use motivational interviewing techniques.
    D. All of the above

29. The awareness of and respect for an individual's or a population's cultural differences, the recognition of how these differences impact a specific group, such as health-care providers, and the ability to communicate effectively and work cross-culturally is called:
    A. Cultural competency
    B. Dental competency
    C. Mutuality competency
    D. Safety competency

30. Which of the following is not a goal of DHCPs implementing trauma-informed care with patients?
    A. Patients overcome fear.
    B. Patients build resilience.
    C. Patients simply make it through the appointment.
    D. Patients break the vicious cycle of dental fear.

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ANSWER SHEET

Trauma-informed approach to care in the dental setting

NAME: TITLE: SPECIALTY:

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COURSE CAN ALSO BE COMPLETED ONLINE AT A LOWER COST. Scan the QR code or go to dentalacademyofce.com to take advantage of the lower rate.

Educational Objectives

1. Describe how previous trauma affects patients in the dental office
2. Understand the neurobiological responses to trauma
3. List the key factors in creating a safe space and empowering patients who are victims of trauma
4. Utilize modes of patient communication and approaches that reduce retraumatization
5. Define the key components to implementing trauma-informed care in the dental setting

Course Evaluation

1. Were the individual course objectives met?

   Objective #1: Yes No Objective #3: Yes No Objective #5: Yes No

   Objective #2: Yes No Objective #4: Yes No

Please evaluate this course by responding to the following statements, using a scale of Excellent = 5 to Poor = 0.

2. To what extent were the course objectives accomplished overall?	5	4	3	2	1	0
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6. Please rate the author's effectiveness.	5	4	3	2	1	0
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8. Please rate the usefulness and clinical applicability of this course.	5	4	3	2	1	0
9. Please rate the usefulness of the references.	5	4	3	2	1	0
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11. Would you take a similar course on a different topic?	Yes		No			

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    _____

13. Was there any subject matter you found confusing? Please describe.

    _____

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    _____

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5.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	20.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
6.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	21.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
7.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	22.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
8.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	23.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
9.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	24.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
10.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	25.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
11.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	26.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
12.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	27.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
13.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	28.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
14.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	29.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
15.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	30.	Ⓐ	Ⓑ	Ⓒ	Ⓓ

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