



# Trauma Informed Dental Care

**Presented by:**

**Jill A. York, DDS, MAS, FICD, FACD**

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# AETC Resources

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## AETC Program – National Centers and National HIV Curriculum

- **National Coordinating Resource Center** – serves as the central web-based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org/>
- **National Clinician Consultation Center** – provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc.ucsf.edu>
- **National HIV Curriculum** – provides ongoing, up-to-date HIV training and information for health professionals through a free, web-based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: [www.hiv.uw.edu](http://www.hiv.uw.edu)



# NEAETC Online HIV Resource Library

- NEAETC's [HIV Resource Library](#) is a compilation of curated information resources and education packets on HIV, viral hepatitis, and related public health topics.



- Information resources on oral health and HIV are available at <https://www.neaetc.org/p/hiv-and-oral-health-ori-page>.



# Improving Care for People with HIV in a Dental Practice: Using a Trauma-Informed Approach

Jill A. York, DDS, MAS, FICD, FACD

*CBDPP Program Director, Rutgers School of Dental Medicine*

# Learning Objectives

At the conclusion of this activity participants will be able to:

- Provide an overview of the approach used by a Part F Community-Based Dental Partnership (CBDP) to integrate/implement trauma-informed care into the program
- Provide concrete examples of strategies to create a more trauma-informed practice to improve the delivery of dental care

# Dental Practitioners

- 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 (Wolfe, 2001).
- 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.
- The importance of interprofessional and patient collaboration is emphasized by the American Dental Association in its strategic plan.

# Dental Practice

- Trauma-informed care does not mean that you have to ask your patients sensitive or uncomfortable questions.
- Nor does it mean that a dentist has to take on the duties of a social worker or psychologist.
- Dentists have a responsibility to work with all patients to help them feel comfortable, safe, and connected which helps create optimal opportunities for recovery and healing.

# Ryan White Part F Program Goals

- Increase access to oral health care to oral health care for clients with HIV in areas that remain underserved, especially in communities without dental programs
- Increase the number of dental providers capable of managing the oral health needs of clients with HIV, through community-based service-learning experiences



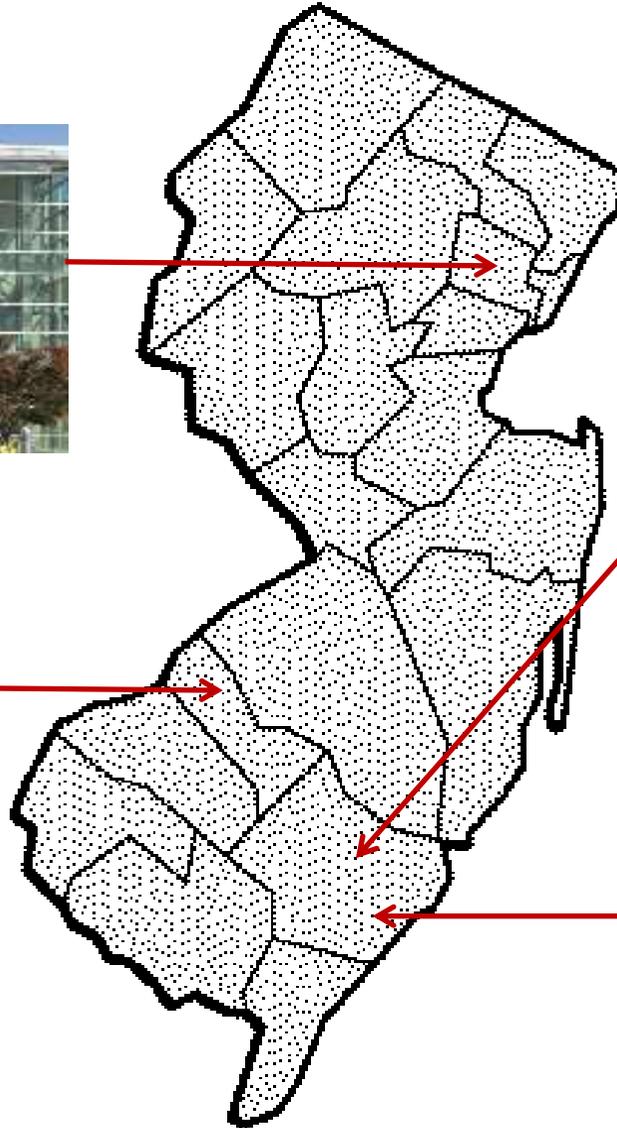
# Locations



**Newark**



**Somerdale**



**Galloway**



**Northfield**

# Workforce Development

CODE I	CODE II
Full Academic Year	Two Week Minimum
Voluntary (required application)	Mandatory (required questionnaire)
End of August / beginning of September	Summer Break / academic year
Primary Location: Northfield / Somerdale	Primary Location: Galloway

# Trauma and People with HIV

- People with HIV are disproportionately burdened by trauma and the resultant negative consequences
- Trauma and post-traumatic sequelae in people with HIV often go unrecognized and untreated
- Experience of trauma includes physical, sexual, and emotional abuse; family and community violence; natural disasters; war; and the ongoing cumulative impact of poverty, racism, and oppression
- Trauma affects individuals and groups across all genders, ages, socioeconomic statuses, geographical locations, racial and ethnic identities, and sexual orientation

# Preliminary Research



- Provide data to the team for the creation of a trauma-informed care program in a dental setting targeting clients with HIV
- Interview dental professionals and staff regarding the practice of trauma-informed care with clients with HIV prior to launching the program
- Identify opportunities to define best practices for the implementation of trauma-informed dental care

# Findings

- Dental practitioners unknowingly practice trauma-informed care
- The academic basis of trauma-informed care is not well understood
- HIV status has little impact on dental interventions
- Elderly and female patients are more willing to open up about past incidents
- More information on trauma-informed care is requested by the providers



Who-

RSDM in partnership with the NJ Department of Health and Cicatelli Associates, Inc.

What-

Adopted a trauma-informed approach to care for people with HIV

**Medical Home Model**

When-

Initiated January 2017, full implementation January 2018

Where-

RSDM three extramural clinics in southern New Jersey

# Intervention Implementation

## ■ Realize

- Trauma Informed Community Launch
- NJ TIC Leadership Meeting

## ■ Recognize

- RSDM TIC Planning Meeting
- RSDM TIC Baseline Training
- RSDM Technical Assistance Meeting
  - Organizational Cultural Assessment
  - Physical Environment Assessment

## ■ Response

- RSDM TIC Task Force
- RSDM Physical Environment Action Plan
- RSDM Organizational Cultural Action Plan

## ■ Resist Re-traumatization

- RSDM Technical Assistance Meeting
  - Organizational Cultural Re-Assessment
  - Physical Assessment Re-Assessment

# Agency Profile Questionnaire

- ✓ Agency Characteristics
- ✓ Financing Services
- ✓ Documentation of Services Provided to Clients
- ✓ Consumer Engagement
- ✓ Quality and Performance Monitoring
- ✓ Number of Clients Served
- ✓ Staffing Structure
- ✓ Services Provided to Clients
- ✓ Screening Services
- ✓ Referral Services
- ✓ Coordination of Care
- ✓ Special Projects

## Consumer Engagement

Consumers play an important role in trauma-informed care delivery and by engaging them in service planning, implementation, and evaluation, your agency can ensure care is relevant and consumers' voices are heard.

Please answer the following questions about the current role of consumers at the agency.

### 4a. Does your agency have a Consumer Advisory Board (CAB) specific to your HIV Program?

- Yes (*see below*)
- No
- Not Sure

4a.1 How often is this group scheduled to meet? \_\_\_\_\_

4a.2 When did this group last meet? \_\_\_\_\_

### 4b. Do you see a role for the CAB in the trauma-informed care cultural and safety assessment process?

- Yes
- No
- Not Sure

### 4c. Do you administer patient satisfaction/experience surveys for HIV services?

- Yes (*see below*)
- No
- Not Sure

4c.1 How do you administer this (*check all that apply*):

- Online
- Onsite, via paper
- Onsite, via tablet or computer
- Other [list]: \_\_\_\_\_

4c.2 How often do you administer (e.g., monthly, annually)? \_\_\_\_\_

-

4c.3 Do you share the results with staff, consumers and/or use the results in CQI processes?

- Yes
- No
- Not Sure

## Special Projects

In the space below indicate what, if any, special projects the agency and/or HIV services are involved with.

### 12a. Is the agency currently participating in the Community Health Worker (CHW) initiative?

- Yes (*see below*)
- No
- Not Sure

12a.1 Are you providing navigation services outside of CHW services?

- Yes
- No
- Not Sure

12a.2 Are you providing case management services outside of CHW services?

- Yes
- No
- Not Sure

### 12b. Is the agency currently involved in New Jersey Behavioral Health & Primary Care HIV Integration Project (B-HIP)?

- Yes
- No
- Not Sure

### 12c. Is the agency participating in or planning on participating in the New Jersey Housing Collaborative?

- Yes
- No
- Not Sure

### 12d. Is the agency currently involved in any other special projects?

- Yes (*see below*)
- No
- Not Sure

## Leadership Engagement

- Secure leadership commitment
- Identify the needs TIC will address
- Determine how TIC can be integrated into dental services

## Trauma-Informed Education and Organizational Readiness

- Develop messages about why trauma-informed care is important
- Assess culture and environment using a trauma-informed lens
- Identify potential strengths and challenges to integration

## Policies and Procedures

- Apply the TIC lens to policies and procedures
- Explore needed modifications for faculty, staff, and student orientation
- Finalize strategic implementation plan

## Training

- Training on the importance of providing TIC and how they can integrate it into their role specific duties
- Work with supervisors to integrate TIC into the supervision approach

## Implementation

- Set performance targets
- Collect real-time data
- Redefine implementation plan as needed
- Develop sustainability plan

# Organizational Cultural Assessment

**Core Value: Choice**

*Key questions: To what extent do the program's activities and settings ensure the clients and staff experience choice?*

Element	Current Status	Priority	Timeframe to Address
38. Policies, procedures, and/or mechanisms exist to elicit client/consumer preferences and incorporate choice into their care and treatment plans	<input type="checkbox"/> Describes us well <input type="checkbox"/> Almost there <input type="checkbox"/> Just getting started <input type="checkbox"/> Does not describe us <input type="checkbox"/> Not applicable <input type="checkbox"/> Don't know	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Long (12+ m) <input type="checkbox"/> Medium (6-12 m) <input type="checkbox"/> Short (1-6 m)
39. The program builds in small choices that make a difference to clients throughout all aspects of service delivery (e.g., When would you like me to call? Is this the best number for you? Where would you like to sit? Would you like a morning or afternoon appointment?)	<input type="checkbox"/> Describes us well <input type="checkbox"/> Almost there <input type="checkbox"/> Just getting started <input type="checkbox"/> Does not describe us <input type="checkbox"/> Not applicable <input type="checkbox"/> Don't know	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Long (12+ m) <input type="checkbox"/> Medium (6-12 m) <input type="checkbox"/> Short (1-6 m)
40. Client/consumer is informed about the choices and options available in all aspects of their services.	<input type="checkbox"/> Describes us well <input type="checkbox"/> Almost there <input type="checkbox"/> Just getting started <input type="checkbox"/> Does not describe us <input type="checkbox"/> Not applicable <input type="checkbox"/> Don't know	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Long (12+ m) <input type="checkbox"/> Medium (6-12 m) <input type="checkbox"/> Short (1-6 m)

- Senior leadership identifies the cultural assessment workgroup
- Workgroup reviews and finalizes the assessment tool
- Workgroup determines assessment distribution strategy
- Assessment completion
- Analysis
- Prioritization
- Implementation of solutions

# Physical Environment Assessment

**Core Value: Safety for Clients and Staff**

*Key questions: To what extent do the program's activities and physical environment ensure the physical safety of clients and staff?*

- Site Tour
- Analysis of Priority
- Timeframe to Address

Element	Current Status	Priority	Timeframe to Address
1. Sidewalks and parking areas are well lit	<input type="checkbox"/> Present	<input type="checkbox"/> Low	Long (12+ m)
	<input type="checkbox"/> Somewhat present	<input type="checkbox"/> Medium	Medium (6-12 m)
	<input type="checkbox"/> Not present	<input type="checkbox"/> High	Short (1-6 m)
	<input type="checkbox"/> Not Applicable		
2. Outside signage to the program location are easy to locate and clear	<input type="checkbox"/> Present	<input type="checkbox"/> Low	<input type="checkbox"/> Long (12+ m)
	<input type="checkbox"/> Somewhat present	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium (6-12 m)
	<input type="checkbox"/> Not present	<input type="checkbox"/> High	<input type="checkbox"/> Short (1-6 m)
	<input type="checkbox"/> Not Applicable		
3. Exterior doorways and stairways are well lit	<input type="checkbox"/> Present	<input type="checkbox"/> Low	<input type="checkbox"/> Long (12+ m)
	<input type="checkbox"/> Somewhat present	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium (6-12 m)
	<input type="checkbox"/> Not present	<input type="checkbox"/> High	<input type="checkbox"/> Short (1-6 m)
	<input type="checkbox"/> Not Applicable		
4. Routes to/from public transportation are well lit	<input type="checkbox"/> Present	<input type="checkbox"/> Low	<input type="checkbox"/> Long (12+ m)
	<input type="checkbox"/> Somewhat present	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium (6-12 m)
	<input type="checkbox"/> Not present	<input type="checkbox"/> High	<input type="checkbox"/> Short (1-6 m)
	<input type="checkbox"/> Not Applicable		
5. Signage to the receptionist and other offices are easy to locate, clear and in the language(s) spoken by clients	<input type="checkbox"/> Present	<input type="checkbox"/> Low	<input type="checkbox"/> Long (12+ m)
	<input type="checkbox"/> Somewhat present	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium (6-12 m)
	<input type="checkbox"/> Not present	<input type="checkbox"/> High	<input type="checkbox"/> Short (1-6 m)
	<input type="checkbox"/> Not Applicable		
6. Client/Consumer rights are posted in visible places (e.g. confidentiality, nondiscrimination)	<input type="checkbox"/> Present	<input type="checkbox"/> Low	<input type="checkbox"/> Long (12+ m)
	<input type="checkbox"/> Somewhat present	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium (6-12 m)
	<input type="checkbox"/> Not present	<input type="checkbox"/> High	<input type="checkbox"/> Short (1-6 m)
	<input type="checkbox"/> Not Applicable		

# Cultural and Physical Assessment

Integrate trauma-informed care into the culture, environment, and service delivery

Emphasize education and awareness about trauma for faculty, staff, students and clients

Improve client experience and health outcomes

# Six Guiding Principles Trauma-Informed Approach



# Physical & Emotional Safety

- Be consistent and predictable
- Non-shaming, non-blaming, non-violent
- Ensure privacy and confidentiality
- Provide clear expectations about what is happening and why
- Create a safe and welcoming environment



# Trustworthiness & Transparency

- Build and maintain trust among staff, clients, family members of those served
- Maintain professional boundaries
- Transparent policies and processes
- Roles are clear
- An informed consent and grievance process are present



# Peer Support



- Establish safety and hope
- Build trust
- Use stories and lived experiences to promote recovery and healing
- Enhance collaboration

# Collaboration & Mutuality



- Ensure respect, connection, and hope
- Recognize healing occurs in the context of interpersonal relationship
- Share in decision making
- Create a true partnership – level power difference between providers, staff, and clients
- Recognize that everyone has a role in the trauma-informed approach to care

# Partnerships

- Access One, Inc.
- Atlantic County Government, New Jersey
- AtlantiCare LIFE Connection
- AtlantiCare Regional Medical Center
- Cicatelli Associates Inc.
- Cooper Health Systems
- Health Resources and Services Administration
- Thomas Jefferson University Hospital, Inc.
- New Jersey Department of Health
- AIDS Education Training Center
- Philadelphia Department of Public Health
- Rowan University, Infectious Disease
- Rutgers School of Health Professions
- Rutgers School of Nursing
- Rutgers School of Public Health
- Southern New Jersey Regional Family HIV Treatment Center

# Empowerment, Voice & Choice

- Validate strengths and resilience
- Use strengths to build and enhance healthy coping skills
- Value social roles
- Increase and ensure individual control and autonomy
- Apply strength-based philosophy

**“We are all human, and the HIV/AIDS epidemic affects us all in the end. If we discard people who are dying from AIDS, then we can no longer call ourselves people”** *Nelson Rolihlahla Mandela*

# Cultural, Historical & Gender Issues

- Actively move past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender geography, etc.)
- Incorporate policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served





- Course 1: *Fundamentals of Cultural and Linguistically Appropriate Oral Health Care and Services*
- Course 2: *Culturally and Linguistically Appropriate Oral Health Practice Management*
- Course 3: *Communicating and Messaging in the Dental Chair*



## What does trauma-formed care look like in a dental practice?

**Traditional approach:** A 25 year-old client who experienced sexual trauma avoids appointments with the dentist. The dental clinic staff is concerned with scheduling and completing treatment. Interactions between the client and staff focus on the client's history of missed appointments and late cancellations.

**Trauma-informed approach:** When making appointments that will involve potentially triggering actions, a few simple questions are added to the phone script. Do you prefer a man or woman provider? Is there anything we need to know to make your visit more comfortable for you?

*In this scenario, dental clinic staff is signaling to the client that they will be entering a safe environment and that providers and staff want to help them feel comfortable.*

# What does trauma-formed care look like in a dental practice?

**Traditional approach:** A 50 year-old client with HIV sees their dentist once every six months and has the same conversation every time. The client pretends to be taking their medication as prescribed because they don't want to be admonished. The client grew up in an emotionally abusive household and still has difficulty dealing with authority figures.

**Trauma-informed approach:** The client is invited to be part of a support group where they interact with other clients, learn some healthy living skills, and can talk about how hard it is for them to follow their doctor's instructions. The group facilitator gives them some tools to use when talking to their doctor which can lead to setting smaller, more realistic goals.

*In this scenario, the dentist is a facilitator that gives the client additional tools that allow them to tailor their care according to their current needs and abilities. They are offered support that addresses lifestyle and psychological issues that impact their health management.*

# Performance Improvement

## Organizational

Policies emphasize respect for diversity in race, ethnicity, gender, sexual orientation, and life experiences among clients and staff

Formal policies in place to ensure client and staff safety

Policies and procedures around staff roles and responsibilities

**Policies, procedures, and mechanisms exist to elicit client/consumer preferences and incorporate choice into their care and treatment plans**

**Employees are welcoming of clients who wish to bring a support person to their appointment**

## Environmental

Outside signage to the program location is easy to locate and clear. (Change in percentage points – 100)

**Educational materials about trauma, traumatic stress, and its impact on health care in the waiting room. (Change in percentage points – 100)**

Program information is offered in multiple languages. (Change in percentage points – 67)

The needs of all gender identities are considered. (Change in percentage points – 67)

## Clinical

Number of unduplicated clients with HIV provided oral health services increased by 13.4%

**Number of new clients with HIV provided oral health care services increased by 108.3%**

Number of unduplicated Hispanic clients with HIV seen increased by 22.4%

Number of unduplicated clients of color with HIV seen increased by 8.2%

Number of referrals made by partner organizations increased by 38.7

**Trauma-informed training was provided to 32 RSDM employees and 351 dental students**



Jill A. York, DDS, MAS, FICD, FACD

110 Bergen Street, Room D-741

Newark, New Jersey 07103

(973) 972-0190

[yorkja@sdm.rutgers.edu](mailto:yorkja@sdm.rutgers.edu)