Trauma-Informed Care in Dentistry: The Patient Perspective

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Background & Purpose

Individuals with intellectual or developmental disabilities (IDD) experience higher rates of trauma compared to the general population[5]. Exposure to 4+ adverse childhood experiences is associated with a higher level of tooth loss and restorations when compared to individuals who had not experienced adversity[2]. Negative healthcare experiences can have profound and lasting effects on individuals' physical, emotional, and psychological well-being, influencing both their trust in medical systems and their willingness to seek care in the future[1].

Previous research has examined trauma-informed care in dentistry from the provider perspective[3], from the perspective of survivors of sexual abuse[7], and has made recommendations for integrating trauma-informed care in dentistry[4]. The purpose of this study is to better understand the experiences of dental patients with intellectual or developmental disabilities (IDD) when receiving dental care. This study aims to gather information that will help dental providers and social workers who work with dental patients with IDD to better understand their unique needs and challenges, and to improve dental care for these patients.
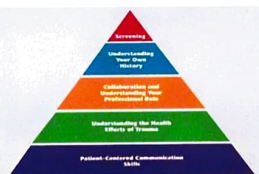
Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma informed care in medicine: current knowledge and future research directions. Family & community health, 38(3), 216-226.

What is Trauma Informed Care?

Trauma-informed care (TIC) is a framework that acknowledges the impact of trauma on an individual's well being and aims to encourage healthcare providers to recognize, understand, and respond to trauma[6]. TIC is designed to support individuals who have experienced trauma by promoting best practices that prioritize safety, empowerment, and respect.

There are several principles of trauma-informed care, for this study we focused on:
1. Safety
2. Collaboration and Mutuality
3. Empowerment, voice, and choice
4. Cultural Issues

Materials & Methods

Participants were recruited through a qualtrics survey distributed by UCLA's Tarjan Center. Inclusion criteria: aged 18+, diagnosed with an IDD, has prior dental care experience, able to complete a Zoom interview unassisted, and not under a conservatorship. Researchers conducted 6 semi-structured 1 hour interviews. Participant responses were coded for content and then grouped into major thematic categories.
Interview questions:
- What have your experiences been in terms of feeling safe or not in a dentist's office?
- What have your experiences been in getting information from your dentist about the problem you had and the possible treatment options?
- What have your experiences been with dentists in terms of who made the decision about how to treat your dental problem?
- Describe how your dentist and staff at his/her office considered your beliefs and preferences when providing your dental care?

Results

Preliminary results have found themes of prejudice; health behavior; communication, voice, and choice; and safety. Some codes that were used to develop these themes include:
- Prejudice
  - Ableism, provider stigma against individuals with IDD
- Health Behavior
  - Avoidance of dental care, switching dentist, and not returning to see provider
- Communication, Voice, and Choice
  - Dentist giving treatment options, dentist making the treatment decision, dentist explaining what they are doing, and dentist doing work without explaining what they are doing
- Safety
  - Fear of dental care, feeling unsafe, stress during dental treatment, feeling safe, and pharmacological interventions
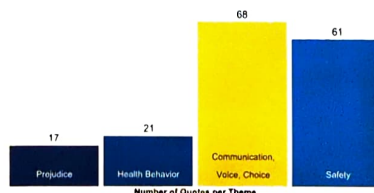
Discussion

This study has potential limitations. The recruitment survey generated 150 responses with 63 of those meeting eligibility criteria. We also received several inquiries from family members and caregivers of individuals with IDD who were interested in participating on behalf of their family member. Due to our limited capacity for interviews, we were only able to select 6 participants of the 63 eligible. Because our study focused on those who could complete the interview unassisted, we did not get a chance to capture the experiences of people with IDD with higher support needs or who are non-verbal.

Dental providers and other professionals working with patients with IDD can implement trauma-informed care practices into dental care by:
1. Understanding the unique challenges that individuals with IDD face when receiving dental care
2. Working with patients to create a comfortable environment where they feel safe
3. Working with patients and their families to make treatment decisions together
4. Understanding that patients cultural background, identities, and past trauma shape their experiences with healthcare, even if they have not shared these details with the provider

Conclusions & Future Research

The results of this study indicate that individuals with IDD may be particularly vulnerable to ableism and stigma from dental providers, which can exacerbate their fear and anxiety surrounding dental treatment. Based on the interest we received, we recommend that future research continue to collect information about patient experiences so that recommendations for implementing TIC in Dentistry can be made. By increasing awareness among dental providers and social workers, and ensuring patients have a voice in their care, the dental experience for individuals with IDD can be significantly improved, enhancing both their physical and emotional well-being.

References

1. Erikson, A. A., Erigren, L., Fredwall, T. L., & Larsen, J. B. (2021). Patients' negative experiences with health care settings brought to light by formal complaints: A qualitative metasynthesis. Journal of Clinical Nursing, 32(17-18), 5816-5833.
2. Ford, K., Brocklehurst, P., Hughes, K., Sharp, C. A., & Bellis, M. A. (2020). Understanding the association between self-reported poor oral health and exposure to adverse childhood experiences: a retrospective study. BMC Oral Health, 20(1), 51-51.
3. Gray, J. (2020). Dentists' self reported practice approach to working with patients who have psychological trauma symptoms (Doctoral dissertation, Adler University).
4. Kalathil, A. S., Bergren, T., Ramsberg, A., Mabon, C. S. Y., & Sivakgalan, H. (2020). A call for trauma-informed dental care for individuals with intellectual disabilities. Special Care in Dentistry, 44(4), 1128-1134.
5. McNally, P., Taggart, L., & Slevin, M. (2021). Trauma experiences of people with an intellectual disability and their implications: A scoping review. Journal of Applied Research in Intellectual Disabilities, 34(4), 927-949.
6. Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma informed care in medicine: current knowledge and future research directions. Family & community health, 38(3), 216-226.
7. Raja, S., Hoersch, M., Rajagopalan, C. F., & Chang, P. (2014). Treating patients with traumatic life experiences: Providing trauma-informed care. The Journal of the American Dental Association (1939), 145(3), 238-245.
8. Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.