

# Trauma-informed dentistry

Whole-of-patient care is an accepted gold standard, not only in dentistry but the wider landscape of healthcare. But when a patient presents with a mental or physical state influenced by a complex history – for example, the trauma of domestic or family violence – would you know where to start in ensuring your patient’s wellbeing, or in tailoring their treatment plan to appropriately address this complexity? We ask two experts in this field for more information in the truly gentle art of trauma-informed dentistry.

**W**hen FDIWDC23 comes to Sydney in September, many niche subjects will be addressed; particularly powerful will be the subject matter brought to the podium by trauma-informed dentistry expert, Dr Sharonne Zaks – on working with patients impacted by family violence and sexual assault – and special needs dentistry expert A/Prof. Sharon Liberali – presenting on oral health impacts of recreational drug use, but also bringing a wealth of experience in the trauma-informed space.

Simply put, trauma-informed dentistry is an approach to oral healthcare that acknowledges and addresses the potential impact of trauma on a patient’s overall wellbeing. Dental professionals who practise trauma-informed dentistry recognise that individuals may have experienced various forms of trauma, such as physical abuse or neglect, and the emotional distress that these can cause, which can significantly affect their dental experiences.

By creating a safe and supportive environment, trauma-informed dentistry aims to minimise triggers and promote a sense of trust, comfort, and control for patients. This approach might include, for example, open communication, actively listening to patients’ concerns, and involving them in the decision-making process. Dental providers practising trauma-informed dentistry prioritise the patient’s autonomy, dignity, and empowerment.

A history of trauma affects so much more than behaviour once in the chair. Studies show that “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”.<sup>1</sup> Likewise, a history of Adverse Childhood Experiences (ACEs) – which can often involve the impact of physical, sexual or verbal abuse or neglect – does not always show on the surface but can manifest in ‘health risk behaviours’, e.g. neglect of preventive self care, excessive use of alcohol and/or drugs, or a disordered relationship with food and eating (see Figure 1, right).

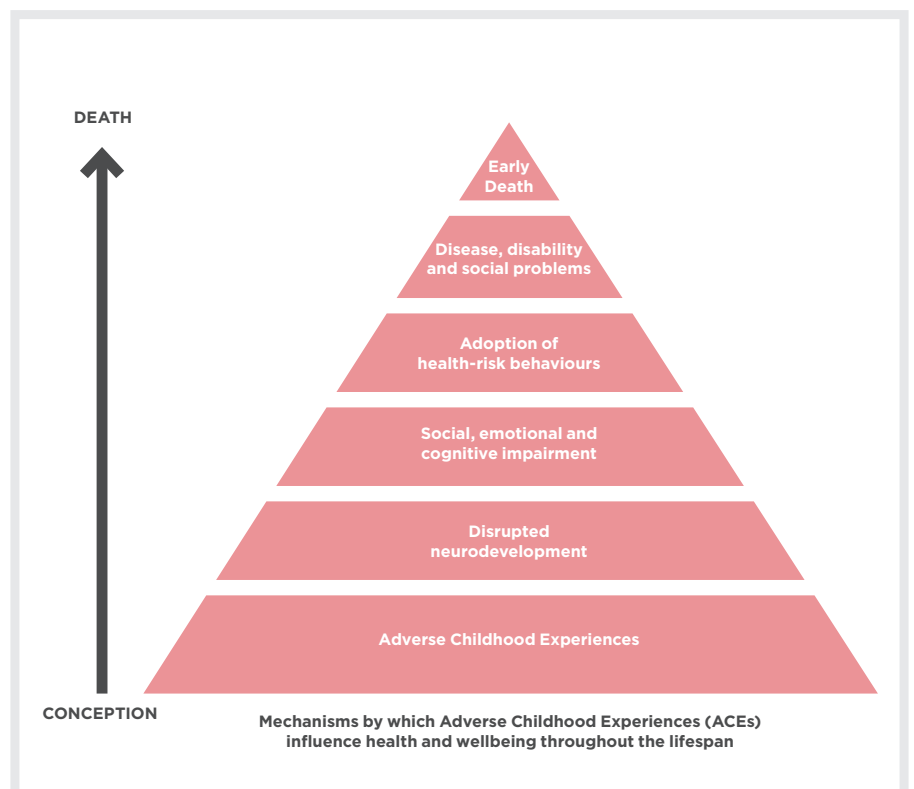


Figure 1: ACEs pyramid

## Treating trauma: what does that look like?

“Trauma-informed care is an approach to engaging people with experience of trauma, that recognises the presence of trauma and acknowledges the role that trauma has played in their lives,” says A/Prof. Liberali. “It involves the awareness and avoidance of practices or behaviours that may lead to re-traumatisation, and embraces a message of hope and optimism that belief in themselves and others is possible.

“Many patients with special needs have a lived experience of trauma, in some form,” she continues. “For me, both as a clinician treating patients with special needs and as a manager of a public special needs dental service, understanding how past/current experience of trauma

influences and/or impacts on a person’s ability to access and receive dental care is an important aspect of enabling and supporting the provision of quality and timely oral healthcare.

“Incorporating a trauma-informed approach to oral healthcare into daily clinical practice enables the provision of oral healthcare for people with a lived experience of trauma based on trust and understanding. People with an experience of trauma, especially those with a history of family or domestic violence, often have intense feelings of fear and lack of trust and control. They often feel helpless, as their trauma experience changes the way they understand themselves, the world around them and others.

“It’s important to appreciate that domestic or family violence doesn’t always include physical violence. It is the behaviour, whether actual or threatened, that makes the person apprehensive about his/her personal wellbeing, or safety. These behaviours psychologically change their belief in themselves, diminishes their ability to trust, not only the perpetrators and others, but also themselves, and their ability to make decisions for themselves.

“For many patients it is only after they experience a trauma-informed approach to oral healthcare, that they learn to trust both the practitioner and their support staff. This trust then enables them to share their personal history, and for some this includes domestic and family violence, experiences of homelessness or displacement as a result of being a refugee or asylum seeker, a history of sexual abuse, or drug and/or alcohol abuse,” says A/Prof. Liberali.

“The two biggest fears patients describe in my experience, are the fear of a lack of control and the fear of being judged, for example about the state of their mouths,” says Dr Zaks. “All trauma involves the loss of power and control. When control is given back to patients through the creation of a strong sense of trust, safety, and empowerment, the transformation that occurs is incredibly inspiring.

“Likewise, fear of judgement disappears when patients feel fully accepted, heard, understood, and valued. So much of this is conveyed through our facial expressions, tone of voice, open body language that matches what we say, and our ability to listen,” Dr Zaks continues. “As the burden of judgement decreases, deep shame and guilt can be released, which then allows self-care to occur, including brushing, flossing, and reliably attending dental appointments. All of this improves a patient’s self-worth and self-efficacy.”

## Increasing awareness

Is there more awareness of this kind of approach to care now? Dr Zaks says ‘yes’. “I have definitely seen an increase, which is deeply heartening,” she begins. “I feel the pandemic has really helped us all appreciate the impact of individual and collective trauma, and how inseparable our physical, emotional, and psychological health are.

“I continue to receive letters of gratitude for the free videos I created that are now being used by organisations, survivors, and oral health practitioners across Australia

### Where to start? Dr Zaks explains how this work could surprise you

- No special personality or magical talent is required to do great work in this area; the skill set can be learnt and applied by all of us.
- Although patients may be very complex, we’re not expected to be psychologists: simple compassion and humility go a long way.
- The power of our relationship with patients to impact their lives beyond the surgery, and our ability to help heal psychological trauma as dental practitioners.
- How deeply satisfying this work can be. For example, the depth of the connection that develops as a product of working through any fears and obstacles together, the honour of being in this trusted role, and the huge potential for change, even if the starting place is very difficult.
- Realising just how much patients are picking up from us, and the difference even subtle changes in our attitude and approach to them can make. Once you connect, these patients will be yours for life and usually refer many others to you.
- The power of our belief in patient’s capability: this can act as an anchor, giving patients the courage to take risks and face their fears. Over time they develop confidence in their ability to cope with procedures and eventually you really can tackle anything. This is incredibly empowering for everyone involved.
- The benefits of using this approach not just for our patients, but for ourselves, our teams, the workplace culture, and relationships in general. Just a few examples of this are lower rates of burnout, improved listening skills, increased emotional intelligence, awareness of our biases, assumptions, and non-verbal expressions, and the evidence that compassion for others makes us happier and more compassionate towards ourselves.

and around the world,” she says. “Likewise, after lectures I have given, people express how helpful and immediately applicable the material is. However, there is still a long way to go. The current dental system fails trauma survivors, anxious, and phobic patients in so many ways. For example, it presents financial and time pressures, which tend to encourage a more short-term focus on speed and output. A longer-term approach, although requiring more time initially, supports the development of high-quality trusting relationships that are especially critical for this population.”

A/Prof. Liberali agrees, and adds that there is plenty of room for further development in this area. “The Australian Dental Council’s Professional competencies of the newly qualified dental practitioner (2023) outlines the expectation that newly qualified dental practitioners must be able to ‘recognise, assess and respond to domestic and family violence risk, prioritise safety, provide information, and refer as required’.

“Things are certainly moving in the right direction, particularly since the Royal Commissions into Family Violence in 2016 and into Aged Care Quality and Safety in 2018. It’s a great sign that the outcomes of these informed the ADC’s ‘Professional competencies of the newly qualified dentist,’ released last year,” agrees Dr Zaks. “Along the same lines, the MARAM guidelines, rolled out across Victoria over the last three years in response to the Royal Commission, have really helped with risk assessment and management regarding family violence.”

As she has responsibility for teaching Geriatric & Special Needs Dentistry to the undergraduate dental students at the Adelaide Dental School, A/Prof. Liberali has seen trauma-informed care incorporated into the curriculum both in lecture format and as an integrated learning activity, but also as a clinical placement experience in the Special Needs Unit of the Adelaide Dental Hospital.

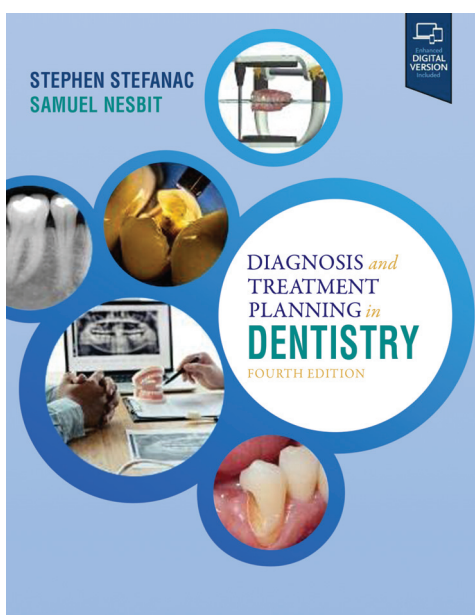
“Last year senior dental students were also invited to attend a lecture on homelessness, domestic and family violence, and trauma-informed care provided by myself, the Manager of Client Services at Catherine House as well as a resident of the facility with a lived experience of homelessness and domestic violence,” she says.

“Most dental practitioners have not received any formal training on trauma-informed care or domestic and family violence. As a result they can find it challenging to understand and manage some of the anxiety-related behaviours of a patient who has current or past experience of family or domestic violence. It would be wonderful if more CPD on these topics, particularly trauma-informed care, was available to the profession.”

Dr Zaks would like to see the integration of the trauma-informed approach as standard in dental practice, and applied as a universal precaution for all patients. “Given the statistics, we are already seeing survivors as our regular patients, usually without any awareness of their history,” she says. “This approach has been proven to benefit all patients, staff, and practitioners; now it’s a matter of translating this



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research into clinical practice. Integration would also give dentists the confidence and competence to see many more special needs patients in general practice, significantly reducing the number of patients placed into that category and needing referral.

“In order to achieve this, I have started working with A/Prof. Rachel Martin (Network for the Integration of Oral Health; University of Melbourne), Dr Katy Theodore (ADAVB, Co-chair ADHF Victoria) and Dr Susan Wise (Co-chair ADHF Victoria) on a collaborative venture. With the support of a number of organisations already and many wonderful people, including patients of mine, we are setting up a new Social Enterprise Trauma-Informed Dental Service.

“The first phase will be a training program providing targeted education for dental practitioners and their teams, and data collection for evaluation of the program. We are currently interviewing clinicians and others working in the dental healthcare space so that we can facilitate the most effective design and delivery of this training. We welcome anyone who’s interested in this to please get in touch!” (Email: [smile@zaksdental.com.au](mailto:smile@zaksdental.com.au))

A/Prof. Liberali has had success in conjunction with the Australian Dental Health Foundation (ADHF) and associated grant programs. “As principal dentist at Health Partners Dental, I have worked closely with Catherine House for many years. Catherine House provides crisis accommodation and support services for women experiencing homelessness in South Australia using a trauma-informed approach.

“I was very thankful that Health Partners Dental was successful in obtaining an Australian Dental Health Foundation (ADHF) Wrigley’s grant in 2022 for the ‘Health Partners – Giving a smile to women in need’ project. This grant has enabled us to provide more *pro bono* dental treatment for vulnerable women in the last six months, as well as oral health education to women who access their broader support services.”

#### Reference

1. Raja S, Hoersch M, Rajagopalan CF, Chang P. Treating patients with traumatic life experiences: providing trauma-informed care. *J Am Dent Assoc.* 2014 Mar;145(3):238-45. doi: 10.14219/jada.2013.30.

## Where to from here?

### Resources to understand this topic further

It is impossible to cover here such important subject matter as when and how to screen for history of trauma; however, there are many resources to use and pathways to take in order to become more informed in this area of practice.

- The ADHF’s many volunteer programs often welcome survivors of domestic and family violence or other trauma, with the Rebuilding Smiles® program specifically aimed at helping in this space. [adhf.org.au](http://adhf.org.au)
- Dr Zaks has made an impressive range of free video resources, while her TEDx talk and lectures have attracted global interest and media attention with interviews by the ABC, SBS, BBC, *The Age*, and many others. Her videos can be found at [bit.ly/zaks-TIDvideos](http://bit.ly/zaks-TIDvideos) and [bit.ly/zaks-survivors](http://bit.ly/zaks-survivors)
- Online reading material and resources include:
  - Royal Commission into Aged Care Quality and Safety: [agedcare.royalcommission.gov.au](http://agedcare.royalcommission.gov.au)
  - RCFV – Royal Commission into Family Violence (Victoria): [rcfv.com.au](http://rcfv.com.au)
  - MARAM practice guides and resources: [vic.gov.au/maram-practice-guides-and-resources](http://vic.gov.au/maram-practice-guides-and-resources)
- You can catch A/Prof. Liberali’s and Dr Zaks’ presentations at FDIWDC23 this September ([world-dental-congress.org](http://world-dental-congress.org)). “At Congress I will be focusing on working with survivors of sexual assault (SA) and family violence (FV),” says Dr Zaks. “The journey will begin with an understanding of what trauma is, how it changes the brain and why dental appointments in particular are so challenging for survivors. I’ll define FV and SA, how they intersect, and explore how survivors present to us. I will include as much practical information as time allows, such as material from the trauma-informed skill set, asking about safety at home, how to manage disclosures, mandatory reporting, and referring patients for further support. Other clinical strategies for working with survivors of SA and FV that will be covered all apply equally to working with patients with special needs, and to anxious and phobic patients in general.”