National Capacity Building Project: Technical Assistance of the Survivor of Torture Programs

Trauma-Informed Dentistry for Survivors of Torture

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August 22nd, 2024

The CENTER for VICTIMS of TORTURE

Harvard Program in Refugee Trauma

NATIONAL CONSORTIUM OF TORTURE TREATMENT PROGRAMS

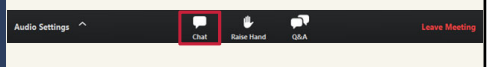
Overview

- This Virtual Town Meeting is brought to you today by the Office of Refugee Resettlement.
- The National Capacity Building Project is a project of the Center for Victims of Torture in partnership with Harvard Program in Refugee Trauma and the National Consortium of Torture Treatment Programs.

Attendee Controls

All functions are located at the bottom of your screen

- Use chat to introduce yourself, let us know if you are having any technical issues
- Type your questions in the Q&A, or
- Raise your hand using the reaction button



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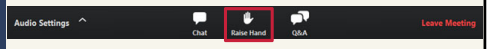
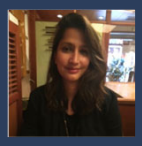


Disclaimer

We will be talking about trauma today. Trauma impacts all in different ways but it is something we have all had some experience with. The information, images, and discussions can be triggering or uncomfortable at times. Make sure you monitor and take care of yourself when and if you need to.



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Learning Objectives

After attending this webinar, participants will be able to:

- Understand challenges and issues facing SOT populations in terms of dental health
- Develop proficiency in implementing best-practices for engaging SOT patients in dental processes and procedures, focusing on both clinical and administrative strategies
- Collaborate with other healthcare providers on referral and follow-up procedures
- Develop the skills to establish and sustain innovative models of coverage for dental care

Dental needs and traumatic exposure in SOTs

"Several aspects of the dental visit resemble the torture situation. The patients may feel tied to the dental chair and are literally underneath health personnel in white coats administering sharp, metallic instruments with strong resemblances to torture devices. Bright light directed towards the face may reactivate memories of the interrogations and provoke loss of control, and victims of water torture may react strongly to exposure to water in the oral cavity. Thus, it is reasonable to expect victims of torture to experience a certain degree of anxiety in conjunction with dental visits because this may trigger previous torture experiences. Prior research also suggests higher prevalence of dental anxiety among survivors of sexual abuse."

Hoyvik et al 2018 Eur J Oral Sciences

Trauma-Informed Care

A trauma-informed approach to the delivery of services:

- includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations
- involves viewing trauma through an ecological and cultural lens
- recognizes that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic

Identification of Survivors of Torture (SOTs)

- Survivors may be refugees, asylees, asylum seekers, immigrants, stateless persons, other displaced persons or native-born or naturalized U.S. citizens.
- A primary survivor of torture is an individual who survived torture or was forced by perpetrators to either torture or witness the torture of another person.
- ORR defines a secondary survivor as a relative or other individual closely associated with a primary survivor, who is impacted by the torture and subsequent trauma in a way that threatens their health or mental health and their ability to function or normal development.

Case 1

C.S. is a 34-year-old male Dari-speaking Afghan asylum seeker who arrived in the U.S. following the Taliban takeover of Afghanistan. He had been a soldier with a special combat unit (S2) serving with the U.S. military in Afghanistan. During his service, he was shot in the face and the mouth and has open holes in his cheeks and severe scarring at his face. He has been referred to the dental service by his PCP for evaluation of chronic dental pain, loss of teeth, broken teeth, and caries. He also previously experienced a concussion when the vehicle he was traveling in was struck by an IED. He was previously kidnapped by the Taliban and tortured for his military service, with repeated beatings and rifle butt strikes to the head and his entire body. His PCP has diagnosed C.S. with chronic PTSD, but he has repeatedly declined treatment or referrals to psychotherapy and psychiatry.

Case 1

Upon evaluation, it appears that most of the damage to C.S.'s teeth is due to caries, rather than traumatic injury. You recommend extractions of all of his remaining teeth and replacement with dentures. During his dental exams and procedures, C.S. seems alternately agitated and unresponsive, but awake. When he returns to try the dentures, he becomes upset, screaming that they were made incorrectly, but unable to clearly describe what is wrong with them.

Case 2

P.B. is an 81-year-old Khmer-speaking male who came to the U.S. from Cambodia by way of a refugee camp in Thailand approximately 40 years ago. Under the Khmer Rouge, he had witnessed his father and older brothers die in front of him after their livers were cut out while they were alive. His PCP has never formally assessed him for PTSD or MDD and P.B. does not mention his chronic nightmares, insomnia, or frequent intrusive thoughts. He has well controlled type 2 diabetes and hypertension. He recently complained of dental pain to his PCP and upon oral exam was found to have decayed and broken teeth throughout, with a partial denture in place. His PCP contacted you to arrange for an urgent dental evaluation and patient presents with his two adult daughters, whom he also wants to interpret for him. All of his teeth are decayed and broken and it is recommended that all remaining root tips be extracted immediately to avoid further infection. P.B. acknowledges the risk of inaction, but adamantly declines any dental procedure.

Case 3

M.M. is a 32-year-old Haitian Creole-speaking female asylum seeker currently residing in a nearby state-run shelter with her husband and young daughter. She had previously fled Haiti after the devastation of the 2010 earthquake for Chile, where she had lived and worked for over a decade before traveling across South America, Central America and Mexico by land to reach the U.S. She recently presented to her PCP with acute dental pain and was referred for an urgent dental evaluation without any oral examination. Upon oral examination, M.M. has multiple tooth loss, caries, and a moderately severe odontogenic infection. In the process of history taking, she discloses that her first husband physically abused her for years, frequently striking her in the mouth and face and knocking out multiple teeth. She had not disclosed this history of DV to her PCP or any other previous healthcare professional, noting that she was ashamed. She had left Chile to get away from this domestic violence and still feared that her ex-husband would somehow track her down in the U.S.

common reactions to trauma

Thought

- Difficulty remember/non-linear memory
- Difficulty making decisions
- Confusion
- Too many thoughts at once (flooding)
- Slowed down thinking
- Lack of trust
- Flashbacks (re-experiencing the event)

common reactions to trauma

Action

- Abusing drugs, alcohol, medication
- Impatience/irritability
- Easily "swamped"
- Strong reactions to small changes
- Inability to perform skills once easily accomplished
- Disruption of daily routine

common reactions to trauma

Feeling

- Lack of sense of control over one's life
- Fear of what others might think
- Fear of ongoing victimization
- Fatigue
- Changes in sleep
- Changes in eating/appetite
- Digestive problems

Trauma-Informed Care: practice suggestions

- **Establishing a frame**
- Define your role
- Set expectations, including for transparency
- Explaining why questions are needed and that there may be more/less intense periods of questions
- Maintain consistency and predictability
- Take breaks and set pacing
- Provide containment as needed
- Set expectations for safety and confidentiality

Trauma-Informed Care: practice suggestions

Appreciate the importance of language:

Provide transitions, avoid rapid fire questions, and corroborate time line/corroborating is best done later when trust is established

Recognize that shame/stigma may lead patients to conceal history

Demonstrate trust and trustworthiness:

Do not make promises that cannot be fulfilled

Maintain appropriate boundaries

Whenever possible, provide choice and emphasize autonomy

Medical, Mental Health and Dental Collaboration

- Optimizing communication
- Getting to know your local resources
- Coverage for dental care
- Preparing SOT patients for dental treatment

Thank you for attending this webinar!

Please scan QR code for evaluation

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The National Capacity Building Project is a project of the Center for Victims of Torture in partnership with Harvard Program in Refugee Trauma and the National Consortium of Torture Treatment Programs.

More resources are available at www.healtorture.org.

CVT's National Capacity Building Project received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90ZT0214-01-00. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.