

# Trauma Informed Practice Training for Public Dental Service –A Collaborative Approach



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## Introduction

Psychological trauma of an individual results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual wellbeing<sup>1</sup>. The effects of trauma can have long-term effects on individuals and effect their quality of life and everyday function, this includes attending a dental setting<sup>2</sup>.

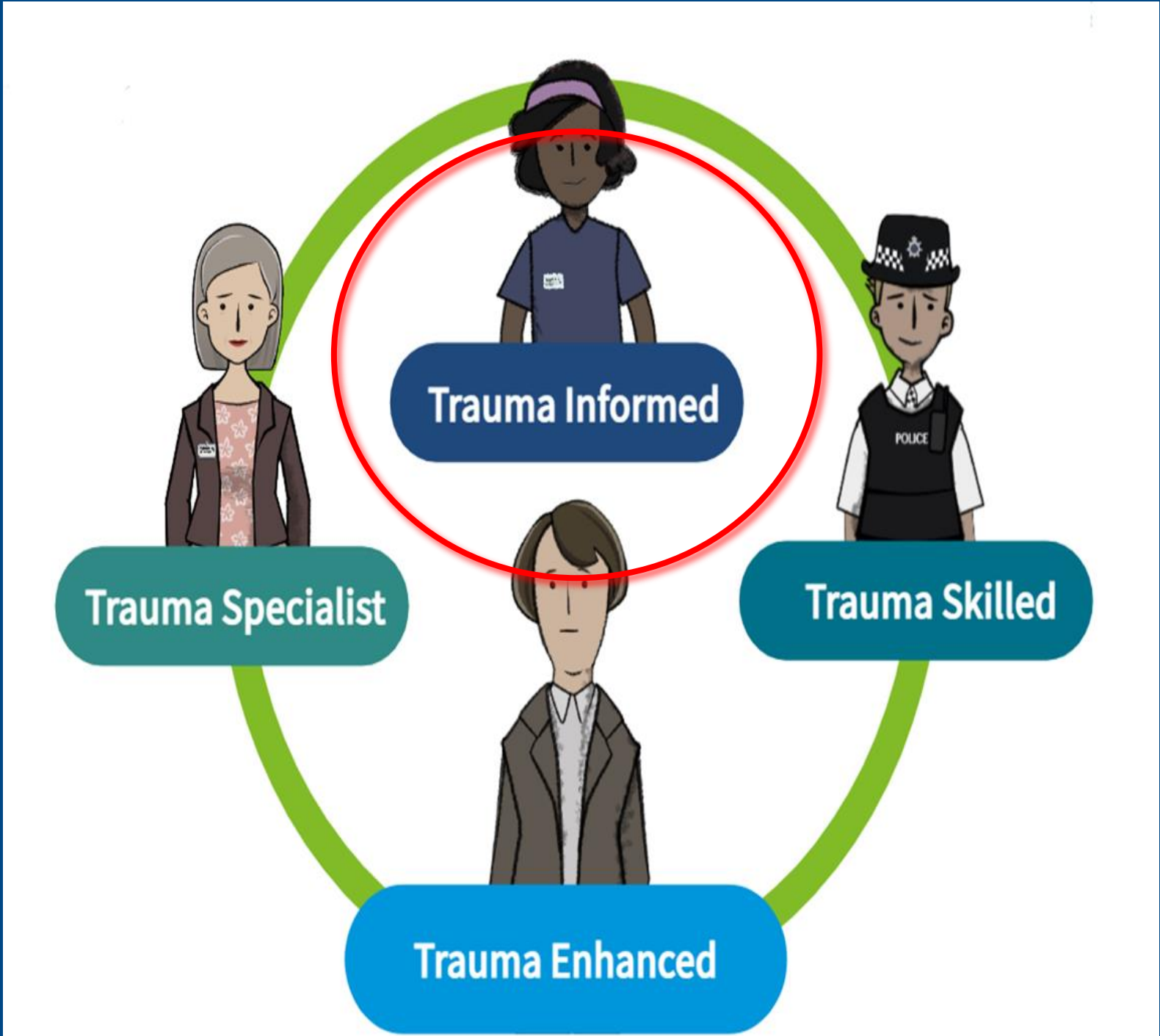
The Scottish Government have recognised the effects of psychological trauma and have introduced a National Trauma Training Programme (NTTP) in collaboration with NES<sup>3</sup>, with the aim to support all members of the Scottish workforce to meet the vision of being trauma informed.

Trauma leads from NHS Greater Glasgow & Clyde (GGC) and associated Health & Social Care Partnerships (HSCP’s) had been delivering a trauma informed practice training package for the workforce. However these sessions were generic and after discussion with the Public Dental Service (PDS) it was agreed to develop & pilot sessions specifically for the PDS dental team while ensuring the training still met the learning outcomes of the NTTP framework.

## Aim

Produce a training package which is mapped to NTTP Knowledge & Skills Framework (KSF) but included specific dental case studies and to evaluate the effectiveness of the training in improving participants knowledge of trauma informed care.

The training also had a focus on staff wellbeing, support and self-care which is a key element of Trauma Training.



## Method

The training was delivered by Trauma Informed Co-ordinators along with a member of the Public Dental Service.

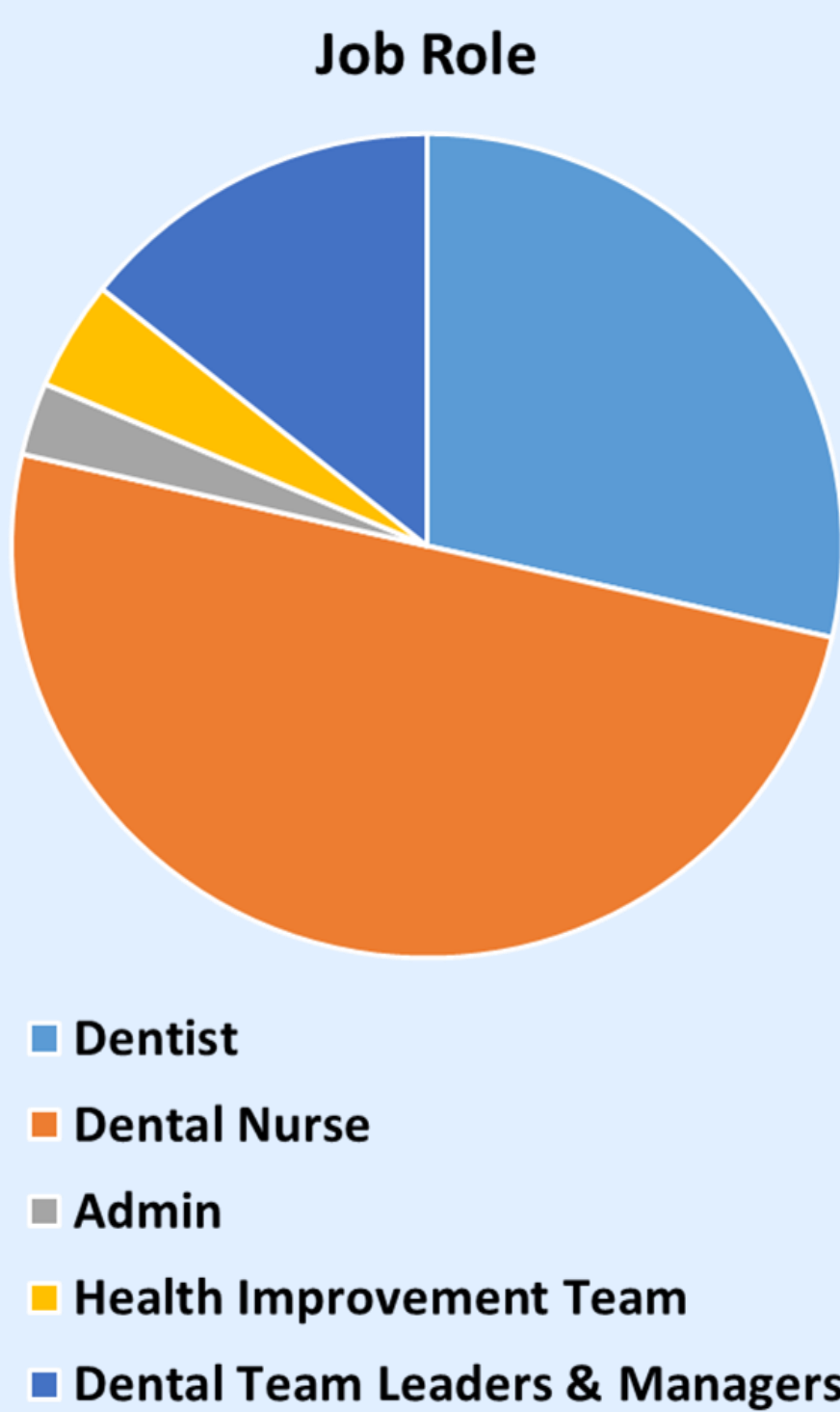
Staff from the PDS were invited to attend training, with an initial focus on staff who were most likely to treat patients with a history of trauma.

Pre and post course questionnaires were developed to measure the impact of the training on participants, these were adapted from questionnaires developed by NHS Lothian who kindly shared with NHS GGC and were tailored to include dental specific questions.

The training package was adapted from the existing ‘Informed’ training package which had been mapped to NES NTTP Knowledge & Skills Framework (KSF) to include dental case studies which allowed for group discussions and for participants to consider how they could apply the principles to their role. Each session was 3 hours long and was held face to face and participants were required to complete a pre and post course questionnaire which then allowed for a CPD certificate to be generated.

## Results

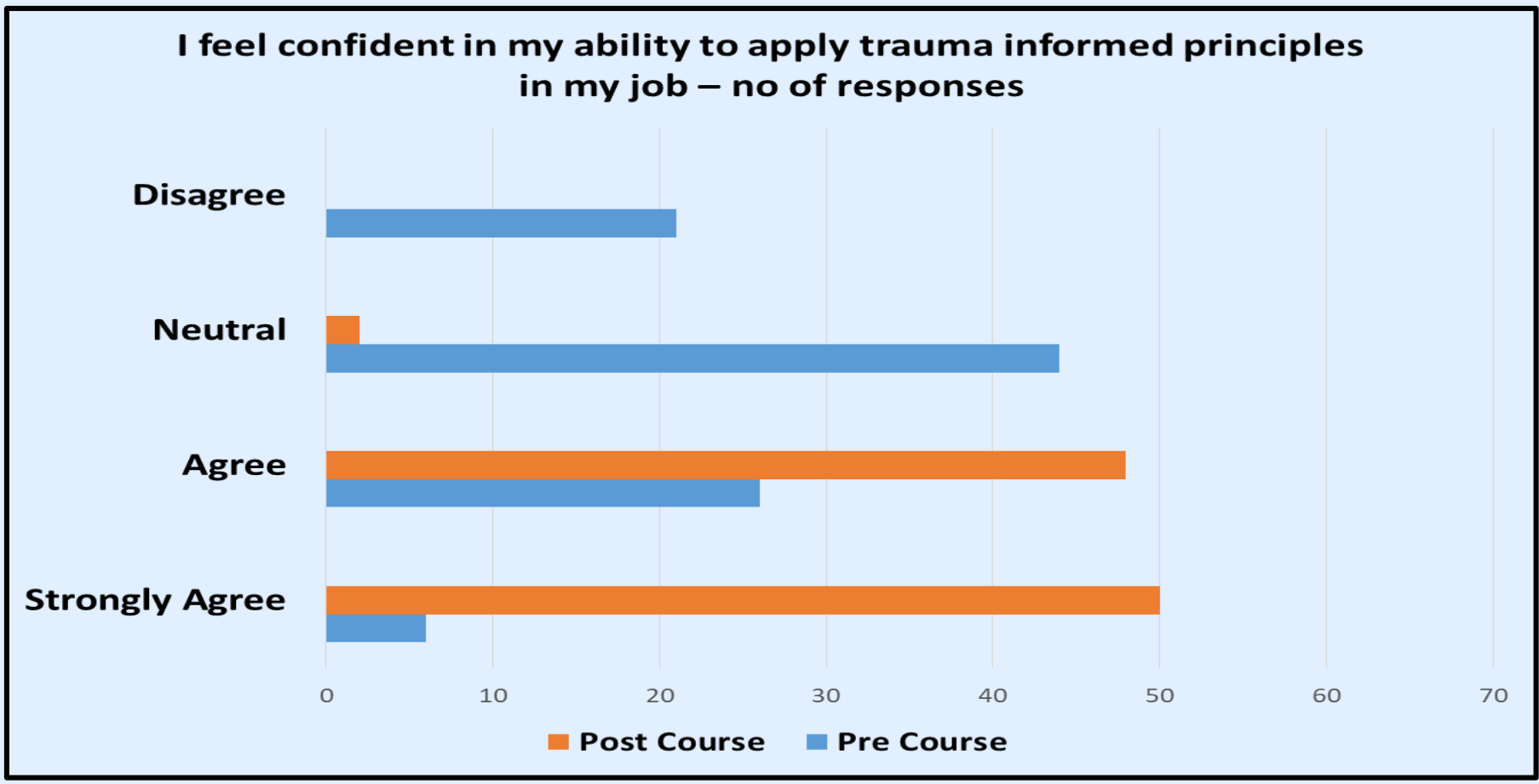
### Participants



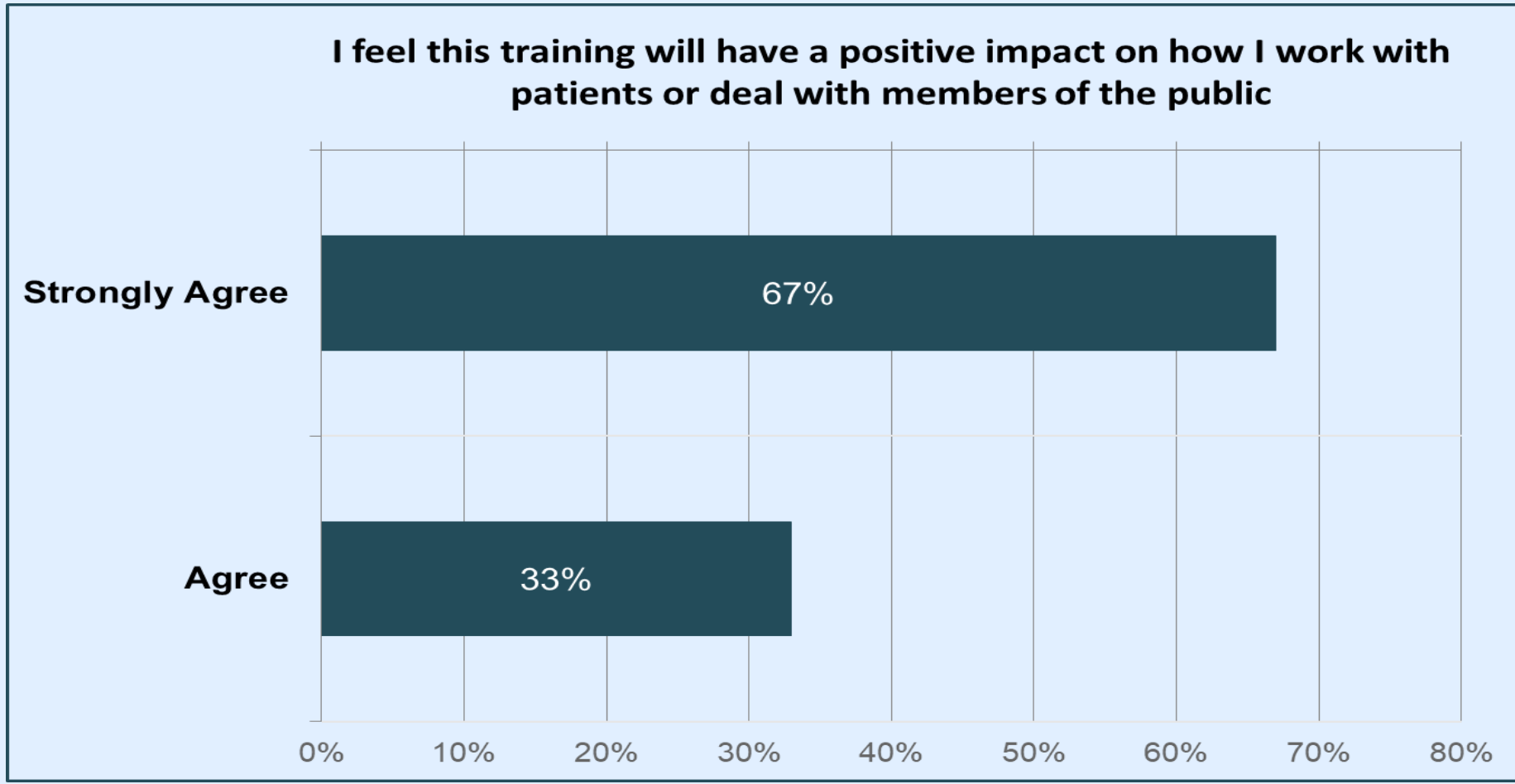
70 staff attended over 4 sessions, and staff came from a variety of clinical and non clinical roles and multiple disciplines including special care, paediatrics and priority & vulnerable groups

## Results

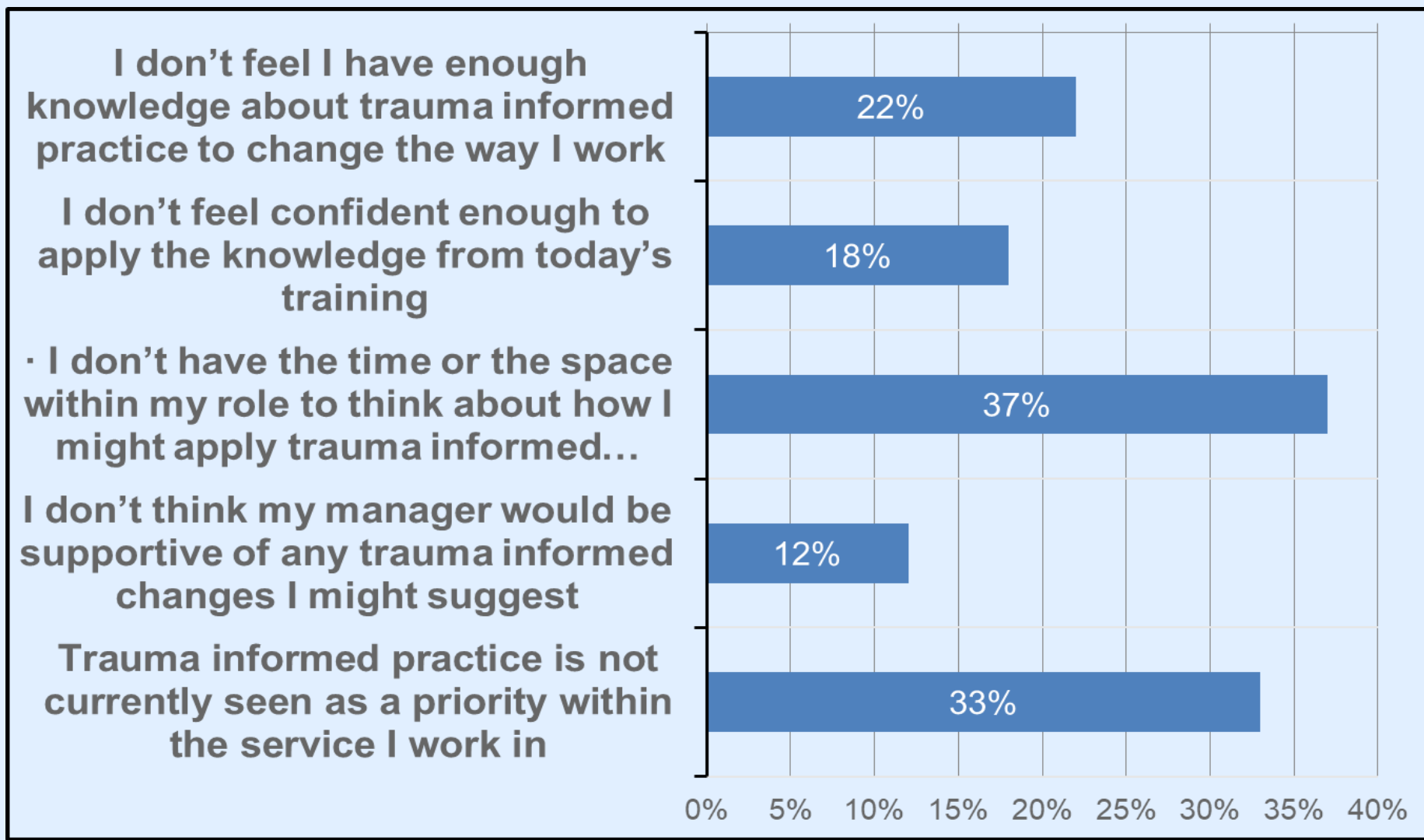
### Pre and Post Course Questionnaires



98 % of participants agreed or strongly agreed that they felt confident in their ability to apply trauma informed principles



100 % of participants agreed or strongly agreed that this training will have a positive impact on how they work



The biggest barriers to implementing trauma informed practice changes were perceived lack of time and lack of priority by the service

Additional barriers highlighted

- Changing teams - continuity of care
- Time constraints
- Management and funding pressures which make it hard to institute parent centred care

### General Feedback



## Conclusion

The training sessions were well received by all members of the dental team and feedback was on the whole positive. During the planning and delivery of these sessions there was collaborative working between Trauma Informed Co-ordinators and members of the Public Dental Service, and this allowed the training to be bespoke, and after each session there was discussion and changes were made as required.

Since completing this pilot the team have concluded that these sessions provided valuable learning opportunities but in future may need to consider how the training can be more dentally focused, perhaps providing more clinical scenarios or using roleplay.

When assessing training needs for dentists against NES NTTP Training Plan & KSF, it is considered they would likely require trauma skilled practice level training. Future work will focus on how this training package or other existing packages at skilled level, could support workforce to work towards this, while taking into account time constraints of the PDS staff attending for courses.

References 1. SAMHSA 2014<https://library.samhsa.gov/sites/default/files/sma14-4884.pdf> 2. Consequences of childhood sexual abuse experiences on dental care – PubMed 3. <https://www.nes.scot.nhs.uk/news/the-national-trauma-training-programme-ntp/>

Acknowledgements Thank you to NHS Lothian for sharing pre and post questionnaire for evaluation of training package