

## **Strategies for Patient-Centered Care** *Addressing Dental Anxiety with Empathy*

### **Resources and Practical Tools for Recognizing and Responding to Dental Anxiety**

Thank you for attending *Managing Dental Anxiety: Actionable Strategies for Patient-Centered Care* webinar. One of the most important takeaways from our session is that dental anxiety is one of the most persistent (and often overlooked) barriers to consistent oral health care. Even when patients do not tell us they are anxious, but their behaviors, language, and treatment decisions can communicate hesitation in subtle ways. This resource guide includes evidence-based resources and an additional reading list for continued learning and practical strategies for patient-centered care.

The following professionals may find this information helpful:

- Dentists
- Dental hygienists
- Dental educators
- Students learning patient assessment techniques
- Oral health practices interested in implementing routine anxiety screening

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#### Additional Reading & Professional Development Resources

##### Understanding Dental Anxiety

The following resources provide a deeper exploration of dental anxiety, patient behavior, trauma-informed care, and oral health equity. Together, they offer a multidisciplinary perspective on how fear, trust, access, and lived experiences influence patient engagement with oral healthcare.

Humphris, G. M., Dyer, T. A., & Robinson, P. G. (2009). The modified dental anxiety scale: UK general public population norms in 2008 with further psychometrics and effects of age. *BMC Oral Health, 9*(20). <https://doi.org/10.1186/1472-6831-9-20>

- This paper further validates the Modified Dental Anxiety Scale (MDAS), a widely used screening tool for dental anxiety.
- Take away: Standardized screening can help identify patients who might go unnoticed.

Jaakkola, S., Rautava, P., Alanen, P., Aromaa, M., Pienihäkkinen, K., Räihä, H., Vahlberg, T., Mattila, M. L., & Sillanpää, M. (2009). Dental fear: One single clinical question for measurement. *The Open Dentistry Journal, 3*, 161–166. <https://doi.org/10.2174/1874210600903010161>

- This study explores whether a single screening question can effectively identify patients experiencing dental fear.
- Take away: Brief, intentional inquiry can open the door for important conversations about anxiety, trust, and patient comfort.

Armfield, J. M. (2013). What goes around comes around: Revisiting the vicious cycle of dental fear and avoidance. *Community Dentistry and Oral Epidemiology, 41*(3), 279–287. <https://doi.org/10.1111/cdoe.12005>

- This paper discusses how anxiety contributes to avoidance of care, which can lead to worsening oral health, more invasive treatment needs, and even greater anxiety.
- Take away: Patients who delay care are often caught in a self-reinforcing cycle rather than simply choosing not to seek treatment.

Humphris, G., & King, K. (2011). The prevalence of dental anxiety across previous studies: A comprehensive review and meta-analysis. *International Journal of Paediatric Dentistry, 21*(6), 405–419.

- This review demonstrates dental anxiety is widespread and represents a significant public health concern.
- Take away: Practices that proactively identify and address anxiety can improve care for many individuals who might otherwise avoid treatment.

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LeDoux, J. E. (1996). *The emotional brain: The mysterious underpinnings of emotional life*. New York, NY: Simon & Schuster.

- Although not dentistry-specific, LeDoux's work on the amygdala and threat perception has shaped contemporary understanding of anxiety and fear responses.
- Take away: Predictability, trust, and a sense of control play a critical role in reducing patient anxiety.

### **Trauma-Informed Care and Patient Trust**

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA 14-4884). Rockville, MD: U.S. Department of Health and Human Services.

- This publication introduces the principles of trauma-informed care and provides practical guidance for creating environments that promote safety, trustworthiness, collaboration, empowerment, and choice.
- Take away: Trauma-informed care prioritizes creating systems that reduce the risk of re-traumatization.

### **Oral Health Equity and Access**

Understanding disparities can help providers recognize that anxiety may be rooted in previous negative experiences with healthcare systems rather than dentistry alone.

National Institute of Dental and Craniofacial Research. (2021). *Oral health in America: Advances and challenges*. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services.

- This is a comprehensive report that examines oral health trends, disparities, access barriers, workforce challenges, and opportunities for improving oral health outcomes in the United States.
- Take away: Access to care, insurance coverage, socioeconomic conditions, and previous healthcare experiences all influence how patients engage with oral health services.

California Dental Association. (2023). *Oral health equity report: Moving toward a more equitable oral healthcare system*. Sacramento, CA: California Dental Association.

- The CDA report provides a valuable framework for understanding the relationship between oral health disparities, patient trust, and engagement with care.
- Take away: Addressing dental anxiety effectively requires both patient-centered communication and an awareness of the systems that influence patient experiences.

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### **For Dental Educators and Students**

Dental anxiety management is not solely a clinical skill—it is also a communication skill, a relationship-building skill, and increasingly, a health equity competency. The following resources may be valuable for dental educators, preceptors, residents, and students seeking to understand how trust, culture, communication, and patient experiences influence oral healthcare outcomes.

### **Cultural Humility and Patient-Centered Care**

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*(2), 117–125. <https://doi.org/10.1353/hpu.2010.0233>

- This paper discusses the benefits of lifelong self-reflection, self-critique, and partnership-building in healthcare.
- Take away: Cultural humility supports continuous learning about each patient and their lived experiences.

Beach, M. C., Price, E. G., Gary, T. L., Robinson, K. A., Gozu, A., Palacio, A., Smarth, C., Jenckes, M. W., Feuerstein, C., Bass, E. B., Powe, N. R., & Cooper, L. A. (2005). Cultural competency: A systematic review of health care provider educational interventions. *Medical Care, 43*(4), 356–373.

- This review examines how healthcare providers can improve communication and interactions within diverse patient populations.
- Take away: Communication and intentional training can improve patient trust, satisfaction, and engagement.

Stewart, M., Brown, J. B., Weston, W. W., McWhinney, I. R., McWilliam, C. L., & Freeman, T. R. (2014). *Patient-centered medicine: Transforming the clinical method* (3rd ed.). Boca Raton, FL: CRC Press.

- This book provides practical frameworks for understanding patient perspectives and strengthening therapeutic relationships.
- Take away: Patients are more likely to engage in care when they feel heard, understood, and involved in decision-making.

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#### **Trauma-Informed and Relationship-Centered Care**

Machtiger, E. L., Cuca, Y. P., Khanna, N., Rose, C. D., & Kimberg, L. S. (2015). From treatment to healing: The promise of trauma-informed primary care. *Women's Health Issues, 25*(3), 193–197. <https://doi.org/10.1016/j.whi.2015.03.008>

- This paper explores how trauma-informed principles can be integrated into healthcare settings to improve patient engagement and outcomes.
- Take away: Patients do not need to disclose trauma for trauma-informed care to be beneficial. Creating safety, transparency, and choice benefits everyone.

#### **Health Equity and Professional Responsibility**

Institute of Medicine. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academies Press.

- A landmark report documenting disparities in healthcare access, quality, and outcomes across the United States.
- Take away: Patient experiences are not only shaped by individual interactions but also by broader systems and historical realities that influence trust and engagement.