

## Integrating Social Work in Dental Care

University at Buffalo School of Social Work  
inSocialWork Podcast Series

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**Peter** [00:00:01] From the University at Buffalo School of Social Work, welcome to the inSocialWork podcast. I'm Peter Sobota. It's good to have you along, everybody. It's becoming clear that oral health care correlates with a person's overall well-being and that social work's wheelhouse. Social workers that are integrated into dental health settings, foster an inclusive and client centered approach to comprehensive care. They won't remove tartar, but workers can help get patients to the clinic, identify and address social determinants of health, access financial and other resources, provide support, counseling services, advocate and promote trauma-informed care and racial equity, provide leadership for whole person care and participate in interprofessional education and collaboration. And that's just to name a few. Our guests today, Sharlynn Daun-Barnett and Candace Zigor, will discuss their practice in academic sites and their day to day activities, the unique challenges of working in these kinds of settings, and how dental practice and oral health care are transformed when interprofessional care becomes the norm. Sharlynn Daun-Barnett LMSW is the Counseling, Advocacy, Referral, Education and Service, or CARES Program Coordinator at the University of Buffalo School of Dental Medicine. And Candace Zigor, DSW is clinical assistant professor at the University of Detroit Mercy School of Dentistry. Hi, Sharlynn. Hi, Candice. Welcome to inSocial Work.

**Sharlynn** [00:01:48] Hi, Peter. This is Sharlynn.

**Candace** [00:01:50] Thanks for having us.

**Peter** [00:01:52] Hey. No, it's our pleasure. Thank you for taking the time. Over the years, I've met a lot of graduate level social workers. And I actually have read hundreds of applications, like getting an admissions committee for a social worker program. And I have to admit, I can't think of any social workers that I can recall who were aspiring to a career or a role as a social worker working in dentistry. I can imagine that the two of you would like to change that. And so I'm curious, before we get into the nuts and bolts of this, how did and if you could do this kind of briefly, how did the two of you find yourself working, you know, alongside dentists and and combining social work with dentistry? How did that happen?

**Candace** [00:02:48] Sure. This is Candice. I came to social work in dentistry because someone who was originally my intern when they did their MSW and got hired on full time when we worked in community mental health, left the community mental health space to be the embedded CAPS counselor at the dental school. And a posting came up that she sent to me for the role that I'm in, which I promptly ignored. Because what is social work in dentistry? And when I went out for lunch with my mentor and she said, tell me why. Why aren't you considering this? And I said, I don't even know what this is. I have no interest in

working with the dental school. And she said, No, you love to teach, you love to present. This is an opportunity to do that. And I said, All right, I guess, I guess I'll submit my application and the rest is history.

**Peter** [00:03:38] The rest is history. Now, did you seek. Did you say CAPs? Did you refer to a CAPS program?

**Candace** [00:03:44] Yeah. So the embedded therapist in a college space. Right now, I can't think of what CAPS stands for.

**Peter** [00:03:52] All right. That's okay. Because I know here in Buffalo isn't the program called CARES. Is that do I have that right?

**Sharlynn** [00:04:02] Yes. Yeah. But I think because they are associated with the university, the students that are in the dental school probably get the benefit of being able to utilize counseling and health services and wellness and so she's referring to those folks.

**Candace** [00:04:16] CAPS stands for Counseling and Psychological Services. And so, absolutely what Sherrilyn said, because it is the dental school directly that I work for, the university has the services set up, and there is a counselor in the dental school to manage health and wellness for those students.

**Peter** [00:04:35] Gotcha. Thanks. How about you, Sharlynn? How did it happen?

**Sharlynn** [00:04:39] I promise I'll be brief. But I like I like to kind of shock my interns when I tell them where I started. Okay. I wanted to be a marriage and family therapist. And this is not that. And it's still fascinating to me. And I love reading cases and things like that. But when I was I'm from the University of Wisconsin system, when I was in school there, there was just so much going on around health issues and, you know, sexual assault, sexual harassment, Aids, HIV. And I just quickly got pulled into advocacy work and trying to change the culture, try to help people. And I just like the education piece, like teaching people basic skills that can really save their lives, you know? And so I got involved in more university work originally, and I've been at the University of Buffalo since 2008, but I've heard about what we call the Cares program. Here is the social work program within the university, within our dental school. And some of my interns in the health promotion office actually came here for their second internship or first internship. And I just thought it was such a great program. So when I saw the opening, I was like, maybe. So that's really I had my eye on it and I was intrigued by it. So I, I looked into it through that, through that lens.

**Peter** [00:06:02] Yeah. So actually, serendipitous journeys for both of you, actually. Accidental. And that's how most things go. Well, thank you both for at least giving us a clue about how that how this all started. So in terms of our conversation today, let's start if you if you would just indulge me by assuming that a lot of folks who are listening have little idea about how this is like a good idea or how it fits. So if we could begin broadly, what is unique about the these settings, these dental settings for social workers, how are they different from, you know, the traditional routes that social workers take, you know, human service agencies, clinics, what would be, you know, distinct about social practice in these settings?

**Candace** [00:06:55] If I'm honest, I don't know. They are different, right? And so if we think about social workers in a clinic, their role is to help patients. Their job is to address social determinants of health, to provide resources to address barriers. And social workers do

that in any space that they're in. Which is what makes social work so cool, right? The fact the fact that we have these generalizable skills that you can use anywhere. And so it's not so different. It's just not something as a social workers I've ever heard of or thought of.

**Peter** [00:07:31] Okay.

**Sharlynn** [00:07:31] We are somewhat isolated because the majority of people who are faculty in the dental school are dentists or dental related specialists. So it does take a special person to be competent and to know their practice. But I like the fact that you've got both angles. You're both serving our patients and all the social work needs that they may have. But then on the other side, truly the foundation is training future orthodontics, future pain specialists, future general practice, dentists. And so when I first started here, I was really focusing because naturally you want to help the patients. And so training myself when I was learning the ropes and then my future interns in that focus. But I do feel the biggest impact is mentoring and training and just those little things you can do when you notice the dental students say something that is like, Ooh, you know, and helping to help help them understand an issue or a mental health around maybe a refugee person, you know, different situations so that they will treat people differently and maybe see them as more of a whole person than a dental requirement perhaps, something that they're completing in a classroom. Right. This is a person. So I really like passing on social work values within the dental paradigm.

**Candace** [00:08:56] I want to add on to what she said, because I think a difference. I said it was the same and now I'm taking it back. I think.

**Peter** [00:09:03] Uh oh.

**Candace** [00:09:04] Difference is that in most spaces, social workers, everyone knows what the social worker does. The social worker is welcome and everyone is just excited that they can be a part of the process. Dentistry is a little different. Dentistry has been a little slow to the interprofessional party, if you will, and haven't really necessarily embraced other professionals. Right. That interprofessional. That means there's a dentist, there's a resident, there's a hygienist, there's a dental assistant. They all speak the same language. And so I think one of the things that's different to Sharlynn's point about isolation is that no one has any idea what the social worker does. And when they they start to understand, they kind of jump on to this one thing, you're you're here to help us find transportation for our patients. Great. Absolutely. And you have to say, well, yes, I can do that. But that's that's just a drop in the bucket of all of the things that I can help you with. My role is to help you help your patient. And and whatever that means is whatever that means. And so social work in dentistry is also unique because what it looks like in a dental school completely depends on that school. Each school uses the social worker differently. Some are patient focused. Some are student focused. It completely changes depending on what state you're in.

**Peter** [00:10:33] Yeah, that's exactly it. Kind of what I was thinking when I posed the question initially, because I think, for example, if I went to my dentist and there was a social worker there, I'd be pretty surprised. I'd be surprised if there was a social worker at my primary care physicians office. So I think about some of the challenges that, like practitioners have in settings that aren't necessarily built for social work like that. For me, that brings to mind like places like schools. Hospitals to a certain degree are private corporations. I know at one point in my career I worked at Motorola and the Postal Service. Those were lonely places. And so social work doesn't have like, this built in history. You

often don't have a ton of colleagues or even in worst cases, they have a very distorted view of what social work does. So that is what I thought might be part of the challenge in a dental setting. And I think the two of you, you kind of spoke to that. So I just wonder, are there unique skills that are necessary for a social worker to thrive?

**Candace** [00:11:54] I would say the interpersonal skills. Yeah, because you need to have the interpersonal skills to be able to come into a space that that people don't know who you are and what you do. And once they know that may not be bought in and you have to have the interpersonal skills to gain people's buy in to what it is that you do to be able to afford it. Mental fortitude, if you will, to not take that personally when people still have no idea who you are and what you do, and to be able to recognize, okay, they speak, which isn't unique in any interprofessional space, but they speak a different language than I do. I have no idea what they're talking about. For the first year in my role, I walked around with a notebook so that I could write down the terms that they were saying because I didn't. I didn't want to ask questions to say I don't. I have no idea what that means. And ultimately, in the end, you know, one of the deans kind of said, you know what? You just fit in well, so. Well, you speak the language. Yeah, it took work to do that I was intentional. And so those are some of the skills, I would say. What about you, Sharlynn? What other skills do you think it takes?

**Sharlynn** [00:13:03] Yeah, I mean, definitely good communication skills. There's the things that the students kind of shut down or they feel embarrassed. A lot of times finances come up to help pay for the treatments here. And they're like, well, I can't ask them about that. Or, you know, and sometimes they get angry. You know, some of the patients might be like, I'm not going to tell you. And, you know, so it's understandable. So there's those kind of things just breaking those barriers and just we I feel like in our training, we I don't know, we've been desensitized. We jump over it right when we feel that we know we're here to help. And so we have to just move through some of that discomfort to get to know the patient. And the students see that and they're like, that wasn't so bad. I also think our training, if people have had training and motivational interviewing skills, is amazing. For all the things your dentist asks you to do, you know that you're supposed to brush and floss, basically. But when you're in specialty areas of dental work, maybe like oral facial pain, there's exercises they might ask you to do. I work with patients on mindfulness type strategies to deal with pain or stress, which can aggravate dental pain or can cause it in the first place. And so you can teach them these different interventions or the treatments, but if they don't work it into their lives and create new habits, it's not going to change anything. So, you know, being able to figure out, you know, who are they right now, what motivates them, what are the barriers and what's holding them back, and just do some of that kind of wellness coaching or coaching. I actually have my national board certification in health and wellness coaching. It wasn't required, but it's been very useful in the dental school because there are different health conditions that can either be positive or negative depending on what's going on with the patient. If someone wants to get implants, they really would like them to quit smoking ahead of time. So there's certain things that will make that implant more successful.

**Peter** [00:15:05] Yeah. So really, if I'm hearing you correctly, you're kind of navigating relationship on a couple of levels here. You're introducing and serving patients and that sounds like it could be a variety of circumstances and challenges, but you're also navigating and interprofessional relationship where you just can't walk into a room and start talking about DVT or systems theory. It almost sounds like you're regularly connecting dots for people not only coming up with the idea, but explaining it in like social work, jargon, free language, why you're saying this and how this could help them. It sounds like

a little more work than if you're surrounded by a bunch of social work colleagues to me. Is that fair?

**Candace** [00:15:58] I think we we spend all day connecting dots. We have a colleague who who says we are trying to get students. To not just look at what's going on in a patient's mouth, but to take several steps back and see the patient as a whole person. And so our perspective is completely different than that, right? We are used to systems theory and person and environment, and we're used to being in spaces where everyone connects the dots. Everyone doesn't ask what's wrong with the person they've asked. What's happened to a person? They understand how to be trauma informed. And in dentistry, we're in spaces where those things are completely foreign and people don't really care about the things that we care about. And so there are many dots that we're connecting in. My role and my role isn't patient focused, but I'm a social worker. I don't I don't know how not to provide resources if an opportunity presents itself to do that. And so my role is, is student facing. So I teach students all of all about communications, the same skills I teach, what I teach in, in the MSW program. Interpersonal skills, motivational interviewing, active listening, rapport building, those types of things. But it is about getting students to be able to communicate with their patients. Getting students to communicate with each other. Because most dental schools have a student run dental clinic. And in my clinic and at Detroit, Mercy students are paired together. And so they have to also navigate the challenge of how do I work with this person that I don't know because, you know, there's no on or there was no onboarding for that. Of course, I've created an onboarding social worker that I am, but they have to navigate right, those interpersonal skills with each other and then with their faculty as well. And so there are always multiple dots to connect and there are dots that that people don't even realize are there.

**Sharlynn** [00:17:57] I think we can add more richness to the diagnoses. And as they're in taking patients and they're finishing treatments to understand, you know, what's an anxiety attack, What does it mean when someone is addicted to a certain substance, you know, different family issues that go on with them? Yes. They could send a referral to our Cares program, the social work department here at the dental school and say, you know, this patient just lost their spouse and they would like to find resources for support because they're not showing up to appointments and their spouse paid all the bills. And there's a lot of things going on. That's okay. But I also want them to understand not to just throw them at us right away, but to know what are some of those things that are happening so that whether there is someone like us when they get out into the field or not, that they can take on some of these skills of connecting the dots and supporting patients in a way that doesn't have to overtake the appointment. I think they're afraid that the whole appointment, they're both going to be crying and it's going to shut down. It can. But you know, ask me how to make that better, how to make a referral instead of not saying anything because you're afraid to offer something. And if they don't want to step back instead of just pushing at them. So those are really important, but maybe scary if they don't know that there's we're actually trained in this stuff. We're not just a nice person. Let's call Charlotte and she'll make it better. I went to school for a number of years and I'm continuing actually in a doctoral program right now, and I'm using my science just like they use their science for the best results.

**Peter** [00:19:41] So I'm curious, the two of you, are there other social workers around when you're interacting with and and I know you said that there are obviously far more dental professionals. That's the nature of the setting. But are there other social workers around? Because one of you might have been Candace said it can get lonely sometimes.

**Sharlynn** [00:20:07] I'm the only licensed social worker in the building. We take social work interns from the University of Buffalo School of Social Work. It doesn't mean I couldn't be. I'm not saying they wouldn't. If there could be a model with more social workers, that would be great. Or maybe two part time social workers. There's probably lots of models to how to effectively use social workers in a dental school. But at least for our school, I would say in the past there have been two in up to two licensed social workers at a time, but usually one.

**Candace** [00:20:42] Yeah, we we meet with we have a social work in dentistry group that we meet with monthly. And the group was started a few years ago, actually, by an intern who was wondering if there were more of us out there. And she reached out to all of the dental schools across the country to ask, Do you have a social worker and can you connect me with them? And so we started meeting as a result of that. But most of us are silos. Most of us work alone. And and if there are more than one of us, it's typically because we've chosen to take interns. But I've never heard of anyone having more than two people. And the two people are hardly ever both full time. And so it's typically just one of us in a school.

**Peter** [00:21:26] Could you I know we had spoken about this organization or support group or professional group that you just referred to. I was wondering if you could say a little bit more about that, because in some ways that seems like not only an antidote to some of this isolation, but also a way to actually build social capital and and networking for folks in an emerging field. I don't know if it's even fair to say that, but what is the group called again?

**Candace** [00:21:59] So the group is called Social Work in Dentistry or SWID for short. Doesn't exactly roll off the tongue. But but ultimately we have really started to talk about how do we build social capital? Because initially it was, wow, there's there's more than one of us. Let's let's just meet regularly, keep each other, you know, in our right mind because we're all silos. And so that's where it started. And then we realized, well, wait a minute, we actually have an opportunity here because there are so many of us. How do we work together to gain more notoriety within the profession, at least within the schools that we're a part of collectively? And so from there, we've written papers, we've presented at conferences, we have contributed to other scholarly work. We're here on this podcast. And so what we're trying to do right now is figure out what is the best course. Do we want to create a special interest group within the American Dental Educators Association? Do we do we want a website? Do we? So we're really kind of looking at right now, how do we continue to build and grow? Because every dental school in the country does not have a social worker. And so if we really believe in the work that we're doing, which we do, how do we do more?

**Sharlynn** [00:23:16] The group has really helped me personally or within our center with so many things and we can send messages out before a meeting and get on the agenda. One example is I've just been here a few years. I've been at the university for longer, but when I came in, I just noticed things, you know, that maybe people who've been here a while did it and had some priorities in my mind and collected information. And one thing I really wanted to do was improve the interpreter services. They were okay, but I saw some ideas and some ways to make that more consistent across all areas between American Sign Language and also the different languages that people speak that have limited English proficiency. And so it was helpful to put a call out and also to talk in person at some of our monthly meetings. What do you guys do? Do you have iPads? Do you use a

telephone calling system? Do you bring in human beings to do the interpretation? What's been effective? Who pays for this? So just almost like a really quick needs assessment you can do in the moment and different things, but it also gives you some kind of social capital to bring back to your school. Well, this school does this and the school does this. And that's a good school. Sure. And just like sharing that and being a part of those things. And then we also decide who wants to represent when there's things going on to go to meetings that might not be a thing with a lot of social workers at it. But we want to bring the information back or present something that we're working on related to it as well.

**Peter** [00:24:58] Maybe. Okay. That makes sense. You know, I'm really as I'm getting a lot of ideas listening to the two of you talk, it really sounds like a wonderful opportunity to. To kind of utilize a number of social work role sets up in so many settings. Traditional ones, I'll say where let's say you're in an outpatient clinic. You primarily spend most of your life work life, you know, in the clinical role. But in this setting, in addition to the clinical role, it sounds like you're an advocate, a broker, an educator, an enabler, a maybe a mediator. I mean, it really is the whole picture. And the other thing that struck me is that I can't imagine I don't know this, but I can't imagine that a lot of dental students approach their interaction with the client from a micro mezzo and macro level. And I think bringing those perspectives to your setting, what a great opportunity to use utilize your whole bag of tricks as a social worker.

**Sharlynn** [00:26:12] Yeah. I feel like there's a lot of soundbites out there that aren't accurate about people. And so that's again, where I might correct people's language. You know, like this person's crazy or, you know, things around mental health issues and then just helping them to understand like they're not doing this to make your job harder, you know, when they are cramped up in the chair and they look very afraid they're not doing this so that your appointment will last three hours. They're doing this because something happened to them. And so this is kind of triggering some of that fear and some of that stuff. So I think just giving them that perspective is something that they might not get at Oregon. Expanding their understanding of different behaviors as well. So they might just get the name of it, but like what are the things to differentiate someone who's manic depressive, you know, like why do they come in one time and they're just off the wall and then the other time I can't even get them to open their mouth, you know, why are they all like high hygiene? Why? It's why why they come in and they're not washing. They're not brushing their teeth. That's disgusting. Why would you not do that? It doesn't make any sense. Why would you come to the dentist if you're not going to do that? Yeah, let's think about their life. Like what is happening. It's great. It's wonderful. They even got here today. So like, we have to start small and we're happy to meet with them to make some discovery there. But I think it's good for us to reach back with the student if we can, to let them know or have them read our note to see what's behind some of the behaviors that they're seeing to make the dental treatment more effective and their relationship with the patient better.

**Peter** [00:27:48] Yeah, go ahead. Go ahead, Candace.

**Candace** [00:27:50] In a lot of ways, that's the fun part, right? Because they they really have no idea how we can be helpful. And and so I find that the ways I'm often most helpful are not the ways that anyone expects I will be helpful. Right?

**Candace** [00:28:07] I recall being in the clinic one day, and so my role in the clinic is to evaluate students ability to communicate with their patients, with their partner and with their faculty. And I was in the clinic walking around, and no one was calling me for anything, which is typically the case. And I just I heard a patient moaning. And so I, you

know, mosey over curi curious to see what was going on and started to ask some questions. Turns out it was a patient who's on the autism spectrum and they're having a hard time. And so, you know, I asked the students some questions. Okay, well, is this patient on the spectrum? Yes, this patient's on the spectrum. Are they are they a new patients? Who is their guardian? What conversations have you had with them? How are we going to move forward? And they said, well, he can't he can't really you know, we're just kind of looking in his mouth right now. We haven't even gotten to the big stuff. We don't think we can treat him. I was like, all right, that's fine. Are you have you told parent this already? No, we haven't. I said, no, no worries. I'll go get parent. And I went out and I got parent and.

**Peter** [00:29:10] Good move Candace.

**Candace** [00:29:11] I explained, hey, in front of the students and you know, model the behavior so they can see it. They're just not doing their initial screening. They're just making sure he can tolerate it. And right now, it seems like he can't. He's he's making a lot of, you know, verbal sounds or or auditory sounds, if you will. And we're concerned that once they get into the actual treatment part, it's it's going to be difficult. And so here's realistically what we should expect. And what would you like to do? Right. Just having a conversation that a social workers to us makes sense, but other people aren't necessarily thinking about. And so I think it's it's fun because it's more than just saying go do this. It's showing them, hey, I told you about this thing. Let me show you what it looks like. An action and student being able to say, Man, that was really, really helpful. And you can be like, Well, you can do it too, because I taught you the skills how to do this.

**Peter** [00:30:08] Yeah.

**Candace** [00:30:08] So it's really fun to see the growth.

**Peter** [00:30:10] And and here are some alternatives. When you encounter resistance, right, or ambivalence, you you don't have to be the Acme Judgment Company or wag your finger at them. Here are some really easy and practical skills to not, you know, pour gas on the fire of, you know, people being anxious or scared. Wonderful. So, you know, with the time, I'm very cognizant of our time. So I just want to be I want to make sure that we get into the weeds a little bit. And so what kinds of problems are associated with poor oral health? And let me just explain. I mean, I'm not even sure I'm not the expert here, but when I the the behind that question, I think what I'm really thinking is I've got to think that there are health, psychosocial and mental health to just say a few. Are there associations?

**Candace** [00:31:07] Absolutely. We know as social workers that if you are working with a client who their mental health is unmanaged or they are experiencing depression, perhaps taking care of themselves isn't high on their priority list because they don't have the bandwidth to be able to do it. And so there's a connection between, you know, significant mental health, severe emotional impairment and poor oral health there. There are also connections between poor oral health and people who come from lower income areas because they don't have the resources, they don't have the knowledge, they perhaps resources even in terms of having running water or the resources of a dentist is going to recommend this thing and insurance doesn't cover it and it's going to be low on their priority list. There are so many connecting factors. What if you have an an older adult who has a hard time taking care of themselves? What if you have a person who is significantly overweight or has mobility issues? There are so many things that lead to poor oral health and poor health. Poor oral health also then impacts your mental health, your self-esteem,



your self-concept, how you see yourself, how you see the world, your ability to engage with the world. Anyone who's watched a video, maybe, I guess just us and dentistry, who's watched a video of someone receiving their dentures or receiving veneers and feeling comfortable and confident with their smile, it immediately changes their body language and how they interact with the world. But yet when we think about oral health, we really silo it rather than thinking of it as we. Have one body, we have one health. And as a part of that health, we have oral health and we have vision, health and we have mental health and. And dentistry is just one aspect of it. But oral health is really the gateway into someone's whole health.

**Sharlynn** [00:33:03] And I think we've had the opportunity to do some grants to reach out to unique communities. And the more you do that, you open your eyes to different risk factors. Recently, we worked with the Jacobs Medical School, and we're looking at people that are coming out of the legal system on probation and parole for drug crimes. And so I just think there's so much so much going on there. If you're involved with a drug trade, whether you were involved with taking drugs or dealing drugs, like I just think that you are under the influence of the intensity of those things that are not focused on your teeth and your general hygiene and your health care. But now you're on probation and parole. You are trying, if not just to stay out of jail by following those rules, trying to possibly better yourself. And so wanting to maybe get a case type case manager in the community to help you get back on your feet. As Candice alluded to, getting a job, it helps to have, you know, it's how our culture is right with duty and things or just your smile means so much about confidence and your mood and all those things. So being able to provide that to someone in those areas. We've also gotten some referrals for some special projects and we try to help with what we can. If someone's coming out of an abusive relationship or maybe they did get injured and they lost a tooth, something related to their job. Some people that are direct sex trafficking survivors as well. It's a big part of their recovery. And, you know, just finding housing, finding a job and but literally just like a lot to keep itself. It's expensive. But how she mentioned seeing the look on their face, you know, that tooth, even if they had a partial denture where those teeth were knocked out by their abuser every time they came in and out, that partial denture, it reminds them again of that person. But if somebody could donate to get an implant, we can put that more in the past. We can refer them to a therapist. We can do some other things. And so these small subcultures that we serve are really unique. And I think that's interesting to me to uncover those and to perhaps get graduate students from public health, from social work. We do not just social work students, but other areas to participate in these grants or these outreach clinics, because we need all of them to really help the whole person to feel better, to do better in the future.

**Peter** [00:35:42] Yeah. You know, it's the other image I have is that when people go to a dental clinic, they they don't call the dental clinic because they're in a violent relationship or they have cardiovascular disease or they're having trouble eating certain foods or they're, you know, they're withdrawn because they're embarrassed about the way they look. So, I mean, this is really kind of obvious, I think. But if the team that is caring for this patient is only focused on the person's mouth, they're going to miss. All of the signs and all the contract and and the opportunities to help people. I mean, even just helping people with transportation would be is just so crucial, I think, for a lot of the people who you serve. And and, you know, we're good at that. That's our thing. So this is a yeah, I'm the choir on this a little bit so you know let's extend this out a little bit further. So let's go, let's go, let's go to dream big here. So when, when you have a dental setting that is kind of bought in to social work and interprofessional practice, how at least in your opinions are these settings transformed? What happens in these places that don't happen in places where there aren't people like social worker sitting? Can you give examples?

**Candace** [00:37:18] Some examples come to mind if I if I just think through what is the content that I teach? Sure. Right. And so in a perfect scenario, it would be a place that is trauma informed. It would be a place where everyone knows that they're welcome regardless of any part of their identity, where we honor pronouns, where we have a sliding scale fee for service so that those who can't afford to pay or those who are uninsured or underinsured can get the treatment that they need. Where if there's an emergency that happens after hours or on the weekend, that they can still come in and they can get treatment and students see them as a person, not as a competency, not as a kind of a checkmark of I need these things to graduate and this person will give me this, but that I treat each person as their as though they are their only patient, as though they're the only person that they're working with and that they want to better their life, whatever that means. And so they are invested in helping to connect them with resources and the appropriate people that they need it to get to get what they need. The patient says, I don't have insurance. They immediately say, you know what? Is that something you're interested in help with? Let me let me connect you with someone that can help you to do that, where we ask questions about social determinants of health on the front end before we've provided any treatment so that when issues come up, we already knew that they were going to be issues and we've already talked about what is available to them. Those those are the things off the top of my head. What about you, Sharlynn?

**Sharlynn** [00:38:58] I like that the trauma informed thing. I feel like it's an ongoing thing, right? As we get to know our patients and the students. Right. You know what is going on? I feel like there's there can be trauma on both sides. There could be trauma from dental treatment in the past or just general fear. If you don't have a provider who is explaining what they're going to do to you and they just go in and start putting stuff in your mouth, my goodness. But then on the other side, it can trigger things, memories or just where you're standing, right behind the dental chair talking over them. All the things that we see in the big culture can be communicated within that little room or that cubby or the auditorium, you know, wherever they're doing the practice. So I feel like that is, you know, that's we're still getting we're at the tip of the iceberg and trauma informed. But I think in, you know, in all areas, including dental you know just trying to to roll that out. I think sometimes, as Candice was saying, how for a student this might just be a type of requirement they need or something to check off for graduation. I don't think they pick up on repetition sometimes, like as a patient comes in that the same thing keeps happening. They keep being late or when they start to do something, they they always are. They always do that. You know, why is that? Why does it take so long at the beginning, the appointment? Why this? You know, and so I don't that's a perfect world. If we can like smooth that out. But just having more feelers for red flags or pink flow.

**Peter** [00:40:39] Yeah, it's a world with less obstacles and barriers, that's for sure. Sorry for interrupting.

**Sharlynn** [00:40:43] No no no, yeah, you're probably right.

**Peter** [00:40:43] Yeah, I mean, there's lots of other reasons not to follow through, but. Wow. Yeah, yeah, go ahead. Sorry. I'm sorry I interrupted.

**Sharlynn** [00:40:51] No, no, you're fine. I just. I think because they haven't been exposed to this and maybe if they have, it was personal. And then you can get bogged down in that, too. I've had people come into my office that I didn't realize that they were talking about the person in the chair this minute. You know, they're like, What if the patient does this and

they do that and then they go back down and then they come back in 20 minutes and I ask another question, and I was like, Are they here right now? Because then if I can I mean, a lot of times I can't. But if I can, I. I will go down there like one patient. Was hearing voices. They thought that the student had implanted something in there that was talking to them and but was a very calm patient. And so I just thought it was some kind of hypothetical. And I said, you know, you could write it down and I could give them a call. And, you know, a lot of the time it isn't in the moment because there's not time. They're trying to finish their treatment. And, you know, there's a certain amount of time that the drive numb and those kinds of things. And so a lot of it, you know, if it is, it might just be a quick thing in the lobby. Hi, I'm Charlene. I'll give you a call. But, you know, just picking up on those things. And so even though we try to hit the students and the residents at orientation and say who we are, there's so many messages. As with any school, we just did a trauma informed training with the two social work interns from the School of Social Work here. And then afterwards, one of the biggest thing and the feedback forms is we didn't know that you guys do all that stuff. And so, yes, continued messaging all the time, right? And so those little conversations that we can point out were there and maybe we don't call it social, but we just like a little tips here and there. Did you think of this? Did you think of that? Maybe next time say this on top of it and maybe they'll be more. Motivated. Right. So just adding that as well.

**Candace** [00:42:43] It's funny you say that, Sharlynn, because I just did this week. An in-service or continuing education for faculty about essentially about what do I teach? What do students learn about communication skills? And every presentation I give them, like, my goodness, this is fabulous. Because before it was, well, do students learn this thing? Of course they learn these things. Of of course someone teaches them. Of course. You are also supposed to be modeling of it. Of course, you are also supposed to be evaluating it. And so I gave a one hour in-service and at the end of the in-service said, you know, you have this rubric where you are supposed to evaluate students, period. How you evaluate them on communications is one line. Let me present to you this alternative rubric that is double sided, which will guide you, which will guide you in completing the one line. Because it's true, students don't always know. Faculty are supposed to know. It is, I would say, arguably faculties job to know some of these things and to point students in the right direction and to redirect them, because it doesn't make any sense. The number of times a student will reach out about a patient who's already left. Well, if you can't reach them by phone, what makes you think that I can reach them by phone. Perhaps the best time for us to have a conversation would have been when they were in the chair, because who knows what that conversation would elicit. Right. I've gotten a call about a patient who they wanted transportation for the patient. And as I talked to the patient, the patient had only eaten rice that week because they didn't have enough money to feed their family. And they have kids. And one of the kids has an IEP, but the school's not honoring it and she doesn't have enough. There were so many things that came up and I had to say transportation is the least of my concern based on what this what this patient said. But if you don't call us, if you don't take us in, we can't help you with what we don't know what's going on. And so there's some work to do there to bring faculty up to speed so that we can all be moving in the same direction.

**Peter** [00:44:49] Yes, there is a conduit to the social worker, not they don't have to do all the services. That was one of the you know, your conversation today or our conversation. It just reminded me of a previous trauma of mine, is that when I have some expertise in motivational interviewing and I've done a lot of training in, for example, with I've done it with nursing medicine, law and a lot of the health professions present with the similar issues that you're talking about. You know, this focus time, short time. I agree. I'd love to

do the soft stuff, but I really can't. And actually, a group of dental students gave me the most pushback I have ever received. They outdid the nurses. The nurses had the trophy before that, but the dental folks really got me. They went after me hard. And it was really interesting. It wasn't until I began to talk with them about you give patients directives, do they do them? You tell them again. Do they do them? Do you treat people for the same things over and over and over again? I said, does that save time? And it was really interesting to just talk about things like empathy, genuineness, you know, be a person, don't confront. It was fascinating. And actually, now I'm not going to say I waved a magic wand over them, but they were far more receptive when they could connect changing their behavior to successful outcomes, because I was very clear that that's what they wanted. You know, maybe they didn't want to be a social worker, but they wanted to be good at their job. And I think once they can see that happening, you get more buy in. And, you know, the two of you have been talking about that the whole time. It's very exciting. It almost makes you wonder why. Well, of course, you know, you're the choir here, why there's not a social worker and, you know, all of these settings. And this reminds me a lot of employment based social work and employee assistance programs and and things like that. So we have social workers in these settings, and I would hope that we would walk into them, you know, with our ethics and our values as social workers front and center. And really, one of the things that we haven't talked about here that I haven't asked you about is. Can and should issues of. Racial justice and racial equity be a part of what social workers bring? To a program like this? And if so, why is it important?

**Candace** [00:47:42] So 100%. Yes. So for those who are listening, I am a black woman. And so my identity is really important and central to who I am. And I bring that with me everywhere. I can't just take that off. I am in Detroit. And so the bulk of the patients that we see are people of color, typically people who come from a lower socioeconomic status or who don't have insurance. They're minoritized in some way, shape or form. And not having these conversations, frankly, does a disservice to the patients that we're treating. And so students are oftentimes colorblind. I say in air quotes, right? I don't I don't see color. None of those things matter. And I teach a course where we talk about those things. We talk about bias. We talk about microaggressions. We talk about the idea of of the unattainable cultural competence and thinking that through the lens of cultural humility instead because we have a lot of biases and we make a lot of assumptions about our patients. And there are a lot of people who choose dental schools for any number of reasons, but they come into my dental school specifically, and they have never, ever seen that many people of color before. They came from somewhere rural or somewhere predominantly white. And so they they want to not engage with difference. And so my role there is to teach them, no, you have to engage with difference. And so I do it explicitly and implicitly, implicitly. The fact that there is a black woman in front of you in the classroom is going to challenge some of your biases just by me being there. That's what the research says. And then the fact that I have these conversations and I name it, that's my personality type. I say, I am going to make you uncomfortable with these conversations that that we're having. In 2020, we started having conversations about race and policing and what is happening in the country. Because if we're honest, if you have a patient who's watching the news and they're impacted by those things and they come into a space, they're carrying that with them. Right. We know that trauma doesn't leave the body. You carry that with you everywhere. And so part of what I do is teach students how to engage or even if they choose not to engage, because we all have the choice but to to notice it, to pay attention to it, to notice where it makes them uncomfortable, to sit in that discomfort, where it's possible to reflect on what are their experiences that brought them there, and how does that create the lens through which they understand the world. And some students love it. Some students hate it. And at the front of the classroom, I say, I don't really care whether

you love it or hate it because you've chosen to be in this health profession and your job is to treat whoever walks in the door across from you, regardless of who they are. And you don't have to agree with who they are or how they lived their life. And if if you can't do that, you shouldn't be working with people.

**Peter** [00:50:36] Or even acknowledge the abundant research and literature that. Has been saying for a long time that, you know, people of color mistrust white health care providers, people who are in their minds there to care for them. Yeah, it's it's fundamental. I mean, I think to to not address that as a universal precaution, if you will, seems silly but.

**Candace** [00:51:09] Absolutely.

**Peter** [00:51:09] Yeah. Did you did you want to weigh in on this, Sharlynn?

**Sharlynn** [00:51:11] I just want to talk about some kind of innovative things that I've seen to help develop future dentists that make me happy, that we have something called Destination Dental School here at the University of Buffalo, where they bring in students who are considering going to dental school, who are first generation students of color. There's also some additional money for Native American students to come and be here for a week in the summer and get some hands on touching, feeling all that kind of stuff. And then they also and I don't know how this works in other dental schools, but they may have some priority in getting their application fees waived and some of those things to get over some of the obstacles to becoming a dentist, because I can just said seeing her is so affirming to people. More approachable if your dentist might be of a similar cultural background or ethnicity, those kinds of things. We also have an equity diversity and inclusion committee that I'm on, and one of the things, you know, you can think of typical things that might go on in that committee, but one of the neatest things I see are the student representatives who come. So we were speaking about the patients and different cultural impressions and things with the treatment from their dentist. But on the other side, a dental school or any department in the university is a small representation of our world, right? And so there are still different people getting treated differently or getting privileges based on color of skin, socioeconomic background, all those things. And so I'm being on a committee like this, the students bring stories of them. And this is nothing against our school. I think it's everywhere, but just, you know, something where they felt like someone said something, they were treated unfairly, maybe seeing a way to bring down barriers for themselves, for getting help in the school, act academically, financially. And so just thinking that they are themselves needing some services or treatment to succeed. And so we're serving them to better serve the population who needs dental treatment now and in the future. So to me, I don't see I see that as exciting as I watch that, I don't have to say a lot as I see them sharing and feeling safe to be able to share those things with administrators and faculty who care about these issues and hearing them respond and listen back because we've chosen to be on this committee to me is exciting, which I don't know how long ago, maybe even just a few years ago or more, these types of conversations didn't happen or they weren't officially committee right. That affirmed like, you deserve to be here and we want you to feel safe or just not have to blow off those microaggressions because the school is as much yours as anyone else's. I don't know if I spoke to that question, but.

**Peter** [00:54:00] I think either the two of you addressed it from different angles. But I think that's exactly what I was interested in, is do you want to say anything else?

**Candace** [00:54:11] I would say so. I think a lot of dental schools have summer programs now. They were few and far between before, but now they're more commonplace. I know Detroit has one as well. The summer enrichment program and University of Michigan also in Michigan has one where the term is historically underrepresented. Ethnic studies, I want to say. H u r e And so people who you traditionally don't see them in dental schools, dental schools are void of a lot of different ethnicities and cultures. And so those people are encouraged to apply for those programs and engage the programs that are really neat. The programs let them shadow the programs, expose them to different residencies, to different presentations. I know I always give a presentation that's on kind of the imposter syndrome and how it's going to feel like they don't deserve to be there because they don't see themselves reflected in those spaces and how to challenge that. They get practice with the the Dat, which is the dental exam that they have to take to get into dentistry. And so there's kind of exposure to a lot of different areas through those summer programs. Detroit also has a program, a pipeline program where they take students from high schools and middle schools where they can come and kind of have fun at the dental school because there are a lot of, you know, urban schools and communities where dentistry doesn't feel like an option because no one talked about dentistry. So it's premised on the idea that if we expose them to this as an option early on in their educational career, they will consider that for themselves. And so students kind of run run that program through the diversity office, but they engage with students during those things. And so there are certainly a lot of really neat things that are happening.

**Peter** [00:56:05] So I think, you know, I've kind of been directing the conversation. Is there anything that I haven't asked you about? Because I've got more, but I want I want to give you an opportunity to to talk about anything that you really wanted to get in that maybe we haven't addressed.

**Candace** [00:56:24] I would say in the dental school that I mean, one of the beauties of being in the classroom is that whatever I see in the clinic, I can now bring to the classroom. And so when I see you, it was really quiet doing that, that appointment student You should make small talk. And they're like, I don't do that. I don't make small talk. Well, now we have a lesson on small talk where I teach everyone how to make small talk. We have patients who are are escalated and their feelings are really big and we don't know what to do. All right. Let's let's now have a conversation about de-escalation. And now that's part of your training. And so I think there are the fun part about being in the classroom in dental spaces is you can expose them to anything and everything. And now it's an assignment and now you're going to reflect on it. You're having trouble seeing patient as more than just what's going on in the mouth. Great. You now have a social work referral assignment where you have to choose one of the patients that you work with and refer them to me and tell me what do they need? You have to ask new questions that you're not used to asking, and you need a true social worker that I am. Create a reflection for me that tells me, How did you feel about it before? What What were your concerns? How did it go based on how it went? What will you do differently in the future? And in that particular case, students said, you know, I was really worried about asking patients invasive questions. You were there, help your provider. Those are not some questions. You need that information to provide them with the best care possible. And their take away was, I will now ask more of these questions. And so we also have the benefit of seeing directly what is the impact of the work that we're doing.

**Sharlynn** [00:58:03] Peter, I have something kind of off to the side that just came to me. So you could have a social worker in a community dentistry practice or in a hospital where they have a dental type service. But what's unique about what Candace and I and other

social and dentistry folks do is we are an accredited educational university settings or whatever unit of education it is. So our fundamental purpose is teaching no matter what. So we have to keep that in mind. And so I like what Candace was saying about see something, teach it, reflect on it, all that piece. So I like what I'm able to do too. We have smaller classes when you're working with residents. And so teaching them a skill like this where we created our wellness coaching or oral facial pain practice. So thinking about how to coach them, have them do role plays with each other and bring cases to there. Like bring a tough client idea and role play it with each other. But then also, when I teach them something that they watch me first when I'm in the clinic with them the next week or whenever it happens. Right. Whenever you can do it. But our goal is by the time they leave here in 1 to 2 years for the specialty practices that I'm not there anymore. And that's okay. You know that they can maintain asking those tough questions or hearing some of those tough things that Candace talked about or something that might have seemed like using mindfulness to help them cope with something to get a break from their pain. So, you know, relieve stress, whatever that is. They're going to know evidence based reasons why this works. It's not just some frufru thing or you know what I mean? Like something spiritual. Like they can ask people what they know about it and then say, well, that's interesting, you know, but then really tell them what it is. Define it. Again, this could be mindfulness. This could be any issue around dentistry, any kind of treatment. But, you know, just talk it through with them and then work from there. Again, having seen it done well, actually practice with each other, see it done, and then hopefully I'm still in there or outside the door when they're doing it and I can give them feedback as well.

**Peter** [01:00:23] Fantastic. Sharlynn, Candace, we're kind of bumping up against the clock here, so thank you so much. I think you're well on your way to encouraging more social workers to to to at least pursue and actually build some critical mass in these settings. I love talking to social workers who work in nontraditional settings. I don't know what that says about me. In fact, I probably know what that says about me, but it has been a real pleasure. Thank you so much for taking the time. And thanks again.

**Candace** [01:01:01] Thanks for having us.

**Sharlynn** [01:01:01] Thanks for having us.

**Peter** [01:01:04] Thanks for joining us, everybody. The inSocialWork podcast team, which all claim to floss daily, include Steve Sturman, our tech and web guru. Ryan Tropf, our GA Production Assistant. Say Hi, Ryan. (Ryan: Hello). And I'm Peter Sobota. Do you have an idea for a topic that you would like us to pursue, whether you're an academic practitioner, student or something else entirely? Email us. We'll read it and follow up if you'd like to take it up. We'll see you next time, everybody.