

PA Chapter, American Academy of Pediatrics
Trauma-Informed Care Member Surveys Evaluation

Introduction

This fiscal year, we hosted a PA AAP Let's Talk Pediatric Community Forum: "Thinking in a Trauma-Informed Way: Why and How" in November 2023. This talk defined trauma-informed care, described the importance of trauma-informed care in primary care interactions, and increase awareness of AAP resources for trauma-informed care. This was hosted by two ambassadors (Dr. Norrell Atkinson and Dr. Amy Nevin) and a subject matter expert (Dr. Abigail Schlesinger). In addition, we hosted two, hour-long roundtable discussions ("Trauma-Informed Care: Next Steps Forward Roundtable Discussion") in January and February 2024. The first roundtable included PA AAP pediatricians, and the second roundtable included a guest speaker who was a family member that shared their experience of how trauma-informed practices they received from their provider influenced care for their family. In addition, we created an [infographic](#) to provide health care providers on how to incorporate trauma-informed care into their practice, and a specific [project page](#) to host access to webinar recordings, resources, and social media posts.

We distributed the Pediatric Trauma-Informed Care Member Survey before and after the forum and roundtables. The survey was distributed to PA AAP members and attendees in October 2023 (pre-survey) and again after the events in April 2024 (post-survey). We had 85 responses from the pre-survey and about half the number of responses for the post-survey (43). We queried members on location of their practice, their perspectives of trauma-informed care, previous experiences learning about trauma-informed practices. These responses are critical in informing future directions of webinars, roundtables, and other educational content.

Survey Responses

Location

Across both the pre- and post-surveys, a large majority respondents said they were primarily from hospital-affiliated practices, followed by academic medical centers, and independent primary care centers. The fewest responses (less than 10%) were from multispecialty group practices, federally qualified health centers, government hospital/clinics, or other not listed. Trends were similar in both the pre- and post-surveys with regard to their practicing setting. Almost an equal number of respondents reported their practice was within urban or suburban areas, while a third of the respondents reported their practice was within a rural area.

Perspectives of Trauma-Informed Practices

Responses from the post-survey indicated there was an increase in members' ability to fully define "trauma-informed care" if asked by a colleague compared to responses from

the pre-survey (56% vs. 46%, respectively). There was almost no change in reported comfort level in discussing a child's/family's experienced traumas. However, a large majority (<50%) of respondents reported they feel somewhat comfortable in starting a conversation about a child's/family's experienced trauma(s) while about 30% of respondents reported they felt very comfortable and less than 20% who did not feel comfortable. Similar trends regarding comfort level in starting a conversation with parents/caregivers about their child's experienced trauma(s) across both the pre- and post-survey.

Previous Training

Largely, across both the pre- and post-survey data, respondents reported not having any previous formal trauma-informed care training. Most alarmingly is a low percentage of respondents reported receiving training through an establishment (i.e., medical school residency, or current position), with a large number seeking trauma-informed care training independently. However, for those who did complete a training, most respondents reported they felt somewhat comfortable in their application of skills and knowledge of trauma-informed care. Most respondents from the pre-survey were unsure if other members of their practice team were knowledgeable in trauma-informed care (42%) and almost the same proportion of responses reported yes (28%) or no (29%). Comparatively, more respondents from the post survey reported other members of their team were knowledgeable on trauma-informed care (47%), followed by unable to answer (40%), and no (14%).

Impact of Enacting Trauma-Informed Care Principles

When queried if enacting trauma-informed care principles would be a strain on their workforce, a large majority of members said no (~70%). When asked if members were concerned that ensuring trauma-informed care would be difficult in their work due to time constraints, about half of the respondents from the pre-survey reported yes and half reported no. However, respondents from the post-survey, a large majority reported no (70%). Respondents from both the pre- and post-survey were in large agreement that a fuller understanding of how to integrate trauma-informed care in their patient care would benefit children and families (>90%). Across both the pre- and post-surveys, members reported the top three traumas that most affected families as parent/caregiver with mental health needs, parent/caregiver with substance abuse and bullying.

Use of Resources

Across both the pre- and post-surveys, most respondents had not previously looked at the AAP resources for trauma-informed care in the past (over 70%), while less than 30% had.

Members from the post-survey were asked if they had previously accessed non-AAP/PA AAP trauma-informed care resources/information and they largely reported no (over 70%). A question from the pre-survey asked if they would attend a CME hour-long session on trauma-informed care and resources, a large majority said yes (92%).

Additional Questions Included in Post-Survey

Members were asked if the educational opportunities most recently offered on behalf of PA AAP (Let's Talk, Roundtable Discussions, PA AAP Conference, etc.) increased my awareness of concepts related to trauma-informed care. Members largely reported they neither agreed nor disagreed (55%). However, many agreed that learning about trauma-informed care concepts would help in their day-to-day practice (54%).

Conclusion & Next Steps

These PA AAP events provided valuable insights into the perspectives and needs of our members regarding trauma-informed practices. Based on the member feedback, the following steps are recommended:

1. **Expand Educational Offerings:** Develop and implement targeted webinars, roundtables, or townhalls focused on trauma-informed care principles. These sessions should cater to both the clinical and administrative aspects of integrating trauma-informed practices into everyday patient care. Specifically, a large number of respondents reported top three traumas affecting families were parent/caregiver affect (i.e., mental health, substance abuse), which demonstrates the need to provide more resources for parents. Included in the targeted outreach, we can educate members of PA AAP on educational opportunities and trainings which are also currently posted on the PA AAP trauma-informed care project page and the AAP website.
2. **Enhance Collaboration:** Foster partnerships with academic institutions and other organizations to provide comprehensive training programs on trauma-informed care. Few respondents reported receiving formal trauma-informed care training within their education, yet there is a high desire for resources.
3. **Resource Utilization:** Increase awareness and utilization of existing AAP and non-AAP trauma-informed care resources among members through targeted outreach campaigns and resource sharing platforms as many respondents reported they had not reviewed the AAP trauma-informed care resources.
4. **Evaluate Impact:** Continuously assess the impact of educational initiatives through follow-up surveys and qualitative feedback sessions to gauge knowledge retention and practice integration among members.