First, Do No Harm: How to Practice Trauma Responsive Care in the NICU

Tiffany Gladdis, PsyD
Licensed Clinical Psychologist, Associate Professor
Children's Mercy Hospital, University of Missouri Kansas City
&
Kara Wahlin, MFT,
Founder of NICU Healing
Mother of former 26-week twin boys

May 15, 2024

Children's Mercy KANSAS CITY

BEST CHILDREN'S HOSPITALS U.S.News RANKED IN 10 SPECIALTIES 2022-23

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

UMKC School of Medicine

KU SCHOOL OF MEDICINE The University of Kansas

Disclosures

The presenters have nothing to disclose.

Objectives

1. Understand the impact of trauma on the patient and provider brain and body

2. Understand how to honor patients' boundaries and their autonomy through the trauma of the NICU

3. Learn at least 3 trauma sensitive strategies to support engaging in a meaningful relationship with patients and families

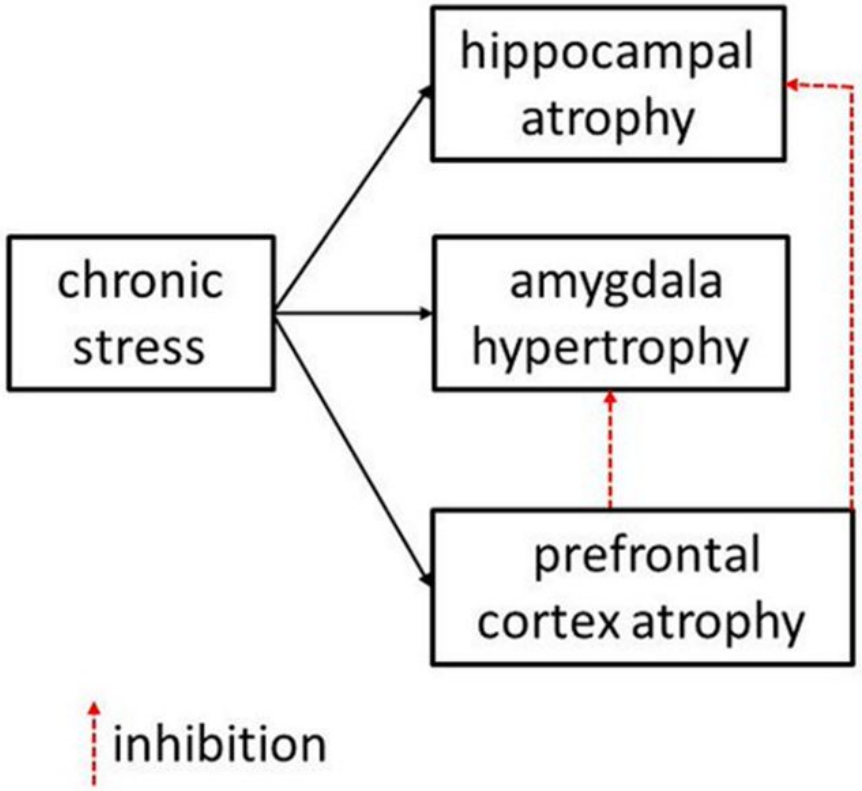
Stress and Trauma

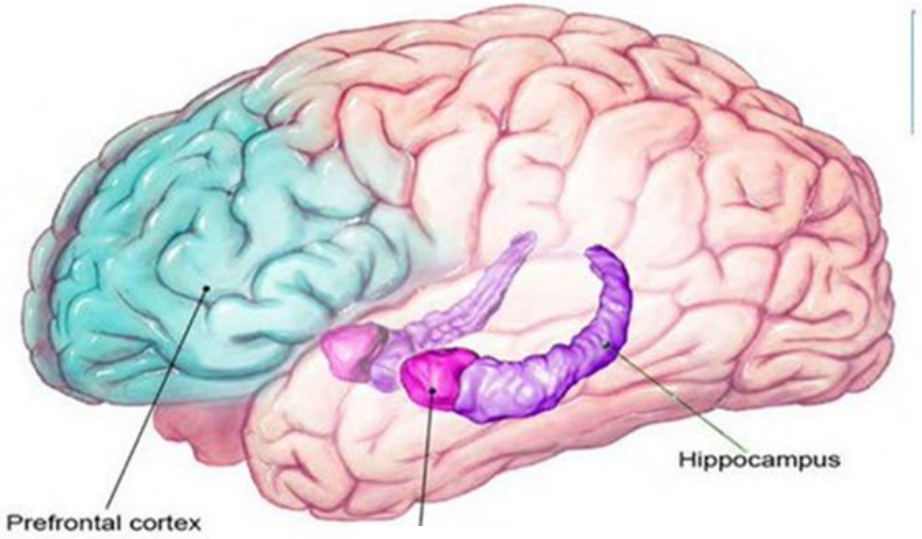
Brief increases in heart rate, mild elevations in stress hormone levels.

Serious, temporary stress responses, buffered by supportive relationships.

Prolonged activation of stress response systems in the absence of protective relationships.

Chronic stress affects the brain





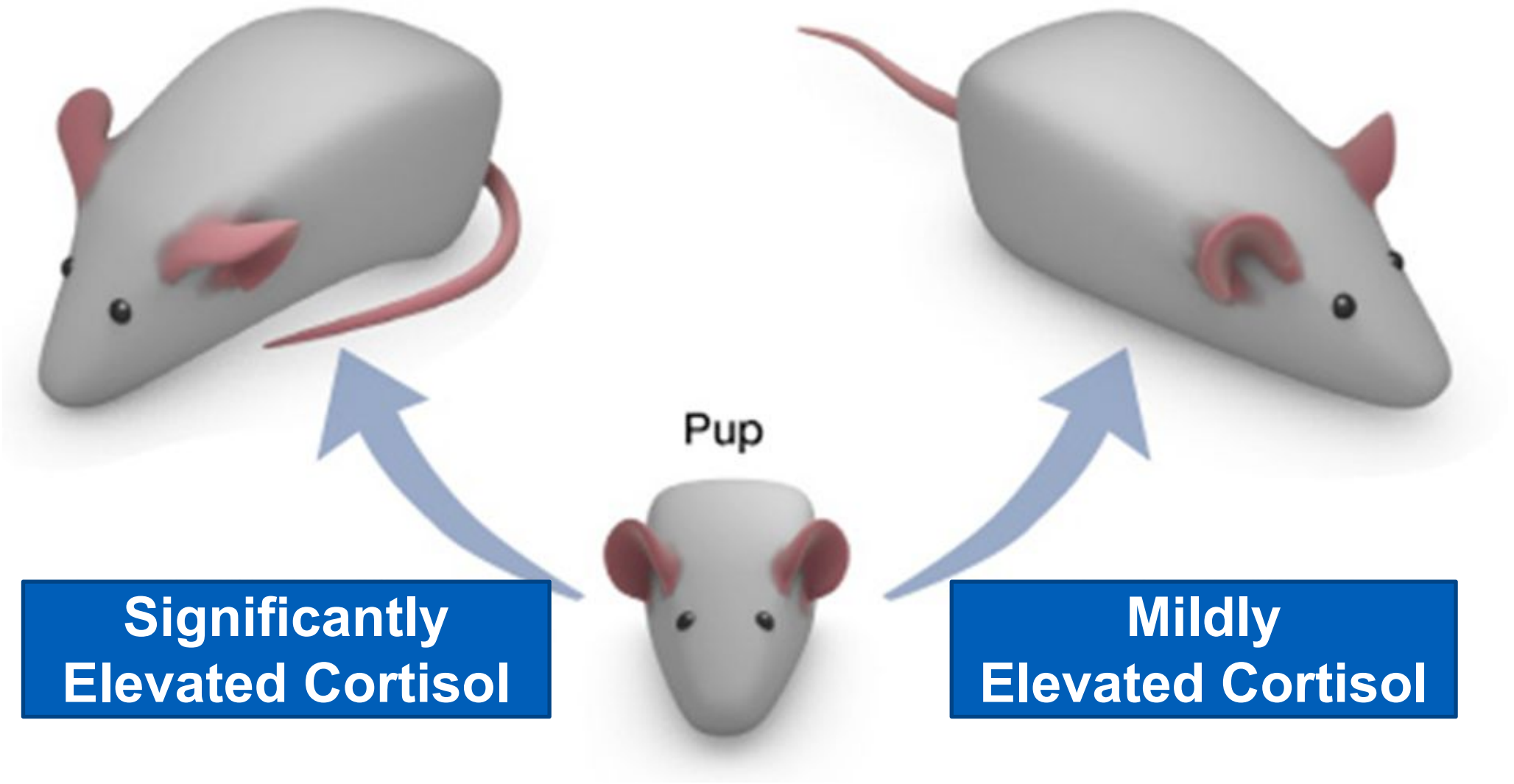
Children's Mercy KANSAS CITY

The NICU is a trigger…

- No control
- Invasive
- Breast/Chestfeeding and Kangaroo Care
- Alarms and loud noises
- Responding to authority
- Prior loss in the hospital

When the parent is triggered, their sympathetic nervous system is affected.

Children's Mercy KANSAS CITY


Pup
Significantly Elevated Cortisol
Mildly Elevated Cortisol

Lessons from Weaver:

1. Relationship and connection is a buffer to toxic stress.

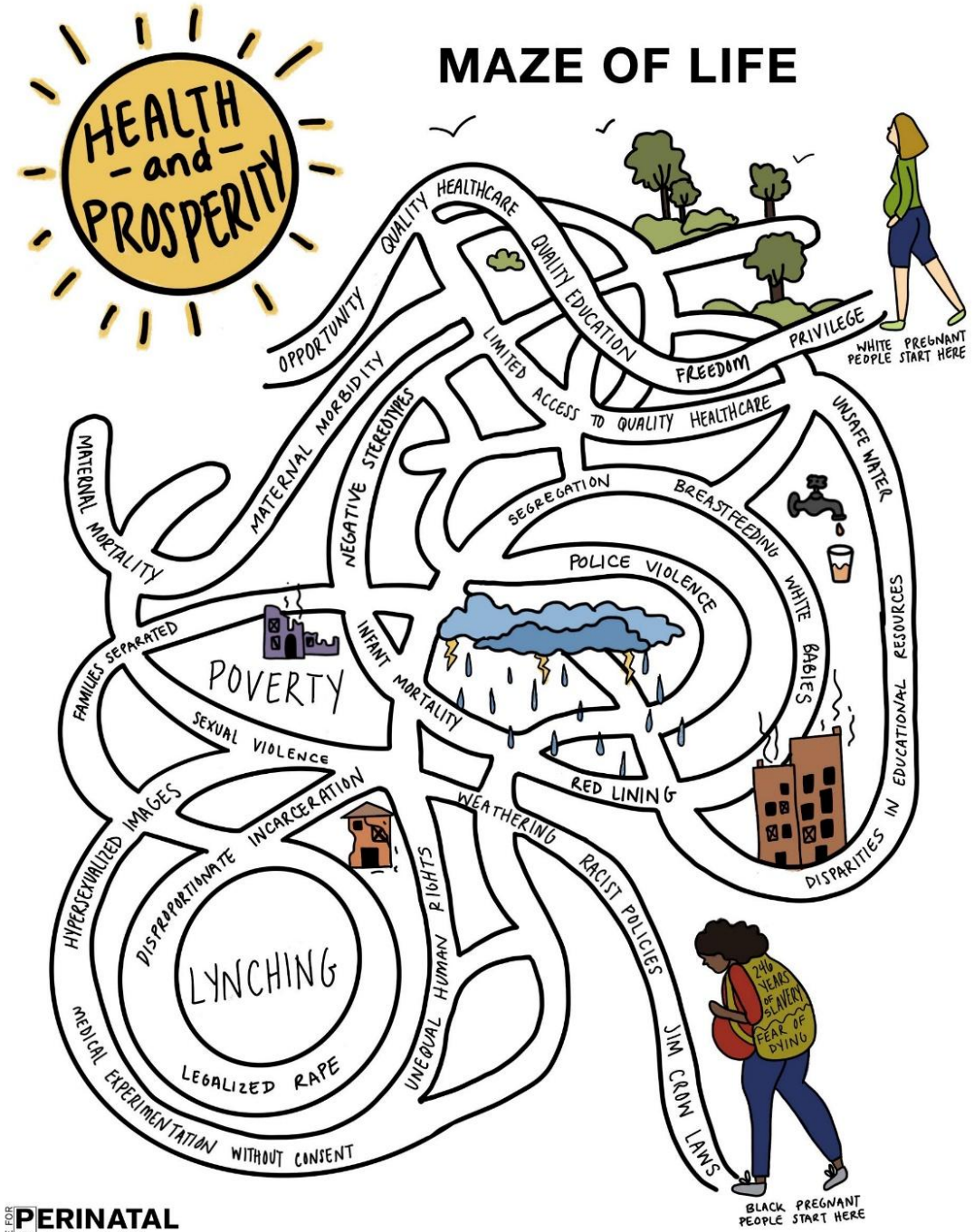
2. When cortisol levels are high, we don't behave normally.

3. Effects of the high cortisol level is enduring.


VALLEY NEWS

Families at greater risk

- Historically marginalized families
- Black families
- Non-English speaking/LEP families
- Families from rural communities
- Single parent families
- Families who have experienced past traumas
- Families with a prior NICU experience or infant/pregnancy loss
- Families who have other children with special needs



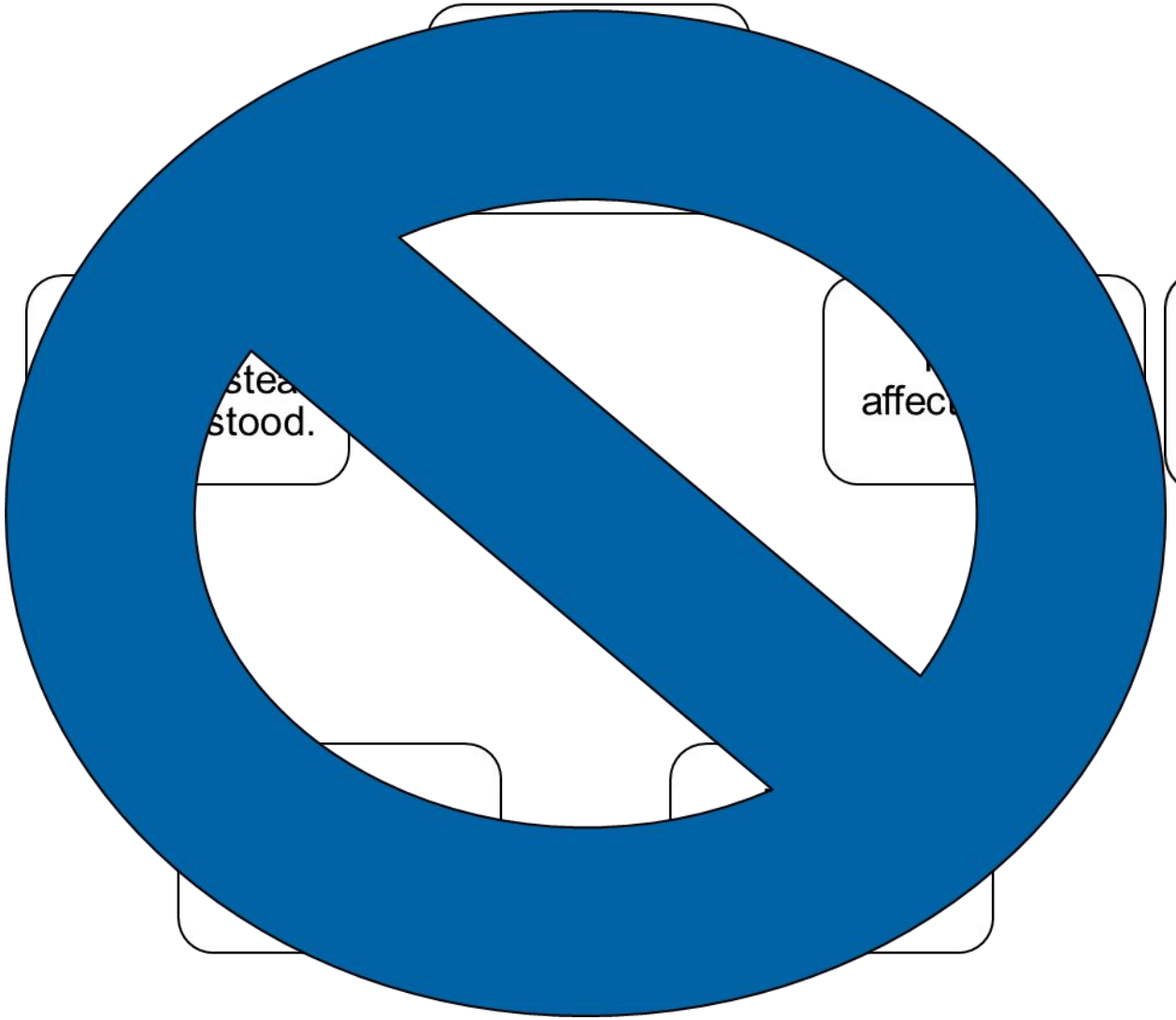
Children's Mercy KANSAS CITY

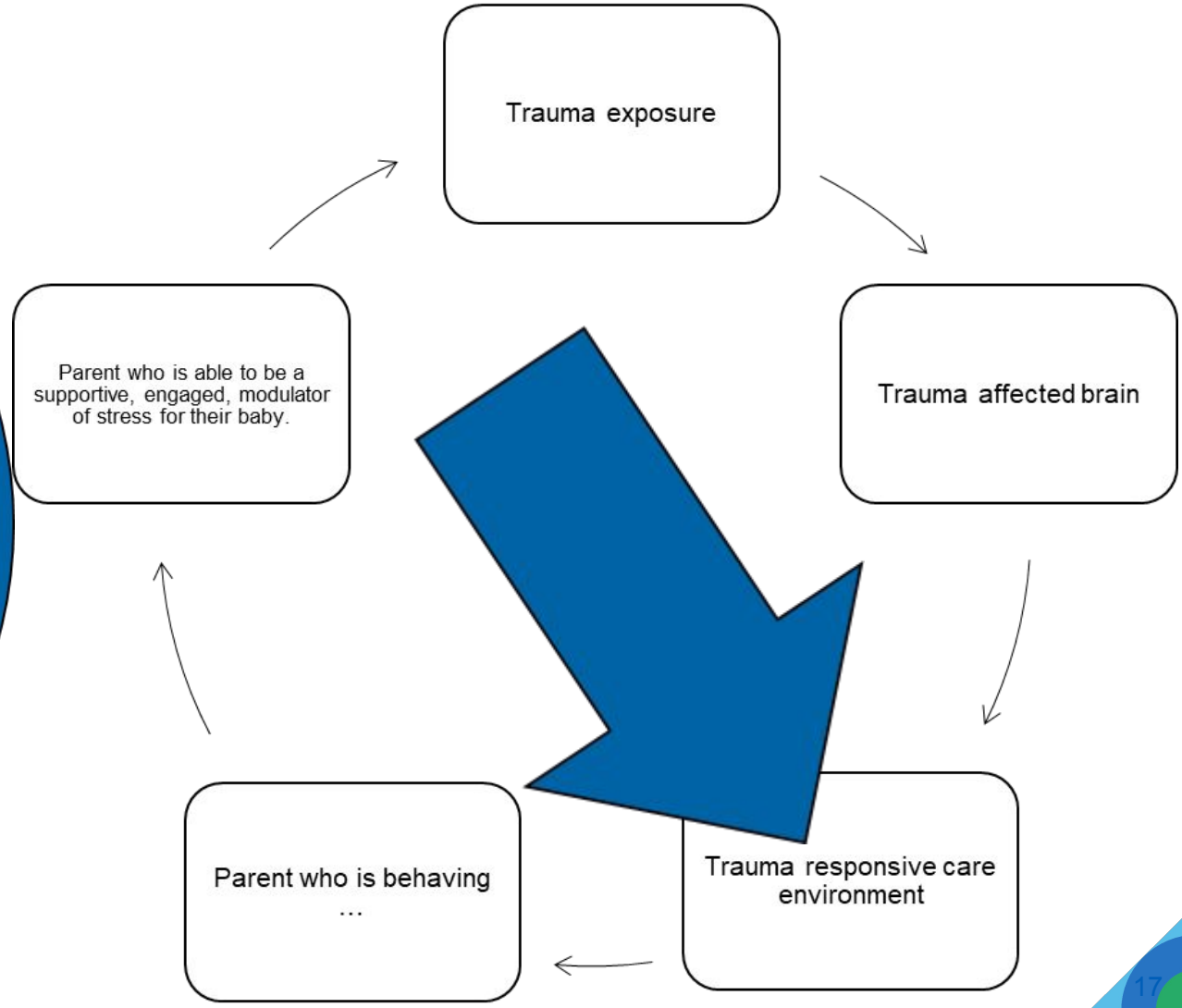
INSTITUTE FOR PERINATAL QUALITY IMPROVEMENT


The NICU is everyone's worst nightmare.

Trauma Informed vs. Trauma Responsive

- Goal: Avoid re-traumatization





Children's Mercy KANSAS CITY

Healthcare Providers


Robin
Panel Beam 4 Chris Eamons

First, Do No Harm

- I will abstain from all intentional wrong-doing and harm.
- Practice two things in your dealings with disease: either help or do not harm the patient.

Compassion

Compassion is a sensitivity to the suffering of self and others with a commitment to try to alleviate and prevent it.

“One doesn’t have to operate with great malice to do great harm. The absence of empathy and understanding are sufficient.”

–Charles Blow

How does your past experience of pain impact your ability to be present?

- How can we become more aware of our countertransference with patients?
- How does your story interact with that of your clients?
- What are the somatic clues you may experience when countertransference is activated?

Understanding how our experience of trauma can impact our patients

- How do your personal experiences, conscious or unconscious, impact the relationships you build with patients?
- What implicit expectations may you hold of patients— and how are these communicated?
- Are you able to identify when you're overwhelmed or burned out? Is it possible to take breaks?
- How can we shift hospital culture to reflect the mind-body needs of staff in order to create a sense of safety and security?
- What tools does your team have available should one member face difficulty with a patient?

Children's Mercy
KANSAS CITY

What is Countertransference

- Freud's original definition (1910)

  "We have begun to consider the 'counter-transference,' which arises in the physician as a result of the patient's influence on his unconscious feelings, and have nearly come to the point of requiring the physician to recognize and overcome this countertransference in himself….we have noticed that every analyst's achievement is limited by what his own complexes and resistances permit."

Understanding triggers to countertransference, projection, implicit bias

- Power dynamics: what do you notice happening in your body/ mind when a patient questions your expertise?
- Gender dynamics: what assumptions might you hold with a person of the same gender? Another gender?
- Race dynamics: what assumptions or implicit bias may you carry towards working with someone of another race?
- Class dynamics: how do you feel in working with someone with very few resources?
- Age dynamics: what might you feel or think in working with a patient who is very young (or older) within the NICU?

How do you notice when your nervous system has been impacted by a patient? What methods assist in re-regulating yourself?

- How am I feeling in this moment?
- What are the thoughts that accompany that?
- The bodily sensations? Body scans
- Is this impacting my ability to perceive things accurately?
- What might assist me in returning to homeostasis?
- Connecting to “safeness”

How do you notice when your nervous system has been impacted by a patient? What methods assist in re-regulating yourself?

- How am I feeling in this moment?
- What are the thoughts that accompany that?
- The bodily sensations? Body scans
- Is this impacting my ability to perceive things accurately?
- What might assist me in returning to homeostasis?
- Connecting to “safeness”

“Trauma, especially severe trauma, imposes a worldview tinged with pain, fear, and suspicion: a lens that both distorts and determines our view of how things are.”

-Gabor Mate “The Myth of Normal”, 2022

Understanding the power one holds as a provider, and the impact it has on communication

- When patients “appease” the staff due to internalized oppression
- Utilizing authentic curiosity to conduct assessments
- Honoring patients’ few opportunities to make decisions and assisting in the process
- Avoiding medical gaslighting
- Having a diverse team available to meet with patients from a multiplicity of backgrounds
- Avoiding “othering” patients who may have a complex trauma history
- Avoiding traumatizing patients via dysfunctional power dynamics

Children's Mercy KANSAS CITY

The 3 Motivational Systems

1. The threat system

- An activating system motivated by protection and safety seeking— the fight/flight/freeze/fawn system
- This system is associated with feelings such as anger, anxiety, disgust and shame

2. The drive system

- An activating, incentive/resource-seeking system that is motivated by achievement, pursuing, consuming and acquiring
- This system is associated with a sense of being driven, excited, purposeful and feeling pleasure, reward and vitality

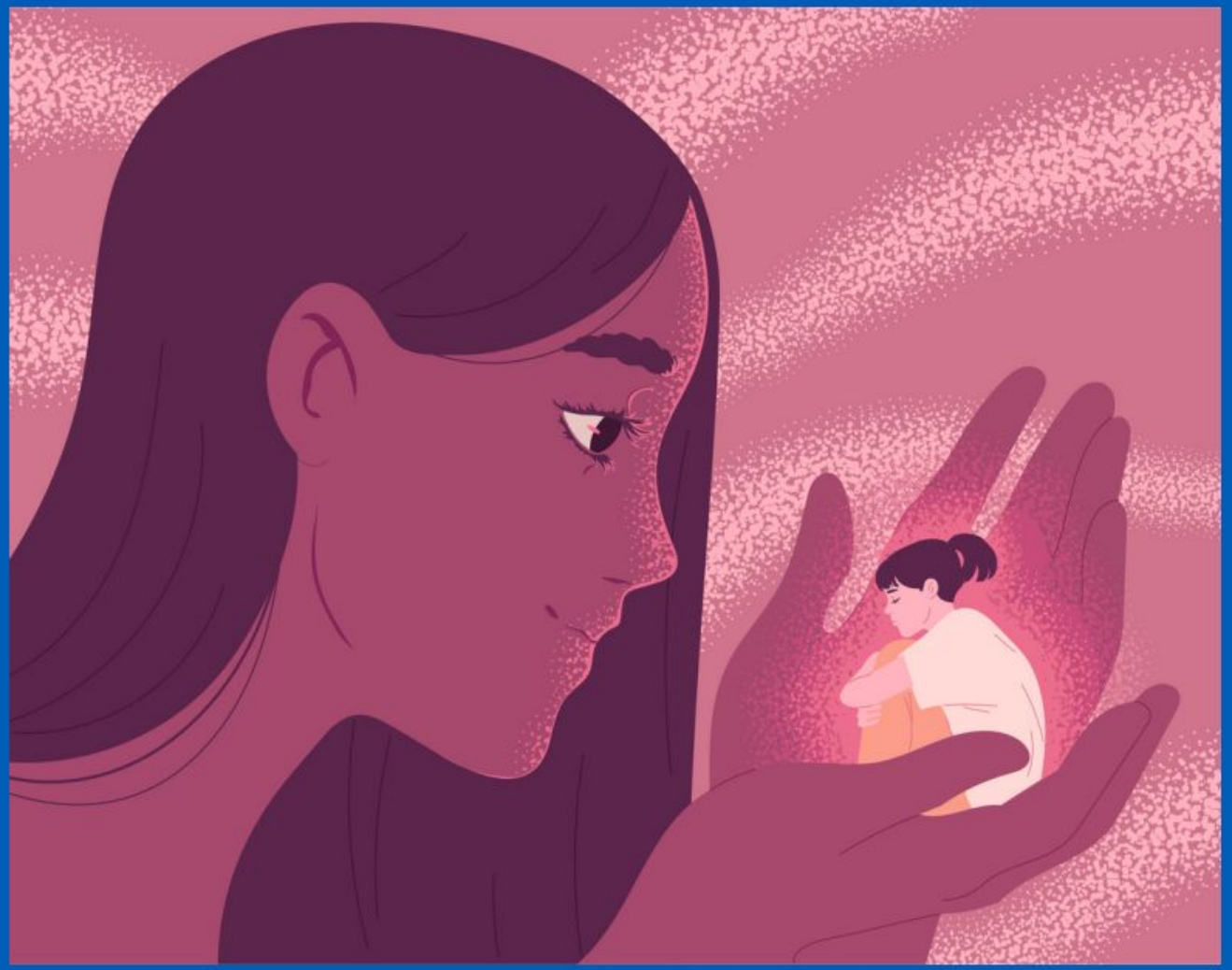
3. The safeness and soothing system

- A contented state where we feel meaningfully connected with others, within which safeness and kindness are engaged and the body and mind can come to settle.
- This system is characterized by a sense of connection, safeness, calm

Evans and Butterworth, "*The Anatomy of Compassion: courage, connection and safeness in perinatal practice*", 2023

Through Self-Compassion We Can Become Better Providers

- Understanding our own responses to external stimuli assists us in managing the responses we have that could be harmful
- Holding ourselves in compassion strengthens our ability to see others through the lens of compassion
- Being mindful of our own emotional responses can assist us in making decisions regarding patient care
- Simple mindfulness exercises to calm the nervous system can assist our abilities in meeting with patients to have difficult discussions



Children's Mercy
KANSAS CITY

The 5 Types of Compassion

"Compassion, as both salve and salvation, is not limited to the realm of the individual. If we are to dream of a healthier, less fractured world, we will have to harness and amplify compassion's healing power." Gabor Mate

"It is compassion that moves us beyond numbness toward healing." Anton Chekhov

Ordinary, Human Compassion

- From Latin, “to suffer with”
- Manifesting the ability to “hold space” for patients, their emotions, and their needs.
- Noticing when we are worn down, drained, or burned out and taking the necessary steps to remediate that
- Noticing when certain individuals or even populations push us away from compassion, and exploring our own trauma history in order to understand why
- Not the same as pity, which implies a power dynamic

The Compassion of Recognition

- Holding the awareness that all of us go through our own struggles, that our patients are not unique in this
- “Until we recognize our commonality, we create more wore for ourselves and others: for ourselves, because we increase our distance from our humanity and get caught up in the tense physiological states of judgment and resistance; for others, because we trigger their shame and further their isolation” Gabor Mate, 2022

Children's Mercy
KANSAS CITY

The Compassion of Curiosity and Understanding

- Being competent to hold patients' experience (and traumas) with genuine curiosity, sans assumptions
- The "compassion of context"
- Making one's best effort to understand the "why before leaping to the how"
- Cultural awareness: class, race, gender identities and how they inform a patient's perception of power dynamics and healing

Children's Mercy KANSAS CITY

The Compassion of Truth

- Holding space for the pain, disappointment, terror and grief that can present itself in the NICU
- Abstaining from “banishing” uncomfortable emotions
- Creating a sense of safety around discussing uncomfortable truths (i.e. maintaining compassion as patients navigate difficult medical decisions)
- Providing clinical resources for patients (social workers, support groups, chaplains) to garner support around difficult emotions
- Medical gaslighting

Children's Mercy
KANSAS CITY

The Compassion of Possibility

- Acknowledging the strength and resilience in families facing the NICU
- Encouraging patients's families to recognize their own inherent gifts in facing the challenges before them
- Recognizing our ability to shift ourselves in such a way as to be able to manage the numerous stressors presented in the NICU and thereafter
- Encouraging autonomy and agency in patients

Children's Mercy KANSAS CITY

Not asking the question “what’s wrong with you”, but rather, “what happened to you?”

“Social connection builds resilience, and resilience helps create post-traumatic wisdom, and that wisdom leads to hope. Hope for you and hope for others witnessing and participating in your healing, hope for your community.”

— Bruce D. Perry, “What Happened to You? Conversations on Trauma and Healing” 2021

Reflection tools and Resources

UCLA Prevention Center of Excellence

References

Evans, D., Butterworth, R., Atkins, E., Chilvers, R., Marsh, A., Barr, K., Cole, S., Cordwell, J., D'Urso, A., & Higgins, S. (2023). The anatomy of compassion: courage, connection and safeness in perinatal practice. *Infant*, *19*(3), 88–92.

Hansen, K., Davis, P., & Hubbard, D. K. (2023). Trauma informed care in the neonatal intensive care unit. *Journal of Social Work in End-of-Life & Palliative Care*, *19*(4), 326–335. https://doi.org/10.1080/15524256.2023.2262155

Hubbard, D. K., Davis, P., Willis, T., Raza, F., Carter, B. S., & Lantos, J. D. (2022). Trauma-informed care and ethics consultation in the NICU. *Seminars in Perinatology*, *46*(3), 151527. https://doi.org/10.1016/j.semperi.2021.151527

Marsac M (2016). *Implementing a Trauma-Informed Approach in Pediatric Health Care Networks*. JAMA Pediatr, 170:70-77.

Weaver, I.C.G, Cervoni, N., Champagne, F.A., D'Alessio, A.C., Sharma, S., Seckl, J.R., Dymov, S., Szyf, M., & Meaney, M. (2004). Epigenetic programming by maternal behavior. Nature Neuroscience, 7, 847-854

Children's Mercy KANSAS CITY