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Talking Points About Hiring a Psychologist for Your NICU

To hire a psychologist to work in your NICU, you may have to convince your hospital's administrators of the need for this. Below are some "talking points" that you can use to make your case for the importance of having a psychologist on staff in the NICU.

INTRODUCTION

In December, 2015, a multidisciplinary workgroup convened by the National Perinatal Association published a Supplement Issue to the *Journal of Perinatology*, entitled "Interdisciplinary Recommendations for the Psychosocial Support of NICU Parents" (SL Hall and MT Hynan, Co-Editors). The six articles in the Supplement contained numerous recommendations for improving psychosocial support of NICU parents representing "best practices" as supported by research and/or expert consensus opinion.

While many of the recommendations can be implemented through quality improvement processes by multidisciplinary NICU teams, several require a strong administrative commitment and may also require commitment of additional financial resources to bring them to fruition. In particular, the hiring of a NICU psychologist is among the recommendations that require buy-in from both NICU and hospital administration.

This document was created to help NICU staff lay out the case for senior hospital management about why having a NICU psychologist is important to providing holistic care and comprehensive family support in the NICU. In addition, program issues that need to be considered to allow for smooth integration of the psychologist's services are highlighted, to provide a basis for further discussion and planning. These include an examination of institutional requirements, potential roadblocks, and how the value of a psychologist's services might be measured.

Why hire a NICU psychologist?

- NICU parents are not likely to leave their baby's bedside to go access mental health services in the community. Delivery of psychosocial support services at the point of care is the emerging model in behavioral health.
- A NICU psychologist can fulfill many roles, some of which can be interchangeable with NICU social workers:
 - Perform screening for emotional distress in parents

- Provide one-to-one supportive and therapeutic services to parents, including trauma-informed care
- Serve to “prevent fragmentation” in parents’ lives and help them to create a coherent narrative of their experience
- Provide support to parents through groups that are therapeutic and/or educational
- Provide education to parents about infant development and infant mental health
- Provide support to NICU staff
- Provide education to NICU staff to help them understand expected reactions of NICU parents and how to best support parents
- Work with the concentric and intersecting linked layers of relationships that all affect the baby’s outcome: the parental couple, mother/father/baby, parents’ nuclear family, intersecting relationships with nurses and then doctors and nurses
- Conduct clinical research to further knowledge about epidemiology of mental health issues in NICU parents and efficacy of various therapeutic interventions
- Psychologists can augment the supportive services that social workers may be providing to parents with higher levels of distress and psychopathology, offering increased (or more detailed) therapeutic interventions with families.
- Social workers may be required to fulfill some case management duties, leaving them less free to attend to parents’ emotional and mental health needs.

Why should I hire a Doctoral Level Psychologist over a Master’s Level Clinician?

- A doctoral level (PhD/PsyD) psychologist uniquely offers the ability to: conduct research, provide consultation across specialties and providers, lead programmatic development efforts, integrate developmental care with the mental health of parents, and also possesses a more varied and deeper knowledge of group and systems processes than a Master’s level clinician would.
- A doctoral level psychologist can function independently, have full access to the physicians by whom they are viewed as being on the same level, and provide them with corrective feedback, education, and support in their work. Non-doctoral providers and social workers are viewed differently by physicians and, thus, serve a different role.

NICU parents who receive emotional support show:

- Lower rates of symptoms of depression, posttraumatic stress symptoms, and anxiety.
- Increased responsiveness to their infants and improved bonding with their infants.
- Greater empowerment in their roles as parents.
- Increased capacity to integrate and find meaning in the NICU experience.
- Improved ability to negotiate needs with their partners, family, and medical caregivers.

How can a NICU psychologist be helpful to NICU staff?

- An important role psychologists can play is to support NICU staff. This can be done by:
 - Providing staff education, including education of neonatal fellows
 - Helping staff understand parents’ reactions and better interface with them
 - Helping staff process their experiences and better communicate between disciplines
 - Translating the psychosocial language of families into the biomedical language of the medical team

- Providing debriefing sessions for staff to help them process difficult emotions around morally distressing situations or patient deaths
- Participating in training of volunteer peer mentors
- Providing staff support should lead to lower rates of burnout among NICU staff; typical burnout rates among nurses and doctors working in NICU are around 40%.
- Reducing staff burnout can lead to the following positive results:
 - Reduction in medical errors
 - Reduction in hospital-acquired infections
 - Reduction in staff turnover, which can be expensive for hospitals
 - Improved employee satisfaction and morale
 - Improved patient satisfaction

What kinds of programmatic issues might need attention?

- Ensure all of the hospital's internal resources and relationships are already leveraged to provide supportive services to NICU families (e.g., chaplaincy, allied behavioral health departments, social work).
- Consider whether case management staff can relieve social workers of case management and discharge planning duties to free up their time to concentrate on evaluation and support of parents.
- Try to envision with whom a NICU psychologist would need to interface and collaborate (palliative care team, ethics committee, social work staff, behavioral health staff, peer support program staff, perinatology and antepartum staff, community follow-up agency staff), and get buy-in from these staff before hiring a psychologist.
- Consider whether any mental health "care extenders," such as psychiatric nurse practitioners, or any trained paraprofessionals including bedside nurses and nurse practitioners, can play a role in providing screening or delivering care and/or education to parents.
- Try to identify areas of role overlap such as between psychology, social work and other helping professions so that roles can be clearly defined, to enhance collaboration and to avoid "turf wars."
- How will NICU mental health staff chart in the medical record (if parents are not patients in the hospital) and how will they bill for service delivery? See document by the National Perinatal Association entitled "Information for NICU Mental Health Professionals (NMHP)" for suggestions about charting and about billing codes.
- Consider first focusing efforts of the NICU mental health professional staff on care of parents and families, and then later expanding their efforts to support of the NICU staff.

What resources might the hospital have to provide?

- Salary for new NICU mental health professional(s).
- Identification of chain of command (pathway for reporting to a supervisor).
- Office space for new employee.
- Consultation space/meeting room for mental health services and group meetings with parents.
- If an academic center, consideration of in which division/department the NMHP be included.

How can a hospital measure the value that a NICU psychologist provides to the program?

- There are currently no accepted measures to determine a psychologist's "value" to a NICU.
- Researchers will need to gather data on how psychological service delivery in the NICU impacts measures of infant and parental well-being.
- Hospitals can consider looking at the following measures as proxies for improved parental and infant well-being, and staff well-being, which might be expected to improve with a psychologist on staff:
 - Reduced length of stay of infants
 - Reduced total cost of NICU stay
 - Reduced rates of parental depression, posttraumatic stress disorder and anxiety disorder compared with historical controls (published rates) or reduce rates of these disorders on screening tests at NICU discharge compared with admission
 - Improved patient satisfaction scores, such as Press Ganey scores
 - Reduced rates of self-reported burnout among staff
 - Reduced turnover among nursing staff, and reduced costs related to hiring and training new staff

References to support this document can be found in the December, 2015 Supplement Issue to the *Journal of Perinatology*, entitled "Interdisciplinary Recommendations for the Psychosocial Support of NICU Parents," SL Hall and MT Hynan, Co-Editors.

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Please feel free to email any of the contributors for questions, or if you want to discuss strategy for improving comprehensive family support in your NICU, or email info@support4nicuparents.org.

Current NICU psychologists who are willing to serve as resources for hospitals hoping to start an expanded program for psychosocial support for NICU parents:

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