#### **Trauma Informed Care in** the NICU: Transforming **Neonatal Care**

Dena K. Hubbard, MD, FAAP 7th annual Regional Neonatal Conference June 4, 2021











#### **Disclosure**

- Dr. Hubbard has documented no financial relationships to disclose or conflicts of interest to resolve.
- The majority of these slides and what I know about Trauma Informed Care has been learned from Patty Davis. Thank you Patty!



#### **Learning Objectives**

- Define psychological trauma and toxic stress
- Understand how trauma impacts brain development and lifelong health
- Delineate need for trauma-informed care
- Identify the basic principles of trauma informed care



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#### Tell us about you...







## What is Trauma Informed Care?

- Realizes impact of trauma and potential recovery
- **2. Recognizes** signs & symptoms of trauma in patients, families, staff
- **3. Responds** by incorporating TIC policies and procedures
- 4. Actively **Resists** re-traumatization

SAMHSA, 2018



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#### **Trauma Informed Healthcare**

- A trauma informed perspective reinforces the notion that all people want to live their best lives
- Creates a cultural shift in healthcare Instead of thinking:





# Define psychological trauma and toxic stress



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#### **Understanding (Psychological) Trauma**

- Any experience that overwhelms ability to cope.
  - Individual
  - Family
  - Community
- Event
- Experience
- Effects

**SAMHSA, 2015** 



#### **Potential Traumatic EVENTS**

#### What comes to mind

- MVA
- Child maltreatment
- Community violence
- Being laid off/furlough
- Natural disasters (COVID-19)
- IPV

#### More often missed

- Racial discrimination
- Family member w/ mental illness or substance abuse
- Explicit and Implicit biases (sexual orientation, weight, gender, culture)
- Secondary trauma at work
- Poverty

#### **NICU Stay**

- Parent/child separation
- High stress events (code blues and deaths)
- Fear of unknown
- Pain/Cold delayed soothing
- Lack of privacy

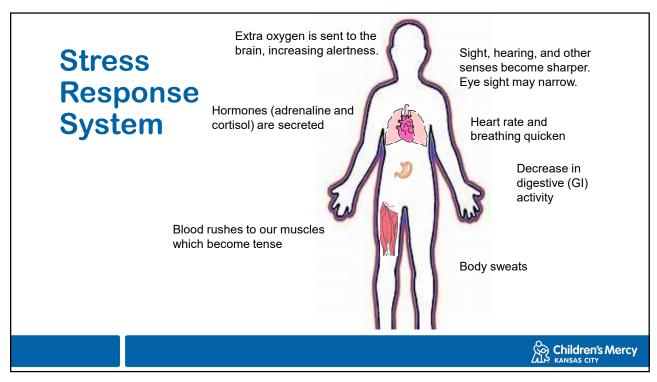
NCTSN; Felitti & Anda, 1998; Hall, 2013, CPI, Sanders & Hall, 2018



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# Understand how trauma impacts brain development and lifelong health





#### **Cognitive distortions**

- All or Nothing
- Emotional Thinking
- Blaming (others) Blaming (Self)
- · Difficulty planning or thinking ahead
- Less able to make decisions
- Always being right



#### Brain in the palm of your hand

- Palm and wrist brain stem ("automatic" brain blood pressure, breathing, heart rate, digestion)
- Thumb "emotional" brain (triggers the fight, flight & freeze)
  - Real threats
  - Triggered memories of threats (ie. Sound of someone's voice, facial expression of a teacher, simple touch on the shoulder...)
- Fingers Prefrontal Cortex ("thinking" brain reasoning and emotional control)
- "Flip your Lid"
  - Child yelling at teacher when they think they're unfair
  - · Parent not sharing their full story, was triggered when walking into clinic

2010, Siegel, D.



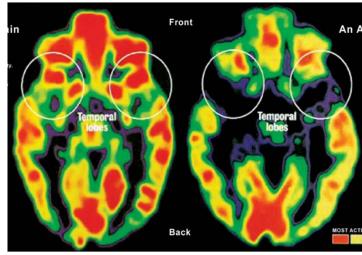
Figure 1. A model

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#### Why do some cope well and others do not?... • Brief increases in heart rate, mild elevations in stress hormone levels. **Positive Stress** • Normal part of healthy development · Result of briefly distressing experiences **Tolerable** • Serious, temporary stress responses, buffered by supportive relationships Stress · Result of more severe, longer-lasting difficulty Prolonged activation of stress response systems in the absence of protective relationships • Result of strong, frequent and/or prolonged adversity Children's Mercy Center on the Developing Child; Harvard University

#### Effects of trauma on the brain

- Adults severely neglected as children may have a smaller prefrontal cortex
- Studies of children and adults with traumatic stress have shown reduced volume in the hippocampus
- Abuse/neglect can cause over-activity of the Amygdala





https://www.childwelfare.gov/pubs/issue-briefs/brain-development



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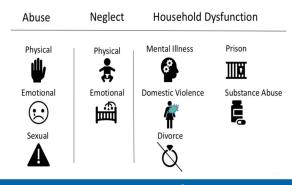
#### Science of Resilience

- PTSD is treatable!
- Brain Plasticity
- Cannot erase the trauma
- Opportunity for healing
- Learn to self-regulate thoughts and emotional reactions



#### **Adverse Childhood Events Study**

- In the 1990s, middle-class
   American adults took surveys
   about their childhood experiences
   and current health status.
- This study asked about 10 experiences related to:
  - Violence and abuse
  - Neglect
  - Household concerns
- The total number of experiences a participant had was their ACEs score



Felitti, Anda, Nordenberg, 1998, American Journal of Preventative Medicine



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#### What did the ACE Study Show?

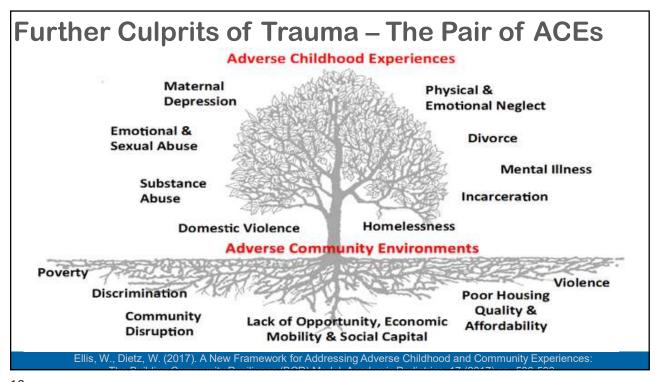
- 1. <u>Prevalence</u> of ACEs were much more common than had been known
  - 2/3 of respondents reported at least one ACE and 87% of those  $\geq$  2.
  - Other ACE studies with more racially, ethnically and socio- economically diverse populations showed higher rates even when looking at same ACEs.
- 2. <u>Graded dose-response relationship</u> with chronic medical and mental health conditions in adulthood.
  - With an ACEs Score 

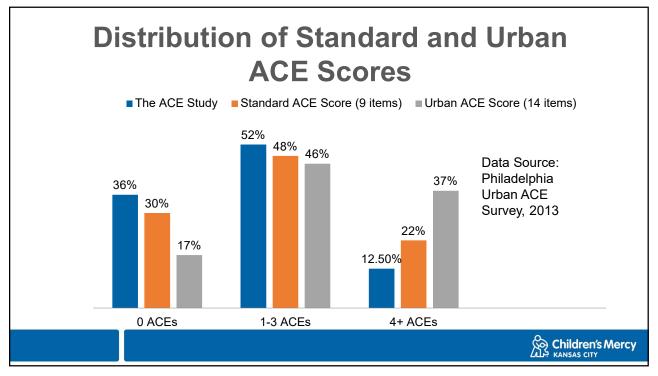
    4 vs 0, relative disease risk rose to the following:

1.6	Diabetes	3.9	COPD
1.9	Cancer	4.6	Clinical Depression
2.2	Heart Disease	4.7	Illicit Drugs
2.4	Stroke	12.2	Suicide Attempt

Felitti et al, 1998; www.cdc.gov







#### Findings in Children and Families today...

- Children with >=4 ACEs are 32X more likely to have behavioral problems
- Children with >=3 ACEs are ~4X more likely to have developmental delays
- Adolescents with >=7 ACEs are 51X more at likely to attempt suicide
- Children with >=4 ACEs are 6.2 times more likely to use alcohol by 14yo
- Young children with an ACE score of >=4 are 2X as likely to have a body mass index (BMI) ≥85%

Burke et al, 2011; Boynton-Jarrett et al, 2010; Dube et al, 2006 and 2001; Marie-Mitchell et al, 2013, endabusenetworkofcare4elearning.org;



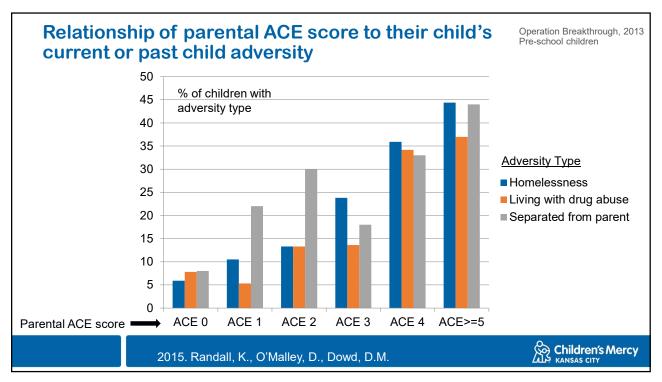
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#### What about parental ACEs?

- Caregiver ACEs are associated with current child experiences of adversity
- Socioeconomic status and education level may not be accurate indicator
- Multiple ACEs → greater challenges modulating their own stress responses and helping their children adapt to life stressors
- Parents with ACE score ≥ 4 recognize that ACEs impact
  - Personal health
  - · Child's health
  - Parenting

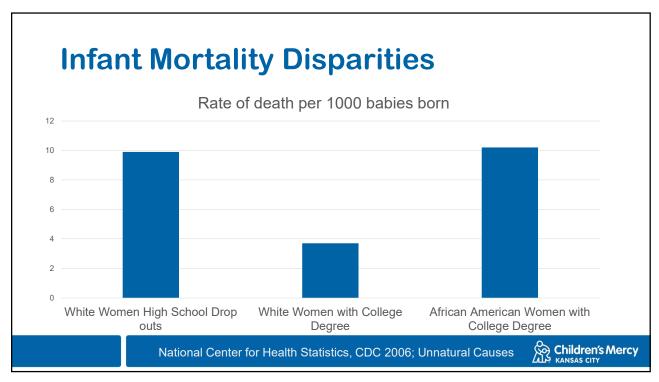
2018, Lê-Scherban, F. 2016 Szilagyi M et al 2016, O'Malley, Randell, Dowd 2015, Sweeney et al; Center for Children's Healthy Lifestyles and Nutrition

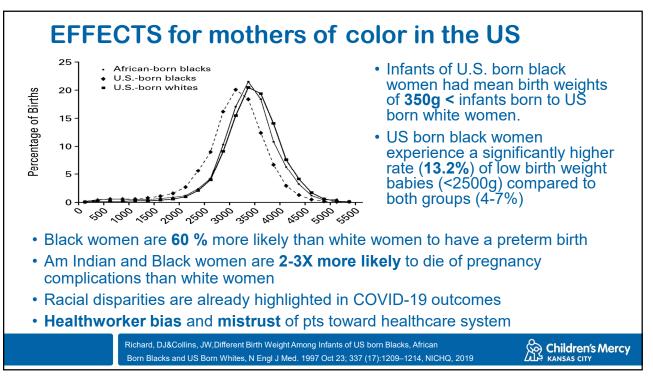




#### Delineate need for traumainformed care in the NICU







### Common triggers in the NICU healthcare setting

- Physical touch
- Vulnerability
- Loss of privacy
- Racial and economic oppression
- Feeling unheard by provider/team
- · Authoritative stance
- · Feel caretaking ability questioned
- Judgment



Daniela Pereira Rodrigues, BSN, RN, CNS Neonatal Nurse Specialist Clinical Research Manager At PBSF ONE Conference 2020; Sanders and Hall, 2018.



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#### **Outcomes for Infants in the NICU**

- · A NICU stay is now considered an ACE
- · Neonatal experience impacts future
  - Behavior
  - Learning
  - Attention
  - Emotional intelligence
  - · Interaction with family
  - Outcomes
- Neonatal pain

ohnson et al J Pediatrics 2010 ; Raylene Phillips, H. Als, 2019 ; Lupien, McEwen et al Nature Reviews Neuroscience 2009 Lupin



# Identify the basic principles of trauma informed care



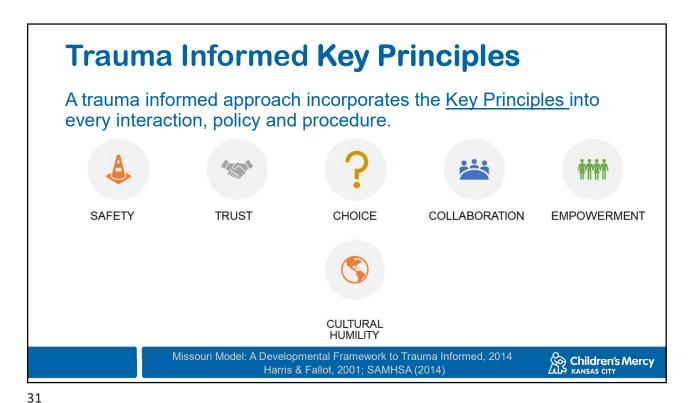
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## The Challenge – We don't know what we don't know...

- Similar to Standard Precautions
  - We don't know what kind of diseases/illnesses our patients have, so we treat everyone with caution
- Trauma-Informed Care
  - We don't know what kinds of experiences our patients have had when they present for services, so we need to approach them in a universally sensitive manner





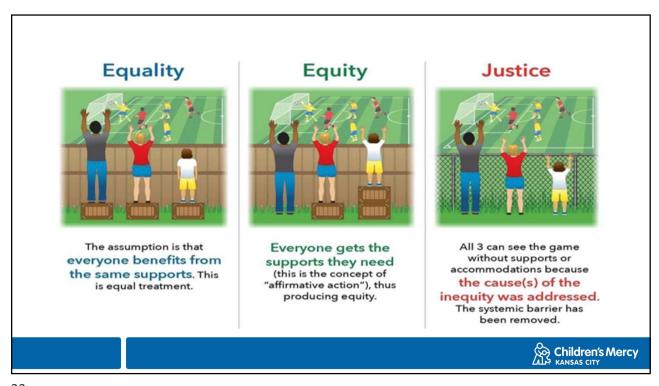


#### Racial Bias = Health Inequity

"Racism is a core social determinant of health that is a driver of health inequities. These health inequities are not the result of individual behavior choices or genetic predisposition but are caused by economic, political, and social conditions, including racism."

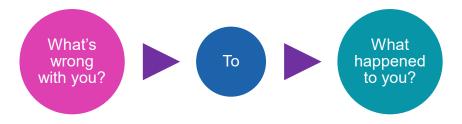
Pediatrics, 2019





#### **Trauma Informed Healthcare**

- A trauma informed perspective reinforces the notion that all people want to live their best lives
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#### Trauma Informed Approach...

- You don't have to be a therapist to be therapeutic. A buffering, supportive individual has an opportunity to mitigate the trajectory of trauma
- Don't take it personally
- Work to understand that an individual's responses and behaviors may be a result of changes in the brain and body and designed for safety
- Remain nonjudgmental, consider what you don't know



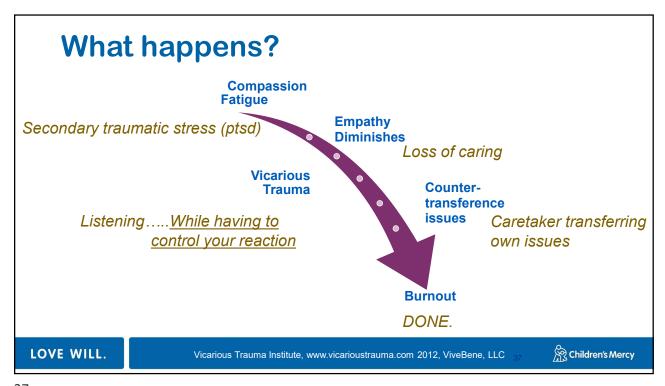
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# Systems Work and the NICU

- Information only can be inefficient
- Organization-wide change
- It is not a one-time conversation
- Commitment to change is a process
- Starts with system-wide AWARENESS
- Brainstorming with staff is key









#### **Poll Question**

 The next time you are in a challenging situation communicating with a patient, family, or colleague, are you willing to transform your thinking from





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#### **Questions?**





