Difficult Situations in the NICU

Esther Chon, PhD, EdM
Miller Children’s Hospital NICU
Small Baby Unit Training
July, 2016
TOPICS

- Compassion Fatigue, Burnout and PTSD
- Dealing with Death and Loss
- Moral Distress
- Team Interpersonal Dynamics
Number of preterm infants born at gestational age under 28 wks in CA between 2007-2011: 16,295

6% of 22 wkers survived; 94% of 28 wkers survived

80% of 26 wkers had at least 1 major morbidity

Anderson et al, 2016
### Secondary Traumatic Stress and Related Conditions: Sorting One from Another

**Secondary Traumatic Stress** refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

<table>
<thead>
<tr>
<th><strong>Compassion fatigue</strong></th>
<th><strong>Vicarious trauma</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion fatigue, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.</td>
<td>Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person’s traumatic material.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Compassion satisfaction</strong></th>
<th><strong>Burnout</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one’s work makes a meaningful contribution to clients and society.</td>
<td>Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.</td>
</tr>
</tbody>
</table>
PTSD

I. Avoiding details, items, locations that remind of the incident.

II. Negative thoughts and mood; unrealistic sense of blaming self or others, difficulty remembering key aspects of the event.

II. Increased excessive startling, edgy, becoming aggressive, or reckless, sleep disturbances.

III. Re-experiencing trauma: intrusive thoughts about the event, recurrent dreams, flashbacks.
* Trauma and stress is subjective
* Different incidents affect us differently
* No two people experience trauma and stress in the same way
Depending on how you experienced the incident, you may find different feelings and symptoms arise as time passes.

Everyone processes as individually appropriate. There are no “shoulds”

Do what makes sense to you: culturally, spirituality, physically, emotionally, etc.
<table>
<thead>
<tr>
<th>Hypervigilance</th>
<th>Chronic Exhaustion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopelessness</td>
<td>Physical Ailments</td>
</tr>
<tr>
<td>Guilt</td>
<td>Disconnection</td>
</tr>
<tr>
<td>Avoidance</td>
<td>Poor Boundaries</td>
</tr>
<tr>
<td>Survival Coping</td>
<td>Loss of Creativity</td>
</tr>
<tr>
<td>Social Withdrawal</td>
<td>Inability to embrace</td>
</tr>
<tr>
<td>Minimizing</td>
<td>complexity</td>
</tr>
<tr>
<td>Anger and Cynicism</td>
<td>Inability to listen with</td>
</tr>
<tr>
<td>Illness</td>
<td>compassion</td>
</tr>
<tr>
<td>Fear</td>
<td>Diminished self care</td>
</tr>
</tbody>
</table>
do we have an effective PLAN?

When talking about improving communication and teamwork, we MUST talk about our emotional experiences.

We have to have an organizational and an individual self-care plan.

We can’t pretend we don’t have emotional reactions.

Everyone has bad days, no one is immune to stress and trauma - everyone acts out at different times in different ways...EVERYONE
Interactive Sharing:

Share: how many of these symptoms have you experienced in the past or currently? What did you or are you doing anything about it? What was helpful or not helpful for you?
Now work together to come with a word that means the opposite of each words on the list.
Visualize
How am I going to get there?
Intra-Team Dynamics

What are the benefits and challenges of working in a large multidisciplinary team?

- Treatment goals agreed upon with family are sometimes modified to try and mitigate intra-team discordance

- Different perspectives on how things “should” be done but often do not have or do not carry out a plan to inform and decide on a team decision

- Different disciplines tend to have different reactions to moral distress: nurses tend to become more emotionally involved while physicians tend to disconnect - leads to?

Bruce et al, 2015
Intra-Team Dynamics

- Lots of burned out, traumatized people working together
- Different disciplines, perspectives, personalities, styles, values and beliefs
- Level III ICU focused on the extremely fragile patients
- Emotionally unsafe environment makes us put up our guards
What makes implementation difficult?

Mary Coughlin:

- 93% RNs - yes, we need developmental care
- 86% - no, we’re not providing the care
- human environment is the barrier: physician and nurse leadership and staff interpersonal dynamics.

what can we do individually to be part of the solution?
Break
Death and Loss
“Moral distress occurs when a healthcare professional believes he or she knows the ethically correct action but cannot follow that action because of an interpersonal, institutional, regulatory, or legal constraint”

Bruce et al, 2015
Moral Distress

- **Uncertainty** of when to resuscitate/stop treatment of extremely premature infants
- Questioning whether parents have the emotional capacity to make an **Informed Consent** about withdrawing treatment
- **Differing perspectives** about neonatal resuscitation and quality of life among professionals as well as parents
- **Perceptions of harm and suffering** lead to frustration and helplessness when you have to follow orders or wishes of parents that go against your beliefs and gut feelings
- Cumulative exposure to **being with the family** and attempting to support them can lead to secondary traumatic stress

Molloy et. al, 2015
what thoughts are you having right now
how do you want to use your energy today?

* Just like our babies, we too have just one energy bank.

* We have to decide what we want our babies to use their energy for [procedure, eating, breathing, surgery, skin to skin, etc]. We too must decide for ourselves

* What do you want to use your energy for today? Harboring negativity? Or use the energy you have to breathe and keep calm, understand, be kind, respectful and value yourself as well as others?
Do you Self Care?

- Why is it important to take care of yourself?
- Accessing acquired information in neocortex
- Brain functioning
<table>
<thead>
<tr>
<th>Traditional Fight/Flight</th>
<th>Reflect</th>
<th>Flock</th>
<th>Freeze</th>
<th>Flight</th>
<th>Fight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary secondary Brain Areas</td>
<td>NEOCORTEX Subcortex</td>
<td>SUBCORTEX Limbic</td>
<td>LIMBIC Midbrain</td>
<td>MIDBRAIN Brainstem</td>
<td>BRAINSTEM Autonomic</td>
</tr>
<tr>
<td>Cognition</td>
<td>Abstract</td>
<td>Concrete</td>
<td>Emotional</td>
<td>Reactive</td>
<td>Reflexive</td>
</tr>
<tr>
<td>Mental State</td>
<td>CALM</td>
<td>ALERT</td>
<td>ALARM</td>
<td>FEAR</td>
<td>TERROR</td>
</tr>
</tbody>
</table>

Arousal Continuum
Flock, Freeze, Flight, Fight

Bruce D Perry, MD, PhD © 2010-2016

Used with permission
### State-dependent Regression

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Ages</th>
<th>Primary Brain Areas</th>
<th>Cognition</th>
<th>Mental State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 ß 15</td>
<td>NEOCORTEX</td>
<td>Abstract</td>
<td>CALM</td>
</tr>
<tr>
<td></td>
<td>15 ß 8</td>
<td>Subcortex</td>
<td>Concrete</td>
<td>ALERT</td>
</tr>
<tr>
<td></td>
<td>8 ß 3</td>
<td>SUBCORTEX</td>
<td>Emotional</td>
<td>ALARM</td>
</tr>
<tr>
<td></td>
<td>3 ß 1</td>
<td>LIMBIC</td>
<td>Reactive</td>
<td>FEAR</td>
</tr>
<tr>
<td></td>
<td>1 ß 0</td>
<td>Midbrain</td>
<td>Reflexive</td>
<td>TERROR</td>
</tr>
<tr>
<td>Adult</td>
<td></td>
<td>NEOCORTEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent</td>
<td></td>
<td>Subcortex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent</td>
<td></td>
<td>SUBCORTEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td>LIMBIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toddler</td>
<td></td>
<td>Midbrain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toddler</td>
<td></td>
<td>Brainstem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant</td>
<td></td>
<td>BRAINSTEM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant</td>
<td></td>
<td>Autonomic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bruce D Perry, MD, PhD © 2010-2016

Used with permission
Afferent Components: Modulation of Primary Regulatory Networks

Cerebro-modulatory
Top-down modulation

Somatosensory
Bottom-up modulation

Internal World: Brain

External World: Primary Senses

Internal World: Body

Used with permission

All rights reserved © 2010-2012 Bruce D. Perry
What is Self Care?

- Self awareness:
  - What gets me emotional?
  - How do I know when I am not in my neocortex?
  - What calms me down so I can access all of my brain?
“Paying attention in a particular way, on purpose, in the moment, nonjudgmentally”

Jon Kabat-Zinn, PhD
Boundaries

- Keep us safe
- Keep us sane
- Keep us focused on our work
- Help us help others
- Defines us personally and professionally
- Helps us to know our limits
Boundaries for Health

＊ Know your limits
＊ Learn to say healthy good-byes to families, situations
＊ Listen with empathy, not with [unwarranted] ownership or responsibility - try not to “fix” everything
＊ Learn the art of creating internal space when overwhelmed by emotions or work duties
＊ Learn to separate my emotions from the emotions of others
Sense of Control:
The fine line between sanity and insanity

Often, what I can control is not the external topic I want to change, but my attitude towards the thing I cannot change.
We always have a choice
Negative vs Positive

Negative Thoughts

Positive Thoughts
FIND YOUR GROUNDING

- **SUPPORTIVE RELATIONSHIPS:** People who allow you to express yourself and really listen without giving advice, without telling you “shoulds”, without trying to fix things.

- **RITUALS, ACTIVITIES THAT CALM:** prayer, meditation, exercise, journaling, deep breathing, fishing, mantras, remembering life goals and values, knowing when to take a break, etc.

- **KNOWING WHEN TO SEEK PROFESSIONAL SUPPORT:** If above doesn't help, find the courage to ask for help.
Questions and Comments