

## Innovative Models of Care: Essential Knowledge and Competencies for Psychologists Working in Neonatal Intensive Care Units (POSTER)

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### **Background:**

The role of the neonatal psychologist is multifaceted, with psychologists embedded in inpatient NICUs, outpatient NICU follow-up developmental clinics, and fetal care centers. Consistent with efforts of other sub-specializations to delineate training and competency guidelines to prepare psychologists in subspecialty fields (e.g., Jerson, Cardona, Lewallen, Coleman, & Goyette-Ewing, 2015; McDaniel et al., 2014; Palermo et al., 2014), the proposed poster will present an aspirational model that begins to define competency in the sub-specialization of neonatal psychology. Our general framework was adapted from a paper on training and competency standards for psychologists in primary care (McDaniel et al., 2014), which was based on competency models in psychology that focus on achievement of measurable, behavioral learning objectives rather than a focus on curriculum (Kaslow, 2004). The model includes six clusters: Science, Systems, Professionalism, Relationships, Application, and Education. Each of these clusters is subdivided into associated competency groups, and each of which has its own table with specific knowledge/skills.

### **Content/Action:**

To identify the key knowledge and abilities to be included within each competency table, the workgroup evaluated literature of behavioral health issues that present in NICUs and consulted a number of different groups that included NICU psychologists, physicians, clinicians, therapists, and parents. Over a 2-year period (2017–2019), the workgroup generated a list of key knowledge and abilities for each competency group. Once all tables were populated, each workgroup member reviewed all material contained across the competency tables and identified areas of overlap within and across tables, added additional items they felt were

omitted, and indicated the six to ten over-arching themes that summarized the items within each competency group.

### **Lessons Learned**

It is important to note that the identified areas of knowledge and abilities are provided as a general reference and are not intended to be prescriptive. Psychologists pursuing this area of subspecialty are not expected to have expertise in all of these areas. The utility of each competency and specific knowledge area will vary depending on the psychologist's role, setting, time dedicated to NICU work, and/or service level of the NICU.

### **Implications for Practice**

Given the array of expectations for neonatal psychologists, specialized training that goes beyond the basic competencies of a psychologist in general practice and includes a wide range of learning across multiple domains is needed. For both trainees and practicing psychologists who seek to work as a neonatal psychologist, we strongly recommend seeking education and training in (1) infant mental health, focusing on the dyadic relationship; (2) identification and treatment of perinatal mood and anxiety disorders and trauma; (3) family systems practice and impact of pediatric medical condition on coping/adjustment, and (4) provision of integrated mental health services in a medical setting. Additionally, the neonatal psychologist's role may vary greatly across NICUs; the ability to conduct a needs assessment and develop and evaluate programs is critical, particularly when establishing new psychological services. Achieving competency will enable the novice neonatal psychologist a more successful transition into a highly complex, fast-paced, often changing medical environment, and ultimately, provide the best care for the infants and their families.