

# THE ROLE OF PSYCHOLOGY: PROVIDING INFANT-FAMILY MENTAL HEALTH CARE IN CRITICAL CARE UNITS

Neda Awad, PsyD; Jennifer Yuen PsyD; Samira Amirazizi, PhD; Angelica Moreyra, PsyD

Keck Medical  
Center of USC  
Keck Medicine of USC

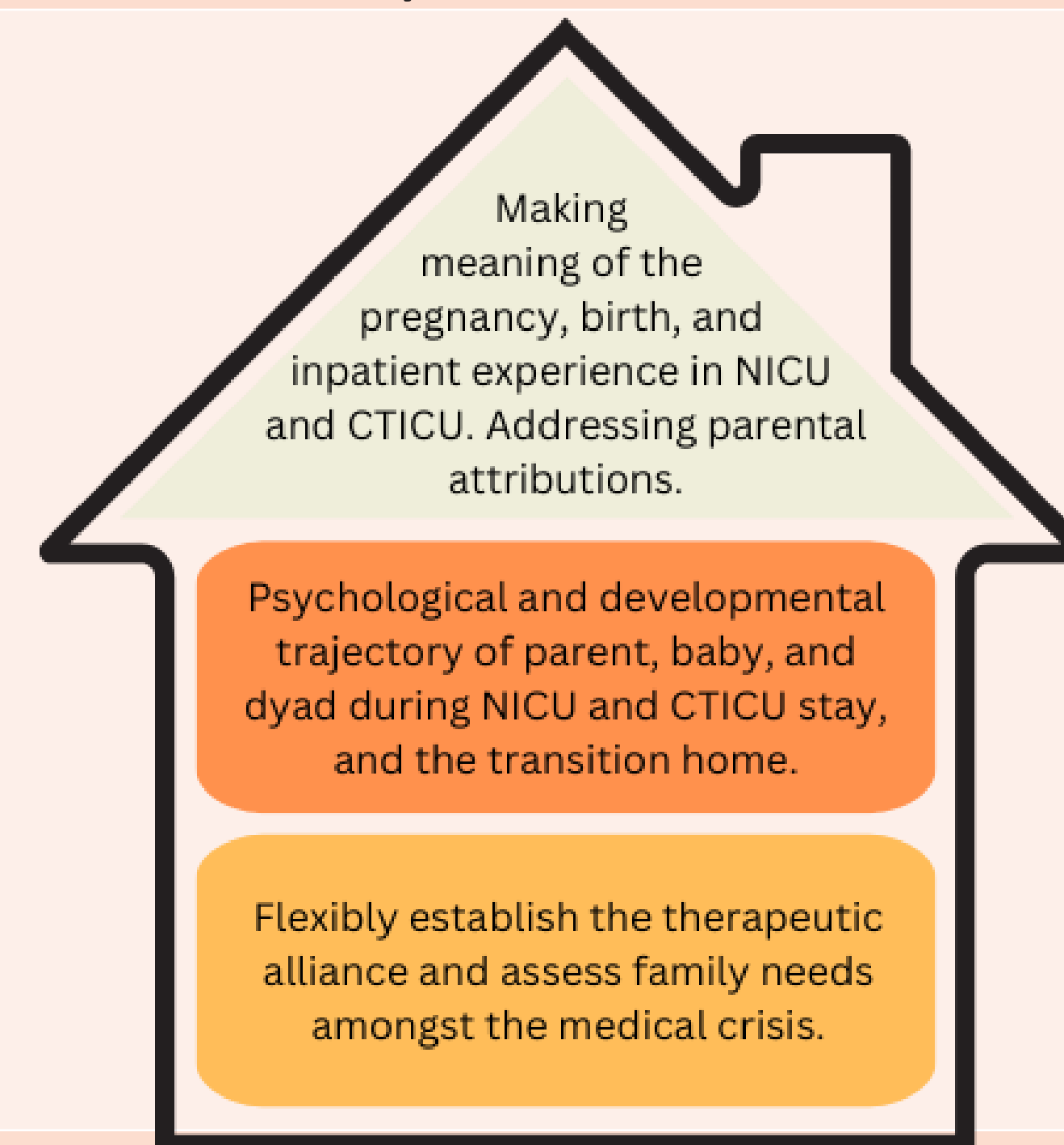
Children's  
Hospital  
LOS ANGELES

## INTRODUCTION

- Infants admitted to Level IV Neonatal and Cardiothoracic Intensive Care Units (NICU and CTICU) require specialized medical care, and their families experience significant psychological stress.
- A strong caregiver-infant bond is critical for a child's neurodevelopment.
- This poster examines the integration of psychology into NICCU and CTICU settings through universal mental health screenings, evidence-based interventions, and interdisciplinary collaboration.

## METHODS/IMPLEMENTATION

**Screening Measures:** GAD- 7 (Anxiety measure); EPDS (postnatal depression measure); PPQ (perinatal PTSD measure)



### Interventions: Child Parent Psychotherapy (CPP) & CBT (PROMOMS Manual)

**Session 1**  
Introduction to the  
NICU and Baby  
Development

**Session 2**  
Cognitive  
Restructuring

**Session 3**  
Stress, Triggers, and  
Self Care

**Session 4**  
Loss and the Trauma  
Narrative

**Session 5**  
Processing the  
Trauma Narrative

**Session 6**  
Avoiding  
Overprotecting and  
Preparing for Home

**Interdisciplinary collaboration:** Attend family/provider meetings, discharge rounds, imbedded into morning rounds, co-treatment with other disciplines, consistent collaboration with all psychosocial teams (i.e., CSW, child life, palliative care, spiritual care), clear communication on Psychological roles (providing psychoeducation to medical team and staff regarding MH, see *Differentiation Between Roles* table below)



## RESULTS & LESSONS LEARNED

Screenings in critical care units identify caregivers at risk for psychological distress ensuring early interventions as soon as they are admitted onto the unit.

Screenings are explained to families and options for MH treatment are given

CPP: Attachment focused, enhances safety for caregivers by provided unconditional positive regard. Reflective style of therapy to enhance understanding and meaning of events. Honors families' values and goals and creates opportunity to share these values/goals with medical team.

PROMOMS: Provides psychoeducation and normalizes of challenges associated with parenting, trauma, loss, child development within the critical care settings. Provides tangible printouts and techniques to navigate experiences (rooted in CBT). Can be implemented in a group settings providing natural supports and group cohesion.

Interdisciplinary Collaboration: Attend multidisciplinary rounds, advocate for the families' experiences and traditional values regarding medical care, provide psychoeducation on presentations of mental health and support delivery of trauma-informed care.

## Differentiation Between Roles

### Social Work

- Provide psychosocial support to families
- Coordinate care meetings and multidisciplinary communication with families
- Connects to resources and community supports (i.e., housing)
- Advocates for families' needs
- Coordinates and supports families end of life care

### OT / PT

- Support caregivers In reading and understanding feeding cues, pacing, and readiness for oral feeding
- Educate caregivers on containing touch and kangaroo care
- Support caregivers In safely holding, handling, and positioning baby
- Provide education to caregivers regarding baby's developmental milestones

### Psychologist

- Provide in-depth psychological interventions (at least once per week) and administer screening protocols
- Focus on attachment and bonding, development, medical trauma/stress, and perinatal mental health
- Can provide psychoeducation and staff support
- Support enhanced cultural competence related to racial, health, and social inequities

### Child Life

- Provide support to siblings of Infants (i.e., reading/providing books about inpatient setting, plays with siblings, and can provide exercises to help siblings become more comfortable In ICU)
- Create memorabilia for families to commemoratet heir infant's milestones (i.e., foot/handprints, décor for infant's isolette)
- Can provide support for end of life

## REFERENCES & CONTACT INFORMATION

- For a list of references please contact Neda Awad, PsyD  
Name: Neda Awad, PsyD | Email: [nawad@chla.usc.edu](mailto:nawad@chla.usc.edu)

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