Building Resiliency in NICU Parents

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Disclosures

Eunice Kennedy Shriver
National Institute of
Child Health and
Human Development

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I have no financial relationships with a commercial entity producing healthcare-related products and/or services.

Agenda

- Background and need
- Purpose
- Overview of programmatic studies
- Key study findings
- Current work (K23)
  - Resilient Families (R-Fam) intervention
- Impact and future directions
- Conclusions

Background

NICU Stress

- ~1 in 10 babies admitted to NICU each year in US
- NICU *ongoing* trauma for parents
  - Unexpected/emergent admission
  - Baby distress (agitation, pain)
  - Separation from baby
  - Uncertainty and fear of future
  - Multiple emotions (anger, grief, sad, happy, guilt)
  - Alteration of parental role
  - Feeling like “outsider” (e.g., dads)
  - Manage outside responsibilities

Parent Mental Health

- Neonatal care has advanced, psychosocial care varies
- 40-50% of parents experience depression, anxiety, and/or PTSD
- 30% parents experience emotional distress post-NICU
- 33% of NICU mothers report suicidal thoughts
- Parental depression, anxiety, and trauma impacts child development
- Family lack of involvement, sleep issues, stress, anxiety conflicts with staff burnout (~25% staff)

Families Matter

- More parent participation infants gain more weight, more likely to breastfeed, less time on mechanical ventilation
- Skin-to-skin better sleep, regular heart rate, reduced infection, less respiratory issues
- Families participating in care report reduced anxiety
- Families more effective at detecting errors and adverse events than hospital safety systems
- Promoting family functioning and parent-child interaction another innovative way to optimize child development

Interdependence of Stress

- Stress and coping interdependent in families
  - 50% of men who have partners with PPD also have depression
  - Partner support mediates mom depression on infant cognition
- Parental mental health impacts child
  - Parental PTSD linked child feeding and sleeping behavior
  - Distressed mothers engage in avoidant or intrusive parenting
- Couple impact understudied
  - Bring parents closer together or a major factor in divorce
- Need to address relational impact

Psychosocial Care in NICU

- NICU evolving to optimize infant and family outcomes
- NPA recommendations for psychosocial care in NICU
  - Family-centered developmental care
  - Peer support
  - Mental health support
  - Palliative and bereavement care
  - Post-discharge support
  - Staff education and support

"Newborn Intensive Parenting Unit"

- Surgeon General call for improved maternal health treatment (2020) and parental mental health (2024)
- Current intervention lack efficacy and sustainability

Intervention Gaps

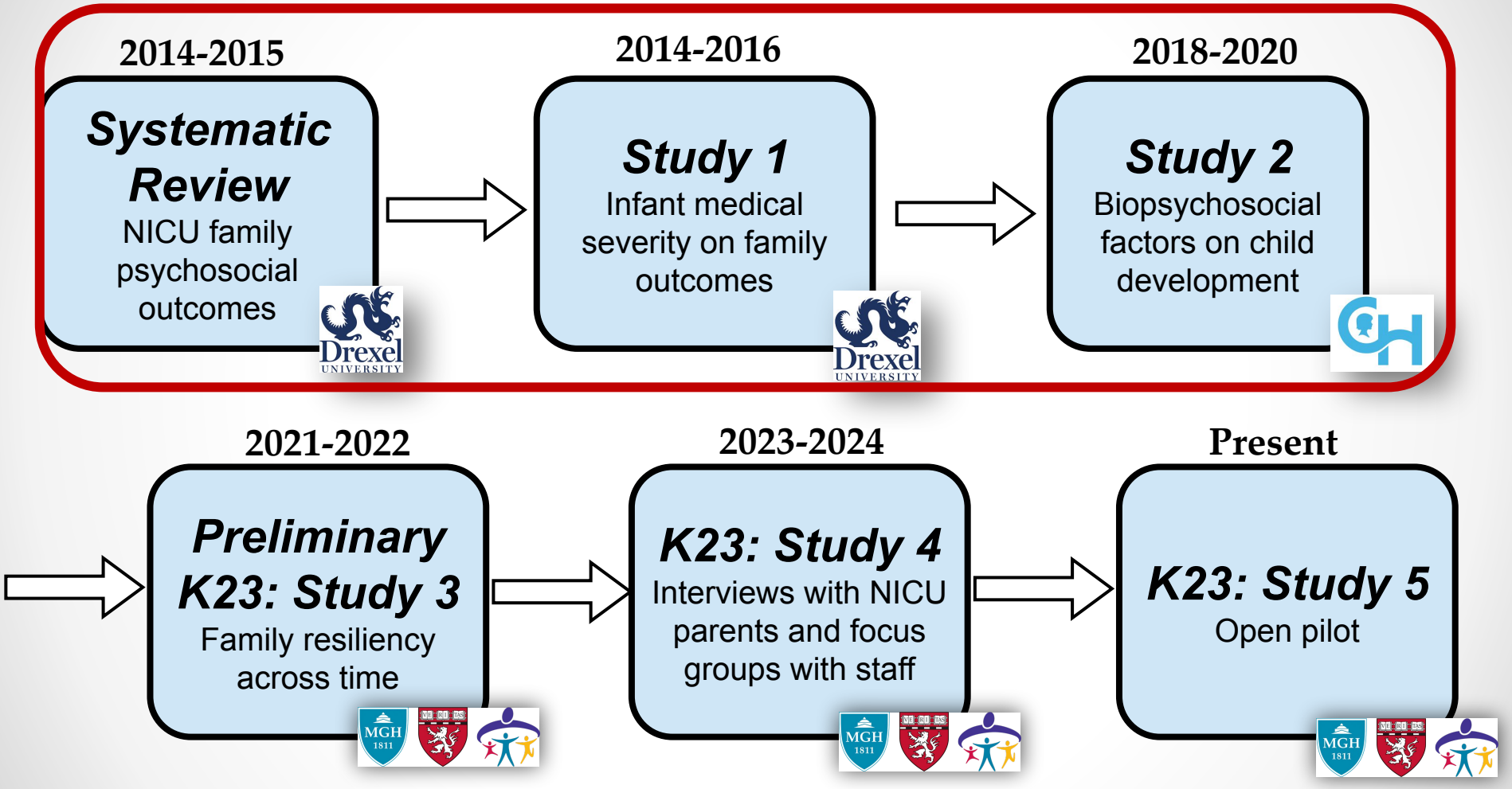
Gap	Approach	Evidence for New Approach
Need to define resiliency	**Focus on family resiliency**	• New parents feel guilty (“should be happy”) • Birth ideal time to optimize hope
Mechanisms unclear (complex interventions	**Identify mechanisms**	• Mechanistic-driven interventions promote real-world applications • Promote flexibility within fidelity
Focus tends to be on babies or moms	**Dyadic/ relational approach**	• Partners feel like “outsiders” • Stress and coping interdependent • Dads more likely participate w/ moms
<50% enroll and complete programs	**Virtual delivery & staff support**	• Increases accessibility • Reduces burden • Nurse encouragement key

Programmatic Research

Purpose

1. To understand how NICU stress and child medical issues impact families during and after hospitalization
2. To assess how biopsychosocial factors interact and help explain of family outcomes and child development years after NICU discharge
3. To identify resiliency factors associated with family outcomes
4. To develop a resiliency, dyadic intervention that aims to reduce distress and improve relationships in NICU parents
5. To pilot, refine, and test intervention to enhance feasibility and acceptability and prepare for larger-scale efficacy testing

Overview of Studies



Grunberg et al., 2019, 2019, 2020, 2022, 2024

How are families impacted by child health issues during the NICU and years after?

Journal of Perinatology

Review Article | Published: 04 December 2018

NICU infant health severity and family outcomes: a systematic review of assessments and findings in psychosocial research

Victoria A. Grunberg MS ✉, Pamela A. Geller PhD, Alexa Bonacquisti PhD & Chavis A. Patterson PhD

Topic	N=70 total
Parent adjustment (mental health, parent-child interactions)	29 studies (14 mom-baby attachment)
Maternal-infant attachment	14 studies
Family impact (family stress, couple)	20 studies
Child development	21 studies

Key Findings

- Infant medical severity impacted perceived family burden and parent-child interactions
  - More intrusive parenting, more worries, poorer quality of attachment
- Maternal anxiety and depression more child internalizing problems, irritability, poorer development
- Family resources important
  - Siblings, higher hospital fees, and increased need for medical team support higher stress
  - Infant health more impact among *advantaged* families

INFANT MENTAL HEALTH JOURNAL

Michigan Association for Infant Mental Health
Learning and growing together.

ARTICLE

Infant illness severity and family adjustment in the aftermath of NICU hospitalization

Victoria A. Grunberg, Pamela A. Geller, Chavis A. Patterson

First published:14 February 2020 | https://doi.org/10.1002/imhj.21848

Data	Assessment
Created measure of infant health (NICU and current)	Birth weight; gestational age; LOS; medical devices and ECMO during NICU stay New diagnoses, developmental disabilities, medical devices, # rehospitalizations 1st year, # specialists 1st year, and medications
Validated measures (6 mo – 3 years after d/c)	PSI (parent stress) IOF (family impact) RDADS (couple fx) FRS (family resources)

Key Findings

- Specific facets of child health stressful for parents
  - ECMO, LOS, medical devices at discharge, medical conditions following discharge, specialists, and medications
- Perceived time is a valuable resource for parents
- More rehospitalizations □ less stress and better couple fx
  - Face time medical staff within first year may improve stress
- Inform psychosocial interventions for NICU families
  - Parental self-efficacy regarding child's illness
  - Medical provider and patient communication
  - Ways to increase self-care and time for self

How do biopsychosocial factors interact to explain family adjustment and child development ~2 years later?

Journal of Perinatology

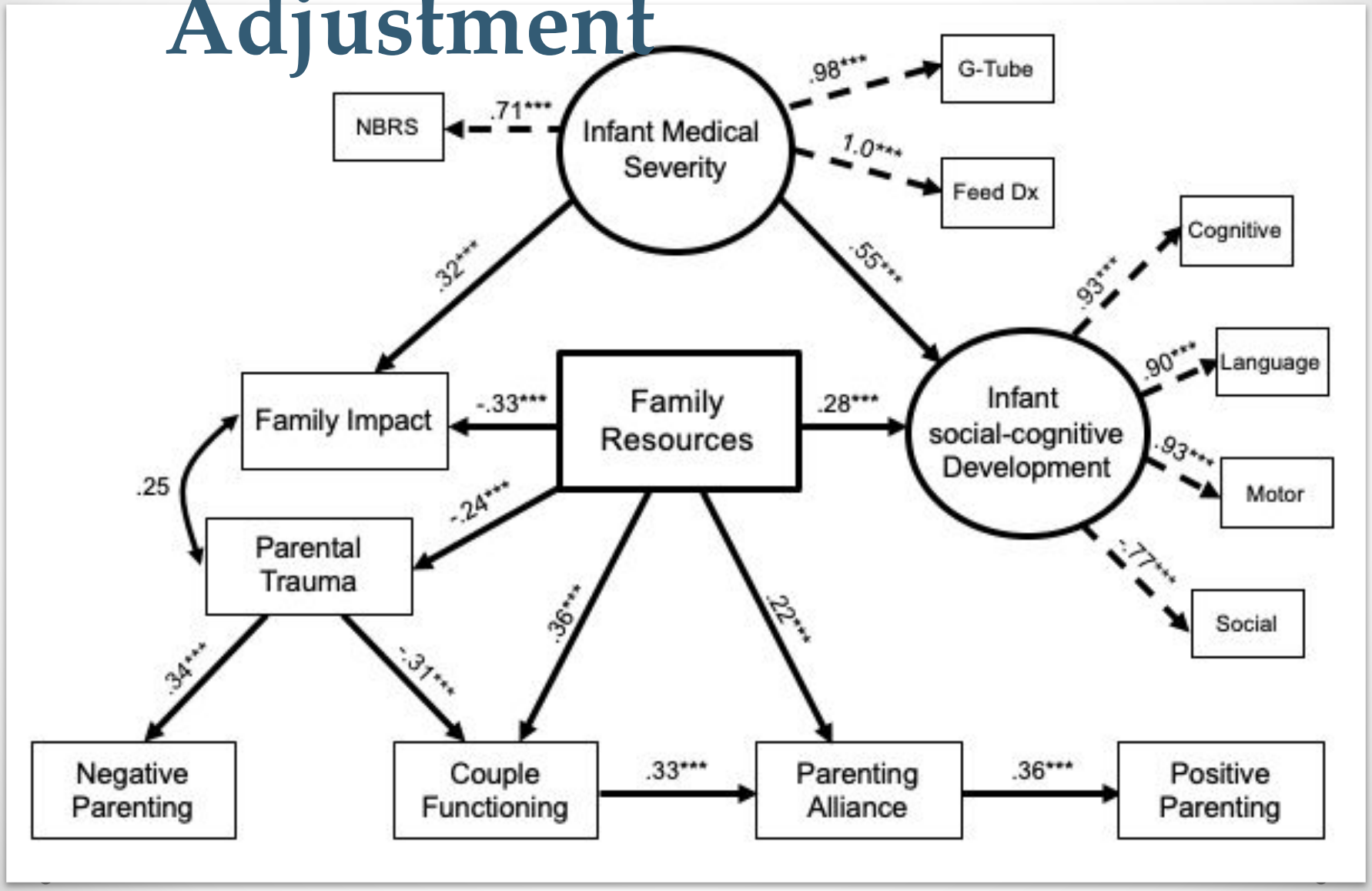
ARTICLE

A biopsychosocial model of NICU family adjustment and child development

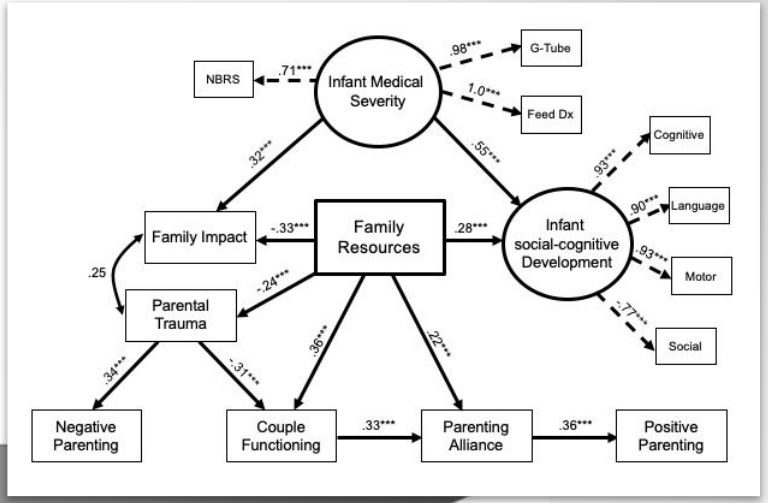
Victoria A. Grunberg [1,2,3]✉, Pamela A. Geller[3], Casey Hoffman[4,5] and Chavis A. Patterson[4,5]

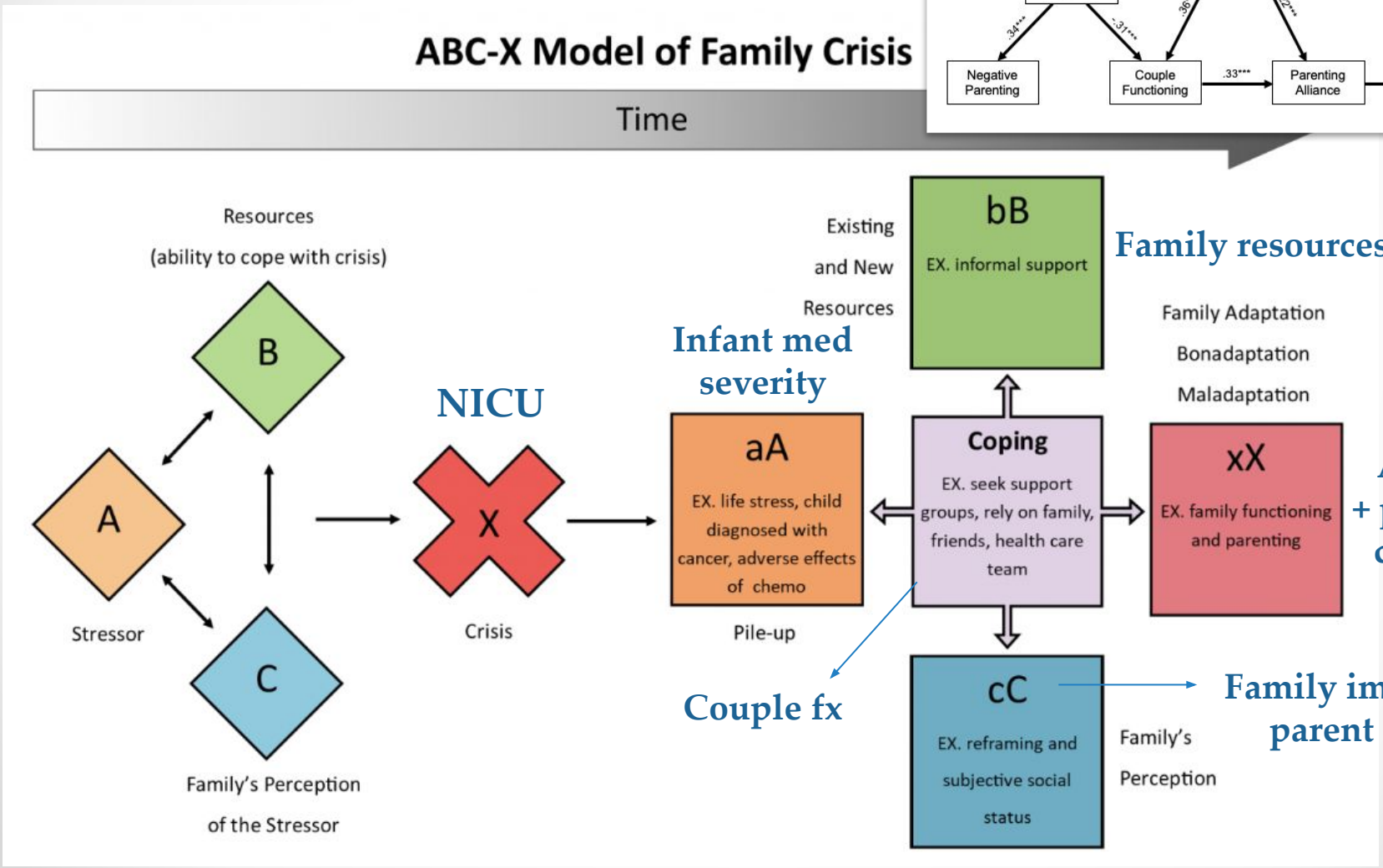
Data Collection Method	Assessment
Prior to visit, parents completed validated surveys	IES-6 (parent PTSD) FRS-R (family resources) RDAS (couple functioning) PAM (parenting alliance) PSCQ-T (parenting style) IOF-R (family impact)
During neonatal follow-up visit, child completed assessments	Bayley-III (cognitive dev) BITSEA (socio-emotional dev) CES-D (parent depression)
Child medical information from EMR	NBRS (infant medical severity) Feeding difficulties/Gtube Gestational age & birth weight

SEM of Family Adjustment



ABCX Model


NBRS
.71***
Infant Medical Severity
.98***
G-Tube
1.0***
Feed Dx
.32***
.55***
Cognitive
.93***
.90***
Language
.93***
Motor
.77***
Social
Family Impact
-.33***
Family Resources
.28***
Infant social-cognitive Development
.25
-.24***
Parental Trauma
.34***
-.31***
.36***
.22***
Negative Parenting
Couple Functioning
.33***
Parenting Alliance
.36***
Positive Parenting

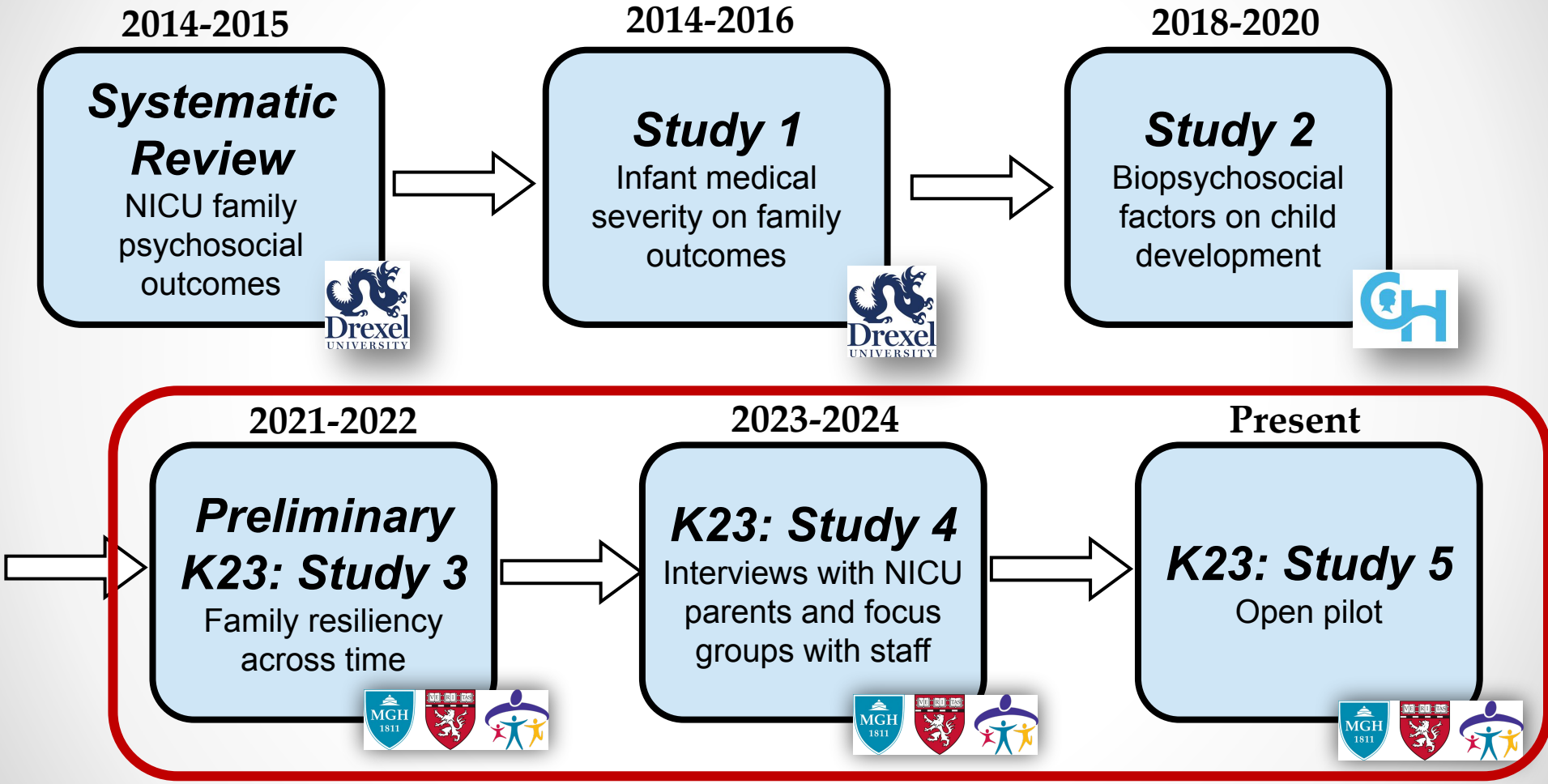

ABC-X Model of Family Crisis
Time
Resources
(ability to cope with crisis)
B
A
C
Stressor
Family's Perception
of the Stressor
NICU
X
Crisis
Existing
and New
Resources
bB
EX. informal support
Family resources
Infant med severity
aA
EX. life stress, child diagnosed with cancer, adverse effects of chemo
Pile-up
Coping
EX. seek support groups, rely on family, friends, health care team
Family Adaptation
Bonadaptation
Maladaptation
xX
EX. family functioning and parenting
Alliance, + parenting, child dev
Couple fx
cC
EX. reframing and subjective social status
Family's
Perception
Family impact & parent PTS

Clinical Implications

- Parental PTS negative parenting; couple functioning parenting alliance positive parenting behaviors
  - PTS needs to be addressed early
  - Couple functioning important yet understudied
- More perceived financial stability better child development
- More perceived time for self (parents) better adjustment
  - Need for better policies (parental leave, Tax credits)
  - Perceived time modifiable and potential motivation for tx

Grunberg et al., 2022

Overview of Studies



Grunberg et al., 2019, 2019, 2020, 2022, 2024

What resiliency factors offset risk for parental distress?

Prospective Study

- Prospective survey of parental psychosocial fx first few months after admission:
  - NICU (T1 N = 165)
  - 1 mo later (T2 N = 80)
  - 3 mo later (T3 = 55)

Construct	Measure
Emotional Distress	Hospital Anxiety Depression Scale
	Impact of Events Scale-6
Social Support & Relationships	Multidimensional Scale of Perceived Social Support
	Dyadic Coping Inventory
	Family Protective Factors
	Parental Scale of Competence
	Postpartum Bonding Questionnaire
	Couple Satisfaction Index
Adaptive Coping	Cognitive and Affective Scale
	Measure of Current Status
Resiliency	Brief resiliency scale
Family Resources	Family Resources Scale, Revised

Socio-demographics (N = 165)

Variable	N(%)
Age (M ± SD; Min – Max)	33.35 ± 5.38 (21 – 45)
Married or partnered	144 (87.3%)
Female	130 (78.8%)
White, Non-Hispanic	127 (76.9%)
Annual income $75K+	85 (51.5%)
Bachelor's or advanced degree	122 (73.9%)
Full-time or full-time and on leave	125 (75.8%)

Resiliency Fx

- Mindfulness + coping □ dep, anx, PTS
- Dyadic coping + support □ couple fx
- Time for self □ PTS
- Parental self-efficacy □ anx, bonding

Couple Fx	β	SE	t	p
Time	-.31	.14	-2.15	.039
Mindfulness	.09	.07	1.20	.232
Dyadic Coping	.43	.08	5.57	<.001
Time for Self	.02	.08	.30	.766
Social Support	.17	.07	2.27	.025

Bonding	β	SE	t	p
Time	.23	.18	1.31	.198
Mindfulness	-.02	.10	-.21	.831
Parental Self-Efficacy	-.58	.09	-6.31	<.001
Time for Family	-.14	.09	-1.53	.129
Social Support	.08	.09	.89	.375

Depression	β	SE	t	p
Time	-.10	.07	-1.48	.141
Mindfulness	-.29	.08	-3.83	<.001
Coping	-.25	.73	-3.43	<.001
Parental Self-Efficacy	-.06	.06	-.91	.363
Time for Self	-.08	.06	-1.33	.187

Anxiety	β	SE	t	p
Time	-.05	.06	-.88	.381
Mindfulness	-.41	.07	-6.06	<.001
Coping	-.22	.06	-3.33	.001
Parental Self-Efficacy	-.15	.06	-2.59	.010
Time for Self	-.04	.05	-.66	.510

PTS	b	SE	t	p
Time	-.36	.07	-5.12	<.001
Mindfulness	-.35	.08	-4.45	<.001
Coping	-.20	.08	-2.61	.010
Parental Self-Efficacy	.08	.07	1.26	.208
Time for Self	-.14	.07	-2.08	.039

Social Support & PTS

Which support matters when?

Social support and posttraumatic stress in NICU parents

Key Findings

- PTS in 50% parents during NICU and 30% T2 and T3
- General social support □ PTS during NICU
- Couple fx □ PTS T2 and T3 when controlling for T1
- Loss of safety and attachment threatened □ relational safety key (relationship interventions and trauma-informed care)

PTS T2 & T3	b	Std. Error	β	t	p
PTS at T1	.400	.151	.334	2.657	.012
Age	.047	.192	.033	.244	.809
Education	-5.321	2.380	-.287	-2.235	.032
Income	.668	1.959	.044	.341	.735
Race	-.002	.005	-.069	-.544	.590
Gestational age	-.073	.218	-.041	-.337	.738
Interactions with staff	-.047	.177	-.032	-.264	.794
Couple satisfaction	-.742	.207	-.439	-3.588	.001
General social support	-2.660	1.800	-.252	-1.478	.149
Family support	.423	.408	.149	1.036	.308

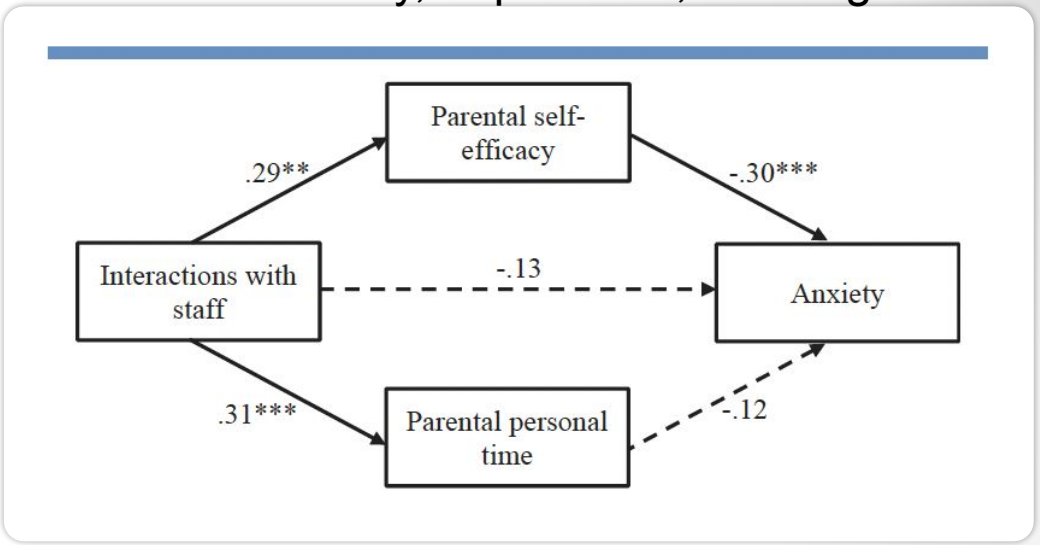
The Journal of Pediatrics
Volume 276, January 2025, 114300

Original Articles

Parental Self-Efficacy and Personal Time Help Explain Impact of Parent-Staff Interactions on Parental Distress and Bonding in the Neonatal Intensive Care Unit

Victoria A. Grunberg PhD [1 2 3], Alex Presciutti PhD [1 2], Ana-Maria Vranceanu PhD [1 2], Paul H. Lerou MD [2 3]

*Same for anxiety, depression, bonding



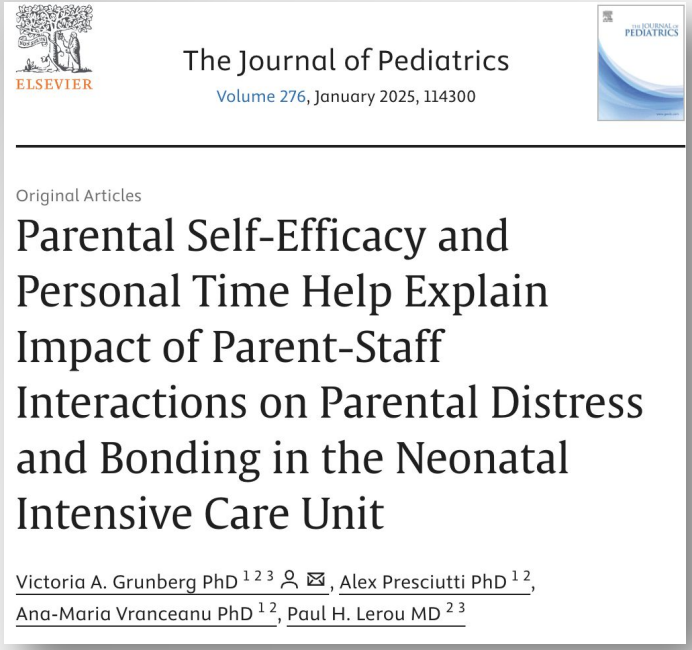
Key Finding

- Involving in care, teaching parenting skills, and providing support perceived control and agency and parent identity less distress and more connected to baby

Theme: Emotional & instructional staff support parent self-efficacy

"[Staff members] have been so kind and informative on everything going on that it's allowed me to breathe a sigh of relief."

"We felt so in the loop the entire time - like being included in morning rounds - and everyone was so helpful and understanding. No question was too small."



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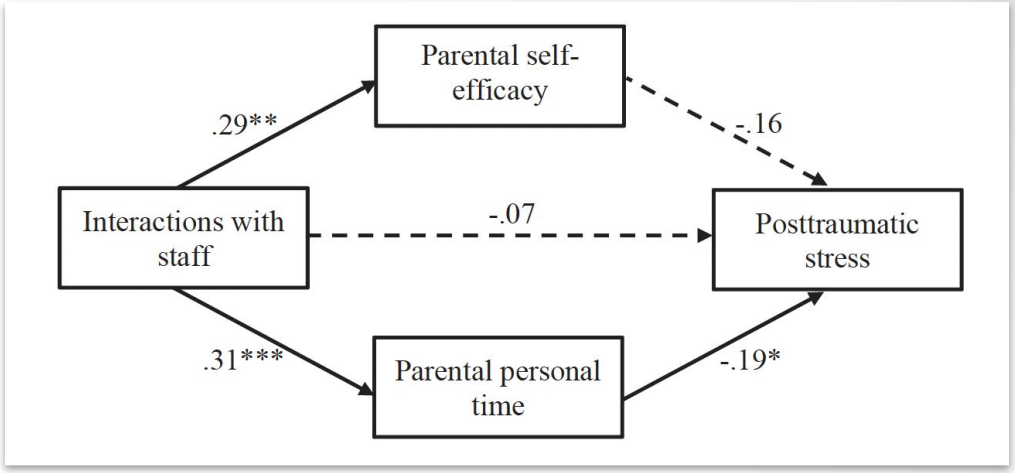


Key Finding

- Involving in care, teaching parenting skills, support perceived control and agency and parenting identity less distress and more connected to baby

Theme: Trust with staff help parents leave bedside

"They made us feel comfortable with our children being in the NICU for an extended period of time."

"I am forever indebted to the nurses and doctors. Leaving your child at the hospital is the most unnatural thing in the world, knowing that my daughter was in the hands of the staff made all the difference in the world."

Implications

Finding	Implications
Mindfulness and coping □ dep, anx, PTS	RT key mechanisms Need to clearly define
Parent self-efficacy □ bonding	May be best in intervention with nursing or with developmental psychologist
Time for self and couple fx □ PTS	Target through self-care and breaks (with staff encouragement); focus on quality time; relational interventions
Dyadic coping □ couple fx	Shared coping may help couples

What are parents' needs and preferences for psychosocial care?

What do staff believe they would benefit from?

Resilient Families ("R-Fam")

- Develop, refine, test a psychosocial intervention to reduce emotional distress among parental couples in the NICU

- **Aim 1 (2023-24): Develop R-Fam**
  - Theories, preliminary work
  - Longitudinal interviews (*N* = 20 dyads)
  - Focus groups with staff (*N* = 4-5 groups)

- **Aim 2 (2024-25): Pilot R-Fam**
  - Open pilot (N = *5* dyads)

- **Aim 3 (2025-27): Test feasibility and acceptability of R-FAM**
  - R-FAM vs. minimally enhanced usual control (*N* = 50 dyads)

Aim 1 Procedures

- Conduct interviews with parents (T1 *N*=20 couples; T2 *N*=13) and focus groups with staff (N=5 groups; 22 staff):
  - To learn about NICU family experience (stress, cope, relational impact)
  - To gather input on R-FAM (content, format)
  - To identify barriers and facilitators to engagement & implementation

Staff Focus Groups

Domain	Themes
Common stressors	**Multiple traumas:** "It's like reopening a wound" **Grief & guilt:** "They're processing loss in some way, shape, or form" **Uncertainty & change:** "We're going to have some good days and some not as good days"
Unique contexts	**Sociocultural barriers:** "Families are starting at very different playing fields" **History of trauma & stress:** "Each family has a story that led them to us" **Reproductive & NICU journey:** "Where parents are in their journey and how sick their baby is"

Staff Focus Groups

Domain	Themes
Common patterns	**Emotion-driven behaviors:** "Whoa, this person's coming in hot today" **Involvement in care: "**They start asking real questions...or they don't ask at all" **Self-care:** "They're not putting their underwear on"
Unique coping	**History of coping:** "How they coped before they landed in the NICU" **Values, goals, & needs:** "What it means to be a good mom or dad"
Common family experiences	**Disruptions to family:** "Caring for your baby here is not typical" **Communication challenges:** "Parents are reading two different books"
Unique family	**Relationship dynamics intensified:** "That dynamic was present before these babies arrived"

Parent Interviews

Theme	Example Quotes
NICU overwhelming	"This has been both the happiest and saddest time of our lives"
Do not feel like "parents"	"…feels like she is the nurses' baby and I have to ask to hold."
Yearn for "normalcy"	"…important to find any type of normalcy – facetime friends, go to dinner, because not being home with my baby and family is hard"
Guilt and fear leaving baby	"I felt guilty not being at the bedside in case something happens… no one wants to be seen as a bad parent."
Uncertainty is hard	"the worst has been the unknowns…expect the unexpected is how I've approached parenting journey…and its accurate"

Parent Interviews

Theme	Example Quotes
Take "one day at a time"	"we try to focus on one day at a time because things are always changing"
Process emotions	"important to feel validated in emotions…I saw family with new baby and felt jealous, happy for them, angry, and sad"
Self-care and desire for more time	"…when nurses encouraged us to eat or normalizes coming and going for other kids that was helpful"
Social support	"…having each other there together was best way to cope" "…not being together is the hardest part" "it was hard for him that no one ever asked how he was doing…it happened to him too"

Couple Impact

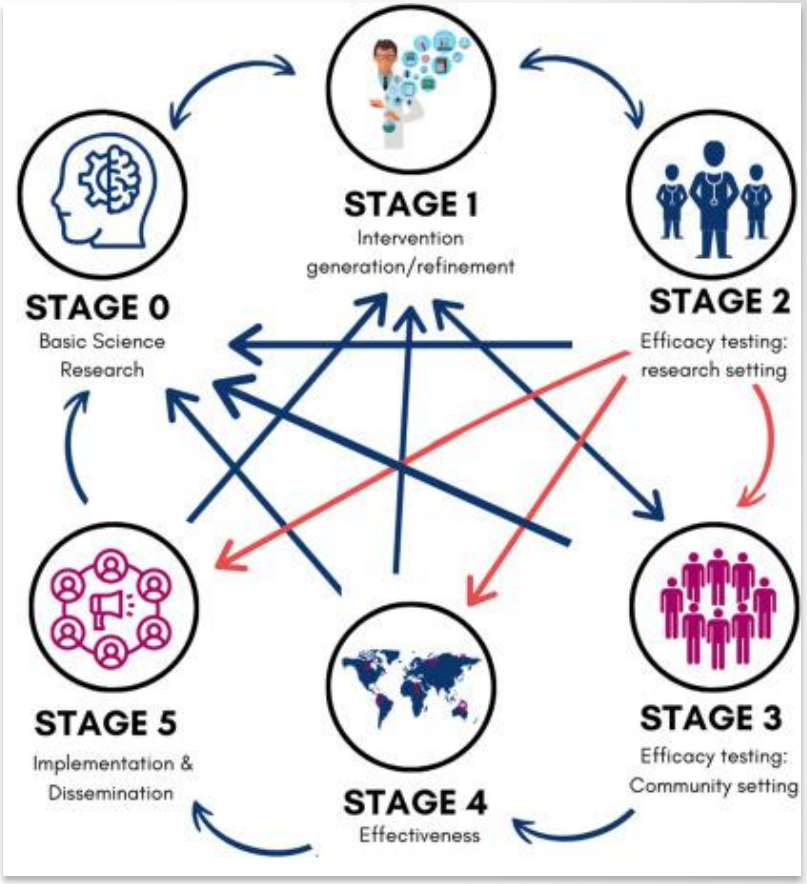
Domain	Themes & Subthemes
Strengthen relationship	**Team-based coping**: lean on each other, collaborative problem solving, encourage self-care
	Emotional attunement: Take turns with distress, validate without fixing
	Growing closer: connect through vulnerability, witness partner strength or resiliency
Strained relationship	**Cumulative stress**: emotional spillover, mismatched coping styles
	Role strain: physical recovery, guilt over unequal access to baby
	Separation amplifies stress: disconnected when not physically together, isolation during critical moments

Developing R-Fam:

How can we use theories/evidence-based interventions and mixed methods findings to inform a feasible and acceptable intervention for couples in the NICU?

Methodological Approach

- NIH stage model of intervention development
- Mechanism-driven
- Dyadic(individual
- and dyadic mechanisms)



Stage 0

Theories & Conceptual Model

Preliminary Work

Qualitative work (dyads & staff)

Iterate & optimize RT

Develop & refine RT manual

Pilot trials w exit interviews

Efficacy-effectiveness RCT

Dissemination & implementation

Stage 1

Stages 2-4

Stage 5

Integrating Theories/Tx

Tx or Theory	Key Elements
Emotion-Focused Couples Tx	•Attachment, system, gestalt, humanistic theories •Principle-based (no manual) •Process-based and experiential •Emotion agent of change
Integrative Behavioral Couples Tx	• Contextualism, functional analysis • Focus on acceptance/change & emotion • Principle-based (metaphors, patient-centered) • Process-based & experiential • Emotional context □ acceptance, intimacy □ empathy □ change
Dialectical Behavioral Tx	•Behavioral theory, dialectical philosophy, mindfulness •Balance of acceptance and change •Skills training
Acceptance & Commitment Tx	•Behavioral, functional contextualism •Reduce experiential avoidance •Experiential (metaphors, tailored practice)
Other theories and approaches	•**Recovering Together** (6-session dyad intervention in Neuro-ICU) •**Relational Dialectics** (tensions inherent and change constant–connect v. separate, predictable v. stable, open v. close) •**Double ABCX Theory** (resources, coping for family stress)

Application to R-Fam

Tx or Theory	Elements for R-Fam
Individual Tx DBT, ACT, Recovering Together	•Skills training (DBT, RT) •Manual-based, structured (DBT, RT) •Dialectical philosophy and mindfulness (DBT) •Experiential (metaphors, tailored practice) (ACT) •Focus on mindfulness/acceptance (ACT)
Couples Tx IBCT, EFCT	•Attachment, system, gestalt, humanistic theories (EFT) •Process-based and experiential (IBCT, EFT) •Focus on emotions as agent of change (EFT) •Dyadic mindfulness and acceptance/change (IBCT) •Emotion □ acceptance, safety, intimacy (EFT, IBCT)
Other theories	•Relational Dialectics (session that uses skills other tx) •Double ABCX Theory (time for self, adaptive coping as mechanisms of action) •Trauma-informed care (strengths-based, context, safety)

Study	Key Findings (Preliminary Studies)
Prospective survey of parents (N=165)	•Staff who teach parenting skills and encourage **self-care and breaks** from bedside may reduce parent distress
	•Mindfulness, coping, time, dyadic coping, social support parental distress and couple fx
	•Trauma-informed care and **relational tx** needed •General support (NICU); couple fx (T2-T3)
Staff focus groups (N=22)	•Parent anxiety, complex decisions, trust, staff bias, systemic factors (time, $, lack MH) impact interactions
	•Although shared NICU stressors (grief/guilt, trauma, uncertainty), each **family is unique**
Parent interviews (N=20)	•Stay in present, process emotions, cope w uncertainty, self-care, relationships •***FLEXIBLE***, tailored, hybrid, early-ish, structured, couples
	•**Strengthens**: team, connect through emotions and vulnerability, witness partner strength or commitment •**Strains**: cumulative stress, mismatched coping, disconnected or isolated in times of stress

K23 Aims

- **Aim 1 (2023-24):** Develop R-FAM
  - Recovering Together & preliminary work
  - Longitudinal interviews (*N* = 20 dyads)
  - Focus groups with staff (*N* = 4-5 groups)
- **Aim 2 (2025):** Pilot and refine R-FAM
  - Open pilot (*N* = 5 dyads)
  - Measures, intervention, exit interviews
- **Aim 3 (2026-27)**: Test feasibility and acceptability of R-FAM
  - R-FAM vs. minimally enhanced usual control (*N* = 50 dyads)
  - Test for feasibility, acceptability, credibility

Open Pilot started May 2025 (N=1 couple enrolled)

RESILIENT FAMILIES

NICU Parent Workbook

Overview

R-FAM is delivered weekly in person or via Zoom.
Below is an outline of each session.

Name	Topic	Skills
(1) Managing Stress	Stress management	• Deep breathing • BASIC Needs • Visualization
(2) Staying in the present	Mindfulness	• Observe, Describe, Participate • Stay in the 24 hour block
(3) Coping with uncertainty	Dialectics	• Both/and • Radical acceptance • Team up
(4) Connecting with emotion	Emotions	• Pause & reset • Soften together
(5) Balancing needs	Relational dialectics	• Hold both sides • Find our balance
(6) Rewriting our birth story	Stress-related growth	• Review skills • Co-create meaning

Acknowledgements

R-FAM includes skills from the following evidence-based interventions and theories:

- Recovering Together
  - (Vranceanu 2020; Vranceanu & Grunberg, 2025)
- Dialectical Behavior Therapy
  - (Linehan, 1993)
- Acceptance & Commitment Therapy
  - (Hayes, 1999)
- Emotion-Focused Couples Therapy
  - (Johnson & Greenberg, 1988)
- Integrative Behavioral Couples Therapy
  - (Jacobson, Christensen, & Doss, 2000)
- Relational Dialectics Theory
  - (Baxter & Montgomery, 1996)

We are grateful to the parents and staff who provided valuable input on this program.

Thank you for participating! Your feedback will help us to refine and deliver this program to families in NICUs across the country.

Informed by evidence-based psychotherapies (individual and couple) and specific theories

All skills tailored to the NICU (ones that are same or new)

Emotions
Skill: Soften Together

What is it?

- “Hard” emotions are reactive ones—they are protective to more vulnerable feelings
  - Anger, frustration, irritability, resentment
- Soft or vulnerable emotions are the deeper, vulnerable feelings underneath hard emotions that often reflect unmet needs
  - Fear, sadness, guilt, vulnerability, hopelessness
- Underlying needs are what your emotions are trying to tell you
  - Reassurance, connection, safety, support, validation
- Helps to identify underlying or softer emotion so you can become aware of what you need and connect with each other

Why use it?

- When we argue, often means not feeling connected or secure
- Helps to understand what you each need from each other
- Builds trust and intimacy through emotional disclosure

How to do it?

- **Observe:** Reflect on hard emotions you’ve experienced. What soft emotions and needs are underneath?
- **Express:** Share your emotions and needs with your partner
  - Ex: "I feel frustrated (hard) because I’m scared (soft) that I can’t do more for our baby. I need reassurance (need)."
- **Support:** Discuss ways you can meet each other’s needs.
  - Ex: "What can I do to help you feel more supported?"

Practice:
Mindfulness

Parent 1	Parent 2
Observe sensations, emotions, thoughts, enviornment	**Observe sensations, emotions, thoughts, enviornment**
Describe experiences without judgment	**Describe experiences without judgment**
Participate in an activity or interaction fully and intentionally	**Participate in an activity or interaction fully and intentionally**
Reflect on individual and shared experiences	

Metaphor:
Acceptance & Change

An important dialectic is **acceptance and change**. We need to accept things to cope with reality AND be willing to change to grow and improve. This applies to the NICU. Ac
be changed and make small changes t

Having a baby in the NICU is like being o
unpredictable sea. You are trying to guic
safety. You can't change the storm. Yo
challenges that you cannot control. Acce
letting go of the desire to immediately '
better" and instead focusing on navigati
adjusting sails, and holding steady throug

Even though the storm is out of your contr
guide the boat. Change in the NICU can r
to new information, learning to trust the
finding ways to care for your baby. It also
care of yourselves and finding moments

The dialectic is about balance: If you fo
acceptance, you might feel helpless. But if
on change, you might feel overwhelmed, li
to control something beyond your power. T
lies in accepting the storm—acknowle
uncertainty and pain—while changing how
it: taking one step at a time and trusting t
efforts can help the boat get through

Session 1 Review:
Stress Management Skills

What?	Why?	
Deep breathing	Promote parasympathetic nervous system (relaxation response)	Take de in 4 sec breat (repea
B.A.S.I.C. Needs	Ensure that you take care of your basic needs (eat, sleep, move, seek support, breathe)	Use table engage i day and e othe
Visualization	Promote sense of safety and peace and connect with body and/or each other	Use scr individua (record, r use me

PARENT TIP

Over next week, use the NICU parent cl
This will remind you to take care of yo
which will help reduce stress and allow
be more present with your baby.

NICU PARENT CHECKLIST

You need to take care of yourselves to take care of your baby. Eating, sleeping, breathing, and moving will help you be more present and engage in your baby's care. Over the next week, use this list (or make your own) as a way to remind each other to take care of your health.

Physical Health	M	T	W	Th	F	S	S
Eat a healthy meal							
Drink a glass of water							
Move your body (walk, stretch)							
Sleep in a bed							
Take a shower							
Go outside							

Emotional & Relational Health	M	T	W	Th	F	S	S
Practice deep breathing							
Practice visualization							
Leave the bedside							
Communication needs							
Seek or allow support							
Watch or listen to something							
Share daily wins							

Topic	Skills	Mechanism(s)	Approach
Stress	Deep breathing	• **Coping** (physio/emotion regulation) (*MOCS-A*) • **Time for self** (*FRS*)	•**RT/Mind-body/DBT:** relaxation and self-soothing
	BASIC Needs		•**NICU-specific** for burnout, and trauma buffering
	Visualization		•**RT/Mind-body:** relaxation and imagery
Mindfulness	Observe, Describe, Participate	• **Mindfulness** (awareness, decentering) (*Applied Mindfulness Scale)* • **Relational mindfulness** (*Mindful Partnering Scale*)	•**DBT/RT:** mindfulness
	Stay in 24-hour block		•**RT/ACT/DBT:** present focus or one mindfully
Dialectics	Both/and	• **Mindfulness/flexibility** (acceptance) • **Relational mindfulness** (perspective-taking) •**Collaborative problem-solving** (*C-Scale*)	• **DBT**: dialectical stance + radical acceptance
	Radical acceptance		• **IBCT & ACT**: acceptance + behavioral collaboration
	Team up		•**Dyadic coping models**: shared meaning → coordinated action

Topic	Skills	Mechanism(s)	Approach
Emotions	• Pause & reset	• **Relational mindfulness** (nonreactivity, co-regulation)	•**IBCT**: unified detachment → co-regulation
	• Soften together	•**Emotional vulnerability & attunement** (*Partner Responsiveness; Personal Assessment of Intimacy*) •**Attachment security** (*Brief Accessibility, Responsiveness, and Engagement*)	•**EFT**: de-escalation → empathic engagement •**IBCT**: empathetic joining emotional intimacy
Relational dialectics	• Hold both sides	•**Relational mindfulness** (perspective-taking)	•**IBCT:** unified detachment → acceptance → change
	• Find our balance	•**Collaborative problem-solving**	•**EFT:** emotional softening → accessibility + engagement
Stress-related growth	• Review skills	•**Coping** (self-efficacy)	• **DBT/RT:** skills consolidation
	• Co-create meaning	•**Posttraumatic growth** (*Posttraumatic Growth Inventory*) •***Emotional experiencing*** (*coding*)	•**EFT:** emotional processing & transformation

Mechanisms

	Topic	Mechanism	Measures
Individual	Stress	Coping (physio/emotion regulation)	•Measure of Current Status
		Time for self	•Family Resources Scale
	Mindfulness & relational dialectics	Mindfulness	• Applied Mindfulness Scale
Relational		Relational mindfulness	•Mindful Partnering Scale
	Dialectics & relational dialectics	Collaborative problem-solving (dyadic coping)	• Collaborative C-Scale
	Emotions	Emotional vulnerability & attunement	• Partner Responsiveness • Personal Assessment of Intimacy
		Attachment security	• Brief Accessibility, Responsiveness, Engagement
Individual & relational	Stress-related growth	Posttraumatic growth	• Posttraumatic Growth Inventory

Process mechanisms
Therapy alliance
&
Emotional experiencing

Both psychotx common factors

Experiencing Scale

Level	Description
1–2	**External / Avoidant** — Pt talks about external events or other people with little emotion e.g., “He did that again. It’s annoying.”
3–4	**Awareness / Labeling** — Pt names emotions or reactions, but with limited depth or elaboration e.g., “I feel anxious, I guess.”
5–6	**Deep Access** — Client reflects meaningfully on their emotional experience; exploring vulnerability or needs e.g., “I’m scared I’m not good enough… I shut down because I can’t bear that feeling.”
7	**Transformative Processing** — Pt reorganizes self-understanding or experiences a shift e.g., “I see now that I’ve always needed reassurance, not distance.”

In-session process of experiential depth or level of processing

“Deeper” processing better psychotx outcome across EFT, CBT, IPT, gestalt

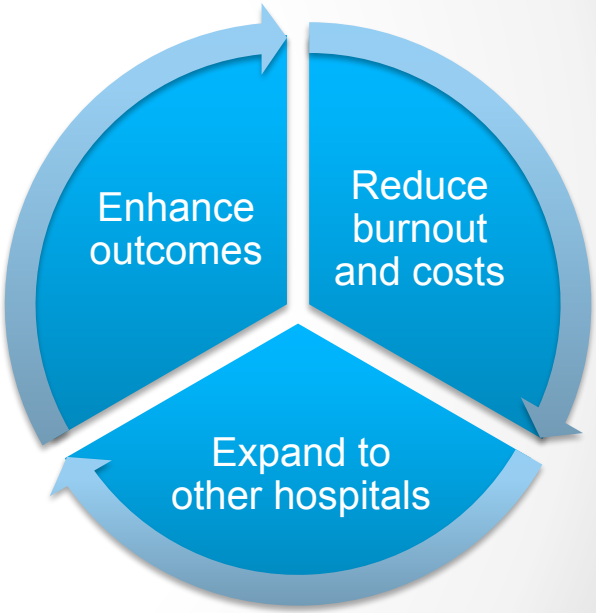
Impact and Next Steps

Future Research

- Test feasibility/acceptability of R-Fam (2025-28)
- Multi-site feasibility and/or efficacy-effectiveness RCT of R-FAM v. active control implementation mechanistic trials
- Adapt for different families:
  - Single parents, parents coping with loss/grief, Spanish speaking
- Consider adaptation for pediatric ICU and Ob/Gyn settings
- Staff support interventions or triadic interventions for staff and families (especially in context of parental self-efficacy)

Impact

- Hope this work will help:
  - Reduce parental distress and improve relational functioning by targeting individual and relational mechanisms of action
- Expand on larger-scale to other NICUs
- Inform relational care for parents and staff
- Reduce stress on staff and improve parent-staff interactions
  - Reduce burnout and costs



Conclusions

- NICU is an ongoing trauma that increases risk for distress
- Parents essential for optimizing baby's outcomes
- Safety and attachment security threatened, need to use trauma-informed and relational lens for care
- Targeting individual and relational resiliency factors valuable
- Methodologically rigorous strengths-based, tailored, targeted interventions key for implementing on larger-scale
- Move towards psychosocial guidelines and "Neonatal Intensive Parenting Unit" through novel and accessible programming

Thank you

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