



Clinical Psychology in the Neonatal Unit

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What is Clinical Psychology

- Application of psychological sciences to understanding and promoting well-being
- Training (usually about 7 years): Degree in Psychology, work experience and/or Masters degree/PhD then Doctorate in Clinical Psychology
- How we work: Assessment, Formulation, Intervention, Evaluation, Research, Service Development, Teaching/training & Supervision
- Direct/indirect, Individual, Family or Team





Families

- As you are aware, when a family arrives in neonatal care this
 is not usually the start or end of their traumatic or extremely
 stressful experiences
- Trauma, loss & grief, anxiety & fear, uncertainty, sadness & low mood, guilt, anger, frustration, confusion, stress are all normal responses to the unusual circumstances they find themselves in





Families

- Potentially every family could benefit but limitations on services will usually mean restricted access
- Common presenting difficulties: Attachment/bond, extreme anxiety/stress, behaviour staff find challenging, post-trauma symptoms, bereavement, adjustment,



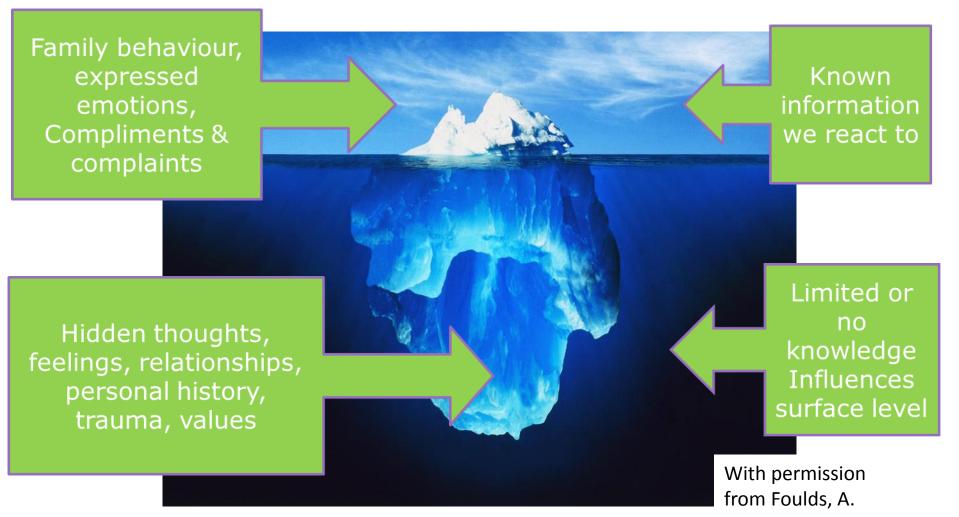


Case example: Referral





The Tip of the Iceberg







Assessment





Formulation: Systemic difficulties

Contextual factors

Father

Thoughts, Emotion, Physical Sensation, Behaviour





Staff
Thoughts, Emotion, Physical
Sensation, Behaviour



Contextual factors





Intervention

- Having experiences heard and normalised
- Information on common reactions to trauma and how or when to access further psychological support via GP
- Anxiety management, including how to access online relaxation guidance and available Apps
- Sleep strategies
- Graded exposure to completing cares





Common Interventions

- Normalising emotion in unusual circumstances
- Grounding techniques/present moment exercise: focus on breath, senses
- Relaxation: useful to reduce arousal, aid sleep
- Mindfulness: useful to re-centre, be in the present and create space for thoughts and emotions
- Self-compassion
- Attachment/bonding activities
- Nursing staff support
- Strategies for responding to questions: Explain, reassure, distract
- Information on post-trauma symptoms
- Formulation meetings





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