

PROMOMS for Preemies

Prevention of Postpartum Traumatic Stress in Parents with Premature Babies

TREATMENT MANUAL

© Richard Shaw/Sarah Horwitz

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PREVENTATIVE RESEARCH ON MENTAL HEALTH OUTCOMES
FOR MOTHERS (PROMOMS) OF PREMATURE BABIES STUDY,
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Session 1

INTRODUCTION TO THE NICU AND BABY DEVELOPMENT

-  Record the ID number, date, therapist name, and session number at the beginning of this session.
-  Prior to session, identify baby's gestational age (GA) at birth (in weeks and days, e.g., 30 weeks and 5 days), current age in weeks/days (e.g. 1 week, 1 day), and current GA (e.g. 31 weeks, 6 days).
-  Introduce yourselves and explain you will be meeting weekly with the parent for approximately 45–60 minutes.
-  Please note: Instructions to you, the therapist, are written in blue font. The text outline is written in black font.

GOALS

1. Develop rapport with parent.
2. Provide an opportunity for the parent to share their observations of their baby.
3. Educate the parent about premature babies' appearances and behaviors.
4. Discuss things the parent can do for their baby now.
5. Teach deep breathing.

MATERIALS NEEDED

1. Handout 1 – *Common Characteristics of Premature Infants*
 2. Handout 2 – *Things Parents can do with their Baby in the NICU*
 3. Handout 3 – *Importance of Skin-to-Skin Holding*
 4. Handout 4 – *Communicating in Stressful Situations*
 5. Handout 5 – *Relaxation Techniques*
 6. *Baby Diary*, including "Visiting Log"
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INTRODUCTION TO TREATMENT

Introduce yourself. Greet the parent with whatever seems appropriate, such as “Hello, my name is _____. We spoke on the [phone/email] to set up this meeting. How are you? How is your baby doing? What is your baby’s name? It’s really a pleasure to meet you.

Thank you so much for agreeing to take part in this study. Does this time still work for us to meet for about 1 hour? We are going to be spending quite a bit of time together over the next few weeks, roughly 1 hour each session, once or twice per week, for a total of 6 sessions. I am really looking forward to getting to know you and your baby.

As you may remember, the main purpose of us meeting is to help you learn new ways to help with the feelings of stress or anxiety that you may experience while your baby is here in the intensive care unit, which I am going to refer to as the NICU.

When we meet, we will be going through the materials in this booklet, which we encourage you to share with your partner or family members.

SET AGENDA

Today, I would like to learn a little bit about you, your birth experience, and your time so far in the NICU. Then we are going to talk about your observations of _____, and we will discuss some typical behaviors and features of premature babies. Also, we will discuss things you can be doing right now with and for _____ to help stimulate them and encourage their development.

I am going to explain about the *Baby Diary* that I have here [show parent the *Baby Diary*], which is going to be a helpful tool for you as you get to know _____ and will help us monitor your baby’s progress and changes over the next few weeks.

To end, we are going to talk a bit about how to communicate effectively in stressful situations and teach you a relaxation technique called “deep breathing.”

Do have any questions before we get started?

Allow the parent 1–2 minutes to voice any concerns or questions. If the parent asks a question you can’t answer, explain that your expertise is about parent–baby relationships and helping parents cope in the NICU, and encourage the parent to ask the nurse, neonatologist, or nurse practitioner.

If the parent raises a complex issue that is not related to the intervention, respond by saying “That’s an excellent question, and it is actually one of the issues we can address later in the course of our meetings. Is it okay if we hold off on that for right now?”

Notify the parent that you will be referring to your outline: Just so you know, I will be referring to my outline as we talk so I remember the topics I’d like us to cover.

NOTE: Refer to the outline as a guide only; do not read from the text!

GETTING TO KNOW THE PARENT AND THEIR PREGNANCY/BIRTH EXPERIENCE

Take notes on the answers to the following questions. Provide appropriate empathic responses and normalize the parent's experience. Reflect on the emotions that the parent is having. If at any point the parent identifies something that is very emotional, empathize and let them know that we will be spending time talking about their experiences and practicing strategies to cope with these strong and upsetting feelings.

Can you tell me a little bit about what your pregnancy and the delivery were like?

How are you feeling physically now? [For example, if parent is recovering from a c-section.]

Are you getting support from family and friends? Do you have any other children? Who do you live with?

APPEARANCE AND BEHAVIORS OF THE BABY

As you and the parent discuss the parent's observations of their baby and how these match the typical characteristics of premature babies (Handout 1, *Common Characteristics of Premature Infants*), reflect on and empathize with the parent's emotions.

Thank you for telling me your story. Now, let's talk about _____. Does the name have any special significance? [For example, what does it mean? Is the baby named after anyone?]

Does _____ look like anyone in your family or does anything about them remind you of anyone?

Could you tell me what else have you noticed about them?

If the parent does not say much, follow up with: Does anything surprise you or stand out for you about their appearance or behavior?

Respond with interest to what the parent has observed about their baby.



Provide the parent with Session 1, Handout 1: COMMON CHARACTERISTICS OF PREMATURE INFANTS

This handout lists some of the common characteristics of premature babies.

Read through Handout 1 together and discuss which things listed are consistent with what the parent has said or observes in the moment. Check off the items that are consistent with the parent's baby. When discussing the movements of premature babies, demonstrate startle responses, jerky movements, arm and leg bracing, and finger splaying.

If at any point the parent asks a question you do not know the answer to, respond with: You know, I'm not sure; that is a great question for your nurse or doctor. If the nurse is present at the bedside, suggest that the parent ask them now, or write down the question for the parent to ask later.

At the conclusion of reviewing and discussing Handout 1, make the following points:

- One very important thing we are noticing is that _____ has a lot in common with many of the babies in the NICU.
- These characteristics of premature babies can seem strange, because they are not how we are used to seeing full-term babies, but they are normal for premature babies.
- Keep in mind that _____ will be changing every day and week, and they will be very different when it is time for them to go home.

WHAT THE PARENT IS DOING/CAN DO WITH THEIR BABY NOW

Next, I'd like to talk about your role as _____'s parent. We have found that parents in this environment often feel distressed because they are not sure what they can do with their baby or what their role is supposed to be. Especially in the beginning, it might feel like the staff are the experts, but it is important for you to remember that **you play a crucial role**. _____ has been hearing your voice and smelling you since they were inside of you; they will be comforted by your scent and voice. Your touch will be the most soothing to them; we consistently see that babies respond differently to their parents than to staff. As you spend time with _____, you will become the expert.

Next, we are going to be talking about things you can do for _____ at this time. What types of interactions have you had with _____ so far? [Validate, encourage.]

Now, let's take a look at this handout together.



Provide the parent with Session 1, Handout 2: THINGS PARENTS CAN DO WITH THEIR BABY IN THE NICU

Highlight some important sections, including "Things Parents Can Do With Their Baby in the NICU" and "Reading Your Baby's Cues."

The following are some common physical signs that your baby may display, which indicate whether they are stressed or if they are relaxed and coping with what is going on around them. You can talk to one of the nurses to learn how you can help your baby when they are stressed or how to comfort them when they are coping well; if your baby has been referred to a developmental specialist (which occurs for various medical reasons, such as when your baby is less than 32 weeks at birth), you can also talk with that specialist about this topic.

Let's look at the list together. Have you noticed any of these things in your baby? [Point to or read from the cues under the "Stressed" side.]

What about these? [Point to or read from the cues under the "Coping" side.]

Let's look at this section, "Learn About Your Baby's Sleep and Awake States." [Go through the table on Handouts 2b and 2c and explain the different states.]

We've been talking about things you see in your baby, and things you can do to interact better with them and help them grow. One of the best ways to help is to know when it is a good time to interact, and when it is a good time to let your baby rest, by learning their sleep and alert states.

All babies have 6 states (or levels of energy and awareness) that they go through, from deep sleep to wide awake. Knowing how to recognize these states is important because _____ is ready for different types and levels of stimulation and engagement at each state. If you try to get _____ to interact with you at times other than what we call "calm alert," they may seem to either ignore you or become overstimulated. They may be too sleepy or too fussy; they may fall asleep or look drowsy and unfocused [model drowsy, unfocused, and unresponsive facial expression], or show stress cues [model startle responses, arm/leg extensions, and wide, startled eyes]. You shouldn't take that personally, but just realize that they were not in the right level of alertness or calmness to interact with you at that time. When your baby is closer to being full term, they will be able to interact with you more easily.

As _____ grows, they will be able to engage in more interaction. At roughly 32 weeks' gestational age, they start to wake up more, and around 34 weeks' gestational age they enter longer periods of being in a calm, alert state. When they are in a calm, alert state, they are ready for more interaction with you than when they are asleep or are awake but either drowsy or fussy.



Provide the parent with Session 1, Handout 3: IMPORTANCE OF SKIN-TO-SKIN HOLDING

Review Handout 3 with the parent. Read thoroughly, discussing each point. Discuss if the parent has done each of the activities mentioned, and if so, ask them how it went for them and their baby.

Another really great thing you can do for your baby while in the NICU is skin-to-skin care (also sometimes called "Kangaroo Care"). This is so important that we wanted to have a separate handout just to talk about it.

Explain the technique of Kangaroo Care, making reference to Handout 3a.

The last thing I want to point out in this handout is this section on "Containing Touch." Even though you may not be able to pick up and nurse your baby, you can cradle and touch your baby using the technique of Containing Touch.

Explain the technique of Containing Touch, making reference to Handout 3b.

At the end of Handout 3, reiterate: It is important to ask your nurse when they think _____ is ready for your touch or to be held. Remember that some days your baby may not be able to handle much extra stimulation while on other days you can touch and talk to them more.

INTRODUCE THE BABY DIARY

Now that we have discussed some things you can be doing with _____, I'd like to go over the *Baby Diary* with you. We will be looking at it and filling it in together during each session. Feel free to complete as much as you want in between sessions as well, but if you don't have time, we will do it together.



Provide the parent with the **BABY DIARY**.

Show the parent the *Baby Diary*, pointing out each SECTION: "Visiting Log"; "Important Achievements for Baby"; "Important Achievements for the Parent"; "Baby Observations"; and "Parent's Experiences."

The first part of the *Baby Diary* is the "Visiting Log." This is a way for parents to keep track of what they are able to do with their baby each day. As you can see on the form, all you need to do is write the date and check off which of these types of activities you did at any point that day. I'll be collecting this on our last session together, but I'll copy it for you, so you will also have it as a memory of the types of things you were able to do with _____ as they developed.

The "Important Achievements for Baby" section is a place to record important milestones in _____'s development, and "Important Achievements for the Parent" is a place to record things you do with them.

I encourage you to look over the prompts in the "Baby Observations" and "The Parent's Experiences" sections and to fill some of them in each day. Remember, you can always refer to the baby states guide in Handout 2 for information that may help you know what to look for in _____'s behavior.

In addition, at the end of the *Baby Diary* is a section called "Looking Forward," which has a great deal of information about premature babies at different periods of development: 28–30 weeks' gestational age, 30–33, 33–36, and 36–40. It may be a bit overwhelming with all of the details, but it will help you anticipate things _____ will be able to do later that they can't do now. It also identifies things you'll be able to do to help them at each stage of development. It is too much information for us to go over now, but you can look at it when you want to.

Remember that this is a rough guideline, so don't be too alarmed if your baby doesn't follow it exactly. If you have any particular concerns, make sure that you talk to the nurse or someone on the medical or developmental team. However, know that your baby will continue to grow and become stronger and more competent.

Encourage the parent to look over the chart on their own.

COMMUNICATION IN STRESSFUL SITUATIONS

Now to switch gears a bit, I want to take some time to talk about things that can help you manage the NICU environment. We realize that this is a very stressful time. The NICU is a busy place, and it's important that you feel as comfortable as possible here. In order to help you feel comfortable and get your needs met, you must be able to communicate effectively and directly with the professionals in the NICU, as well as with your partner and family.

It may be helpful for you to keep track of your questions and the things you want to tell the medical team. To help with this, we have provided some paper in the back of this booklet for writing these questions. No questions or observations are too small. In fact, by sharing your observations of your baby with the medical team, you may be able to improve the quality of your baby's medical care. Also, sometimes the medical team forgets that parents are not familiar with certain medical terms, so you may need to ask for clarification.



Provide the parent with **Session 1, Handout 4: COMMUNICATING IN STRESSFUL SITUATIONS**

Researchers have broken communication into 3 different types: *passive*, *aggressive*, and *appropriate* or *effective* communication. When parents are stressed, it is easy for them to withdraw and speak timidly. This is an example of passive communication. On the other hand, when some parents are stressed, they may blow up and engage in aggressive communication, which is forceful.

These different styles may influence whether or not you get what you want. The techniques in this handout can be used when talking to the medical team and with your partner, family, or friends to make sure that you are getting the support you need.

As you see, the top part of this handout covers what we have just talked about, including the three types of communication and the differences between them.

Walk the parent through top half of worksheet, including the reactions to the different types of communication and body language. Read the examples on the handout, then ask the parent for an example of something that has been bothering them but about which they have been reluctant to talk. Prompt the parent if they cannot think of anything (e.g., something to do with the monitors, or alarms, a treatment intervention, something a nurse or doctor mentioned that the parent did not understand).

Read through the rest of the suggestions.

Many parents think that if they ask the nurses too many questions, they will be labeled as "difficult" or "demanding." However, if you communicate with the staff effectively, it is more likely that they will regard you as being a caring, loving parent rather than demanding.

Asking the nurses questions will not cause your baby to have a lower quality of care. In fact, the opposite is true. If it seems that the moment is not a good time to ask a question, write it down and ask a little later.

Many parents also feel like they are being rude or unkind to friends and family who are trying to be supportive, but setting boundaries and communicating your needs clearly will help those who care about you to know what is helpful and what isn't.

RELAXATION TRAINING

Throughout these sessions, we will be talking a great deal about stress and stress relief, and we will be learning several techniques along with some tips to help reduce your level of stress. Let's take a look at this handout.



Provide the parent with **Session 1, Handout 5: RELAXATION TECHNIQUES**

To start off, could you tell me how tense or stressed you are feeling right now? Use a scale of 0 to 10, where 0 is completely relaxed and 10 is extremely tense. What number would you rate yourself right now on this scale?

Write down the parent's rating on the handout.

INTRODUCE DEEP BREATHING

One quick and easy way to reduce your stress anytime, anywhere is to do deep breathing. Have you heard of deep breathing before? Many people have heard of using deep breathing to calm down, but even though it sounds really easy to do, most people don't do it correctly or effectively. Many people tighten their stomach and take shallow breaths, so be very careful not to tighten your stomach when you breathe. Just take deep, slow breaths. To get really good at doing deep breathing correctly, you have to practice, which we will talk about in a little bit.

For example, someone who is angry could breathe like this [take a shallow, loud breath through gritted teeth]. This way of breathing isn't effective. Similarly, one of the body's automatic responses to stress is to start to breathe very fast and take shallow breaths, like this [demonstrate hyperventilation].

Breathing slowly can essentially "turn off" your stress reaction. Let's try this together.

If the parent is the mother who gave birth, check in with her to see if she had a cesarean section and whether or not it hurts to touch her stomach or inhale deeply. Modify text based on her response.

- To practice, first, could you place your hands on your stomach?
- Inhale slowly through your nose, counting to 5 slowly in your head.
- Let your stomach expand as much as it can.
- Hold your breath for 2 or 3 seconds and then slowly exhale through your mouth, again counting to 5 slowly in your head.
- Let your stomach deflate as much as it can.

Let's do that a few more times.

Repeat this 3–5 times. Remember to be mindful of the parent, who may be sore after surgery. Don't let them do anything that hurts.

Now, what number would you rate your stress level on the same scale? [Respond accordingly; hopefully, the score went down. Write it the parent's rating on the handout.]

To get the most benefit out of this exercise, it is helpful to do it regularly, and the best way to do that is to come up with a schedule for yourself. (Go to portion of handout with schedule.)

WRAP UP

That's it for today. Thank you so much for meeting with me and introducing me to _____. I look forward to continuing to get to know you and to hearing about your experiences with _____ over time. Do you have any questions or concerns before we end for the day?

Let's just take a moment to check your schedule again.

Check the parent's schedule for the next meeting and verify that you have a way to contact each other in case there is a need to reschedule.

Session 2

COGNITIVE RESTRUCTURING

- Record the ID number, date, therapist name, and session number at the beginning of this session.
- Prior to session, identify baby's gestational age (GA) at birth (in weeks and days, e.g., 30 weeks and 5 days), current age in weeks/days (e.g. 1 week, 1 day), and current GA (e.g. 31 weeks, 6 days).
- Introduce yourselves and explain you will be meeting weekly with the parent for approximately 45–60 minutes.
- Please note: Instructions to you, the therapist, are written in blue font. The text outline is written in black font.

GOALS

1. Continue to build rapport.
2. Review / Fill out *Baby Diary*.
3. Empathize with and normalize the reactions of the parent in the NICU setting.
4. Help the parent identify emotions and the relationship between events, thoughts, and emotions using an *ABC-B Worksheet*.
5. Teach the parent techniques: *Examining the Evidence*, *What Would I Tell a Friend?*, *Positive Self-Statements*.

MATERIALS NEEDED

1. Handout 1 – *Common Thoughts and Feelings of Parents in the NICU*
 2. Handout 2 – *ABC-B Worksheet*
 3. Handout 3 – *Examining the Evidence*
 4. Handout 4 – *What Would I Tell a Friend?*
 5. Handout 5 – *Positive Self-Statements*
 6. *Baby Diary*, including "Visiting Log"
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INTRODUCTION

How are you feeling? How is _____ doing today?

SET AGENDA

Today we will start by going over the *Baby Diary* to see what things you've noticed in your baby over the past few days.

Second, we're going to talk about common thoughts and feelings that parents often have in the NICU.

Third, I will show you a technique called "cognitive restructuring" to help reduce some of the distress you may be feeling.

REVIEW DEEP BREATHING

Before we get started, have you had a chance to practice the deep breathing yet?

If YES: That's great, and how did it feel? [[Respond accordingly.](#)]

If NO: I know that things are probably really crazy right now, and you feel like you can't take on anything else, but I do really encourage you to try it out, particularly when you're feeling the most stressed, because it will help you feel a lot better. Good times might include when you're on your way to the hospital, before meeting with the doctors, or leaving the hospital. If you're having trouble communicating with other people in your life, pausing for a deep breath can also help.

BABY DIARY

Now let's look over your *Baby Diary*. Did you fill in the "Visiting Log"?

If YES, [review it with the parent.](#)

If NO: If you think of it, it's helpful to fill it out every day. This will be a way for you to keep track over time of what you were able to do with _____ as they change and grow.

Next, [look at the "Baby Observations."](#)

Did you get a chance to write down any of your observations in your Baby Diary?

If YES: Good. Let's talk about them.

If NO: That's okay. We'll work on it together now. The nice thing about the *Baby Diary* is that it prompts for different kinds of observations about _____ and your experiences with them. It will help you get to know them and help you track changes you see over time. Let's look at the first couple of items.

Read through the first couple of prompts and ask for the parent's observations; write them down or have the parent do so. Take interest in and discuss the parent's observations and impressions.

At every session we'll take a few minutes to look over your *Baby Diary* together.

COMMON THOUGHTS AND FEELINGS

Now, we're going to shift our focus away from _____ and talk about some of the thoughts and feelings you might be experiencing. Learning to identify different emotions is an important skill, because it will help you to better understand your own feelings.



Provide the parent with **Session 2, Handout 1: COMMON THOUGHTS AND FEELINGS OF PARENTS IN THE NICU**

I realize that not all parents have the thoughts that are listed here, and there are many that are missing, but you may have had some of these thoughts. Let's go through this list and check off some of the thoughts and feelings that you've had since being here in the NICU.

Validate any thoughts the parent reports. Let the parent know that this is *not* their fault when the reviewing the common thought, "This is my fault." Write down or remember thoughts and feelings that are particularly salient for the parent to use when completing the cognitive restructuring worksheets.

These are all very common experiences for parents in this situation. It's totally normal to feel all of these emotions we've just discussed, but now we'll work on how to manage them to try to make you feel better.

COGNITIVE RESTRUCTURING

CONNECTIONS AMONG EVENTS, THOUGHTS, FEELINGS, AND BEHAVIORS

One of the things we have learned from the research is that every time something happens, we, as people, will try to interpret the event and its significance. We do this automatically, without thinking, and often we're not aware of what we're telling ourselves or that we've attached meaning to the event. [Emphasize the word "automatically" because we will be returning to this later.] However, even though an event may appear small or insignificant, our interpretation of the event can have a large effect on the way we feel.

I have a tool here to help us manage these thoughts. We'll start with a basic example first, so you can see how it works, and then we can practice using it with some of your own thoughts and feelings about your experience here in the NICU.



Provide the parent with **Session 2, Handout 2: ABC-B WORKSHEET**

Guide the parent through using the *ABC-B Worksheet* using a non-NICU-related example. Follow the prompts below to explain to the parent how it works.

Let's pretend that you're walking across the street, and you see someone you know, but they don't say hello to you.

- What is your thought?
- How would you feel?
- What would be telling yourself in that moment? [For example, I'm hurt. She must not like me.]
- What do you think you would do if you felt _____?
- How might you respond or behave?

As you can see on this worksheet, it's already filled out with this scenario to give you an example of how to break down and record the different components of the interaction. Now let's see if we could come up with a different explanation for her behavior. [Suggestions are printed on the worksheet.]

- How would you feel if one of these factors was the reason she didn't say hello to you?
- What do you think you would do if you felt _____?
- How would you respond or behave now? [Write down the behavior on the *ABC-B Worksheet* in the second row of boxes.]

Walk the parent through the example and how the alternative thoughts might yield different feelings and behaviors.

This simple example illustrates how our interpretation of each situation influences the way we feel and behave. It also illustrates how there is almost always more than one way to interpret the situation. In this example, if you thought that your friend was ignoring you, you would feel angry or hurt. But if you thought she was worrying about something important, or was ill, you might even feel sympathetic or concerned. This then could also affect how you might interpret and respond to the situation.

In short, when something happens, we have an automatic thought about it. That thought leads to a feeling, and this feeling leads to a behavior. This process [point to worksheet as you explain] happens in a split second.

When you have negative thoughts like this one [\[point to worksheet\]](#), it's really easy to get stuck in a bad mood and keep thinking about the event in a negative way.

USE ABC-B WORKSHEET WITH THE PARENT'S THOUGHTS, FEELINGS, AND BEHAVIORS

Pick whichever feelings seem most important or relevant for the parent and most appropriate for an *ABC-B Worksheet*.

First, let's talk about the feeling of _____ that you mentioned.

Go through the blank *ABC-B Worksheets, Handouts 2a and 2b*, using one of the examples from Handout 1, *Common Thoughts and Feelings and Identifying Emotions* that is particularly relevant to this parent. If you do not yet know the parent's automatic thoughts, try to determine the closest automatic thought by asking the parent what they might tell themselves in that moment when they feel _____. Sometimes a simple "Why?" can help, such as "Why were you angry?" Once you have determined the parent's thought, write that down in the "Thought (Belief)" box on the *ABC-C Worksheet*.

How do you think these thoughts affect your behavior?

Write the parent's behavior in the "Behavior" box.

Now, we want to find a way to change your thoughts to help you feel better, which will also lead to a change in your behavior. Let's look at all the different parts.

First, we have the event [\[point to "Activating Event" on ABC-B Worksheet\]](#), which we can't change because it has already happened, and once we're feeling bad [\[point to "Feeling \(Consequence\)" on worksheet\]](#), it's hard to change our behaviors [\[point to "Behavior" on worksheet\]](#). So, the best way to intervene in this process is to change the way we think [\[circle "Belief" on worksheet\]](#).

In order to change that thought, we need to come up with some alternative, more positive thoughts that you could have in the same situation. Is there anything else you think you could tell yourself in this situation that would help you feel a little bit better?

Help the parent to come up with alternative thoughts. Write the new alternative thought in the second row of the "NEW Thought" section in the table.

If you had this thought, how do you think you would feel?

Help the parent to say things like "more confident," "less scared," "calmer," etc. Write the new alternative feeling in the second row of the "NEW Feeling" section in the table.

And if you felt _____, how do you think that would affect the way you would behave or react?

Help the parent to identify new positive behaviors, whatever is appropriate to the parent's thoughts/feelings. Write the new alternative behavior in the second row of the "NEW Behavior" section in the table of the *ABC-B Worksheet*.

By replacing the old negative thought with a more positive one, you will find that you end up feeling better, and feeling better leads to more helpful and positive behaviors. The idea is to replace negative thoughts with more positive thoughts so that you don't feel as sad, as anxious, or as angry. And if you're feeling a little better, it's likely that you'll behave or respond in a way that is more helpful to both you and your baby.

CHALLENGING NEGATIVE THOUGHTS BY EXAMINING THE EVIDENCE

When we're upset, there are two other tools we can use to challenge our negative automatic thoughts and replace them with positive thoughts. I'd like to go through these with you now.

The first is called *Examining the Evidence*. Sometimes when you're really upset, it's hard to evaluate the evidence for own thoughts. Using this technique, rather than simply believing your negative thought, you examine the evidence *behind* the thought. You ask yourself what the facts really are. What do the facts support? It's important that you evaluate only the *true* facts. After you have looked at all the evidence, it's then possible to come up with a more rational and helpful way of evaluating the situation.

Let's take a look at one common example of something that happens to many parents who have a baby in the NICU.



Provide the parent with **Session 2, Handout 3: EXAMINING THE EVIDENCE**

Use this handout to demonstrate using the *Examining the Evidence* process to help a parent whose baby is receiving treatment with bilirubin (bili) lights.

Now, let's try this technique with a thought that you have been wrestling with.

Using Handout 3a, select a problematic thought mentioned earlier by the parent to process using the *Examining the Evidence* technique. Help the parent come up with a more positive thought by asking, "What is the evidence?" For example, ask the parent, "What is the evidence that supports this belief?" and "What is the evidence against this belief?" See **Table 1** on the next page for examples.

When you have finished the *Examining the Evidence* handout and it is clear that the evidence against the negative thought outweighs the evidence supporting it, show it to the parent.

Looking at this list, does it have any impact on your thoughts about this concern? [Prompt the parent to realize that they can have a different perspective on their negative thinking.]

Does this help you feel any different? [Prompt the parent to notice that they are feeling less anxious/worried/depressed than they did prior to the exercise.]

That's great. You did a really good job with this.

Table 1. Sample *Examining the Evidence* Scenarios from the NICU

Negative Thought	Evidence Against
<p>This is all my fault. I did something to cause this. I feel like a failure.</p>	<p>I did everything my doctor told me to. I went to my prenatal visits. Sometimes, bad things just happen. Many babies are born prematurely. Babies are born early for reasons over which parents have no control. No one else is blaming me. There is nothing I can do about the past, but I am doing the best I can now.</p>
<p>I will never get to take my baby home. My baby will never recover or will have permanent health problems.</p>	<p>My baby is gaining weight and growing. I can see ways my baby is getting better. My baby has world class doctors. The doctors have experience with my baby’s problems. There are excellent treatments for my baby’s problems. No one has told me that my baby is not going to recover. No one stays in the NICU forever. The body has a remarkable way to fight back and recover. Even if my baby does have problems, I will figure out ways to get appropriate help and treatment. When we do leave, the doctors will still be here to help me. I’m a strong person and I will get through this. I have people who will be there to help me.</p>
<p>This is not what I wanted. I am not having the experience I expected. I don’t feel I am getting to be the parent. It seems like the nurses are closer to my baby than I am.</p>	<p>I am still my baby’s the parent. There are important things I can do for my baby. My baby is comforted by my touch and voice. I can pump and feed my baby breast milk. My baby needs extra help now and fortunately the NICU staff are here for us. I can keep a record of this time to share with my child in the future. This time in the NICU will end. This time is only a tiny percent of my child’s life.</p>

CHALLENGING NEGATIVE THOUGHTS USING “WHAT WOULD I TELL A FRIEND?”

The second technique that often works for parents is called *What Would I Tell a Friend?* This technique can be helpful because even though it can be hard to change our own thinking, most of us are good at helping our friends and giving other people advice.

If you get stuck, and *Examining the Evidence* isn't working, a good tool is to ask yourself “What would I tell a friend if he or she were in the same situation? How would I tell them to think about the situation so they could feel a little better?” Usually, we are harder on ourselves than we are on our loved ones. If we talk nicely to ourselves, as we would talk to our friends, we can change the way we feel by changing our thoughts or judgments.

For the example we've been talking about, what would you tell a friend if he or she were in the same situation? How would you tell them to think about it so they would feel better?



Provide the parent with **Session 2, Handout 4: WHAT WOULD I TELL A FRIEND?**

Write the parent's thoughts about what they would tell their friend on Handout 4, *What Would I Tell a Friend?*

Do you have any questions about the *ABC-B Worksheet* or the two techniques for challenging or changing negative thoughts? This is something you'll have to practice doing. It doesn't always come naturally, otherwise everyone would do it all the time.

PRACTICE COGNITIVE RESTRUCTURING WORKSHEETS

There are extra worksheets in your booklet, and we'll be using these tools together in future sessions, but I also think it could be really helpful to try them out on your own and see how they work for you. Let's choose one of the things you might be worrying about. One that you can work on later or that we will go through next time we meet.

Pick another of the parent's personal examples. If possible, use one from the “Sample *Examining the Evidence* Scenarios” table for that has good examples of “evidence against.”

Let's write this down on the ABC-B worksheet so you have a starting point for trying this on your own.

Go through a practice *ABC-B Worksheet* with the parent, letting them know they can use any of the three tools that works—the *ABC-B Worksheet*, *Examining the Evidence*, or *What Would I Tell a Friend?*

INTRODUCE POSITIVE SELF-TALK

If you're still having trouble coming up with a more rational, positive thought to replace a negative thought that keeps popping into your head, another technique is to think of a positive statement about yourself and your strengths that will help you feel better about the situation.

No matter what the negative thought is, you could tell yourself, "This is hard right now, but I can handle this."

For example, let's imagine that no matter how hard you tried, you couldn't think of a positive thought to replace the negative one. [\[List a thought that the parent mentioned earlier in the session.\]](#)



Provide the parent with [Session 2, Handout 5: POSITIVE SELF-STATEMENTS](#)

Here is a handout that lists some of the positive thoughts. [\[Ask the parent to read the list of positive statements.\]](#) Are there any on this list that you think might work for you? Are there any other thoughts that you would like to add to the list?

[Help the parent identify several positive self-statements they could use \(e.g., "I'm doing everything I can to help my baby"; "I'm going to be a great parent"\). Write them down on the handout.](#)

WRAP UP

This is our stopping point for today. Do you have any questions or concerns before we end for the day?

Let's just take a moment to check your schedule again.

[Check the parent's schedule for the next meeting and verify that you have a way to contact each other in case there is a need to reschedule.](#)

Session 3

STRESS, TRIGGERS, AND SELF-CARE

- Record the ID number, date, therapist name, and session number at the beginning of this session.
- Prior to session, identify baby's gestational age (GA) at birth (in weeks and days, e.g., 30 weeks and 5 days), current age in weeks/days (e.g. 1 week, 1 day), and current GA (e.g. 31 weeks, 6 days).
- Introduce yourselves and explain you will be meeting weekly with the parent for approximately 45–60 minutes.
- Please note: Instructions to you, the therapist, are written in blue font. The text outline is written in black font.

GOALS

1. Brief review of "Visiting Log" and *Baby Diary* (3–5 minutes).
2. Brief review / completion of *ABC-B Worksheet*, helping the parent accurately label thoughts and emotions in response to an event.
3. Discuss symptoms of posttraumatic stress disorder (PTSD).
4. Provide psychoeducation about triggers and help the parent identify triggers.
5. Explain and facilitate "Imagining the Experience" exercise.
6. Explain the physical effects of stress.
7. Discuss ways to increase self-care.

MATERIALS NEEDED

1. Handout 1 – *Symptoms of Traumatic Stress*
 2. Handout 2 – *How Triggers Work*
 3. Handout 3 – *Triggers*
 4. Handout 4 – *Feelings Thermometer*
 5. Handout 5 – *Stress Triangle*
 6. Handout 6 – *Tips to Reduce Stress and Increase Support*
 7. Handout 7 – *Self-Care*
 8. *Baby Diary*, including "Visiting Log"
-

INTRODUCTION

This is our third session. In our first session, we talked a lot about _____ and things you can do together. In our last session, we talked about some of the thoughts and feelings you're having and how you can change your feelings and behaviors by changing your thoughts. I showed you the *ABC-B Worksheet* and cognitive restructuring exercises and how to change your thoughts, feelings, and behaviors. Do you have any questions about what we talked about last time?

Address any of the parent's questions.

REVIEW OF VISITING LOG AND BABY DIARY

Have you completed the "Visiting Log?"

If YES: Great.

If NO: Let's take a moment to fill it out together now.

Have you written anything in the *Baby Diary*? Will you tell me about one of your new observations or experiences with _____? Have you noticed any changes since last time we met?

SET AGENDA

Today, we'll first go over the *ABC-B Worksheet* and cognitive restructuring exercises that you've been working on. Then we're going to discuss and work with some potentially traumatic reactions you might be having with your experience. Finally, we'll discuss stress and ways to take care of yourself.

REVIEW OF ABC-B WORKSHEET AND EXAMINING THE EVIDENCE

In our last meeting, we talked about challenging the thought that [recall the parent's example at the last session] using the cognitive restructuring techniques.

Read the thought that was written on the *ABC-B Worksheet* from Session 2.

Did you get a chance to try using any of these exercises on your own?

If NO: Let's through it right now, so you can get a little more practice with this method of reducing stress and negative feelings. [Run through the *ABC-B Worksheet* and, if relevant, draw from the *Examining the Evidence* and *What Would I Tell a Friend?* exercises and *Positive Self-Statements*.]

If YES: Great. Can we take a look at it together for a moment? [If the parent has the handout, look at it to make sure they have filled it out correctly and take a few moments to discuss the example. If the parent has filled it out but incorrectly, gently provide guidance.]

- What was this exercise like for you?
- Was it difficult or easy?
- Did it help you see that by changing your thoughts you can really change how you feel?

It's great that you were able to find time to work on this. The more you practice, the more it will start to happen automatically and the more it will help you to reduce your level of stress.

SYMPTOMS OF TRAUMATIC STRESS

Many parents who have a baby in the NICU have very high levels of anxiety and may find themselves having uncomfortable feelings or thoughts. The memories of the premature birth, as well as the experience of seeing your baby as being fragile, vulnerable, or in pain, can be extremely traumatic and can lead to feelings of significant emotional distress. For these reasons, many professionals are beginning to think of the experience of having a premature baby as a traumatic event, similar to the trauma of having a serious accident or of being assaulted or mistreated, or similar to someone who has been traumatized in the military. But one difference for parents who have a baby in the NICU is that the trauma is an ongoing experience, often with multiple traumatic experiences related to their baby's medical complications.

It can also be common for parents to feel anxious when they leave their baby, even if it is just for a few minutes. On the other hand, some parents find it extremely difficult being in the hospital and dealing with all of the various traumatic experiences, and as a result may find excuses to avoid coming in to see their baby.

Does it make sense to you to think of the experience of _____'s premature birth and hospitalization in the NICU as a traumatic event?

Empathize and reflect.

Can you think of any specific experiences that were particularly traumatic for you or your partner? [Help the parent list several aspects of the experience that have been or are still traumatic (e.g., the birth, the pregnancy, the baby's medical condition).]



Provide the parent with Session 3, Handout 1: SYMPTOMS OF TRAUMATIC STRESS

The symptoms of a traumatic stress reaction, which we sometimes also describe as posttraumatic stress, fall into four major categories.

Go over Handout 1 with the parent. Read through all of the text in the “Re-experiencing,” “Negative Thoughts and Feelings,” “Avoidance,” and “Increased Emotional Arousal and Reactivity” sections. Then ask the parent to answer the following questions based what items they have checked on the handout.

Could you think back for a moment over the last few days and let me know if you have had any of these? [Point to the handout.] Could you describe them to me?

If the parent gives examples of these, empathize and validate. It’s very common for the parents of premature babies to have experiences exactly like the ones you’ve just described. When you find yourself experiencing these symptoms of [whichever symptoms the parent endorsed], it might be helpful for you to practice the *ABC-B Worksheets*, the *Examining the Evidence* or *What Would I Tell a Friend?* exercises, deep breathing, or other self-care techniques we’ll talk about more today and in upcoming sessions. I will also be working with you on additional ways to cope.

If the parent does not have any examples of these: Not all the parents have these types of experiences.

I want to let you know that we’ll be talking more about your traumatic experience(s) in the next few sessions. It can be difficult talking about this, but we’ll work through it together, and research has shown that there can be long-term benefits to discussing the details of a traumatic experience.

TRIGGERS

Now I’d like to touch on the concept of what we call “triggers.” Triggers are things around you that remind you of the traumatic and stressful experiences that you have had, either during the birth or here in the NICU. They may result in you re-experiencing the feelings of fear, anxiety, or sadness that you had previously experienced.



Provide the parent with Session 3, Handout 2: HOW TRIGGERS WORK

Use this handout to go through the following example.

I’ll give you an example that’s unrelated to the NICU, but that I think most people can relate to.

If a person has a traumatic experience after being in a head-on car accident, they may later go into a heightened state of fear or anxiety—perhaps even notice that their heart is racing or they break out in a sweat—especially if they remember the car accident because they are driving on the street where the accident happened or because they see oncoming traffic. In this case, the street where the accident took place or the oncoming traffic would each be examples of triggers. Even watching someone drive a car on television or seeing a *picture* of the street where the accident occurred might be triggers and cause that person to have the same emotions they had during the original accident.

If the person can identify the thought, which in this case might be, “Other drivers will hit me” or “The same thing might happen,” they can change their feelings and behaviors to help them cope with the trigger of driving on that street so that they don’t develop a phobia about driving there or generalize their fear to the point where they can’t drive at all.

Does this make sense to you? [IF NO: Clarify and explain in more detail.]

Now I would like to talk about some of the common triggers that affect parents who have a baby in the NICU.



Provide the parent with **Session 3, Handout 3: TRIGGERS**

Use this handout to prompt the parent about triggers that may be relevant to them or to identify their own unique triggers. If the parent is having trouble thinking of any triggers, or is saying things that do not meet the definition of a trigger, prompt them with some examples (e.g., when a monitor goes off, when the neonatologist comes through the NICU doors, cellphone rings, or the smell of hand sanitizer).

If applicable, gently provide patient with other potential triggers you may have picked up on through the course of the treatment.

Record the parent’s triggers on the bottom half of the handout.

Thank you so much for telling me about your triggers. An excellent way to work on your response to these triggers is to confront them, which brings us to our next exercise, which we call “Imagining the Experience.” I’m going to have you pretend, just in your mind, that you are encountering one of the triggers. This might sound a little stressful, and possibly even unpleasant, but what I would like to do is to teach you some ways to deal with the triggers when you encounter them in real life to make them feel less stressful.

Let’s use the trigger you picked out earlier and see if we can work through it to make it more manageable. Let me explain exactly what I mean.

“Imagining the Experience,” as the name implies, involves choosing an experience—in this case, something that is a trigger for you—and using your imagination to pretend in your mind that the experience is really happening.



Provide the parent with **Session 3, Handout 4: FEELINGS THERMOMETER**

As I ask you to imagine one of your stressful triggers, we will first rate your level of stress on the scale from 0 to 10. We’ll do a second rating of your stress level at the end of the exercise to see if it has changed.

As we go along through this imagination exercise, we'll be exploring the thoughts and feelings that you're having. A really important part of this exercise will also be helping you figure out some new ways to cope with the situation.

On the bottom half of this handout is the *Toolbox*. You can see that we've already developed some useful coping tools to help you with triggers when they come up in real life. [Refer to *Toolbox* and list off the techniques the parent now knows.]

Are you okay with trying this "Imagining the Experience" exercise? [Validate any feelings of nervousness about the exercise. Explain more if needed and alleviate concern.]

The trigger we're going to discuss is [pick a trigger]. Is this okay with you?

Let's start off by looking at the *Toolbox*. Is there anything on this list that you think you could use to help you deal with the trigger? [Help the parent to find a few appropriate tools for the trigger. Praise the techniques that they select.]

Okay, let's get started. It helps if you close your eyes to really get connected to the experience and be free from distractions.

You will need to improvise here with a customized scenario involving the parent's trigger. It may be a sight, sound, smell, or sensation, and it may or may not be encountered in the NICU. Start the imagined scenario at a point that is not yet distressing, and then lead into the trigger (e.g., the baby alarm goes off while the nurse is attending to another baby; the baby stops breathing while the parent is holding them; the parent gets an early morning phone call from the hospital; the parent gets to the hospital and finds that their baby is not in same location as the day before).

Can you tell me what is coming into your mind as you imagine _____? Please tell me what you are feeling right now. Describe it in as much detail as you can.

If the parent is not able to clearly articulate their thoughts or feelings, probe for more detail. Asking questions such as, "What does it look like?" or "What is your body feeling?" may be helpful.

- At this point, what is your level of distress on the 0–10 scale?
- What thoughts are going through your mind right now?
- What are you feeling right now?
- Without using your coping tools, how are you tempted to respond? What do you feel like doing? [Try to identify the parent's unhealthy behavioral responses.]

If the parent's behavioral reaction is adaptive, praise them but then amplify the intensity of the trigger by suggesting more distressing situations.

Now that we've imagined this unpleasant experience, let's use [coping tool] from your toolbox rather than [the unhealthy response]. Can you think of some ways you could use this tool to change your thoughts or feelings or the way you're tempted to respond?

Use the tool during the exercise if at all possible (e.g., provide a worksheet if needed or help the parent with a few rounds of deep breathing).

- Can you picture yourself doing anything differently now?
- Can you describe to me what you are imagining right now?
- What are you thinking?
- What are you feeling?

If needed, ask the parent specifically what they could say or do to help feel more empowered (e.g., “I am a good parent,” “I can handle this”).

What is your level of distress right now, on the 0–10 scale?

You can open your eyes now. This is often a very difficult exercise for parents, and you really did a great job. Before we move on, is there anything else that came up for you while doing this exercise that I didn’t ask about but that you want to talk about?

Help the parent review the exercise so that they can record their level of distress on the *Feelings Thermometer* worksheet. Compliment the parent if they were successful in lowering their level of distress, and if not, congratulate the parent on completing the exercise and emphasize that not everyone can be successful on the first try.

PHYSICAL EFFECTS OF STRESS

We’ve talked a lot today about common stress reactions in response to the NICU and your concern for your baby. Stress can affect us physically by giving us headaches, muscle aches, or making us feel tired or panicked. This, in turn, also affects our thoughts and feelings in a negative way.



Provide the parent with **Session 3, Handout 5: STRESS TRIANGLE**

On the *Stress Triangle* handout, point to each section to show the interconnectedness of thoughts, feelings, and physical sensations.

Your feelings, your way of thinking, and changes in your body are all related. Let me give you an example of this. If you are feeling nervous or tense, it’s likely that the muscles in your neck, shoulders, or jaw will tense up and possibly result in a headache. This might make it hard for you to sleep at night. Lack of sleep can result in you feeling even more stressed out and less able to cope with the demands of having your baby in the NICU.

One way to intervene is to work on changing your negative thoughts using the techniques we’ve already discussed in our last two sessions. Another way to approach it is to find a way to relax physically by using the deep breathing technique that we practiced in the first session.

ACTIVITIES TO REDUCE STRESS AND INCREASE SUPPORT

Before we move on, let's talk about some other ways to help you decrease your level of stress.



Provide the parent with **Session 3, Handout 6: TIPS TO REDUCE STRESS AND INCREASE SUPPORT**

Go through the handout with the parent, just mentioning very important points.

Do you think you could try any of these things to help take care of yourself?

BARRIERS TO SELF CARE

Many parents struggle with self-care because they feel guilty about leaving their baby or enjoying activities while their baby is in the NICU. Parents may also worry that if they leave the NICU for even a second, something terrible will happen. The fact is, you will be able to take better care of your baby if you are not as stressed out. So even though it might be difficult for you to find time to do things for yourself, it will help all of you in the long run. The purpose of this next handout is to really help you identify your barriers to self-care so that you can make changes to help both you and your baby.



Provide the parent with **Session 3, Handout 7: ACTION PLAN FOR SELF-CARE**

Have you been having trouble doing the things on this list, such as exercise, sleep, or relaxation activities?

If YES: Have you noticed how this has affected you? [Respond and empathize.]

Which things on this list you would like to be doing right now?

Use the list on Handout 6 to identify self-care activities and have the parent write them down on Handout 7.

Can you think of some reasons why you're *not* doing them? Let's see if we could make a plan to overcome some of these barriers so that you can do some of these things.

Walk the parent through the handout. Help them target one feasible activity and work through current barriers, ways around the barriers, and setting a goal for the near future. Draw skills from the toolbox to help the parent find ways of overcoming barriers. Finally, work with the parent to identify thoughts or self-statements that will help them feel empowered to take time for self-care.

Looking at this, is this something you think you can do?

If YES: I am very happy to hear that you're managing to take care of yourself. It will help keep you de-stressed and better able to manage difficult times without becoming overly anxious. It may become tricky for you to keep doing these things once the baby comes home, but I want to encourage you to just keep trying.

After discussing the importance of self-care and how it is connected to your level of stress, as well as some of your barriers to doing it, do you feel like you have some ideas on how you could work on this?

If NO: Try to problem-solve with the parent to encourage them to find time to practice these new skills.

WRAP UP





Today we talked about a few different ways that you can decrease your stress. If you would like to share any of this information with your partner, that would be great. Remember, the more you practice these things, the better you will feel. Do you have any questions or concerns before we end for today?

Let's just take a moment to check your schedule again.

Check the parent's schedule for the next meeting and verify that you have a way to contact each other in case there is a need to reschedule.

Session 4

LOSS AND THE TRAUMA NARRATIVE

-  Record the ID number, date, therapist name, and session number at the beginning of this session.
-  Prior to session, identify baby's gestational age (GA) at birth (in weeks and days, e.g., 30 weeks and 5 days), current age in weeks/days (e.g. 1 week, 1 day), and current GA (e.g. 31 weeks, 6 days).
-  Introduce yourselves and explain you will be meeting weekly with the parent for approximately 45–60 minutes.
-  Please note: Instructions to you, the therapist, are written in blue font. The text outline is written in black font.

GOALS

1. Brief review of “Visiting Log” and *Baby Diary*.
2. Educate the parent about symptoms of loss.
3. Develop the trauma narrative.
4. Teach progressive muscle relaxation (PMR).

MATERIALS NEEDED

1. Handouts 1 – *Stages of Loss*
 2. Handout 2 – *Trauma Narrative Questions*
 3. Handout 3 – *Progressive Muscle Relaxation*
 4. *Baby Diary*, including “Visiting Log”
-

REVIEW OF VISITING LOG/BABY DIARY

Have you completed the “Visiting Log” since we met last?

If YES: Great.

If NO: This information will be very helpful information for our research, and a nice memory for you, so let’s see if we can fill it out together from memory.

Have you written anything in the Baby Diary? Are there any new things you are able to do with _____?

Respond briefly but appropriately to the parent’s responses.

SET AGENDA

We’re going to start today by first discussing some of the different feelings that many people go through when they are dealing with a challenging situation, and how it is important to acknowledge these feelings in order to process the experience. Next, I’m going to ask you some questions so that you can start to develop your own account of what your experience has been. We have found that this exercise can be quite an emotional one, but this session is often the one that parents report as being the most helpful part of our entire set of meetings. At the end, I’m going to show you a new relaxation technique called progressive muscle relaxation.

Do you have any questions before we get started?

LOSS

Many parents experience a premature birth as a time of great sadness and loss. Many of the things they were looking forward to are put on hold. Even simple things like holding their baby, or breastfeeding, or sharing the experience with their friends and family don’t get to happen right away. Some parents have described feelings of intense grief about the loss of what they had been expecting to happen.



Provide the parent with **Session 4, Handout 1: STAGES OF LOSS**

Go through the handout with the parent, discussing each set of feelings and emotions. Explain the multidirectional arrows and the fact that people can go forward and backward and all around before finally moving on to hope.

Which stage do you feel you are in right now? Do you find yourself spending most of your time in one of these areas or switching back and forth? [[Normalize/reflect/empathize.](#)]

DEVELOPMENT OF THE TRAUMA NARRATIVE

In the last part of today's session, I'm going to ask you to describe the events leading up to your baby's premature birth and the experiences that you've had since then with your baby. I have a series of questions that I'd like to ask you that will help us get started. This might feel a little different to you, since it will seem less like a conversation. After I ask you each question, I'll listen carefully, but I won't respond to your answers. However, I'm here to help if you find this activity to be difficult. Please answer the questions in as much detail as you can.

Our research on women who have gone through a stressful or traumatic experience like yours has shown that telling the story of what actually happened is a very powerful way of processing their experience, and one that most parents find very helpful. In our next meeting, we're going to go through your story together and discuss it in more detail.

Do you have any questions about this before we get started?

The trauma narrative may be audio recorded and then transcribed, or the parent can write the narrative themselves. Explain and clarify the assignment if necessary. If the narrative will be recorded and transcribed, read each question from the list and listen to the parent's verbal response. If the parent is writing the narrative, read out each question and then pause while the parent fills in their response. Encourage the parent to speak or write at length and in detail about their traumatic experiences.



Provide the parent with **Session 4, Handout 2: DEVELOPMENT OF THE TRAUMA NARRATIVE**

TRAUMA NARRATIVE QUESTIONS

1. Could you tell me a little about your pregnancy? Were you excited? Nervous? Did you have any mixed feelings about being pregnant?
2. When did you first find out that there was a possibility you might have a premature birth? Do you remember any of the conversations with your doctor?
3. How did you feel when you first found out you were going to deliver early?
4. What do remember about your birth experience?

Prompt for sensory details, including sights, sounds, smells, thoughts, and feelings. For example, "What images do you have about the birth? Do you remember any of the sounds or smells during your delivery? What were you feeling? What were you thinking about?"

5. What do you remember about the first time you saw your baby? What were your first thoughts about your baby? Were you worried? Relieved? Happy? Excited?

If the parent did not find out that their baby was in the NICU at the time of the birth (or if they did not remember how this happened), ask about when they first learned that the baby was in the NICU. Prompt for sensory details, including sights, sounds, smells, thoughts, and feelings. What were you feeling? What were you thinking about?

6. Please tell me about the first time you visited your baby in the NICU.
 Prompts: What was it like for you? Who was there? Were you surprised/shocked by anything you saw? What were you feeling when you first saw them?
7. Please tell me about your experiences since your baby has been here in the hospital.
 Prompt for sensory details, including sights, sounds, smells, thoughts, and feelings. What were you feeling? What were you thinking about?
8. Do you remember any particularly difficult or stressful medical events or procedures?
9. Do you remember any particularly difficult or stressful conversations or interactions with any of the nurses or doctors?
10. Do you remember any particularly difficult or stressful experiences that happened to other parents or babies in the NICU?
11. Have you noticed anything in the NICU that causes you to feel particularly anxious or that you consider to be a trigger for you?
12. Have you noticed any situations outside of the hospital that have caused you to experience a trigger? [For example, phone calls, noises, smells, seeing other babies.]
13. Do you have any thoughts or beliefs about why your baby was born prematurely, and why they needed to be in the NICU?
 Give additional prompts if the parent has already mentioned things that may be related.
14. What impact has this experience had on you?
 Prompts: Has it changed you in any way? Has it changed how you feel about things?
15. What impact has this experience had on your family, including the other parent?
16. What worries do you have about how all this is going to affect your future? You can include concerns that may or may not seem rational to you.
17. How has this experience affected your view of yourself?
18. How has this experience affected your relationship with your partner?
19. How has this experience affected your view of other people in your life? [For example, friends, extended family.]
20. How has this affected your view of the world in general?
21. Is there anything else that I didn't ask you about that you want to tell me about?

Thank you for going through this with me. It's clear to me that this has been a very intense and emotional experience. How are you feeling right now?

If necessary, support the parent and assess how they are coping.

PROGRESSIVE MUSCLE RELAXATION

To end today, we're going to learn another relaxation technique that takes a bit more time than the deep breathing but is particularly useful after highly stressful experiences like the one you've just told me about.

It's called progressive muscle relaxation, or PMR for short. Research has proven that people who practice PMR are able to significantly reduce their stress level.



Provide the parent with **Session 4, Handout 3: PROGRESSIVE MUSCLE RELAXATION (PMR)**

Before we start the exercise, I would like you to rate your current stress level on a scale of 0–10, with 0 being the most peaceful you can imagine and 10 being the most stressed you have ever been. [\[Record score on Handout 3, *Progressive Muscle Relaxation*.\]](#)

During PMR, you're going to slowly tense and relax your muscles, so we're going to listen to these instructions to tense and relax various parts of your body. I'll be doing the movements along with you, so look at me if you're confused about what to do. Try not to talk; really focus on tensing and relaxing your muscles.

[Turn on the PMR recording. Demonstrate the movements as the recording proceeds. Correct the parent if they are doing any movement incorrectly.](#)

[When the PMR is over:](#) Remember that 0–10 scale, where 0 was complete relaxation and 10 was maximum tension? What number would you rate yourself now?

[Record score on *Progressive Muscle Relaxation* handout. Respond appropriately to the number they give you, depending on if it is lower, the same, or higher than their original rating.](#)

By regularly practicing PMR, you'll really learn how to recognize when you feel tension in your body and then be able to let that tension go. It's good to write down when you're going to practice so that it can be part of your schedule. Would you be willing to come up with a schedule for practicing the deep breathing and PMR techniques?

[Go over bottom half of Handout 5, *Progressive Muscle Relaxation* and have the parent list their goals of when they will practice.](#)

WRAP UP

This ends our session today. Most parents tell us that this is one of the most difficult sessions. We'll be meeting next week, and we'll review the things that you've talked about today. In the meantime, if you do find yourself feeling more stressed or emotional, you could consider doing the deep breathing or PMR techniques, an ABC-B Worksheet, or one of your cognitive restructuring exercises, as well as writing about your experiences in the *Baby Diary*. Do you have any

comments or questions before we end today?

Let's just take a moment to check your schedule again.

Check the parent's schedule for the next meeting and verify that you have a way to contact each other in case there is a need to reschedule.

THERAPIST PREPARATION FOR SESSION 5





- Make a copy of the parent's trauma narrative.
- Carefully review the trauma narrative to prepare for Session 5 (see *Trauma Narrative Cue Sheet*, next page).
- Note the major emotions and be prepared to summarize them using the worksheet.
- Note any significant omissions from the narrative.
- Note any times there were lengthy pauses that might precede stressful sections.
- Identify any triggers noted by either you or the parent.
- Pick a theme (e.g., grief, guilt, sadness) from the trauma narrative that is suitable for an *Examining the Evidence* exercise.

SESSION 5 – TRAUMA NARRATIVE CUE SHEET

1. Major emotions noted in the trauma narrative (e.g. anger, sadness, worry):
2. Significant omissions from the trauma narrative (e.g., include feeling excluded from the care of their baby, hearing bad news about their baby’s prognosis, learning that their baby needs to have surgery or a procedure, witnessing unexpected traumatic medical events or procedures, unpleasant interactions with the staff, witnessing traumatic events occurring to other NICU babies):
3. Themes noted in the narrative to be discussed in Session 5 (e.g. self-blame, guilt, things parent wishes they had done differently, anger at doctor, concerns about their life being ruined).
4. Triggers identified:

Session 5

PROCESSING THE TRAUMA NARRATIVE

-  Record the ID number, date, therapist name, and session number at the beginning of this session.
-  Prior to session, identify baby's gestational age (GA) at birth (in weeks and days, e.g., 30 weeks and 5 days), current age in weeks/days (e.g. 1 week, 1 day), and current GA (e.g. 31 weeks, 6 days).
-  Introduce yourselves and explain you will be meeting weekly with the parent for approximately 45–60 minutes.
-  Please note: Instructions to you, the therapist, are written in blue font. The text outline is written in black font.

GOALS

1. Have the parent read their trauma narrative with affective expression.
2. Identify the parent's stuck points for the event.
3. Discuss any triggers that emerged and how to manage them.
4. Challenge self-blame and irrational thoughts.

MATERIALS NEEDED

1. Two copies of written transcript of the parent's trauma narrative
 2. *Trauma Narrative Cue Sheet* to cue you about topics to raise during discussion of the trauma narrative
 3. Handout 1 – *20/20 Hindsight*
 4. Handout 2 – *Accomplishments, Positives, and Pride*
 5. *Baby Diary*, including "Visiting Log"
-

REVIEW OF VISITING LOG

Have you completed the “Visiting Log” since we met last?

If YES: Great.

If NO: Let’s take a moment to fill it out together now.

SET AGENDA

In our last meeting, we went through your experience of being here in the NICU, including your pregnancy and birth experience. You also told me how you felt the entire experience has affected you personally, and how it has affected your family. I have had a chance to go through your account, and I have a copy here for both of us.

What I’d like us to do today is to go through this narrative. I’m going to ask you to read it aloud. The reason we’re doing this today is that research has shown that if a parent has had a particularly difficult or traumatic experience in the NICU, one way to deal with it is to first write about what happened, and then to process it by reading it aloud. Even though it may be an emotionally challenging experience for you to read it aloud, it might help you understand your feelings about your story in a different way. Many parents find that sometime after they finish reading their story, they feel better. After you’ve read your narrative, I’ll ask you some questions.

Please don’t get too hung up on how you sound. Many people feel uncomfortable reading this, seeing how they really speak, but remember, everyone talks like this, especially when talking about something as high emotion as this experience. It’s natural that your thoughts might be a little muddled.

Are you ready to start?

Address any of the parent’s questions.

READING THE TRAUMA NARRATIVE

Could you read this out loud for me now? As you’re reading, try to put yourself back in the time you’re reading about. Imagine that it’s happening right now. Try to remember what it really felt like when it all happened. It’s fine if you find yourself becoming emotional as you go over your story. In fact, please try to express your feelings as you read.

ALLOW THE PARENT TO READ THEIR NARRATIVE IN ITS ENTIRETY WITHOUT ANY INTERRUPTIONS. YOU MAY MAKE SUPPORTIVE COMMENTS TO ENCOURAGE THE PARENT TO KEEP READING, BUT DO NOT START PROCESSING THEIR EXPERIENCE UNTIL THEY HAVE READ THE ENTIRE NARRATIVE.

Listen carefully, not just to what the parent reads but also to what they leave out. If you realize or suspect that an important aspect of the account has been avoided, ask the parent for more detail about that portion of the experience after they have finished reading the whole account. Common traumatic experiences often include feeling excluded from the care of their baby, hearing bad news about their baby's prognosis, learning that their baby needs to have surgery or a procedure, witnessing unexpected traumatic medical events or procedures, unpleasant interactions with the staff, witnessing traumatic events occurring to other NICU babies, etc. You can consider asking about these examples if you think it is appropriate.

If the parent reads the trauma narrative WITH EMOTION: If the parent expresses emotions, should remain still and do not interfere with the expression of affect. Comforting words or even handing the parent a tissue can actually interfere with the parent's expression of affect because the parent is brought back to the present. Parents are usually trying hard not to experience their emotions, and just about anything you do can disrupt the process. Therapists who are new to trauma therapy are often concerned that the parents will experience an overwhelming amount of affect, but this is rarely the case.

Parents are also frequently concerned about the extent of emotions they have been avoiding. In those rare cases in which you become concerned about the extent of emotion that the parent is expressing, you can begin to do the very things mentioned above—talking to the parent, saying the parent's name, handing them a tissue, and asking them questions—to contain the affect.

If the parent reads the trauma narrative WITHOUT EMOTION: Stop the parent early in the narrative and say:

Clearly you are describing what must have been a very difficult and emotional experience. But I am interested to see that you are not talking about it in a very emotional way as you read.

- Do you think that's true?
- Do you have any ideas about why you are not expressing your feelings?
- Do you think you might be consciously holding back your feelings?

Many of the parents we work with are worried about losing control or being overwhelmed by their emotions. But you should know that it's actually good to let the emotions out. Let me give you an analogy. We can think about your emotions as though they were a bottle of soda that's been shaken. When the cap comes off, there is a rush, but it is temporary and eventually the soda flattens. If you were to quickly put the cap back on, the soda would retain its fizz. The soda, under pressure, had energy to it, but it can't keep producing that energy when the cap is left off. Your emotions can be viewed the same way. You feel the strength of the emotions when you open up the lid, for example, when you start to think or write about your experiences. But if you keep the lid on them, they stay bottled up inside of you and you end up not being able to work through the experience.

Think about previous times when you have felt sad or angry. What happened after you allowed yourself to express your emotions?"

After addressing this issue, ask the parent to continue reading their trauma narrative. When the parent begins to experience emotions, it is important to sit quietly and not disrupt the emotions,

minimize them, or interfere in any way. Sometimes, the parent is not avoiding affect but is experiencing the emotions just as they were experienced at the time. If the parent dissociated at the time of the original trauma, they may dissociate again as they recall their memories of the event. Similarly, if the parent felt nauseated, they may feel the same way as they recall the event in detail the first time. Typically, the emotions change after the first account and the parent begins to experience more current emotions, not just those that were encoded at the time of the original trauma.

PROCESSING THE TRAUMA NARRATIVE

Thank you so much for going through this with me.

Make sure the parent is okay before you go on.

- Could you tell me a little about the thoughts and feelings you had while you were reading your story?
- Did anything surprise you while you were reading your story?
- What was the most difficult or disturbing part of the story?
- Looking at the entire experience, what would you say was the most stressful part?
- Were there any aspects of your experience that you found more difficult to remember or describe?
- Is there anything that you feel is important that was left out?

Help the parent discuss their reactions to reading the narrative.

Some of the themes that I noticed included [discuss themes that the therapist noted during narrative or elaborate further on items the parent raised].

Discuss with the parent your own observations, depending on the parent's response to themes.

Discuss triggers in greater detail if the parent had any. Remind the parent that they have all of the tools in the toolbox to manage these triggers when they come up. If the parent still seems to be struggling and you think it would be helpful, do an *ABC-B Worksheet* or *Examining the Evidence* exercise (use Session 5 Handouts 1a and 1b).

20/20 HINDSIGHT

We talked earlier about how many parents blame themselves for real or imagined things that might have caused their child's premature birth. They may also beat themselves up about things that seem to have gone wrong after the birth. It's easy to look back and obsess about things that they wish they had done, or not done, and how different things might have worked out if they had. We call this "20/20 Hindsight."



Provide the parent with **Session 5, Handout 1: 20/20 HINDSIGHT**

Go through Handout 1, *20/20 Hindsight*, with the parent.

ACCOMPLISHMENTS, POSITIVES, AND PRIDE

We have focused a lot on some of the negative aspects associated with _____'s premature birth. However, we should not forget that this is also a time of new beginnings, and it's sometimes helpful to reflect on some of the accomplishments and positive experiences that you've had.



Provide the parent with **Session 5, Handout 2: ACCOMPLISHMENTS, POSITIVES, AND PRIDE**

Are there things that have happened since your baby was born about which you feel proud?

Use Handout 2, *Accomplishments, Positives, and Pride* to prompt the parent.

If YES: Could you tell me about this? It's really good that you are able to acknowledge some of the positive things you have done to look after your baby.

If NO: From my perspective, it seems like you did a really good job in several areas. [Say specific positive things that you have noticed that the parent has been able to do. As much as possible, use words that the parent has used and reference conversations the two of you have had. Examples may include, "You got the best prenatal care you could. You did nearly everything your doctor told you to do, even though you had to take care of numerous other responsibilities, and now, here in the NICU, you have been here consistently trying to figure out how best to help your baby survive. You have shown up for every one of our sessions together." Try to use specifics that the parent has told you or you have noticed.]

WRAP UP

How was today's session for you? Do you have any questions?

Before we finish, I just want to acknowledge that this was a challenging session. To help you de-stress before departing today, I would like us to do 5 deep breaths together.

Lead the parent through 5 deep breaths.

If you are still feeling stressed later today, I encourage you to use some of the other tools in your toolbox, including PMR, an *ABC-B Worksheet*, or an *Examining the Evidence* exercise. In addition, just as a suggestion, many people who go through a traumatic experience find it useful to keep

writing their story, over and over, as a way to process the trauma. If you found telling your story helpful, I have a copy here of the questions I asked you to build the narrative, and I encourage you to do it again on your own and then even compare the versions as you gain more distance and perspective from the events. Even just keeping a journal is often very therapeutic.

Give the parent the list of questions with their trauma narrative to keep.

Also, since next week will be our last meeting, it would be great if you could keep working on your *Baby Diary* so that we can discuss it during our next meeting.

Our next session will be our last, and for part of it, I'd like for us to meet at _____'s bedside [assuming the baby is still in the hospital, some of the session will be at bedside and some in a quiet room in the hospital. If the baby is home, then explain that part will be with baby, and part will be just the parent and the therapist].

I'm eager to see your baby again, and it will be nice for us to see how much they have grown over the past couple weeks. We also plan to interact with _____, so we need to plan to meet at a time when they will be awake and ready to engage for part of the session. It would be best if we could do the baby portion at the end of our session, but if we need to readjust, we can.

Please make sure to bring your booklet with the *Baby Diary* next time!





Let's take a moment to check your schedule about when we'll meet.

Check the parent's schedule for the next meeting and verify that you have a way to contact each other in case there is a need to reschedule.

In preparation for the next session, calculate the baby's corrected age so that you are prepared for the session with the parent.

Session 6

AVOIDING OVERPROTECTIVE PARENTING AND PREPARING FOR HOME

-  Record the ID number, date, therapist name, and session number at the beginning of this session.
-  Prior to session, identify baby's gestational age (GA) at birth (in weeks and days, e.g., 30 weeks and 5 days), current age in weeks/days (e.g. 1 week, 1 day), and current GA (e.g. 31 weeks, 6 days).
-  Introduce yourselves and explain you will be meeting weekly with the parent for approximately 45–60 minutes.
-  Please note: Instructions to you, the therapist, are written in blue font. The text outline is written in black font.

GOALS

1. Check in about the parent's experience with the trauma narrative.
2. Redefine baby: identify ways their baby has changed.
3. Redefine parenting experience: identify new things the parent can do with their baby.
4. Introduce concept of, and ways to avoid, overprotective parenting.
5. Help prepare the parent for the transition to home.
6. Help the parent anticipate further changes in their baby and parent–baby interactions.
7. Wrap up treatment.

MATERIALS NEEDED

1. Handout 1 – *Overprotective Parenting*
 2. Handout 2 – *Overprotective Parenting in the Short Term*
 3. Handout 3 – *Overprotective Parenting in the Long Term*
 4. Handout 4 – *Triggers and Overprotective Parenting*
 5. Handout 5 – *Developing a Successful Parenting Style*
 6. Handout 6 – *Participant Observer Worksheet*
 7. Handout 7 – *Things to Consider for Home*
 8. Handout 8 – *Baby's First Year*
 9. Handout 9 – *Baby Steps*
 10. *Baby Diary* including "Visiting Log"
-

Part of Session 6 will be done at the baby's bedside. If possible, find a quiet room for the "over-protective parenting" portion and then visit baby's bedside for the interactive baby portion.

Prior to starting the session, identify the nurse who is working with the baby. Introduce yourself and explain that you will be meeting with the parent at the bedside for approximately 45–60 minutes for an educational session. Let the nurse know that in roughly 30 minutes you will be interacting with the baby and learning about the baby's states and things the parent can do with the baby depending on the baby's level of arousal.

Ask the nurse if it would be okay for you to check in with them at that time to see if the parent can practice engaging with the baby in the appropriate manner, depending the baby's state and well-being.

INTRODUCTION

How are you today? How is _____?

Before we get started looking at and talking about _____, I want to check in with you about your experience with your trauma narrative.

- How was it for you to read it and talk about the trauma narrative during our last session?
- Were there any parts about the session that were helpful?
- What part of the session were more challenging?
- Do you have any follow-up thoughts about the session?
- We've practiced relaxation techniques and cognitive restructuring; were you able to use any of that in helping you process your story?

SET AGENDA

Today, we will start out talking about the concept of *overprotective parenting* and how it applies to parents of premature babies. Then we will focus on _____ and do an exercise to see how much you have learned about your baby and all the ways they have changed since we started these sessions together. After that, we'll talk a bit about the transition to home and baby development for the first year to help you prepare for the next steps.

And then it will be time to say goodbye.

SUCCESSFUL PARENTING

Overprotective parenting is a common response in many parents of premature babies. Parents of premature babies are often anxious about their baby's health or feel guilty about the fact that their baby was born early and has been through so much.

Can you relate to either of those feelings? [\[Anxiety or guilt?\]](#)

[Acknowledge the parent's response to the question.](#)

When we use the term “overprotective parenting,” we’re talking about two very common responses that parents typically have when they have a premature baby. The first response is a natural tendency to be overly anxious, and the second is tendency to be overly permissive or overly lenient.



Provide the parent with [Session 6, Handout 1: OVERPROTECTIVE PARENTING](#)

Let’s talk first about the tendency to be overly anxious. The anxiety that parents have is often rooted in the fact that their baby has had many difficult medical experiences and may, in fact, have been medically fragile. However, this belief that their baby is medically fragile may continue even after the baby has made a full recovery and is no longer considered by their doctors to be at any greater medical risk than a healthy, full-term baby.

This anxiety and the belief that their baby is medically fragile can lead parents to be constantly on guard and always expecting the worst. Parents may end up being so overly cautious that they may not encourage their baby to take steps forward in the course of normal development. This pattern of overly anxious parenting may cause their child to become excessively anxious or dependent, and it may ultimately limit the child’s potential to develop.

Does this make sense to you?

[Help clarify this parenting dynamic, if necessary, by using examples of how an overly protective parent may not encourage their child to go on play dates, or transition to sleeping alone, or try new foods.](#)

The second component of overprotective parenting is the tendency to be overly lenient. By this, we mean that parents have difficulties setting limits, or saying no, and may just give in to all of their child’s demands. This is commonly motivated by feelings of guilt; parents of premature babies often feel so bad and guilty about their child’s premature birth and early experiences in the NICU that it leads them to have difficulty saying no or setting age-appropriate boundaries as their children grow older.

This might also include difficulties with knowing how to find the right balance between being available to respond to all of the baby’s desires and encouraging the child to adapt in order to accommodate the parent’s needs (e.g., for sleep or certain schedules). The tendency for the parent to be overly lenient and focused on the child’s needs has been shown to be associated with a number of different behavioral problems in children when they get older, such as the child not accepting limits well from other adults, like teachers, or not having good sharing skills with playmates.

Research shows that children need to learn how to accept appropriate limits and that their parents are their first and best teachers. By setting limits early, you help your child develop self-control that they will need as they get older.

Refer to Handout 1, *Overprotective Parenting* and explain the diagram at the bottom.

Does this make sense to you?

If NO: Clarify.

If YES: I have another handout here that goes into more detail about some of the warning signs of overprotective parenting, both in how it could impact your interaction with your child now and in the future.

 Provide the parent with **Session 6, Handout 2: OVERPROTECTIVE PARENTING IN THE SHORT TERM**

 Provide the parent with **Session 6, Handout 3: OVERPROTECTIVE PARENTING IN THE LONG TERM**

Emphasize points that you feel may be particularly relevant to this parent. Discuss and go through the examples. If feels more natural, you can discuss both handouts together and go through both short- and long-term examples of the outcomes associated with overprotective parenting.

Discuss why and how the parent could see this happening in their relationship with their baby.

- Which ones do you think are relevant to you?
- Which ones could you see yourself doing?
- Which ones don't you see yourself doing?

This may all seem a long way off, and not particularly relevant to you with _____ still in the hospital [or just getting out, if baby has been released], but we've found that is much easier for parents to be aware of the pitfalls of overprotective parenting ahead of time and make a conscious effort to establish a successful parenting style from early on.

Most parents who end up in a pattern of overprotective parenting realize it is not good for their growing children but don't know how to change their parenting style. Your awareness of this issue now will really help you support your child in becoming a happy, competent, independent person who realizes their full potential as they grow and develop.

If you have not already done so, go through Handout 3 with examples further off in the future. You don't have to read through each and every one, but give the parent a chance to read and then ask if they would like to talk about them in greater detail.

TRIGGERS AND OVERPROTECTIVE PARENTING

I'd like to take this a step further by really personalizing your awareness of parenting behaviors that could lead to a pattern of overprotective parenting. We're going to take another look at the triggers we've been working with to see if your resulting behaviors might put you and _____ at risk for this pattern of parenting.



Provide the parent with **Session 6, Handout 4: TRIGGERS AND OVERPROTECTIVE PARENTING**

Discuss whether any of the parent's triggers might be a risk factor for overprotective parenting.

- What are you thinking and how do those thoughts make you feel?
- How would you handle the situation?
- How would you handle the potential anxiety/panic/stress? [If applicable.]

Praise the parent's nurturing pull to want the baby to be healthy. Praise an appropriate management of the situation and of the parent's emotions. If the parent's reaction to the situation is very distressed, guide the parent through the exercise of choosing a technique from the tool kit, and then have them reimagine their response to the situation.

Highlight the difference in response, even if the response is similar but slightly less intense.

Can you imagine yourself doing any of these things? Do you think if you could pause and go through the tool that we used during the triggers exercise [refer to the tool chosen from *Toolbox*], your response would be different?

What might your new response be? [Encourage/empathize.]

How would you compare the impact of your first response [the initial panicked response] versus your new response of [response after the parent pauses and reflects]?

Even though overprotective parenting is a common occurrence with children that were premature babies, it is also highly preventable. The first step is just being more aware of the natural tendencies to be overly anxious or overly lenient and then trying to catch ourselves when we notice it happening. If we're able to do this, it's more likely that we'll be able to pause, reflect, and then respond in a thoughtful way. It may be a lifelong process, but it's one that will ultimately help promote _____'s development and well-being.

I'm not going to go into much more detail about the specifics of learning how to do this, such as setting appropriate limits, but we've provided you with some additional resources that have more information on the topic, and I encourage you to talk to your developmental specialist or pediatrician. Many of these decisions are very individual and really depend on your child and your family, so I recommend that you discuss these issues further with your pediatrician.



Provide the parent with **Session 6, Handout 5: DEVELOPING A SUCCESSFUL PARENTING STYLE**

I would now like you to read through this next handout for ways to work toward a successful parenting style for a happy, competent child. By pushing yourself early on to go outside your comfort zone, either to let your children do things that make you a little anxious or to put aside the guilt and set limits for your child, you will be helping them in the long run. You are already doing a lot of the things on this list, which is fantastic.

Refer to Handout 5, *Developing a Successful Parenting Style* and read through it with the parent.

The session concludes by focusing on the baby. Go to the baby's bedside if you are not already there.

BABY OBSERVATIONS

Turn your attention to the baby. Spend a couple minutes observing and commenting on the baby together. Try to make some specific comments about how baby looks different (in appearance or behavior) or about how the parent is with the baby (able to do more, seems more comfortable and confident in the way they talk about or interact with the baby).

If the baby is not doing many new things (e.g., is still sleeping most of the time or is still sick and unable to be held much), you can still ask the parent if anything about their baby or their experience with their baby feels different to them now than it did a couple of weeks ago.

If the parent makes comments about their baby or their experience with their baby, try to guide and encourage them to notice how this has also altered their experience as a parent.

REVIEW BABY DIARY AND VISITING LOG

Today I'm going to make a copy of the "Visiting Log" for you. Let's take a look at it and fill in days that need completing.

Now let's look at the "Important Achievements for Baby" and "Important Achievements for Parent" sections.

Help the parent fill these in if they have not already done so. Comment with enthusiasm on the milestones that the parent has put down as achieved.

FACE-TO-FACE INTERACTION

If the baby still asleep, start with the *Baby Diary* and other text and come back to the face-to-face interaction. The baby material at the end of the session may also be covered earlier in the session if that timing would be better for the baby.

If the baby is still asleep AFTER you do the *Baby Diary* and “Preparing for Home” sections, then suggest that the parent change baby’s diaper as a way to wake them up prior to the face-to-face interaction.

Let’s see how _____ is doing right now. What state are they in? How comfortable do they seem?

Now I would like you to hold and talk to _____ in a specific sequence, which I will guide you through. When the interaction is done, I will be asking you some questions about how your baby experienced the interaction, and then how you experienced the interaction, so you will want to go slowly and carefully so you can be mindful of those observations.

This exercise requires you to be a **participant observer**. The concept of being a participant observer is that you have to engage in the task at hand, while at the same time trying to maintain an outside perspective on the situation, like a bird’s eye view. While no one can do this all the time, it is a helpful goal for mindful parenting.

Does this make sense?

If YES: Move on.

If NO: Explain in more detail the idea of the participant observer.

If the baby is asleep or drowsy: Try changing the baby’s diaper to wake them up, and then proceed to the exercise. If the parent doesn’t want to wake the baby, then explain the concept and walk them through the exercise so that they can do it later on their own.

Okay, I would like you to sit down and get comfortable. Also, if you think _____ should be swaddled, let’s pause for a moment while you go ahead and swaddle them.

Have you ever held _____ up in front of you for a face-to-face interaction? That’s what we’re going to do now. I would like you to start by holding _____ upright. [Demonstrate by putting your hands out in the correct positioning as if you were holding a baby this way.]

Now I would like you to slowly raise _____ so that he is about 1 foot away from your face.

Can you softly talk to them? Once you have _____ in a calm, alert state, or as close as you think they are going to get in the next few minutes, let me know and we’ll proceed. [Let the parent talk to the baby for up to 60 seconds.]

Since the baby’s eyes are open right now, why don’t we find out if they are ready to track your face? Can you lean your body slowly to one side while you talk to them, taking about 3–5 seconds to move from the center to the right?

Now slowly back to the midline, about 3–5 seconds.

Now slowly to the other side.

Repeat for approximately 1 minute. Remind the parent to slow down or speed up if they are going too slowly or quickly.

If baby does not engage: Do they do this at other times? _____ will probably be able to start tracking your face in the next few weeks. When they are ready, it will be really exciting to observe, knowing that they could not do it before.

You can lower _____ now.



Provide the parent with **Session 6, Handouts 6/6a: PARTICIPANT OBSERVER WORKSHEET BABY/PARENT**

Refer to Handout 6, *Participant Observer Worksheet* for the parent's perception of the baby and of themselves during the interaction. Work through both sheets with the parent. Engage in conversation about the parent's responses. Provide any other positive feedback that you observe while working through the handout. Emphasize that the parent was able to interact with their baby like an expert and help them see how much they have learned since their baby was born.

PREPARING FOR HOME

You will need to adjust your language depending on whether the child is still in the NICU or is already home. You will also need to adjust your language depending on whether this is the parent's first child or not.

Let's talk about adjusting to life at home with your baby.



Provide the parent with **Session 6, Handout 7/7a: THINGS TO CONSIDER FOR HOME**

Go through Handout 7, *Things to Consider for Home*, and engage in conversation about the various points.

In preparation for Handout 8, *Baby's First Year*, review the corrected age vs. actual age.

_____ will likely reach their developmental milestones closer to their corrected age than their actual age, and of course the milestones are a rough guide and will not be an exact fit for any baby. Do you remember the difference between _____'s adjusted age and actual age?

If NO: Refer to age calculation cheat sheet.

Even though _____'s actual age is __ weeks, their adjusted age is __ weeks, and so you should only expect them to hit milestones that are appropriate for this corrected age.

Let's also go through this worksheet. It should be fun, and you can keep it for your baby book as well, or some the parents keep it on the refrigerator.



Provide the parent with Session 6, Handout 8: BABY'S FIRST YEAR

There is a "Tree of Growth and Development" for the first year. You can write in the baby's actual age, adjusted age, or both. These milestones are more advanced, and it may take _____ a while to reach some of them, but this is a way to track the exciting developments that are on the horizon. When you look at the tree, which milestone are you most looking forward to?

Give positive support.



Provide the parent with Session 6, Handout 9: BABY STEPS

This next handout shows you some different ways that you can help your baby develop when they are awake and ready to play.

Review the section on activities for when the baby is awake in Handout 9, *Baby Steps*. Make a point to really emphasize the benefits of reading to the baby.

I want to place a special emphasis on reading. Even though your baby doesn't understand just yet, studies have shown that babies who are read to on a regular basis do better in cognitive, language, and social development. Studies show that reading to children from an early age helps them learn new words, grasp language, have a larger vocabulary, and do better in school.

There are several other activities on this handout with brief explanations as to why the activity is good for your baby. They are all great activities to help _____, and they don't need to be done in the order listed here.

Are there any activities that you and _____ have already tried?

Give positive support.

Now I want to look at things you can do when _____ is sleepy.

Review the second part of Handout 8, *Baby Steps* in the section titled for when the baby is sleepy.

WRAP UP

We're coming to the end of our time together, so let's take a minute to leaf through your binder handouts and activities that we've done over the last few weeks. This way you'll know all the resources that you have to refer to on your own.

I've really appreciated having these meetings with you and getting to know you and _____. You've done a lot of good work to help process and cope with this experience. I encourage you to continue to talk with loved ones about how you're doing. If you find, over the next weeks or months, that you're feeling more distress than you'd like as a result of this experience, you could always consider speaking with a professional. Your hospital social worker, your OB/GYN, or your primary care physician could give you a referral for a professional who could provide support if you'd like it. Many parents find that this is helpful after their baby has been in the hospital.

Do you have any questions?

Thank the parent for their participation, for sharing their story, experiences, and their wonderful baby with you. Say goodbye to the parent and the baby.

ACKNOWLEDGMENTS

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