

Fragile Infant Forums for Implementation of Infant and Family-Centered Developmental Care Standards: The Role of Clinical Social Work

Joan Hebert Cook MSW, ACSW, LCSW



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Introduction

The Infant and Family Centered Developmental Care (IFCDC) standards are designed to be used by all professionals who work with babies and families in intensive care. They recognize the primary importance of professionals adhering to their own guidelines and recommended clinical practice standards. (1) Clinical social workers have been integral to NICU interprofessional teams and adhere to the National Association of Social Workers (NASW) Standards for Social Work in Health Care Settings. (2) More specifically, they adhere to the National Association of Perinatal Social Work “Standards for social work services in the newborn intensive care unit” (3) (https://napsw.org/docs/NICU-standards_2.pdf —see Footnote 1). Adhering to social work standards and applying relevant IFCDC standards in providing care to babies and families utilize both an integrative approach to practice and add specificity to work with this population.

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Clinical social workers’ role in the NICU

Social workers practice in most intensive care units and contribute significantly to the support babies and families need. Some articles regarding their special contributions have described how they can apply their education and perspectives to their role in IFCDC practice. (3–6)

As a current member of the IFDC Standards Consensus Panel, with over thirty years of experience as an NICU clinical social worker, I will provide a perspective on applying the IFCDC standards to the clinical social work role in newborn intensive care. The descriptions provided here identify how social work practice is consistent with and amplifies the implementation of current IF-CDC standards.

The IFCDC Standards that are most aligned with NICU clinical social work practices

The six domains of IFCDC evidence-based standards (<https://nucdesign.nd.edu/nicu-care-standards/>) describe competencies and best practices for interprofessional work in intensive care. (1) A brief description of how the two perspectives complement each other follows.

Standard 1, Systems Thinking: *The intensive care unit shall exhibit an infrastructure of leadership, mission, and a governance framework to guide the performance of the collaborative practice of IFCDC.*

This IFCDC standard speaks clearly to the role of social work with families. Clinical social work practice uses systems thinking, apparent in evidence-based approaches, to address the problems families present and strive to implement effective solutions. Understanding clinical theories is essential to the social workers’ role and allows exploration of specific origins of behavior seen in NICU families. Consistent biopsychosocial assessment by clinical social workers helps to understand each family’s system, including respect for diversity, ethnic background, language, equity, and inclusion. (7) Attention to these values is a standard part of the family assessment and represents aspects of the National Association of Social Work (NASW) standards for best practice. (3)

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Standard 2: The Intensive Care Unit shall provide a professionally competent interprofessional collaborative practice team to support the baby, parent, and family’s holistic physical, developmental, and psychosocial needs from birth through hospital transition to discharge and assure continuity to follow-up care.

Clinical social work practice guides examining NICU families’ conditions, beliefs, cultural contributions, and environmental factors to understand better the issues and hardships they may face. They add a dimension of assessment and appropriate exploration of resources for parents with additional mental health needs, providing essential elements for collaborative practice. Recognition of the myriad of mental health issues that often arise from the stress of a baby’s hospitalization is often initially assessed by the clinical social worker in intensive care. The social worker is well-positioned to refer to both in-hospital and home-based services and assure a smooth transition to appropriate interprofessional resources. The baby’s developmental needs are best provided by a supportive family, which, in turn, often needs tangible financial support, housing, and relationship support from the hospital to the home. Social workers strive to find and provide appropriate resources so families can support the baby’s development and avoid harm. (8)

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Competency 2.7: Team members shall demonstrate systems context sensitivity applicable across practice settings and show re-

spect for individual and collective professional skill sets.

Striving for best functioning interprofessional practice teams requires knowing what each profession in the unit does and understanding that role to assure interprofessional collaboration. Assumptions are often made about each other’s professional role, like assumptions about families. Addressing this IFCDC standard can be accomplished with educational programs where professionals present their roles, ethics, and beliefs to each other, leading to the discovery of better ways to collaborate. (9)

While each discipline may not be involved in every aspect of care or project, essential contributions are often assumed but not recognized. For example, for some research projects, social workers are involved in soliciting information needed from families. Obtaining information from family members can facilitate getting essential information and provide families with accurate information about studies. Decisions to implement new programs in the unit necessitate how all the potentially impacted parties are included in the planning. In doing so, ancillary staff can provide necessary support to the primary activities or operations of the organization. (10)

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Competency 2.8: Open and ongoing communication among team members, including parents and families, shall be encouraged.

As social workers are especially adept in obtaining family information, it behooves teams to consider and acknowledge their contributions carefully. Social workers who collaborate on areas within their role have valuable information to communicate to team members and assist the team in communicating with parents. Just as family capabilities and strengths can be overlooked, the abilities and contributions each other’s professions provide are sometimes neglected. Often, the cause of neglect is a lack of communication. Providing an inclusive, collaborative effort emphasizes the roles involved, enhances collaboration, and obtains accurate information.

Competency 2.9: Teams will manage real and potential conflict using an adopted defined process to negotiate an effective resolution.

It is often difficult to distinguish similar family support roles, leading

to interprofessional conflict. Orientation to each NICU team member's responsibilities, observation, and shadowing of each other early on provides opportunities to understand how each functions in the unit and thus avoid role conflict. Although recent constraints on time and staff turnover have led to less time spent on how the professions can work together, these discussions are essential in promoting collaboration and avoiding conflict. Opportunities for discussion and delineating roles can increase professional satisfaction and, more importantly, decrease family confusion regarding who does what. Respecting what each staff member brings to the unit and developing a process to resolve problems contribute to effective program implementation, including effective change.

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Additional IFCDC clinical practice standards, competencies, and best practices

“Although many of the specific clinical standards and competencies do not apply to clinical social work roles, per se, the foundational IFCDC principles of a) the infant as an effective communicator, b) the primary parent-baby relationship, c) infant mental health practices, d) neuroprotective environments and relationships; e) individualized care; and e) neurophysiologic development should be well represented by all interprofessionals who practice in the NICU.”

In addition to the overarching IFCDC standards of systems thinking, five evidence-based practice domains of the IFCDC standards (<https://nicudesign.nd.edu/nicu-care-standards/>) describe competencies and best practices needed for interprofessional clinical work in intensive care. Although many of the specific clinical standards and competencies do not apply to clinical social work roles, per se, the foundational IFCDC principles of a) the infant as an effective communicator, b) the primary parent-baby relationship, c) infant mental health practices, d) neuroprotective environments and relationships; e) individualized care; and e) neurophysiologic development should be well represented by all interprofessionals

who practice in the NICU. Current evidence-based clinically relevant practices identified by the interprofessional consensus panel include positioning and touch for the newborn, sleep and arousal interventions, skin-to-skin contact with intimate family members, reducing and managing pain and stress in newborns and families, and feeding, eating, and nutrition delivery.

Social workers are particularly adept at addressing stressful events and processes in parents and staff members, whether physical or psychosocial. Each IFCDC evidence-based practice has the potential to produce stress or stress regulation for babies, parents, and staff, and, as a result, it relates to social work practice. (11) When social workers are familiar with interprofessional best practice guidelines and can offer strategies for ameliorating stress, they can assist parents in understanding what is happening with their babies during the stress of hospitalization. (11, 12) Additionally, if parents perceive mixed messages among professional staff, resulting in parental confusion or frustration with what they are being told, social workers can assist with clarification and/or appropriate communication. (13)

Social workers familiar with IFCDC best practices regarding alleviating pain and stress in babies can help explain to parents what is done for pain and stress management as well as what babies need to thrive. In knowing how and what is provided to babies to reduce pain/stress, social workers can educate parents, find out their questions, and direct them to the discipline that can best answer them. (14) Questions about pain management can be discussed at the beginning of a baby's stay and be even more critical in the dying process. (15, 16) While others teach the science of all these skills, social workers are “cheerleaders” and “advocates” for parents in this and other aspects of involvement with their baby.

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In addition to individual work with families, groups are often led by social workers and offer a way of providing education and reducing stress and anxiety for parents around topics of concern. Some of the topics most often discussed when parent advocates work with new parents individually or in groups are issues around sleep, skin to skin, and feeding, as represented in the IFCDC standards.

Conclusion

Clinical social work is essential in supporting babies and families in intensive care. The guiding principles that The National Association of Perinatal Social Workers adheres to in healthcare settings demonstrate similar values represented in the IFCDC standards. In particular, both demonstrate a desire to address diversity, equity, and inclusion, a holistic view of the families served, an appreciation of systems thinking, alleviating stress in babies and their parents, and supporting families in the continuum from hospital to home. They are essential team members and healthcare providers, so their contributions to interprofessional planning and com-

munication are essential. Additionally, they are essential partners in the interprofessional team as they often add significant information and communication regarding family situations and needs. Communication with parents can be best assured when social work is included in the planning and executing of policies and programs that affect the families with whom they work. When clinical social workers are familiar with all the IFCDC practice standards and how they apply each standard to their clinical practice, they can best support the outcomes of babies and families in intensive care.

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Footnote 1. “NAPSW Standards are to provide Standards related to the Perinatal Social Work service areas. The Standards are available on the NAPSW website in a read-only format. The Standards are available to NAPSW members. If a non-member is interested in copies, then the non-member would have to request copies of the Standards, and there is a fee for all eleven standards (\$30.00). Requests can be submitted to the Standards Committee on the website. All the Standards are copyrighted and cannot be copied.

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Corresponding Author



Joan Hebert Cook MSW, ACSW, LCSW
National Association of Perinatal Social Workers
NAPSW Award for Excellence 2019
Orlando, Florida
Email: bearvanna55@gmail.com