

# Comprehensive Social Work Services in a NICU

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The Cincinnati Children's Medical Center's 59-bed Level IIIc NICU has taken a proactive approach to family-centered care by providing families with three social workers as an integral part of the interdisciplinary team. Social workers have provided coverage in the Regional Center for Newborn Intensive Care (RCNIC) for more than 20 years.

Social workers at Cincinnati Children's have a master's degree in social work, which includes field placements. Licensure by the state of Ohio is also required, either as a Licensed Social Worker (LSW) or a Licensed Independent Social Worker (LISW). Social workers are able to provide counseling, psychosocial interventions, and psychotherapy. An LISW provides these services without supervision and has passed a test of higher skill levels.

Together, we have 27 years of NICU social work experience. We provide 100 hours of social work services weekly to RCNIC families. We meet with every family that has a baby in the RCNIC. The RCNIC assumes that anyone experiencing the high stress of having an infant in the NICU can benefit from social work services. This approach allows families to establish a relationship a social worker on a routine basis, and families usually feel less threatened in this situation. It also supports the nurses' care, because they know that they can always confer with the social worker about any family situation.

## The NICU Social Worker's Scope of Practice

A social worker meets with every family to do a general assessment, using an assessment template designed specifically for the NICU. Key points the social worker explores are the family's support system, minor parents, custody concerns, children's services involvement, previous pregnancy losses or infertility, financial resources, transportation, cultural differences, language barriers, preparation for discharge, anticipated home care needs, postpartum depression, grieving, bereavement or other emotional concerns, and drug or alcohol abuse. Based on this initial assessment, the social worker makes a plan for ongoing treatment and services.

- **Consult with other medical center professionals:** Social workers interface with a wide variety of professionals in the RCNIC, including physicians, nurses, care managers, nutritionists, child life specialists, pharmacy, developmental specialists, psychologists, and other NICU staff members. Social workers attend daily interdisciplinary rounds on each patient along with medical and surgery staff. They provide input on family dynamics and associated interventions. Social workers also support staff as they confront challenging family, medical, and ethical situations.
- **Refer families to appropriate community and hospital resources:** Social workers maintain information on current community resources for patients and families—financial, developmental, ongoing therapy, counseling, parenting, transportation, and bereavement, as well as children's protective services, drug and alcohol treatment, domestic violence resources, adoption counseling, and mental health services. Social workers assist families to transition from the NICU to other floors, outpatient care, or other hospitals. When families will need ongoing social work intervention after discharge,

the social worker assists in identifying another social work professional who can provide ongoing services.

- **Community, family, and staff education:** The most visible form of education social workers provide to families is through a weekly parent meeting, where education on safety, stress management, parenting, discharge planning, developmental needs, nutrition, and other relevant topics is presented. Social workers may present or assist other professionals presenting to provide support and help with group dynamics. Extensive anticipatory guidance is also provided one-on-one with family members, centered around the child's diagnosis, prognosis, and anticipated discharge needs.

Staff education by RCNIC social workers can be provided through many avenues: monthly nurse team meetings, patient care facilitators (i.e., charge nurses) meetings, and blitz (written education), as well as e-mail updates as needed. New residents and nursing staff often meet with social workers to receive orientation to the RCNIC social worker's role.

Social workers both provide and receive community education and networking through the SW Chapter of the Ohio Regional Perinatal Outreach and the National Association of Perinatal Social Workers. Social workers also precept masters-level social work students.

### **How Social Workers Support Neonatal Nurses**

- **Sounding board:** Nurses frequently use the social workers as a sounding board, particularly when working with challenging families. The social worker can help the nurse determine whether the family behavior is appropriate or expected for that family's situation. Providing background information and strategies for working through personality conflicts can also support the nurse in the caregiving role.
- **Double check:** Good communication between the nurse and social worker benefits everybody. The social worker depends on the nurse as eyes and ears into the medical problems of the child and the family's bedside interactions. Likewise, the social worker's knowledge of the family helps the nurse communicate more effectively with the family, and work toward a consistent discharge plan.
- **Information specialist:** Social workers can investigate and correct any misinformation, since they are already actively working with the family. The social worker's more comprehensive family perspective complements the nurses' intense clinical view.
- **Shoulder to cry on:** Stress is part of the NICU experience, for families and staff alike. Personality issues, bad days, personal problems, grieving, and ethical concerns are all stressors that can interfere with good caregiving. Social workers help take care of staff as well as families.
- **Crowd control:** Social workers can help diffuse some of the nurse's pressure when working with a high need, anxious, demanding, or angry family. When a parent never leaves the child, the nurse may need a break and often social workers can assist. When there are many family members or a child is dying

it is often helpful to have another professional available to help as needed, even if it is only to pass on information, get a glass of water for a parent, or help the family with phone calls.

Social workers are important members of the interdisciplinary RCNIC team. Excellent, family-centered care that maximizes the parents' ability to advocate for their child is augmented by social work services. Having social workers dedicated to the NICU on a routine basis helps provide comprehensive services to patients, families, and staff.