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Dr. Alexa Bonacquisti is a clinical psychologist with expertise in reproductive health psychology and perinatal mental health. She is certified in perinatal mental health (PMH-C) through Postpartum Support International, and she has nearly 15 years of experience providing psychological assessment and treatment to women across the lifespan, with specific expertise in treating perinatal mood and anxiety disorders and supporting women with the transition to parenthood. She also has experience working with women and families who are navigating stressful reproductive life events, such as pregnancy loss, infertility, birth trauma, and infant admission to a neonatal intensive care unit.

Allison Puryear (she/her): Welcome back to Not Boring CEs. This is Allison Puryear, and I'm here with Alexa Bonacquisti, and we are going to be talking about the impact of

Allison Puryear (she/her): NICU

Allison Puryear (she/her): life, what that's like for parents, what that's like to treat as a therapist. So thanks so much for being here.

Alexa Bonacquisti: Thank you so much for having me. It's great to be with you today.

Allison Puryear (she/her): Yeah, so

Allison Puryear (she/her): can we talk some about why, this was an area of interest for you before we dive in.

Alexa Bonacquisti: Absolutely. Yeah. So I had had a lot of experience with reproductive psychology and perinatal mental health. And

Alexa Bonacquisti: you know the whole. The whole range of experiences that can happen during during that that life transition. And I think one of the things that became apparent to me in my research and in my clinical work is.

Alexa Bonacquisti: you know, we have these these images in our mind, or these expectations of like what this is gonna look like when we're pregnant and and anticipating having a baby, and we see other people go through this experience

Alexa Bonacquisti: and it doesn't always look like that. So not all pregnancies. You know, progress in the same way. Not all postpartum experiences look the same. And I started to become interested in

Alexa Bonacquisti: helping individuals cope with stressful, reproductive events and adverse experiences and challenges that might come up during that reproductive journey. And as a clinical psychologist, you know, it seemed like. There was just not a lot of attention on these kind of stressful experiences, and when when the path deviates from what is considered, you know, normal or typical or expected.

Alexa Bonacquisti: and how people cope with that, and how we can better support families when they go through that so that was sort of what what got me interested in this area. And I had worked a lot with pregnancy, loss and infertility and during my graduate training started to become and and kind of develop an expertise in in the NICU experience in particular, and and how that looks quite different.

Allison Puryear (she/her): Hmm.

is there is there a higher rate of NICU admissions amongst older parents.

Alexa Bonacquisti: That's a good question. I think

Alexa Bonacquisti: I'm not sure what the current literature would say about that. I think there probably is some evidence to suggest that among older parents there might be higher rates of complications or different challenges that might necessitate a NICU admission. So I don't know the exact kind of numbers there, but I think certainly, as people prolong you know, their

Alexa Bonacquisti: child bearing years or wait longer to have children. There certainly could be that increase in pregnancy, loss, and infertility, and then also potentially in in NICU admission as well.

Allison Puryear (she/her): Yeah, I was just thinking about. I was trying to figure out why I know so many people who have had NICU babies.

Allison Puryear (she/her): And it's almost everybody I know also struggled with fertility. Also, you know, like everybody was just older, everybody

Allison Puryear (she/her): either didn't find the person that they wanted to spend their lives with young, or they were focused on their career. And you know those kinds of things so just curious.

Alexa Bonacquisti: Yeah.

Allison Puryear (she/her): And.

Alexa Bonacquisti: Is that my research, like at conferences and I'll always have people come up to me and share their NICU story. And and they're like, Oh, I'm a NICU mom. And it was 20 years ago. But here's what it was like. And so I think this is a an area where I think a lot of people have experienced it that you might not even know about. And it's something that really

sticks with you and really resonates with you. It helps to form your parental identity, I think, in a lot of ways too.

Allison Puryear (she/her): Absolutely, absolutely. And I'm I'm curious. Is there a

Allison Puryear (she/her): when you're hearing these stories from people who were in the NICU 20 years ago? Is there a difference in their experience? Have

Allison Puryear (she/her): Have there been differences

Allison Puryear (she/her): or changes made within hospitals, or

Allison Puryear (she/her): within the Zeitgeist, of how we

Allison Puryear (she/her): talk about babies, or parenting, or medically fragile children or parents that has made it either easier or harder or managed care. Is it different, I guess, is my question nowadays versus decades ago.

Alexa Bonacquisti: Yes.

Alexa Bonacquisti: yeah, I think there's been a lot of changes that we've seen in a couple of different areas. So I think one is certainly in terms of the medical advances and technology and the ability to treat different conditions. That you know, years ago

Alexa Bonacquisti: babies would not have survived or would not have had the the positive outcomes that they do now. And so I think for some families they are experiencing more of a longer medical course or longer NICU admission because of the medical interventions, and because now, babies who are born earlier, we are able to, you know, support them

Alexa Bonacquisti: in ways that, you know, years ago we couldn't in terms of their physical. And you know, medical kinds of of areas. So

Alexa Bonacquisti: I think that is certainly different. And then that, of course, produces a lot of different stressors for families. Right? So I think that's one thing that's really different. And then I think another thing is that you know there there is more support. It seems to me, you know, that's offered now, and more attention and more

Alexa Bonacquisti: recognition of the stressful aspects of parenting in the NICU. And I think even over just the the 10 years, you know, since I started working in this area.

Alexa Bonacquisti: National Perinatal Association has developed guidelines for psychosocial support in the NICU I think more and more we're seeing recognition understanding of. You know, if we can support parents and families through this experience that actually leads to better outcomes for for babies, and you know, long term positive effects overall. So

Alexa Bonacquisti: so I would say, you know, those seem to be kind of 2 areas that that we're seeing some, some really positive changes.

Allison Puryear (she/her): Great, can we can we talk some about like common psych reactions amongst parents of NICU infants and

Allison Puryear (she/her): can we also talk while we're discussing this about what's like within normal limits that

Allison Puryear (she/her): anyone would expect. Like, yeah, absolutely, you know, because all the reactions in my head are like, yeah, absolutely versus what

Allison Puryear (she/her): needs maybe more immediate care.

Alexa Bonacquisti: Umhm. Yes.

Alexa Bonacquisti: yeah. So the NICU experience is

Alexa Bonacquisti: life changing? It is often for many people. This is a sudden, unanticipated experience that they weren't planning for they weren't prepared for. And so I think when we when we look at it from that perspective, of course, there's a range of psychological reactions and responses that are completely reasonable make perfect sense, not abnormal or dysfunctional in any way. Right?

Alexa Bonacquisti: Because I think, yeah, you're you're going through this incredibly challenging and stressful experience.

Alexa Bonacquisti: So I can talk a little bit about sort of those reactions and and kind of what that looks like from the parent perspective. And what are some of the unique aspects of the NICU that that I think contribute to those experiences? So I can start there and then I can talk about some other psychological symptoms and diagnoses that we might see in the NICU as well.

Alexa Bonacquisti: So like, I said, I think it's important to recognize that the NICU is a lot of times sudden, unanticipated. Now there are certainly people who, during their pregnancy, become aware that there might be some complications or problems or the potential for NICU admission. You know different things like that. And so that could look a little bit different. But for a lot of people they're not expecting to be in the NICU. And this really represents

Alexa Bonacquisti: the loss of hopes and dreams, and just the way that they had imagined their whole postpartum experience to be.

Allison Puryear (she/her): Hmm.

Alexa Bonacquisti: And so I think it's really important to underscore that piece of it is that they may have imagined, you know, an uncomplicated vaginal delivery where they could use skin to skin right away, and then, you know, be with the baby and initiate breastfeeding and go, you know, be discharged with their baby from the hospital and go home. And and it just doesn't look like that in so many cases. And so that is really difficult to cope with.

Alexa Bonacquisti: you know, I think another thing that contributes to psychological responses is just this idea of all of a sudden you are in the midst of this whole medical system. And so learning medical terms, you're learning what are all the the machines do, and the beeps and the sounds, and you hear, you know, commotion happening at another bedside, and

Alexa Bonacquisti: you know, so all of that is really stressful. Along with that there might be limitations on holding or feeding the infant. So if the infants in the isolation you know you may not be able to to reach in and hold them without asking like the nurse for assistance, or you may you know, the baby might have might have a bunch of tubes and wires, and so it the it feels like there's a lot of barriers to to interacting, you know, with your own baby.

Alexa Bonacquisti: and so all of that can be really stressful and just the physical separation. You know a lot of my clients have talked about

Alexa Bonacquisti: this feeling of. You know. They're at home, their babies in the NICU. They have to be like buzzed onto the unit in order to have access to the baby like it just feels, you know, like there's so much separation there to ask permission to be able to hold the baby in some cases. And a lot of patients, or, you know, clients, parents. They struggle with this question of like, who is the primary caregiver like? What is my role.

Allison Puryear (she/her): And parent.

Allison Puryear (she/her): yeah.

Alexa Bonacquisti: Yeah, because a lot of times the nurse is providing the care. And they just feel, yeah, that sense of identity.

Allison Puryear (she/her): Yeah, I think about there's that guilt, too, of like, am I visiting enough? Am I spending enough time? Am I a bad mom or a bad parent, if I'm

Allison Puryear (she/her): you know, if I skip a day, or if I'm only there for an hour today instead of sitting there. But

Allison Puryear (she/her): there's no, there's no right or wrong, but it's like that parent guilt just kicks right in, you know, just right on time. But it's it's so much more intense, because you don't have a lot of those positive moments of parenting to help balance out

Allison Puryear (she/her): the

Allison Puryear (she/her): everything weighing on you, and the guilt of maybe not doing enough when you're truly helpless. I mean, you can show up.

Allison Puryear (she/her): and you can be there. But depending on

Allison Puryear (she/her): how your baby's doing like you said you might not even be able to hold them. You're just sitting in a chair beside it like they're

Allison Puryear (she/her): tubes and wires and all of that. So yeah.

Alexa Bonacquisti: Yeah, yeah. And I think that parents really do talk about that helpless feeling, that feeling of like, Does my baby know who I am. Do they need me? And you know all of the NICUS in which I have worked, I think, have been really good about parenting, or having the parents

Alexa Bonacquisti: as part of the medical team, and really emphasizing the parenting and involving the parents in those tasks and trying to develop that that parental identity. Because you're absolutely right. That guilt kicks in almost immediately.

Alexa Bonacquisti: Especially depending upon the reason why the baby ended up in the NICU. Sometimes parents often blame themselves, or why did this happen? Or you know, and then that kind of fuels some more of that guilt, too, and a lot of them are managing other children, maybe at home or.

Allison Puryear (she/her): Hmm.

Alexa Bonacquisti: Responsibilities, household responsibilities. So sometimes they can be at the bedside 24 hours a day, and so that also was difficult for them to cope with.

Allison Puryear (she/her): And then the resentment. If the partner isn't visiting as much you know like there, it, it gets messy quickly.

Allison Puryear (she/her): and it it probably is all rooted in that helplessness. Ultimately.

Alexa Bonacquisti: Hmm, yeah.

Allison Puryear (she/her): Yeah. And so

Allison Puryear (she/her): clinically.

Allison Puryear (she/her): like, diagnostically.

Allison Puryear (she/her): what are some things some diagnoses you see, arise from?

Allison Puryear (she/her): I mean, ultimately, it's adjustment, right? But what do you? What kind of diagnoses do you sometimes see arise from having a child in the NICU.

Alexa Bonacquisti: Yeah, so I think you make an important point this this idea of adjustment and coping and you know that is sort of as a psychologist. How I look at conceptualizing families that I work with in the NICU I think so many, so many parents have described this idea of a roller coaster of emotions.

Allison Puryear (she/her): Hmm.

Alexa Bonacquisti: At the NICU experience is just. It's so unpredictable everything can be going well. And then, all of a sudden, there's an issue. And so they feel like they're on edge. They feel like they're waiting for the next bad thing to happen. When things seem to be going well on a positive trajectory there's like this feeling of I can't enjoy this, or I can't like sit with this, because I am so worried that something bad's going to happen.

Alexa Bonacquisti: So there's a lot of ups and downs. And I think what we see psychologically in terms of psychological symptoms and diagnoses. So you know, a variety of emotions, mixed emotions, sadness, fear, anger, helplessness, grief.

Alexa Bonacquisti: I think we also see, you know, in terms of more significant psychological symptoms. As you might expect depressive symptoms, anxiety oftentimes acute stress reactions which then can develop into post traumatic stress disorder. So I think those are really common. Psychological responses. We do see. There's been some research to show that

Alexa Bonacquisti: parents of infants in the NICU compared to parents without infants in the NICU. There's one study demonstrated like almost 20% rate of PTSD parents compared to 4% PTSD and the non NICU parents.

Allison Puryear (she/her): Huh!

Alexa Bonacquisti: That was just one study. But that kind of shows that there's certainly that impact of trauma, and how that is affecting parents for sure.

Alexa Bonacquisti: And so I kind of look at that again. As a clinical psychologist in the the realm of what is happening currently like in the moment and about long term outcomes. What are we gonna see in a few months, you know, a year. Things like that.

Allison Puryear (she/her): Yeah. And I'm realizing as you're talking, I have an assumption that there's a high correlation between

Allison Puryear (she/her): NICU admissions and traumatic birth. Is that accurate.

Alexa Bonacquisti: Yes, yes, absolutely. So. That is a newer kind of area of the literature that I think is just starting to be explored. Is really making that connection between traumatic birth and the NICU experience, and how what that looks like in terms of its like trajectory.

Alexa Bonacquisti: You know the research that I had done in the NICU. I was studying depression and anxiety and stress, and I didn't really ask too much about birth trauma. And I regret that now, because now, in my in my clinical work, and I, you know I'm seeing the influence of the birth trauma so much on the how they view the NICU experience, and then how they view everything, you know, stemming from that

Alexa Bonacquisti: and so I think we'll see kind of more more work in that area from the research side. But I think you're absolutely right like that definitely impacts how people experience the NICU environment. For sure.

Allison Puryear (she/her): Yeah. And and

Allison Puryear (she/her): I mean, I have a number of friends who had traumatic births, kids in the NICU, and they were like one and done not doing this again. So I'm curious. If there's been any studies on like, do people stop having children?

Allison Puryear (she/her): At that point after having such a traumatic experience, whether it's birth trauma, or birth trauma and

Allison Puryear (she/her): a NICU admission, or solely a NICU admission? Is there? Is it kind of done at that point for a lot of people.

Alexa Bonacquisti: Yeah, I think for a lot of people again, I don't know if there's any research that has documented that. But I think certainly, in my clinical experience. That is a consideration for a lot of people, you know. Is there their plans about you know what what they had envisioned? They would want in terms of their family or what they end up doing. They don't want to potentially go through that again.

Alexa Bonacquisti: And so yeah, it has a huge impact on people. And I also think, too, just about the cumulative effects. So people who may have experienced pregnancy loss, or, you know, struggle with infertility, and then get pregnant and then have a traumatic birth and then end up in the NICU. So it's not just like that one experience, but it's kind of the whole, the whole trajectory of it.

Allison Puryear (she/her): Yeah, and just thinking about the experience of becoming a parent when everything goes according to plan, is still hard enough.

Allison Puryear (she/her): right? Like that's hard on its own, much less when you add, in

Allison Puryear (she/her): all these traumas and all this pain along the way.

Alexa Bonacquisti: Yeah.

Alexa Bonacquisti: yeah, yeah, and I think that comparison is hard, too. Where you see other people

Alexa Bonacquisti: having the experience that you had planned to have and.

Allison Puryear (she/her): And for me.

Alexa Bonacquisti: From the hospital after a few days, and and I think some times people feel really disconnected from their support systems because of that. They feel really isolated and alone.

Alexa Bonacquisti: You're right, like parenting is hard when everything goes exactly as planned, and then it becomes even more challenging when this kind of experience is added onto it, and can make you feel really alone, and and not able to access some of the support, because you feel like some people might not understand what you're going through, or you know your experience just deviates so significantly from others.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): can we talk some about how like individual differences, between patients and parents

Allison Puryear (she/her): and their reactions to the NICU, like, what are some of the

Allison Puryear (she/her): what are some of the maybe predictable, maybe not ways of reacting that different parents might have.

Alexa Bonacquisti: yeah, so I think it is very individualized. And of course, it's going to depend a lot as we've been talking about on their history on prior experiences. They have

Alexa Bonacquisti: the resources that they have, the support they have.

Alexa Bonacquisti: You know, some of the the NICUs where I have worked in the past,

Alexa Bonacquisti: patients were traveling, or parents were traveling from a really far distance

Alexa Bonacquisti: to to to go to the NICU there because their baby needed a higher level of care. And so they were transferred. And staying at Ronald Mcdonald House, or, you know, traveling back and forth. And you know, so I think about

Alexa Bonacquisti: all of the systemic and and the logistical and the practical differences that we see in in the families in the NICU, and how that really affects their ability to cope with the experience. Just again, like the resources they have and the support they have. And just what they've been through previously. It's interesting cause. There's some research to suggest that having a previous NICU admission can be protective in some ways. Logically.

Allison Puryear (she/her): You know.

Alexa Bonacquisti: You've you've been through this before. You have an awareness kind of of what's going on. But then other research suggests that that's actually really detrimental because it can be triggering in terms of that trauma. And just, you know, difficult to adjust to having to go through it a second time. So I think we, you know, kind of wanna be mindful of all of those individual differences and try not to make assumptions based on someone's previous experience and what that might mean.

Alexa Bonacquisti: So I think, you know, that's kind of one area that we see in terms of individual differences. We also, you know, might just think about how what somebody's

Alexa Bonacquisti: you know, problem solving orientation is, or how they tend to cope with stressful events if they tend to avoid, or if they're information seeking, or if they tend to be more optimistic or pessimistic, those kind of cognitive aspects, I think, might play a role in terms of how people adjust and also how they interact with the medical team.

Alexa Bonacquisti: You know. Sometimes I think the medical team might notice a parent being really withdrawn. And they're like, Oh, well, they they must not care, or they're not affected by it, or, you know, like they don't think much of it. But really, that parent may be really traumatized, or really, you know, so anxious that they're avoiding everything. And so it's it's like misperce. There's like a misperception in terms of what the parent internally is experiencing.

Alexa Bonacquisti: You know, this comes up a lot around interacting with the baby. So sometimes parents are really anxious about that, and they don't want to

Alexa Bonacquisti: to hold. I mean, they want to hold the baby, but it's like they don't want to, because they're scared of how fast baby may be, or or that, you know. And so sometimes.

Allison Puryear (she/her): And the.

Alexa Bonacquisti: Little more encouragement, you know, in that area.

Alexa Bonacquisti: So I think all of these different ways that we see the psychological and the individual characteristics, then interact with the environment. And you know, how do we kind of help help parents? No matter what what you know, they're coming in with, like, how do we to? We help them? Cope with that.

Allison Puryear (she/her): I'm thinking about like, it's a team approach in the NICU right, like

Allison Puryear (she/her): and i'm thinking about how under stress sometimes people behave in ways they wouldn't normally one of my good friends last year actually had a traumatic birth, almost died baby in the NICU and

Allison Puryear (she/her): and brand new nurse, who only meant well.

Allison Puryear (she/her): told her that her daughter was going to be able to be discharged at a date that was far sooner than anything she anticipated, and she was so excited and so she was like getting ready. And she came back the next day, and she mentioned it to one of the veteran nurses who was like.

Allison Puryear (she/her): Oh, no, like that's that's

Allison Puryear (she/her): we're nowhere near that.

Allison Puryear (she/her): and, like my friend, lost it. She's like the sweetest, like people pleasing kind, and she just

Allison Puryear (she/her): like let this poor woman have it, and then like apologized profusely, but just thinking, like the level of stress that somebody is under

Allison Puryear (she/her): when

Allison Puryear (she/her): they're so helpless.

Allison Puryear (she/her): And this is like

Allison Puryear (she/her): the most important thing period.

Allison Puryear (she/her): It's just so tough.

Allison Puryear (she/her): So the importance of making sure that everybody on the team knows like what to say and what not to say, and and how

Allison Puryear (she/her): people are gonna screw up because they're human beings

Allison Puryear (she/her): and

Allison Puryear (she/her): having some Grace for that, if you can afford it in the moment as a patient, and if you can't, he can't. That's okay.

Alexa Bonacquisti: Yes, and that's why I think it's so important, too, that NICU staff

Alexa Bonacquisti: you are. You know they're given the appropriate support and the appropriate.

Allison Puryear (she/her): ...

Alexa Bonacquisti: Wow!

Alexa Bonacquisti: They are. And I always talk about this like you. You know, you're you're at work and you're at your job. And it's stressful, and you know, but eventually, like, you're gonna go home

Alexa Bonacquisti: and go back to your life, whereas the parents and the families that you're working with like this is the worst thing likely that has happened to them in their entire life, and they can't escape it. They can't go home and get away from it. And that always helps, I think, to have perspective when you're working with families. I mean, they are just under complete stress and

Alexa Bonacquisti: and they're exhausted. And so they're certainly not always able to, you know, to show up in the way that they typically would, or that they would want. And you know, trying to have that perspective. Even when a staff and the medical team is burned out and is also dealing with, you know the compassion, fatigue, and the challenges.

Alexa Bonacquisti: you know. So I think, having everybody in the team sort of understand and and be provided. The appropriate support and training can also go a long way too.

Allison Puryear (she/her): Yeah, absolutely. And we know that black women are more likely to die in childbirth, that there's more

Allison Puryear (she/her): significant medical complications. For black women. Is there a racial difference between NICU admissions as well.

Alexa Bonacquisti: Hmm.

Alexa Bonacquisti: yeah. So I think again, I'm not sure of the exact numbers, but I think certainly some disparities in terms of NICU admission and outcomes exist there as well.

Alexa Bonacquisti: And so that, similar to what we see in terms of maternal mortality like that is a huge problem in terms of, you know, systemic inequity that that needs to be addressed.

Allison Puryear (she/her): -

Alexa Bonacquisti: Looking at. Why.

Alexa Bonacquisti: you know, black women, black families, black babies are not receiving the same kind of care, or having the same outcomes.

Alexa Bonacquisti: And certainly, you know, probably a lot of different factors at play there. But we can't. We can't shy away from the the racism that exists. And you know, thinking about this from, you know, this broader perspective. And I think also, one of the things that comes up in the NICU is is the, you know, distrust of the medical environment, and how that might affect somebody's reaction to having their baby in the NICU.

Alexa Bonacquisti: If you look historically right there, there.

Allison Puryear (she/her): Man.

Alexa Bonacquisti: A good reason for there to be distrust of medical system and

Alexa Bonacquisti: and I think that can can change somebody's experience as they're having their baby in the NICU, and you know, so wanting to be mindful of those very valid concerns as well, and how to again like you were saying, come at it from a team approach and really pay attention to somebody's individual experiences, and

Alexa Bonacquisti: you know, to ask the question and be curious and be open to to their experiences as well, so that you can all work together.

Allison Puryear (she/her): Yeah.

Alexa Bonacquisti: You know, that's really important, too.

Allison Puryear (she/her): Well, and just thinking about how much harder it would be to have a baby in the NICU, if.

Allison Puryear (she/her): like. You knew you couldn't help your baby, and you weren't sure the people in charge of your baby's care were really, truly going to take care of them.

Allison Puryear (she/her): How much scarier that would be because of reasonable distrust

Allison Puryear (she/her): in the medical system. Versus

Allison Puryear (she/her): feeling like you trusted the medical team, and that when you left you knew that your child was in good hands.

Allison Puryear (she/her): Yeah, I mean, just brings a whole other layer of terror. Really.

Alexa Bonacquisti: It does, it does. Yeah. And I think it's hard to cope with because

Alexa Bonacquisti: it. You know, the NICU environment, it's always changing. Medical status is always changing. You have another. A lot of hospitals are set up where, you know there's a

certain attending who's on for a certain period of time, and then a new team comes in who might have a different perspective or might make some changes. And so that can be really like, you know challenging for parents, too, because it feels like, Oh, well, who's gonna be on service next week? And what are they gonna think? And

Alexa Bonacquisti: it just yeah, I mean, I know that's kind of how this hospital system has to function. But I think that you know, speaking of like the trust that you have to have in your team. And then then new people come on and you're you're adjusting to that as well. So it's just it's constantly changing which can be really unsettling for parents, and and, I think, complicate their ability to, you know, to adjust and cope.

Allison Puryear (she/her): Yeah. Does a NICU team?

Allison Puryear (she/her): How does a NICU team kind of pick up on all these individual differences? Is it just through experiences? Is there any sort of like screening tools that they use for families?

Allison Puryear (she/her): How does that work.

Alexa Bonacquisti: Yes, yeah. So I think I mean there, there's transition, of course, that occurs in communication that occurs between and among you know, the different team members.

Alexa Bonacquisti: So there's there's that kind of continuity, I think. You know, a lot of hospitals. And this is where mental health support comes in, and why I think mental health support in the NICU is so critical. Particularly support that's embedded within the NICU why that is so necessary is because that person could be that provide that continuity.

Alexa Bonacquisti: Those check ins and that connection with with all the teams and with the families. And so I'm happy to see that a lot of NICUs are starting to to involve mental health support, actually, as part of the medical team.

Alexa Bonacquisti: But we certainly see that universal screening is one of the efforts that is really being encouraged and advocated. So again, that was part of the National Perinatal Association guidelines that I recommended that they're advocating for increased screening in the NICU for mental health concerns.

Alexa Bonacquisti: I think the best or kind of the most widely used screening tool is the psychological assessment tool for the NICU. So it was developed specifically for NICU parents.

Alexa Bonacquisti: And kind of the ideas is that if you screen parents when they are admitted to the NICU.

Alexa Bonacquisti: Then we sort of have a baseline understanding of their needs and their resources, and how they're coping, and then you could almost triage them into like different

categories, and be able to provide really tailored support based upon what they need, and how frequently you might check in with them. Or if you want to make referrals or different things like that.

Alexa Bonacquisti: so I definitely would recommend the the. It's the PAT-NICU. So that's the abbreviation for PAT-NICU.

Alexa Bonacquisti: so I think that's a great screening tool. And then a lot of the other screening tools that we use in the field of, you know, in psychology and and counseling and mental health.

Alexa Bonacquisti: that to assess for like specific symptoms. So I think, certainly assessing depressive symptoms, anxiety. Just general, like life, stress, social support. You know, birth trauma. I think all of these kind of measures can also be utilized in the NICU

Alexa Bonacquisti: one of the things about the NICU, which I think makes it easy for screening. I mean, of course, when you're being admitted right? It's really overwhelming. Cause there's a lot happening you're adjusting, you know, you're kind of like going on however, I think it actually ultimately does really lend itself well to screening, because a lot of parents are sitting at the bedside, and

Alexa Bonacquisti: sometimes they might be looking for something to do, and I think some of the barriers that we have for screening, and other kind of settings actually written in the NICU.

Allison Puryear (she/her): Taken, care.

Alexa Bonacquisti: Parents might be around and might have a little bit more time to fill out some screening measures. So I think we could really capitalize on that and implement some more universal screenings in in NICUs for sure.

Allison Puryear (she/her): Yeah. And the the psychological support in the NICU

Allison Puryear (she/her): is that

Allison Puryear (she/her): like quicker check ins is that like full on sessions? What does that typically look like when it's integrated into an a NICU.

Alexa Bonacquisti: Yeah, so it probably looks different in different different types of NICUs and different hospitals. And you know, at least in my experience, it has been really well integrated into the whole nicu environment.

Alexa Bonacquisti: So

Alexa Bonacquisti: typically, there would be some kind of intake sort of session and then maybe check ins that that could be brief or could actually end up being more full, like psychotherapy

kinds of sessions. And so yeah, I think there's probably a lot of variability in terms of what this looks like. But

Alexa Bonacquisti: I have seen a range of different ways that that support can be helpful. And then providing support at different milestones, or if the baby's having surgery, for example, you know, be making sure you check in that day

Alexa Bonacquisti: providing referrals if it looks like some some more longer term or more. You know, significant kinds of support is needed. So yeah, I think there's a lot of different kind of integrated care, models that could be used.

Allison Puryear (she/her): I'm thinking, too, about how

Allison Puryear (she/her): a child being in the NICU does not mean the child survives.

Allison Puryear (she/her): What is the fatality or the mortality rate for babies in the NICU.

Alexa Bonacquisti: so I think it really depends on their diagnosis. And the reason why they were in the NICU.

Alexa Bonacquisti: we certainly see that the mortality rate has decreased over time. So like, we were talking about earlier advances in medical technology, you know, all of that has really helped in terms of improving outcomes.

Alexa Bonacquisti: But it really does depend on the the reason for the NICU admission. And what medical diagnosis the the child has.

Alexa Bonacquisti: So it's estimated that about 10 to 15% of babies are admitted to a NICU each year in the United States.

Alexa Bonacquisti: Sometimes that looks like a week, or couple of weeks, or a few days even, and then for other people, their NICU stay might be quite prolonged. And

Alexa Bonacquisti: you know. So I think it. Really, it really does depend on

Alexa Bonacquisti: on what the actual medical like underlying medical diagnosis is. And then, of course, you know the kind of what that course looks like other things that might come up.

Alexa Bonacquisti: I'm

Alexa Bonacquisti: so yeah. But I think that's always something that parents are thinking about, right, of course, like

Alexa Bonacquisti: a nap.

Alexa Bonacquisti: That type of, you know, experience where? Yeah, that worry is really real and valid. And so a lot of like the CBT, the cognitive, behavioral kinds of, you know, looking at your thoughts, and are they accurate or not accurate? And what's the worst thing that could happen.

Allison Puryear (she/her): Yikes.

Alexa Bonacquisti: No, I think in the NICU it's, I think, a lot of those strategies and interventions are really effective for a lot of different things, but you know certainly that that thought is really there and really affects people. And and sometimes it's it's quite accurate, you know, the thought is quite accurate that the baby is not doing well, and there is a really high chance that the baby may not survive, and so

Alexa Bonacquisti: that we can't. As providers, you know. We can't ignore that reality either.

Allison Puryear (she/her): Is there a significant difference in the mental health presentation of people? Whose

Allison Puryear (she/her): Babies have a higher risk of mortality based on their diagnosis versus those who don't.

Alexa Bonacquisti: Yeah, that's a good question. That was actually something. Some of the research, that I had done in the NICU, I was curious about that and part of a study that I did. I was examining, like pre parental perceptions of the baby's prognosis or the baby's medical status, and then comparing that with

Alexa Bonacquisti: A a rating system that we had come up with, based upon their actual diagnosis, and like chart review. So it was interesting to see the extent to which their perception of severity, how that sometimes deviated from what the actual, you know again, like subjective, of course, but the actual situation was.

Alexa Bonacquisti: And then thinking about how that related to levels of depression and anxiety and stress. And so really, we kind of found that there was not a relationship there, so that parents

Alexa Bonacquisti: Their perceptions were not always accurate.

Alexa Bonacquisti: and so, therefore their mental health presentation was not always consistent with like actually what was happening with the baby.

Allison Puryear (she/her): Right. Oh, that's fascinating that it like the power of perception that if you're catastrophizing, but your kids gonna be out in a week, no problem.

Allison Puryear (she/her): You might feel worse than somebody who is minimizing

Allison Puryear (she/her): and whose baby is unlikely to make it. Yeah, wow.

Alexa Bonacquisti: And so then that is also confusing for the medical team, cause they're like, Oh, this baby's doing well, they're gonna be fine. They're gonna be discharged in a week. No problem. But the parent is perceiving this because they don't know the range of other outcomes would be like this is the worst thing that's ever happened to them, and and they're perceiving it, as as

Alexa Bonacquisti: you know, this terrible experience, which, of course, that is from their perspective. But the met. But the medical team doesn't always see that. And they think the parents overreacting, or, you know, on here, and it can create some miscommunication as well, and

Alexa Bonacquisti: you know, so I thought that was an interesting finding, you know, from that recent.

Allison Puryear (she/her): Yeah. And what a great

Allison Puryear (she/her): if you have a mental health person on that team.

Allison Puryear (she/her): what a great win for everyone involved.

Allison Puryear (she/her): because then the medical team doesn't have to be frustrated.

Allison Puryear (she/her): And the patient is getting the support that they need.

Allison Puryear (she/her): Yeah. Yeah. Oof.

Allison Puryear (she/her): So I think about how

Allison Puryear (she/her): people have their birth stories. They have

Allison Puryear (she/her): reproductive stories. If they struggled with fertility, you know, like. They have different ways that they think of and tell their story to others.

Allison Puryear (she/her): How does

Allison Puryear (she/her): how do you fit the NICU into this story?

Allison Puryear (she/her): in a way that helps them

Allison Puryear (she/her): from a mental health perspective.

Alexa Bonacquisti: yeah, I think it's it's challenging because, like we were talking about before the way that it deviates from what they had expected.

Alexa Bonacquisti: And how do they integrate that into their experience? And how do they cope with the feeling of

Alexa Bonacquisti: you know the grief and loss that comes up around that.

Alexa Bonacquisti: And oftentimes I think they they feel

Alexa Bonacquisti: guilt or like it's inappropriate or or it's not okay to talk about that, especially if their baby has been discharged and has done well, and it's like, Well, you should be happy. You should be relieved. You should be grateful. You know your baby's okay. But there's still a lot of grief and loss around this experience. And what they did get to have and what? Yeah, just how it looks. So different from what they imagined.

Alexa Bonacquisti: and that is really sad, and that's really difficult, and I think should be validated and and should be should be acknowledged. You know how how unfair it was. And

Alexa Bonacquisti: and

Alexa Bonacquisti: yeah, I think a lot of people struggle with that like they feel like they can't share that or talk about that, because it's like, well, they should be happy, you know, everything worked out. Okay. But there's still a lot that they lost, and there's still a lot of grief there. So I think, just, you know, giving voice to that, creating space for that is really important, you know, helping them process that and acknowledge what that means.

Alexa Bonacquisti: You know. And I think another way to kind of do that is, is just to help

Alexa Bonacquisti: help people to focus on the present moment and with their values, and to connect with the kind of parent they want to be. So even though they're in the NICU. And this doesn't look like what they imagined. What are their values about parenting? And how can they continue to live out those values

Alexa Bonacquisti: even when they're in this NICU experience that they didn't want, and they wish it wasn't happening.

Alexa Bonacquisti: And how can we still support the baby? Be there for the baby like help to care for the baby? How can we be really present with the baby? Because we don't know what's gonna happen in the future?

Alexa Bonacquisti: The baby's here now, and we're here now. And how do we? You know? How? How do we? We show up in that moment? So I think that's another way that you can help.

Alexa Bonacquisti: you know, help to cope with that.

Allison Puryear (she/her): And you're using a lot of ACT language. Do you work primarily from that lens.

Alexa Bonacquisti: I do. Yes.

Alexa Bonacquisti: yes, I have. I was trained very strong, cognitive, behavioral therapy foundation. So I think you know, using a lot of those kind of interventions and techniques. And primarily now, my practice is mostly you know, through the ACT acceptance and commitment therapy perspective. And I find that it's really useful in the NICU experience.

Allison Puryear (she/her): Hmm.

Alexa Bonacquisti: Ways

Alexa Bonacquisti: like, I was saying before, you know, sometimes the thoughts aren't inaccurate. And so we we have to accept

Alexa Bonacquisti: accept the experience. That focus on present moment awareness and and mindfulness can be really useful.

Alexa Bonacquisti: And help parents to bond with the baby if they're really present and engage with them.

Alexa Bonacquisti: So yeah, I do think that is a is a useful modality in the NICU.

Allison Puryear (she/her): I'm thinking about all the therapists who either have clients who have that they've had for a while who have babies in the NICU, or

Allison Puryear (she/her): there aren't any NICU specialists around therapy-wise.

Allison Puryear (she/her): So

Allison Puryear (she/her): what are some like clinical approaches

Allison Puryear (she/her): clinical things that therapists need to keep in their mind specific to this population

Allison Puryear (she/her): so that just your average therapist could be helpful and effective for this population.

Alexa Bonacquisti: yeah. So I think you know, it depends sort of where the person is on the journey, and and all of that. But I think certainly

Alexa Bonacquisti: all of the the supportive psychotherapy approaches are really critical and really important for this population. So the normalization, the validation you know, the reflective listening, like all of those therapy skills that

Alexa Bonacquisti: you know, really can help to to acknowledge and underscore this experience and give parents that space to share their fears and to share their worries.

Alexa Bonacquisti: Like again, like we were saying about the social support.

Alexa Bonacquisti: Parents often don't perceive that they can talk about those things with their family, because they don't wanna upset, you know. They might have the grandparents who are also really worried and anxious, and you know they don't wanna make them feel more anxious by talking about their own worries and fears, or they may have friends who they feel like don't really get it, you know. And so the way in which you, as the therapist, can really just create space for

Alexa Bonacquisti: all of the range of experiences they may be having mixed emotions, the roller coaster of emotions.

Alexa Bonacquisti: And also, yeah, just kind of supporting, supporting them through whatever's happening, I think can be really important.

Alexa Bonacquisti: So I think that's one kind of intervention for sure that that can be utilized, especially if you're only working with somebody for a brief time.

Alexa Bonacquisti: I think. Certainly this CBT interventions, trauma focused. CBT, you know, there has been a lot of research to support the use of CBT in the NICU and helping parents to develop that parental identity and and notice the thoughts that they're having around around the experience. Some, you know, I think work like you were saying on ACT in this in this timeframe, although less currently, like less research, support.

Alexa Bonacquisti: for ACT, but hopefully more to come, you know, in the future.

Alexa Bonacquisti: And I think just a lot of other kinds of interventions. A lot of family based interventions can also be very, very helpful. Support groups. I think a lot of times there's a lot of success in the NICU when you pair a support group with an activity.

Allison Puryear (she/her): And help.

Alexa Bonacquisti: Parents to feel like, oh, I'm gonna go to scrapbooking and make a scrapbook and talk to other parents or when I worked at CHOP one of the the groups was a knitting group, and you know, kind of making a hat for the baby, or something like that.

Allison Puryear (she/her): I love that because I can also imagine a lot of people struggle to do something for themselves.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): yeah.

Allison Puryear (she/her): it's brilliant.

Alexa Bonacquisti: Yeah, yeah, so thinking about innovative kind of creative ways where people don't have to leave the unit, they can still be around, but also access that support.

Alexa Bonacquisti: And, you know, adapting some of these interventions in a in a brief way, or connecting with outpatient support.

Alexa Bonacquisti: So that they might have some more long term kinds of, you know, kinds of treatment. That's available. So

Alexa Bonacquisti: yeah.

Allison Puryear (she/her): Yeah. And how would somebody who wants to specialize in this, or is specializing in this? How do they get on the radar of whoever refers to outpatient

Allison Puryear (she/her): from within the NICU.

Alexa Bonacquisti: yeah, so it's a good question. I think that is that question often comes up is like, how to how to make those connections or meet that there's always a need for it. But how to get on those referral lists, or how to yeah, how to be established as a as a specialist in this area. So

Alexa Bonacquisti: I guess I mean, I think a lot of it might be.

Alexa Bonacquisti: you know, connecting with the NICUs in your area.

Alexa Bonacquisti: Sometimes people will

Alexa Bonacquisti: go ahead and

Alexa Bonacquisti: offer to come in and do like a little presentation on the psychological aspects of NICU experience for the for the medical team, and then start to to get to know providers that way.

Alexa Bonacquisti: I think there's a lot of great organizations that

Alexa Bonacquisti: provide services or referral kinds of, you know, directories and things like that that you could get involved in postpartum support. International is one that comes to mind. They're not just NICU specific, but certainly they have different ways of connecting people. Who are interested in the NICU, and then also the the National Perinatal Association. So like getting involved in that organization, attending conferences where you meet

Alexa Bonacquisti: other NICU providers and you know, I think that can be another way to to get into into this area.

Allison Puryear (she/her): yeah.

Allison Puryear (she/her): I'm I'm thinking, too, about how for many family, you know, it's not just this wonderful linear. Your baby starts

Allison Puryear (she/her): or your baby isn't taken into the NICU, and they just get increasingly better over time. So for many of these families, it is ongoing trauma

Allison Puryear (she/her): and so also, like you were mentioning

Allison Puryear (she/her): like that trauma lens being an important thing to consider when you're working with these clients that it is, and when it's ongoing trauma.

Allison Puryear (she/her): I know it can also make therapists feel really helpless.

Allison Puryear (she/her): and when therapists feel helpless and clients feel helpless,

Allison Puryear (she/her): like, how do you, as a therapist.

Allison Puryear (she/her): not sink into that helplessness. How do you maintain.

Alexa Bonacquisti: Yes, yes, I think that's one of the most difficult aspects of this work is that you feel like you're almost on that roller coaster with with the families too.

Alexa Bonacquisti: And so it becomes really hard to be that stable. And, you know, like, present you know, just be being in that role where you feel like you're part of this journey with them, and and you want so badly for it to be a really positive outcome. And you know, and being able to recognize your own emotions and feelings that come up in working with with the families and

Alexa Bonacquisti: being able to

Alexa Bonacquisti: to create that space and hold that space for them.

Allison Puryear (she/her): And.

Alexa Bonacquisti: And in that uncertainty with them. Because we know that

Alexa Bonacquisti: yeah, sometimes it's not going to be a good outcome, or it's going to be a really difficult road.

Alexa Bonacquisti: And starting to feel, you know, when you notice that helplessness. That can be an indicator to to take a step back and and evaluate what's going on, too, because it's really easy to get to get pulled into it.

Alexa Bonacquisti: I always think about this idea of, you know the privilege and the honor that it is to sit with somebody

Alexa Bonacquisti: in in the worst experience of their life, and

Alexa Bonacquisti: how just my presence and just being there and witnessing their pain and hearing it, and how that is

Alexa Bonacquisti: is a privilege to do that work and

Alexa Bonacquisti: trying to get out of that mindset, which is hard for me, cause I always as a therapist, notice that what comes up in me is this desire to fix it or make it better.

Allison Puryear (she/her): Hmm.

Alexa Bonacquisti: And when I feel that right to to acknowledge that, and to not let that dictate my behavior and my interactions, you know, with with my patients and the families that I work with. So

Alexa Bonacquisti: yeah, I think it's it is really, really hard and difficult and very rewarding work.

Allison Puryear (she/her): and when a baby dies.

Allison Puryear (she/her): what are, I'm thinking of a you know.

Allison Puryear (she/her): average Joe schmo therapist out there

Allison Puryear (she/her): trying to support a family, and I'm guessing that there are some

Allison Puryear (she/her): things that most of us don't know, that we don't know about the dynamics of that situation.

Allison Puryear (she/her): What are some considerations

Allison Puryear (she/her): that are different from you know somebody's parent dying or grandparent, dying or friend dying?

Allison Puryear (she/her): What are some things to consider as a therapist in that kind of circumstance.

Alexa Bonacquisti: Yeah, I think it's it's a really unique

Alexa Bonacquisti: experience. Because when an older person dies.

Alexa Bonacquisti: we have memories with them. We have, we. We know things about their personality. We, you know, it's like we. We see them in our mind in a different way. When a baby dies

Alexa Bonacquisti: it's almost like that

Alexa Bonacquisti: the future that we imagined, or you know things about them that we had wondered like what they would be like, or all again, all those hopes and dreams. The moment you find out you're pregnant, you know. You start to imagine their prom or their, you know, like high school graduation, or their wedding day, or all of these things that are really, really far in the future. You know, when a baby dies, it's like you're you're losing all of that, too.

Allison Puryear (she/her): Hmm.

Alexa Bonacquisti: And so I think it's important to acknowledge that there's a lot of similarities. Of course, loss is loss.

Alexa Bonacquisti: and it it can also feel really different for people, or they might not have the same kind of rituals around grief, or the same kind of memories or experiences that that we might have if we lose somebody else, you know, who's older.

Alexa Bonacquisti: So I think that kind of complicates things. And helping parents to really develop those grief rituals.

Alexa Bonacquisti: What are some things that they can do to remember the baby? What are some things that they can plan? Or yeah, just different. Different sort of rituals that might be different from what they've experienced before.

Alexa Bonacquisti: So I think that is something, you know.

Allison Puryear (she/her): Yeah.

Alexa Bonacquisti: Aware of

Allison Puryear (she/her): Can you give us some examples of the kinds of rituals that some of your clients have

Allison Puryear (she/her): created or done.

Alexa Bonacquisti: Yeah. Yeah. So I think often, people like the idea of having some sort of ritual around the the babies. You know the day that the baby died, but also the day the baby was born.

Alexa Bonacquisti: Or maybe for babies who are born early, like what the baby's due date was

Alexa Bonacquisti: and so trying to come up with different, you know, annual sort of activities that they might do

Alexa Bonacquisti: some people like to do things like plant a tree, or you know, something special like that to kind of memorialize the baby.

Alexa Bonacquisti: different mementos that they may have from the hospital like creating some sort of memory box or a place in their home where where they have some of those physical, you know, reminders like maybe the ultrasound picture or you know, maybe a gift they received at a baby shower like something like that, something that's special and meaningful to them.

Alexa Bonacquisti: and to create some intentional time where you're gonna go through those things and

Alexa Bonacquisti: and not to avoid all of the memories of of the baby and of the experience. So I think those are yeah, just some, some things that have been helpful.

Alexa Bonacquisti: For yeah, for different people.

Allison Puryear (she/her): I imagine this

Allison Puryear (she/her): can create a

Allison Puryear (she/her): big strain on a partnership.

Allison Puryear (she/her): Are there ways that you help partners kind of get on the same page with grief.

Allison Puryear (she/her): Cause. I'm imagining. You know, people are different, right? Everybody has different ways of dealing with things, and for a lot of people just shutting down is all they feel like they can do, and pulling out the baby things and looking at them might be

Allison Puryear (she/her): extremely hard.

Allison Puryear (she/her): How do you help couples

Allison Puryear (she/her): support one another through that, and and give space for the grief.

Alexa Bonacquisti: Yes, yes, cause the incongruent grief absolutely comes up where different, you know, different people respond in different ways, and it's not always the same kind of grief at the same time. And and sometimes there's challenges. And how do we support each other? And what do we do?

Alexa Bonacquisti: So I think a lot of it is improving communication, listening to one another's perspective, taking so helping a couple to really share and open up about their experiences.

Alexa Bonacquisti: You know what the other thing that I think can be useful is is kind of helping them determine how they're gonna navigate social situations.

Allison Puryear (she/her): Yeah.

Alexa Bonacquisti: That often is really stressful in terms of a relationship where

Alexa Bonacquisti: you might get invited to somebody's child's 1st birthday party. And one member of the couple wants to go, and the other one doesn't. And how do you prepare in advance for those kind of experiences, and what you'll say and what you'll do. And even just the question that always is stressful to a lot of the families that I work with when you're just like kind of out at the store, and somebody's like, Oh, do you have kids or.

Allison Puryear (she/her): Hmm! And then.

Alexa Bonacquisti: How do you deal with the

Alexa Bonacquisti: being unprepared, or like the unexpected nature of those kind of questions? And how do you answer that, you know. And do you have? So some of the work that I'll do with couples is creating some language or like a quick, you know, here's here's what we're gonna say. So I think those kind of things being prepared for those experiences can help a couple to to be more connected and to feel more supportive of one another when they

Alexa Bonacquisti: they can increase that communication and kind of plan for also other situations that might come up moving forward.

Allison Puryear (she/her): Yeah, just thinking about

Allison Puryear (she/her): having scripts. I think in general in life can be so helpful in situations, you know, are going to be hard.

Allison Puryear (she/her): And

Allison Puryear (she/her): yeah, cause I mean, it's just probably constant. Somebody saw pictures of you on Facebook or Instagram pregnant right? And then

Allison Puryear (she/her): they haven't kept up with your journey. They see it at the grocery store, and they're like, Oh.

Allison Puryear (she/her): baby! And it's like

Allison Puryear (she/her): you're just shoved into the grief

Allison Puryear (she/her): all over again. And the trauma.

Alexa Bonacquisti: Else, absolutely. And that's that is one of the hardest things with.

Alexa Bonacquisti: I think with moving forward. It's just that you never know when that's gonna hit you or.

Alexa Bonacquisti: You know, you might just see kids out and about. And and that also can be really, really stressful and and upsetting. And

Alexa Bonacquisti: you know. So, being aware of that, and the best analogy that I that I would share with with families and I think this can be really helpful in terms of framing. It is just if you think about your your grief right?

Alexa Bonacquisti: If you imagine it's like a ball in a box.

Alexa Bonacquisti: and initially, when you lose a child when you lose a baby, that box is really small and the ball is really big. And so what's happening is that the ball is bouncing up against the edges of that box so often. That's what all of this pain that you're experiencing like. It's just happening constantly.

Alexa Bonacquisti: And so our goal, you know, is, is not to make that ball smaller because your grief at losing your baby, it's never going to go away. It's going to be with you forever. We're not trying to shrink that grief. We're not trying to make the grief smaller. What we're trying to do is make the box bigger.

Alexa Bonacquisti: We're trying to fill that box and fill your life with things that are meaningful and fulfilling. And you know sometimes that ball is still gonna hit the sides of that box, and it's still gonna hurt, and that pain still gonna be there.

Alexa Bonacquisti: But if we can help to grow that box then and fill it. You know, with other things

Alexa Bonacquisti: that are important to you.

Alexa Bonacquisti: That's kind of how you move forward.

Alexa Bonacquisti: And so, yeah, I think that is just really beautiful and and poignant way of of thinking about.

Alexa Bonacquisti: you know, living with this grief, and and continuing your life even in the face of such tremendous tragedy.

Allison Puryear (she/her): Yeah. And I think about how hard it is

Allison Puryear (she/her): for someone to take steps to grow their life bigger to make their box bigger when what they want to do is just stay in their bedroom with the windows closed.

Alexa Bonacquisti: Yes, yeah. And they feel they. Yeah. It's so hard. And they feel that guilt of like, I shouldn't enjoy myself ever again, or I shouldn't, you know, continue to put my life.

Alexa Bonacquisti: And so.

Alexa Bonacquisti: yeah, that's a big, a big job that from the therapist perspective is to help help, you know, to acknowledge that guilt and that grief, and also

Alexa Bonacquisti: help people to to continue to live a life that's really meaningful and fulfilling and and really honors. You know the baby that they lost, and

Alexa Bonacquisti: and how to help them integrate all of that.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): is having

Allison Puryear (she/her): other kids like older kids, protective.

Alexa Bonacquisti: I think in some ways it it probably is. Again. It's very individualized, of course. But at least in my clinical experience I think that it is because

Alexa Bonacquisti: they

Alexa Bonacquisti: yeah, it helps. It helps to connect with

Alexa Bonacquisti: how do I? How do I live? A meaningful and fulfilling life like. I have other children that I I want to support and

Alexa Bonacquisti: and want to enjoy, and.

Allison Puryear (she/her): Hmm.

Alexa Bonacquisti: You know, so I think it is protective kind of in those ways.

Allison Puryear (she/her): And.

Alexa Bonacquisti: Hard, too, because then you're dealing with the the older child's grief, who maybe was expecting a new baby sibling. And and how do you.

Alexa Bonacquisti: you know. Then you're you're having all of those kind of you know. Other considerations, too.

Allison Puryear (she/her): Yeah, just thinking, like, you can't

Allison Puryear (she/her): lock yourself in your room when you've got other kids to take care like it forces you out in the world a little bit more.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): Oh, I'm so glad you do this work. It's so hard. I feel like I've been on the verge of tears several times, just having a conversation about it. So it's definitely not for me clinically. That's a referral out. But I'm glad that there are people who, deep in their bones know what they're doing with this? Who are helping other people even just through this, who have the capacity

Allison Puryear (she/her): to take great care of people. So thank you so much, Alexa.

Alexa Bonacquisti: Thank you.

Allison Puryear (she/her): And yeah, hopefully, hopefully, this inspires some folks to either get some more training or take the leap to see some people who might reach out.

Alexa Bonacquisti: Hmm, absolutely.

I hope that broadened your clinical horizons! Head over to [notboringces.com](https://notboringces.com) to get your CE credit. Wanna have a Not Boring conversation with me about your clinical area of expertise? You can apply there, too. If you like this conversation, leave us a five star review, tell a friend, and be sure to subscribe for future conversations.