

AGENDA

AAP-CA2 and First 5 LA ACEs Aware Peer-to-Peer Learning Session 4: The Impact of Secondary Trauma and Burnout, with a Blueprint for Wellness

April 22, 2021 • 6:00 – 7:30 p.m.

Item	Description	Presenter	Time
1	Welcome	Carlo DeAntonio, MD, FAAP	6:00 – 6:10 (10 min)
2	Secondary Trauma and Burnout in Clinicians	Nirupama Madduri, MD, FAAP	6:10 – 6:30 (20 min)
3	Breakout: Facilitated Discussion	Facilitators from AAP-CA2 ACEs Committee and First 5 LA	6:30 – 7:00 (30 min)
4	Report Out from Breakouts	Nirupama Madduri, MD, FAAP	7:00 – 7:15 (15 min)
5	Evaluation Reminder	Ann Isbell, PhD, First 5 LA	7:15 – 7:20 (5 min)
6	Self-Care Strategies	Adwoa Osei, MD, FAAP	7:20 – 7:30 (10 min)

Recoding and materials will be posted on: <https://aapca2.org/aces-aware/>

BIOGRAPHIES

Nirupama Madduri, MD, FAAP



Dr. Madduri graduated from the University of Missouri-Kansas City School of Medicine and completed pediatric residency at Marshall University School of Medicine. She completed a fellowship in developmental-behavioral pediatrics at Baylor College of Medicine, and held faculty positions at Baylor College of Medicine, Vanderbilt University School of Medicine, and Children’s Hospital Los Angeles. She has recently completed a fellowship in clinician wellness at the University of California Davis School of Medicine. She is currently in private practice in Arcadia, California and is also a consultant for the Department of Developmental Services.

Adwoa Osei, MD, FAAP



Dr. Adwoa Osei is a board-certified pediatrician, a fellow of the AAP and an Assistant Professor in UC Riverside School of Medicine. She received her medical degree from the University of Ghana Medical School and completed residency and Chief Residency in Pediatrics at Michigan State University. After residency, she practiced general pediatrics for several years with Indiana University Health. She then joined the Faculty at UCR Medical School as an Assistant Clinical Professor. Her administrative roles include Director of Undergraduate Pediatric Medical Education, and Health Equity, Social Justice and Anti-racism in the School of Medicine. She completed a fellowship at the University of California Leadership Education in Neurodevelopmental Disabilities (UC-LEND) program, subsequently founding a primary care based neurodevelopmental and behavioral clinic within the UC Riverside Health System, serving children and families with a wide range of neurodevelopmental disabilities and complex psychosocial factors of diverse backgrounds and cultures.

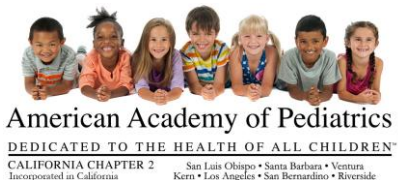
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*American Academy of Pediatrics – Chapter 2 (AAP-CA2)
and First 5 LA present:*

ACEs Aware

Peer-to-Peer Learning Series
A Provider Engagement Activity



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April 22, 2021





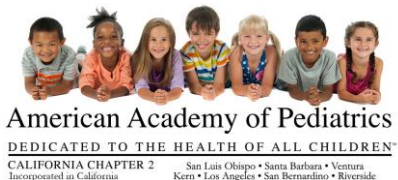
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Session 4: The Impact of Secondary Trauma and Burnout, with a Blueprint for Wellness

Nirupama Madduri, MD, FAAP

Adwoa Osei, MD, FAAP

April 22, 2021



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Zoom Etiquette

Please **MUTE** yourself upon entering the Zoom call;
Unmute yourself before you speak
(press *6 to unmute yourself and *9 to raise hand via phone)



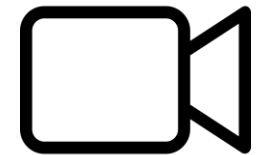
Add your organization to your name;
Hover over your name in the Participant box to “Rename”



Feel free to use the chat box throughout the meeting



Join us by video if you can!



If you have any technical difficulties, feel free to private chat the Host, AAP-CA2

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Secondary Trauma and Burnout in Clinicians

Nirupama Madduri, M.D., F.A.A.P.



April 22, 2021



Objectives

- Identify medical and emotional features of secondary trauma
- Identify symptoms of burnout in clinicians
- Compare secondary trauma to burnout
- Compare different stress responses

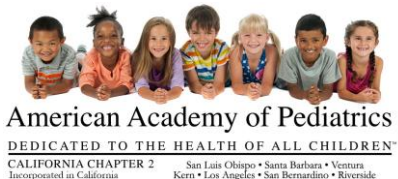


Recap of Session 1-3

Recap of Session 1 – January 7th with Christine Thang, MD

ACEs Study Conclusions from Dr. Anda:

- *ACEs are common.*
- *The cumulative impact of multiple exposures can be captured in an “ACE Score”.*
- *The ACE Score likely captures the cumulative (neuro)developmental consequences of traumatic stress.*
- *The ACE Score has a strong, graded relationship to numerous health, social, and behavioral problems throughout a person's lifespan.*



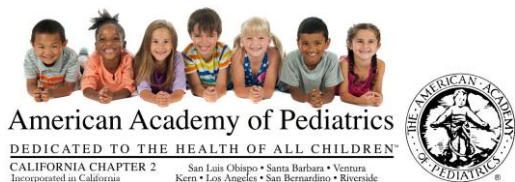
Recap of Session 2 – February 11 with Dr. Adam Schickedanz MD PhD

- Describe common barriers to identifying and addressing adverse childhood experiences
- Examine health system barriers to identifying and addressing adverse childhood experiences in their own practices.
- Assess readiness to deliver trauma-informed care in one's practice



Recap of Session 3 – March 18 with Dr. Carlo DeAntonio, MD

- In screening young children, we learn that ACEs coexist with developmental delays, so developmental screening is important with ACEs are identified. Early intervention through Regional Centers is an effective strategy to address developmental delays in children under 3 years.
- Describe AAP Guidelines for developmental screening
- Understand the relationship between ACEs screening and developmental screening
- Understand Early Intervention as an intervention for addressing ACEs for children 0-3
- Understanding referral guidelines for CA Early Start and Regional Center
- Understand impact of pandemic on screening and referrals
- Navigate common barriers to implementing screening and referring in practice



Secondary trauma

- Consequence of providing care to patients who have experienced trauma
- **“Compassion Fatigue”**
 - Bearing the suffering of clients
 - Reliving patients’ events
 - Higher risk with previous history of depression or anxiety
 - Negative consequences of duties to patients

Compassion Fatigue CR Figley 2002

Secondary Trauma

Cognitive

Lowered concentration
Apathy
Rigid thinking
Perfectionism
Preoccupation with trauma

Emotional

Guilt
Anger
Numbness
Sadness
Helplessness

Behavioral

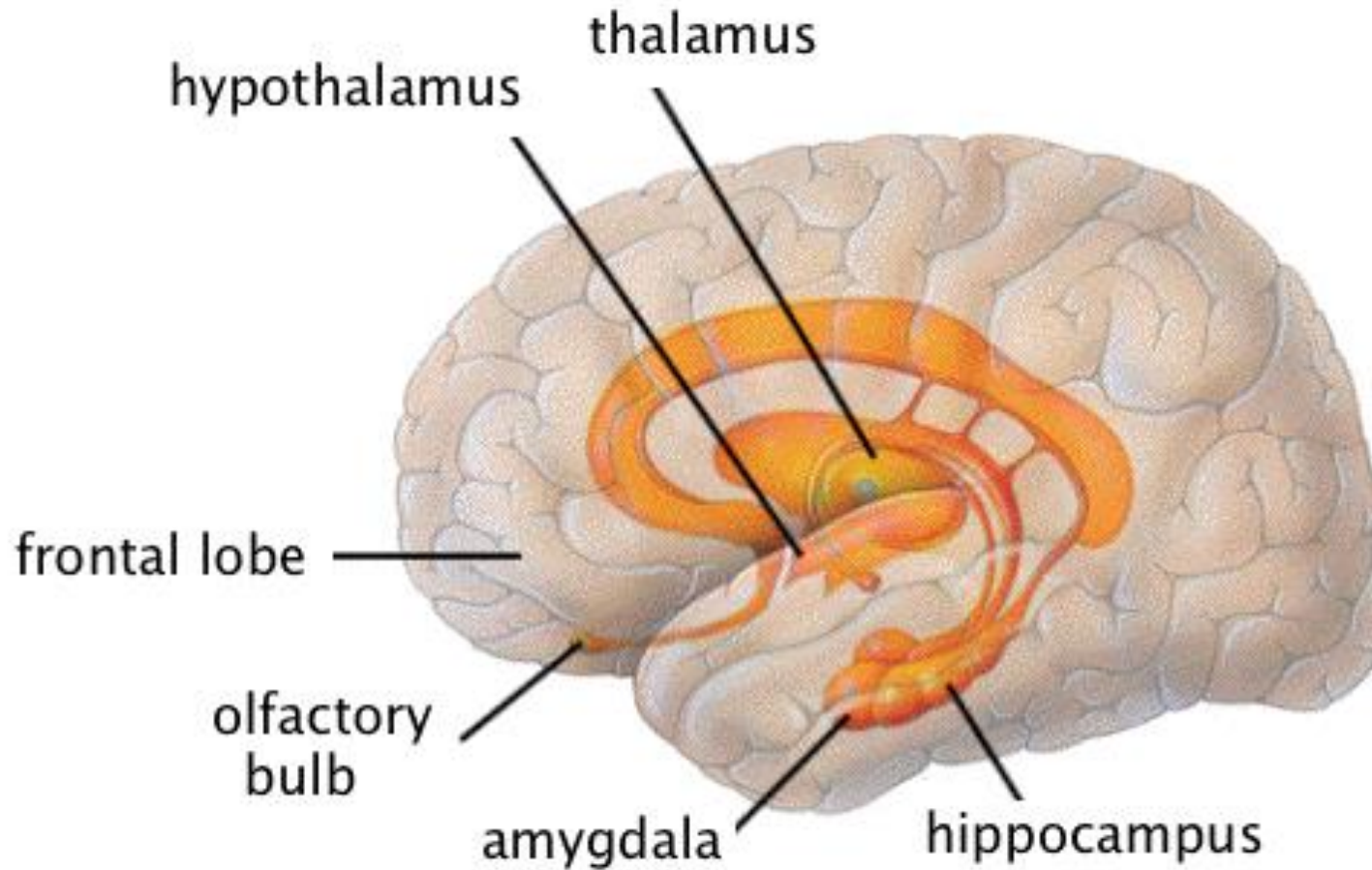
Withdrawal
Sleep disturbance
Appetite change
Hyper-vigilance
Elevated startle response

Physical

Increased heart rate
Difficulty breathing
Muscle and joint pain
Impaired immune system
Increased severity of medical concerns

Adapted from: <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>

Limbic System



Webspace.ship.edu

Secondary trauma responses

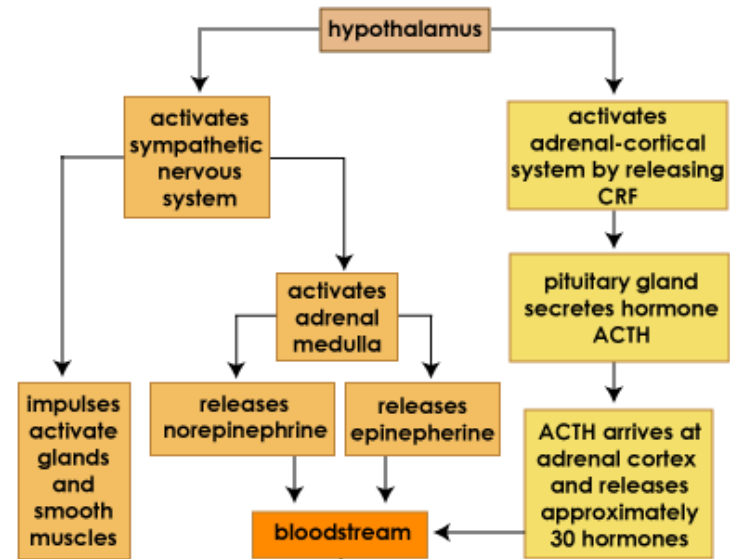
FREEZE



Wnep.com

FIGHT OR FLIGHT

Fight-or-flight Response



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©2005 HowStuffWorks



Burnout

○ Clinical features

- High emotional exhaustion
- High depersonalization
- Low sense of personal accomplishment from work
- 35-54% of US physicians and nurses
- 45-60% of resident physicians

Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being (2019)



Burnout

- **Physicians experiencing burnout**
 - Higher incidence of undesirable patient experiences
 - Twice as likely to experience a medical error in the past 3 months
 - More likely to reduce clinical hours
 - Twice as likely to leave their jobs
 - Five times more likely to leave medicine

Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being (2019)



Burnout

- **Contributing factors**

- Substantial changes in healthcare delivery
- Demands of workload
- Insufficient resources and supports
- Increasing push for system performance improvement
- Changing professional expectations
- Implementation of technology
- Increasing needs of patients

Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being (2019)



Secondary Trauma and Burnout

Cognitive

Lowered concentration
Apathy
Rigid thinking
Perfectionism
Preoccupation with trauma

Emotional

Guilt
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Helplessness

Behavioral

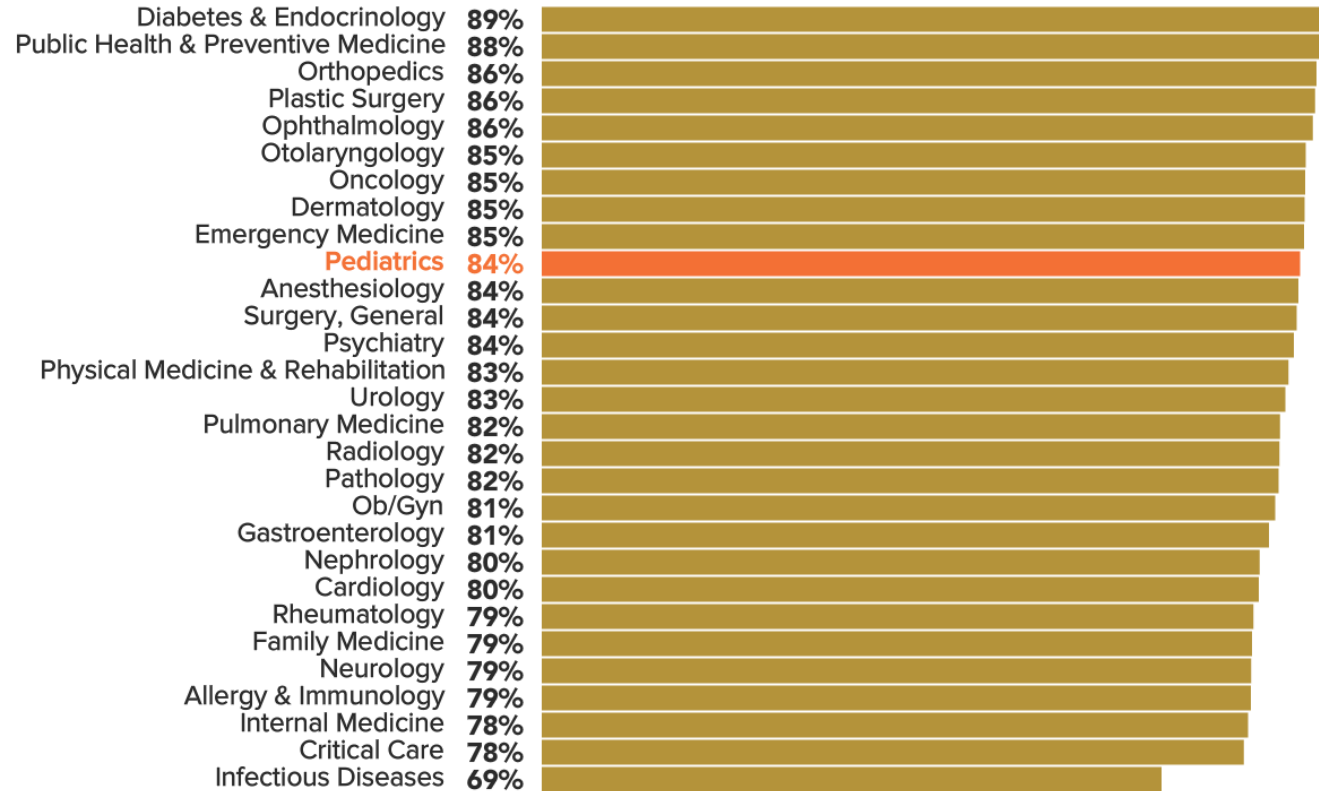
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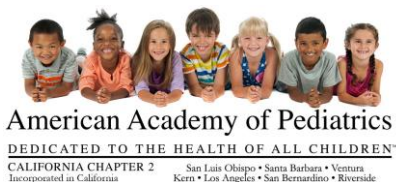
Increased heart rate
Difficulty breathing
Muscle and joint pain
Impaired immune system
Increased severity of medical concerns

Adapted from: <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>

What Specialties Were Happiest Outside of Work Before the Pandemic?



https://www.medscape.com/slideshow/2021-lifestyle-pediatrician-6013520?src=ban_lifestyle_specialty2021_desk_mscpmrk_hp#2

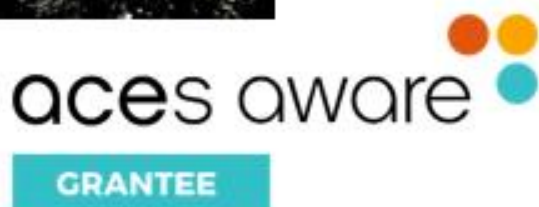




When the **THREADS** of Resilience are **FRAYED**

You are **FRAYED** (and at the end of your rope):

- Fits, Frets and Fear
- Restricted development
- Attachment concerns
- Yelling and yawning
- Educational delays
- Defeated/dissociation





THREADS: The Resiliency Factors of Childhood



Resiliency skills as the **THREADS** of childhood:

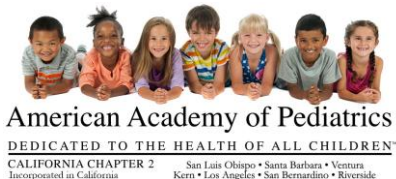
- Thinking and learning brain
- Hope
- Regulation or self control
- Efficacy
- Attachment
- Developmental skill mastery
- Social connectedness



Secondary trauma response

- **“Tend and befriend”—Affiliate response**
- Affiliative Neurocircuitry connects to basic drives
 - Tend: nurture & protect offspring and self, to promote safety
 - Frontline response to ensure survival of species
 - Reduces reactivity in stressful situations
 - Befriend: develop and maintain social supports to continue the process
 - Affiliation with others reinforces and reduces reactivity to stress
 - Higher mortality with social isolation

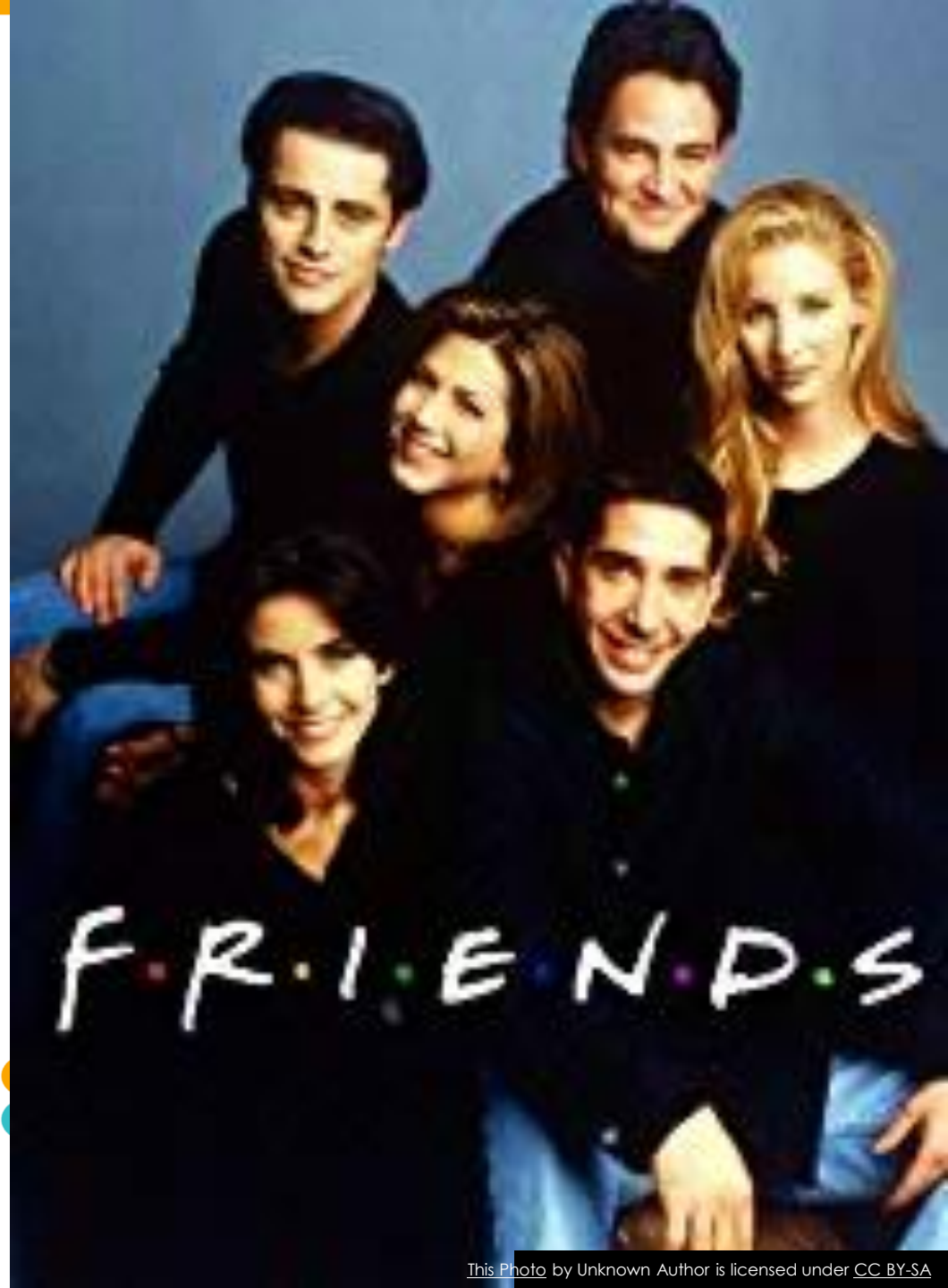
SE Taylor, SL Master Social Responses to Stress: The Tend and Befriend Model



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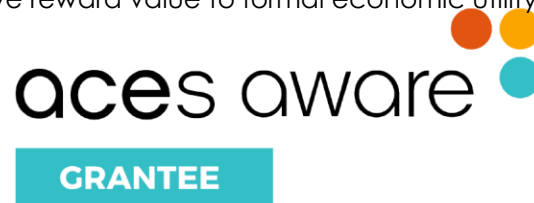
Secondary Trauma—Affiliate Response

OXYTOCIN	ENDOGENOUS OPIOIDS	DOPAMINE
Maternal-child Pair bonding Filial Reduces biological stress responses Reduces anxiety Reduces sympathetic system and HPA axis activity Seek social contact Prompts affiliative	Reward-based Analgesic Addictive	Neural reward processing Rewards for oneself and others Phasic Predictable rewards

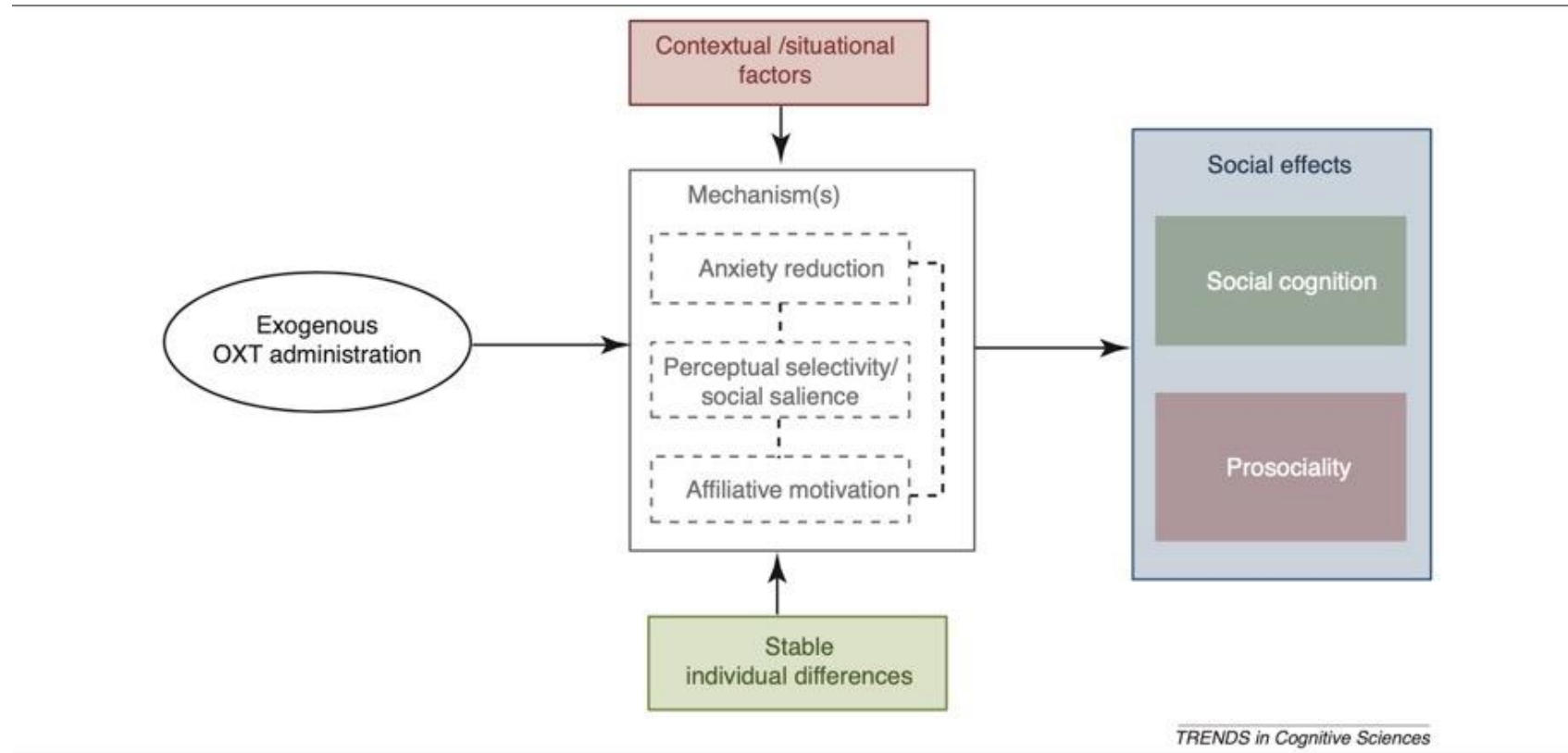
SE Taylor, SL Master Social Responses to Stress: The Tend and Befriend Model
 Schultz W, Carelli RM et al Phasic Dopamine Signals: from subjective reward value to formal economic utility; *Curr Opin Behav Sci* Oct 2015 5:147-154



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Secondary Trauma--Oxytocin



Bartz JA, Zaki J et al Social Effects of Oxytocin in Humans: contexts and personal matter *Trends in Cognitive Science* July 2011 15(7) 301-309s

Together we are all on a journey called life. We are a little broken and a little shattered inside. Each one of us is aspiring to make it to the end. None is deprived of pain here and we have all suffered in our own ways. I think our journey is all about healing ourselves and healing each other in our own special ways. Let's just help each other put all those pieces back together and make it to the end more beautifully. Let us help each other survive.

Ram Dass



Questions?

Email: nmadduri@att.net

Want more info on AAP-CA & ACEs?

Visit aapca2.org/aces/

Breakout Objectives

- Engage in solution-oriented discussions
- Share information and ideas that may be useful for peers

Breakout Questions

Group 1:

- Think about a time you were challenged personally by a clinical encounter.
- How did you work through this and what helped you during this time?

Group 2:

- What do you think were some impacts burnout had on your practice?
- What helped you work through this time?

Group 3:

- How do you feel the culture of medical practice needs to change to address clinician stress and burnout?
- Who do you feel are the key players and how would you appeal to them to make changes?

Group 4:

- How do you feel that the system can be adjusted to make wellness of clinical professionals a priority?
- What do you think you could do tomorrow to begin the change in the system?

Report Out

- 1. What solutions/strategies did your group propose?**
- 2. What resources would be needed to implement these solutions?**

Evaluation Reminder



- Please complete the post-session survey at <http://tinyurl.com/PeerToPeerSession4> (Required to receive CME credit).
This link will also be emailed to you.

AAP-CA2 and First 5 LA Peer-to-Peer Learning Session Series

Session	Date	Topic	Speaker
Session 1	January 7, 2021	ACEs Science – The Physiology of Toxic Stress	Christine Thang, MD, FAAP
Session 2	February 11, 2021	Childhood Adversity, Health Systems Change, and the Future of Trauma-Informed Pediatric Practice	Adam Schickedanz, MD, PhD, FAAP
Session 3	March 18, 2021	After ACEs screening: Early Intervention and Overcoming Barriers to Referrals	Carlo DeAntonio, MD, FAAP
Session 4	April 22, 2021	Impact of Secondary Trauma and Burnout, with a Blueprint for Wellness	Nirupama Madduri, MD, FAAP, and Adwoa Osei, MD, FAAP

Recordings of sessions posted here: <https://aapca2.org/aces-aware/>





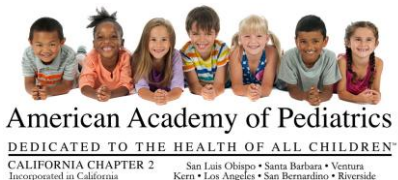
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Self-Care Strategies

Adwoa Osei, M.D., F.A.A.P

Health Sciences Assistant Professor, Pediatrics,
Clerkship Director, Pediatrics

Director, Health Equity, Social Justice and Anti-racism in UME
University of California, Riverside.



May 21, 2020

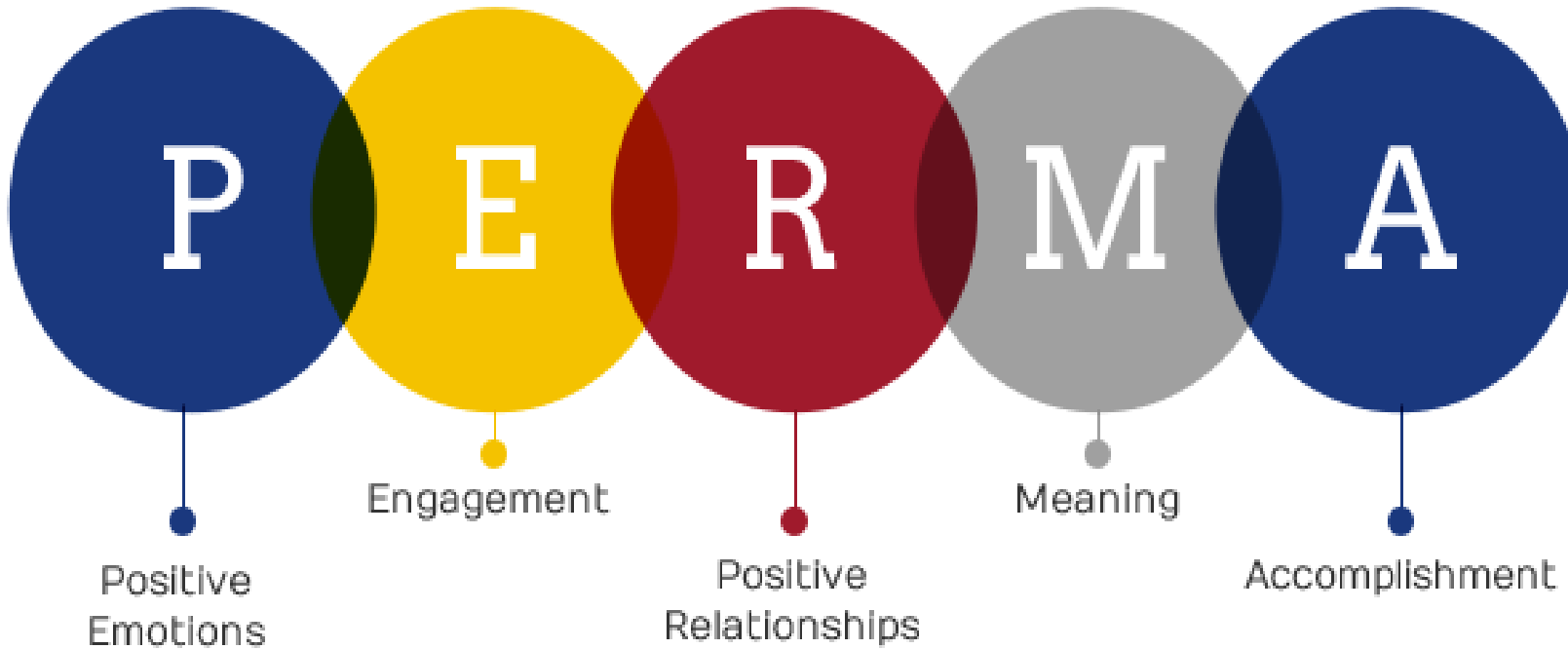


Learning Outcomes

1. Identify self-care tools/ strategies from PERMA theory of well-being.
2. Develop self-care tools for use in personal well-being.
3. Demonstrate the use of music and movement as a self-care tool.

Evidence-Based Strategies for Toxic Stress Mitigation

Introducing a New Theory of Well-Being



Credit: authentichappiness.sas.upenn.edu

Based on the model by **Dr Martin E.P Seligman** in his book, *Flourish; A Visionary New Understanding of Happiness and Well-being*

Evidence-Based Strategies for Toxic Stress Mitigation

- Positive emotions** (Cultivating joy, gratitude, kindness, forgiveness, satisfaction)
- Engagement** (Willing to do something for its own sake, regardless of reward, "Flow")
- Relationships** (Mutually supportive, stable, safe, nurturing)
- Meaning** (Our lives matter, part of or contributing to a higher purpose)
- Accomplishment** (Autonomy and competency in achieving/ working towards a personal goal)
- Health** (Sleep, good nutrition, physical activity)



Based on the model by **Dr Martin E.P Seligman** in his book, *Flourish*

Evidence-Based Strategies for Toxic Stress Mitigation



ACEs Aware Trauma-Informed Network of Care Roadmap for Public Comment

My Self Care Tools

- P** Reflective journaling, gratitude practice, nature walks/sit-ins, reading fiction
- E** Creating with my hands (baking, crafting, painting), photography, gardening, honing my skill of Behavioral/Developmental Pediatrics
- R** Mentoring/ being mentored, family, intentional friendships
- M** “Letting go” practice, Contemplative Faith Based Practice, putting things in perspective, Mary Oliver's Poetry, purposeful philanthropy, listening to podcasts.
- A** Honing my niche/strengths in career field, teaching medical students, parenting hacks, celebrating small wins and victories, valuing "journeys" and experiences.
- H** Sleep, Yoga, stretching, dance, taking time off and away from family and friends.

Some Patient Self Care Tools Used in My practice

- Reflective journaling practice – audio, video, written, drawn (**meaning, positive emotions, engagement**)
- Color coded charts for emotional regulation (**accomplishment**)
- Family picture book for preschool children (**relationships, positive emotions**)
- Identifying strengths during visits and building on them (**accomplishment, positive emotion**)
- Music and Movement - "Dance like no one is watching" (**physical activity**)

Music and Movement

1

Please join me in moving to a short tune.

2

Kindly stand or find a comfortable upright position.

3

Close your eyes.

4

Let the music move you.

Three Little Birds - Bob Marley



**Thank you
for attending!**