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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Presenter</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welcome</td>
<td>Carlo DeAntonio, MD, FAAP</td>
<td>6:00 – 6:10 (10 min)</td>
</tr>
<tr>
<td>2</td>
<td>Secondary Trauma and Burnout in Clinicians</td>
<td>Nirupama Madduri, MD, FAAP</td>
<td>6:10 – 6:30 (20 min)</td>
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<tr>
<td>3</td>
<td>Breakout: Facilitated Discussion</td>
<td>Facilitators from AAP-CA2 ACEs Committee and First 5 LA</td>
<td>6:30 – 7:00 (30 min)</td>
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<td>4</td>
<td>Report Out from Breakouts</td>
<td>Nirupama Madduri, MD, FAAP</td>
<td>7:00 – 7:15 (15 min)</td>
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<tr>
<td>5</td>
<td>Evaluation Reminder</td>
<td>Ann Isbell, PhD, First 5 LA</td>
<td>7:15 – 7:20 (5 min)</td>
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<tr>
<td>6</td>
<td>Self-Care Strategies</td>
<td>Adwoa Osei, MD, FAAP</td>
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Recording 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.
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.
American Academy of Pediatrics – Chapter 2 (AAP-CA2) and First 5 LA present:

ACEs Aware

Peer-to-Peer Learning Series

A Provider Engagement Activity

April 22, 2021
Session 4: The Impact of Secondary Trauma and Burnout, with a Blueprint for Wellness

Nirupama Madduri, MD, FAAP
Adwoa Osei, MD, FAAP
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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
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
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

<table>
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<tr>
<th>Cognitive</th>
<th>Emotional</th>
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<tr>
<td>Lowered concentration</td>
<td>Guilt</td>
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<td>Apathy</td>
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<td>Sadness</td>
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<td>Preoccupation with trauma</td>
<td>Helplessness</td>
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<td>Muscle and joint pain</td>
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<tr>
<td>Elevated startle response</td>
<td>Increased severity of medical concerns</td>
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Adapted from: https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress
Limbic System

- hypothalamus
- thalamus
- frontal lobe
- olfactory bulb
- amygdala
- hippocampus

Webspace.ship.edu
Secondary trauma responses

FREEZE

FIGHT OR FLIGHT

Fight-or-flight Response

- Hypothalamus activates sympathetic nervous system
- Pituitary gland secretes hormone ACTH
- ACTH arrives at adrenal cortex and releases approximately 30 hormones
- Neural activity combines with hormones in the bloodstream to constitute fight-or-flight response

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Wnep.com
THREAT

Stress, vigilance

Freeze

Sympathetic surge, cortisol increase

Fight or flight
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

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
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

# Secondary Trauma and Burnout

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Adapted from: https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress
What Specialties Were Happiest Outside of Work Before the Pandemic?

<table>
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<tr>
<th>Specialty</th>
<th>Happiness</th>
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<tbody>
<tr>
<td>Diabetes &amp; Endocrinology</td>
<td>89%</td>
</tr>
<tr>
<td>Public Health &amp; Preventive Medicine</td>
<td>88%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>86%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>86%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>86%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>85%</td>
</tr>
<tr>
<td>Oncology</td>
<td>85%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>85%</td>
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<tr>
<td>Emergency Medicine</td>
<td>85%</td>
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<tr>
<td>Pediatrics</td>
<td>84%</td>
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<tr>
<td>Anesthesiology</td>
<td>84%</td>
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<tr>
<td>Surgery, General</td>
<td>84%</td>
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<tr>
<td>Psychiatry</td>
<td>84%</td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
<td>83%</td>
</tr>
<tr>
<td>Urology</td>
<td>83%</td>
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<tr>
<td>Pulmonary Medicine</td>
<td>82%</td>
</tr>
<tr>
<td>Radiology</td>
<td>82%</td>
</tr>
<tr>
<td>Pathology</td>
<td>82%</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>81%</td>
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<tr>
<td>Gastroenterology</td>
<td>81%</td>
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<tr>
<td>Nephrology</td>
<td>80%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>80%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>79%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>79%</td>
</tr>
<tr>
<td>Neurology</td>
<td>79%</td>
</tr>
<tr>
<td>Allergy &amp; Immunology</td>
<td>79%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>78%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>78%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>69%</td>
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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
THREDS: The Resiliency Factors of Childhood

Resiliency skills as the THREDS 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
## Secondary Trauma—Affiliate Response

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

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

American Academy of Pediatrics

aces aware

GRANTEE

first 5 la
Secondary Trauma--Oxytocin


TRENDS in Cognitive Sciences

American Academy of Pediatrics
Dedicated to the health of all children

aces aware
GRANTEE

Giving kids the best start
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?
1. What solutions/strategies did your group propose?
2. What resources would be needed to implement these solutions?
• Please complete the post-session survey at http://tinyurl.com/PeerToPeerSession4 (Required to receive CME credit). This link will also be emailed to you.
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<tr>
<td>Session 1</td>
<td>January 7, 2021</td>
<td>ACEs Science – The Physiology of Toxic Stress</td>
<td>Christine Thang, MD, FAAP</td>
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<tr>
<td>Session 2</td>
<td>February 11, 2021</td>
<td>Childhood Adversity, Health Systems Change, and the Future of Trauma-Informed Pediatric Practice</td>
<td>Adam Schickedanz, MD, PhD, FAAP</td>
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<td>Session 3</td>
<td>March 18, 2021</td>
<td>After ACEs screening: Early Intervention and Overcoming Barriers to Referrals</td>
<td>Carlo DeAntonio, MD, FAAP</td>
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Recordings of sessions posted here: [https://aapca2.org/aces-aware/](https://aapca2.org/aces-aware/)
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.


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!