Wellness REDEFINED

Let's begin the conversation that truly matters.

Beyond Burnout.

How to Keep Your Heart in It Without Losing Your Mind (or Your Ethics)

Presented by:

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Learning Objectives:

Use a functional medicine lens to Identify your own stress patterns and physiological triggers of burnout.

Analyze how unresolved stress and bias can create ethical blind spots in case management decisions.

Explain how emotional regulation and self-care impact the quality of client communication and trust.

Create one actionable strategy to strengthen self regulation, boundaries, and ethical presence in your daily practice

Gratitude

Let’s be honest...

Today is about real talk: ethics, energy, and YOU!

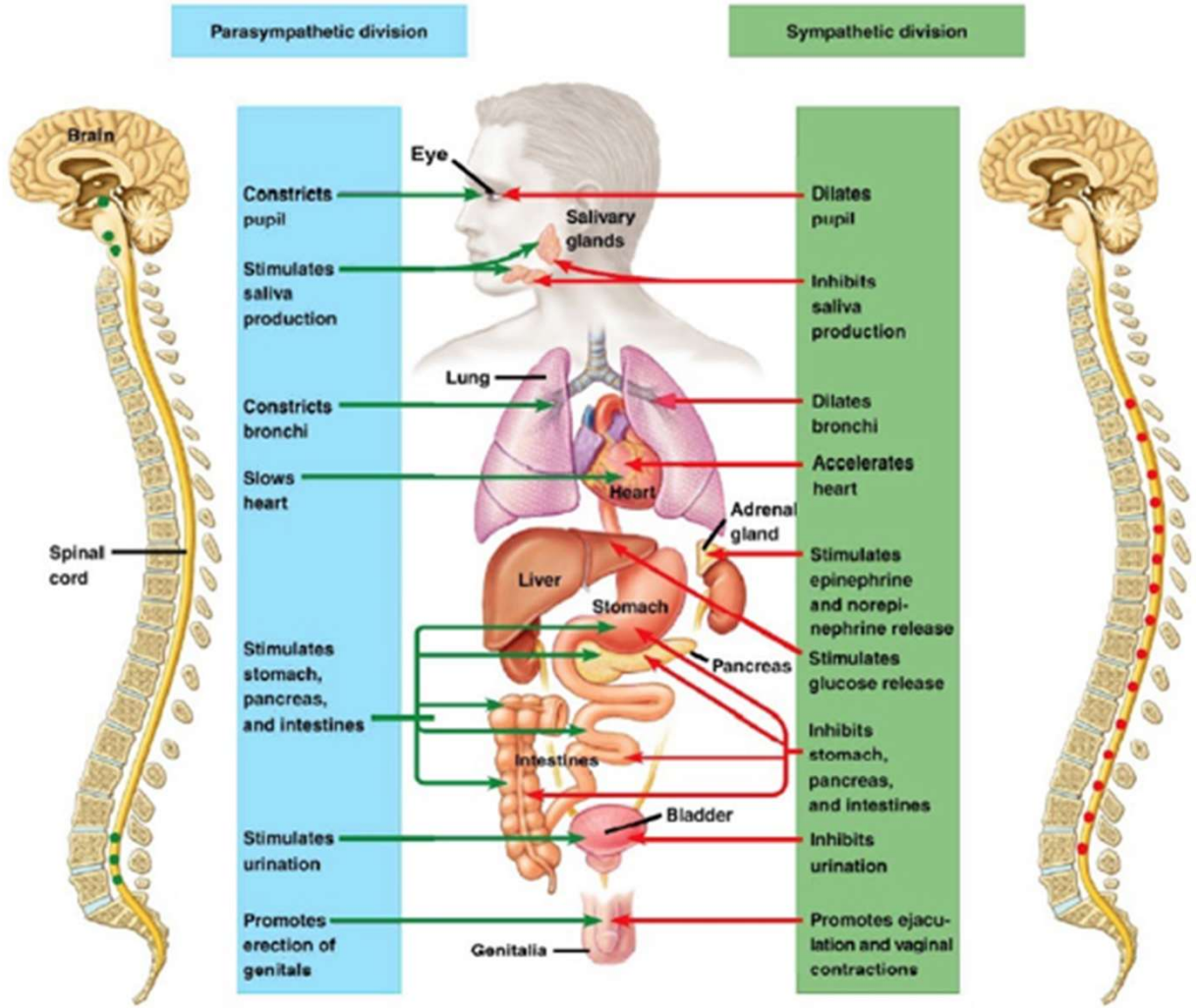
We have all worked while emotionally *drained*

Quick audience poll: How do you know you're burned out?

- You are quietly quitting
- You’ve replaced hydration with caffeine... again
- You sigh before logging into the EMR.

From Theory to Reality

- Stress and burnout aren’t just theory they show up as symptoms in real patients and lab changes in your body.
- What does it look like when your body says “enough!”



Case in Point

When doing everything "right" still doesn't work

<u>Chief Complaint:</u> "I can't get out of bed in the morning and I can't seem to remember anything".

- 37 -year- old female nurse. Two kids. Healthy habits. Still exhausted.
- Eats clean, gluten-free, takes supplements like probiotics, Vitamin D, turmeric.
- Could not get out of bed in the mornings, affected her household.

PCP: Dx Depression and Rx Antidepressant

This case represents the overlap between emotional fatigue and physiologic burnout

What We Did:

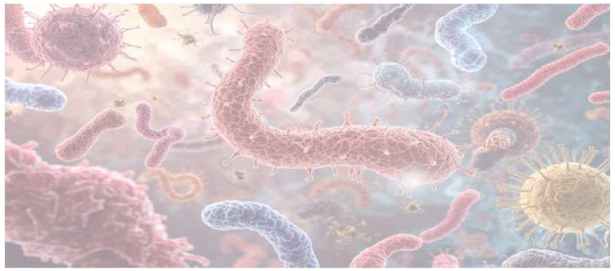
Root Cause Medicine

- **Assessed Whole Person (Lifestyle, Stressors, Family history, Traumas)**
- **Gut assessment: GI Map Stool study**
- **Labs: Baseline annual, including insulin, cortisol, Mg RBC, Vitamin levels, Gluten antibodies, hormone panel, and thyroid antibodies**
- **Stressors: HIIT workouts, trauma to body, adverse childhood events**
- **Sleep: she has young children, affected circadian rhythm**
- **Nutrition: Whole Foods, avoided gluten adequate water intake**
- **Relationships: Reinforced boundaries and stress regulation for work and home life.**

What We Found:

Patient Snapshot

- Dysbiosis with H. pylori and mild parasite presence on stool analysis.
- Elevated beta-glucuronidase and Zonulin → leaky gut.
- Early adrenal fatigue pattern of cortisol levels
- Her gut was sending the same SOS signal as her brain
- Labs: Low protein, Low cortisol, insulin resistance, elevated liver enzymes and, thyroid antibodies, sensitivity to gluten



Diagnostic Solutions laboratory

5895 Shiloh Rd, Ste 101 | Alpharetta GA 30005
877.485.5336

Patient: Ima Sample
Collected: 6/1/2025
DOB: 1/20/2010

Accession: 20250230-0001
Received: 6/6/2025
Completed: 6/15/2025
Ordered by: Sample Doctor,MD

GI-MAP
GI Microbial Assay Plus

DNA STOOL ANALYSIS BY QUANTITATIVE PCR

YOUR PERSONALIZED REPORT

PATHOGENS

The testing includes pathogens (bacterial, parasitic and viral) commonly known to cause gastroenteritis. Note that not all individuals with positive findings will present with symptoms. Many factors, including the health of the individual (such as immune health, digestive function, and microbiome balance), the transient nature of most pathogens, and the presence and expression of virulence factors, all contribute to pathogen virulence and individual symptoms.

BACTERIAL PATHOGENS	Result		Reference
Campylobacter	<dl		< 1.00e3
C. difficile Toxin A	3.47e5	High ↑	< 1.00e3
C. difficile Toxin B	2.52e5	High ↑	< 1.00e3
E. coli - EPEC/EHEC	<dl		< 1.00e3
E. coli O157	<dl		< 1.00e3
Enteroinvasive *E. coli/Shigella*	<dl		< 1.00e3
Enterotoxigenic *E. coli* LT/ST	<dl		< 1.00e3
Shiga-like Toxin *E. coli* stx1	<dl		< 1.00e3
Shiga-like Toxin *E. coli* stx2	5.93e2		< 1.00e3
Salmonella	<dl		< 1.00e4
Vibrio cholerae	<dl		< 1.00e5
Yersinia enterocolitica	<dl		< 1.00e5
PARASITIC PATHOGENS			
Cryptosporidium	<dl		< 1.00e6
Entamoeba histolytica	<dl		< 1.00e4
Giardia	<dl		< 5.00e3
VIRAL PATHOGENS			
Adenovirus 40/41	<dl		< 1.00e10
Norovirus GI/II	<dl		< 1.00e7

KEY: Results are reported as genome equivalents per gram of stool, which is a standard method for estimating the number of microbes measured per gram of stool, based on qPCR analysis of DNA samples.

Results are expressed in standard scientific notation. For example, a reported result of 3.5e7 is equivalent to 3.5×10^7 microbes per gram, which equals 35,000,000 (35 million) microbes per gram of stool.

< dl represents results below detectable limit.

The assays were developed and/or the performance characteristics determined by Diagnostic Solutions Laboratory.

HELICOBACTER PYLORI

H. PYLORI & VIRULENCE FACTORS	Result	Reference
Helicobacter pylori	<dl	< 1.00e3
Virulence Factor, babA	N/A	Negative
Virulence Factor, cagA	N/A	Negative
Virulence Factor, dupA	N/A	Negative
Virulence Factor, iceA	N/A	Negative
Virulence Factor, oipA	N/A	Negative
Virulence Factor, vacA	N/A	Negative
Virulence Factor, virB	N/A	Negative
Virulence Factor, virD	N/A	Negative

COMMENSAL/KEYSTONE BACTERIA

COMMENSAL BACTERIA	Result	Reference
Bacteroides fragilis	3.00e10	1.6e9 - 2.5e11
Bifidobacterium spp.	3.85e10	> 6.7e7
Enterococcus spp.	1.44e7	1.9e5 - 2.0e8
Escherichia spp.	3.79e9	3.7e6 - 3.8e9
Lactobacillus spp.	9.04e6	8.6e5 - 6.2e8
Enterobacter spp.	5.04e6	1.0e6 - 5.0e7
Akkermansia muciniphila	<dl L	1.0e1 - 8.2e6
Faecalibacterium prausnitzii	1.37e3	1.0e3 - 5.0e8
Roseburia spp.	8.60e8	5.0e7 - 2.0e10
BACTERIAL PHYLA		
Bacteroidetes	1.75e12	8.6e11 - 3.3e12
Firmicutes	1.48e11	5.7e10 - 3.0e11
Firmicutes:Bacteroidetes Ratio	0.08	< 1.0

OPPORTUNISTIC/OVERGROWTH MICROBES

DYSBIOTIC & OVERGROWTH BACTERIA	Result		Reference
Bacillus spp.	1.22e6		< 1.76e6
Enterococcus faecalis	<dl		< 1.00e4
Enterococcus faecium	<dl		< 1.00e4
Morganella spp.	<dl		< 1.00e3
Pseudomonas spp.	6.08e5	High ↑	< 1.00e4
Pseudomonas aeruginosa	1.70e3	High ↑	< 5.00e2
Staphylococcus spp.	1.24e5	High ↑	< 1.00e4
Staphylococcus aureus	3.65e2		< 5.00e2
Streptococcus spp.	1.02e4	High ↑	< 1.00e3
COMMENSAL OVERGROWTH MICROBES			
Desulfovibrio spp.	<dl		< 7.98e8
Methanobacteriaceae (family)	9.97e6		< 3.38e8
INFLAMMATORY & AUTOIMMUNE-RELATED BACTERIA			
Citrobacter spp.	<dl		< 5.00e6
Citrobacter freundii	<dl		< 5.00e5
Klebsiella spp.	<dl		< 5.00e3
Klebsiella pneumoniae	<dl		< 5.00e4
M. avium subsp. paratuberculosis	<dl		< 5.00e3
Proteus spp.	<dl		< 5.00e4
Proteus mirabilis	<dl		< 1.00e3
COMMENSAL INFLAMMATORY & AUTOIMMUNE-RELATED BACTERIA			
Enterobacter spp.	5.04e6		< 5.00e7
Escherichia spp.	3.79e9		< 3.80e9
Fusobacterium spp.	3.21e7		< 1.00e8
Prevotella spp.	1.74e7		< 1.00e8

FUNGI/YEAST

FUNGI/YEAST	Result	Reference
Candida spp.	<dl	< 5.00e3
Candida albicans	<dl	< 5.00e2
Geotrichum spp.	<dl	< 3.00e2
Microsporidium spp.	<dl	< 5.00e3
Rhodotorula spp.	<dl	< 1.00e3

VIRUSES

VIRUSES	Result	Reference
Cytomegalovirus	<dl	< 1.00e5
Epstein-Barr Virus	<dl	< 1.00e7

PARASITES

PROTOZOA	Result	Reference
Blastocystis hominis	<dl	< 2.00e3
Chilomastix mesnili	<dl	< 1.00e5
Cyclospora spp.	<dl	< 5.00e4
Dientamoeba fragilis	<dl	< 1.00e5
Endolimax nana	<dl	< 1.00e4
Entamoeba coli	<dl	< 5.00e6
Pentatrichomonas hominis	<dl	< 1.00e2
WORMS		
Ancylostoma duodenale	Not Detected	Not Detected
Ascaris lumbricoides	Not Detected	Not Detected
Necator americanus	Not Detected	Not Detected
Trichuris trichiura	Not Detected	Not Detected
Taenia spp.	Not Detected	Not Detected

INTESTINAL HEALTH MARKERS

DIGESTION	Result	Reference
Steatocrit	<dl	< 15 %
Elastase-1	332	> 200 ug/g
GI MARKERS		
β-Glucuronidase	624	< 2486 U/mL
Occult Blood - FIT	<dl	< 10 ug/g
IMMUNE RESPONSE		
Secretory IgA	685	510 - 2010 ug/g
Anti-gliadin IgA	107	< 175 U/L
Eosinophil Activation Protein (EDN, EPX)	0.32	< 2.34 ug/g
INFLAMMATION		
Calprotectin	0	< 173 ug/g
ADD-ON TESTS		
Gluten Peptide	129.6	< 5.0 ng/g
Zonulin	188.9 H	< 175 ng/g

H. PYLORI ANTIBIOTIC RESISTANCE GENES

	Result	Reference
Amoxicillin	**N/A**	**Negative**
Genes associated with amoxicillin resistance		
PBP1A S414R	N/A	
PBP1A T556S	N/A	
PBP1A N562Y	N/A	

	Result	Reference
Clarithromycin	**N/A**	**Negative**
Genes associated with clarithromycin resistance		
A2142C	N/A	
A2142G	N/A	
A2143G	N/A	

	Result	Reference
Fluoroquinolones	**N/A**	**Negative**
Genes associated with fluoroquinolone resistance		
gyrA N87K	N/A	
gyrA D91N	N/A	
gyrA D91G	N/A	
gyrB S479N	N/A	
gyrB R484K	N/A	

	Result	Reference
Tetracycline	**N/A**	**Negative**
Genes associated with tetracycline resistance		
A926G	N/A	
AGA926-928TTC	N/A	

Patient Outcomes

What We Did:	Results:
Gut and Liver Detox	Energy and mood
Parasite Cleanse	Lost 10 lbs without trying (belly fat)
Nutritional Support (Ashwagandha, Mg &, etc.)	No sugar cravings
Replace HIIT with walking	Feels grounded with more capacity
Rest + Circadian rhythm reset	Sleeping 7-8 hours a night
Breath work	Memory

Same Woman. Same Job. Regulated nervous system.

Functional Medicine Lens

- Burnout is not just mental fatigue, it is a system under stress.
- Stress from any source activates the autonomic nervous system- fight or flight.
- Chronic activation flattens cortisol rhythm and weakens immunity.
- Results: brain fog, irritability, and energy crashes.

Functional medicine approach, we find root cause concerns:

- Antecedents (sleep loss, workload, personal stress).
- Triggers: deadlines, conflict, chronic inflammation.
- Mediators: gut balance, cortisol rhythm, boundaries, recovery.

How This Applies to Us?

If stress can dysregulate one nurse's gut and hormones
what is It doing to us as professionals?

(Healing is not indulgent, it is ethical preparation).

You're Not a Robot.

Human first, clinician second

Understand:
anxiety and depression often link to unhealed trauma, chronic stress, or dysregulation.

Listen to our bodies:
low mood, brain fog, or irritability.
Symptoms shape our ability to show up for clients.

▸ **Trauma**	Your nervous system has receipts from your life
▸ **Emotional Patterns**	Your story: triggers, antecedents, mediators.
▸ **Health History**	Functional Medicine Timeline = your emotional and physiological map.
▸ **Research**	ACEs increase stress sensitivity and emotional reactivity (Kong et al., 2021)

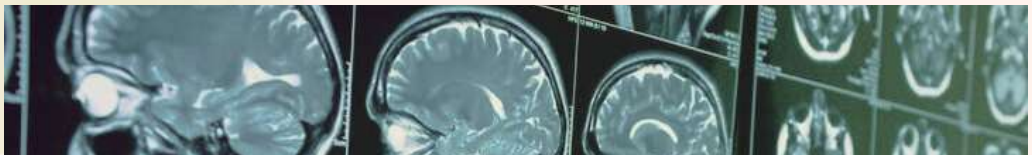
Stress is a System

Stress → affects performance → impacts patient outcomes

This Is Your Brain on Burnout.

f we ignore burnout, our ethics suffer.

- You have low empathy, mental fog, missed ethical steps
- Dysregulation = you rush, forget refusal rights, skip alternatives
- **Research:** Burned-out nurses = more errors, lower patient satisfaction (Nagle et al., 2024)



Burnout overlaps with masked depression, especially in high-functioning caregivers.

The neurobiology of chronic stress mirrors that of general anxiety: constant worry, poor sleep, brain fog.

What looks like 'tired' may be low dopamine or serotonin.

Physiologic Stress

How Dysregulation Shows up at Work

Productivity Factors

Missed client cues.

Response

Projection of fear, urgency, irritability.

Service

Bias toward certain clients or rushing outcomes.

Triggers

Inability to empower others if stuck in survival mode.

Case Scenarios:
Ethics in Action.

Which case manager aligns with you today?

Scenario A

Exhausted case manager skips explaining refusal rights

Scenario B

Regulated case manager gives clear, thorough, empowering conversation

Standards for Certified Case Managers

BOARD-CERTIFIED CASE MANAGER (CCM) CONDUCT

Section 3: Case Manager/Client Relationships

S9- Description of Services

Board-Certified Case Managers (CCMs) will provide the necessary information to educate and empower clients to make informed decisions. At a minimum, Board-Certified Case Managers (CCMs) will provide information to clients about case management services, including a description of services, benefits, risks, alternatives and the right to refuse services. Where applicable, Board-Certified Case Managers (CCMs) will also provide the client with information about the cost of case management services prior to initiation of such services.

Burnout is not a personal flaw, it’s an ethical risk factor.

Impact to Case Managers

- Burnout affects objectivity and decision-making
- Fatigued clinicians rush explanations or impose bias
- Violates CCM Standard 9 responsibilities

So what do we do about it?

Ethics...

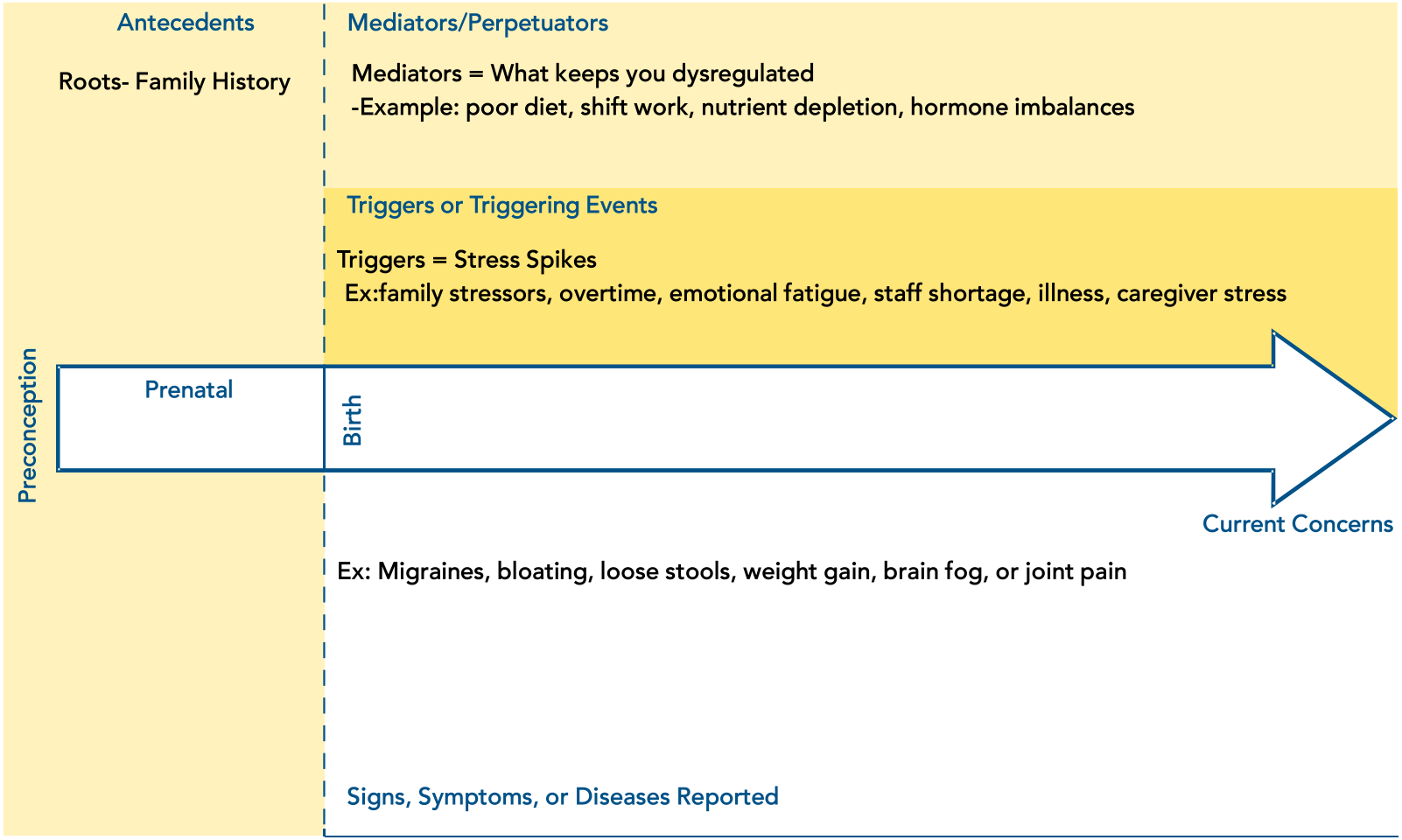
But Make it *Personal.*

Standard 9: Ensure to clearly explain to clients

- Services
- Alternatives
- Risks
- Costs
- Refusal Rights

But if you're too tired or stressed ? **That may not happen**

Functional Medicine Timeline



Name: _____ Date: _____ CC: _____ Tex t

Interactive *Timeline* Activity:
Fill in your own timeline

Antecedents = Roots
Triggers = Stress Spikes
Mediators = What keeps you well (or dysregulated)

Reflection prompt: “How do these show up when you’re in front of a client?”

Resilient & Regulated Toolbox

Self-checks: “Am I grounded enough to explain this clearly?”

Tools: breathing, gratitude, journaling, or nervous system resets.

Support: peer debriefs, boundary implementation, trauma-aware practices.

- **Practice**
- **Ask**
- **Discuss**

Research: Evidence based mind-body tools reduce clinician stress and increase presence (NIH, 2023)

Closing Reflection & Challenge

"We cannot offer ethical clarity if our inner world is clouded."

Choose one:

- **Choose a new boundary**
- **Practice a daily self-check**
- **Find an accountability partner**

What's one way you can care for yourself
that would help you fulfill your S9 responsibility to patients?

Wellness Redefined

JOURNEY

MY 5 CHARACTER STRENGTHS

MY SUPPORT SYSTEM

MY REWARDS ARE

PX:

/ /

MY PLAN

MY HOMEWORK

MY VISION

MY TIMELINE

WHAT HAS WORKED IN THE PAST?

WHAT ARE MY WINS?

WHAT ARE YOU TAKING WITH YOU?

MY AFFIRMATION:

WHAT ARE MY ROADBLOCKS?

WHAT COULD BE GOING BETTER?

HOW CONFIDENT DO YOU FEEL?

1 2 3 4 5 6 7 8 9 10

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Questions?

Thank you so much!

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