

Collaborative Care: Adolescent Depression Management and Bullying Mitigation - Tackling Tough Topics in Your Office (Workshop)

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Celia Neavel, MD, FSAHM, FAAFP

Director, Center for Adolescent Health and GOALS Program, People's Community Clinic, Austin, Texas

Dr. Neavel earned her medical degree from Baylor College of Medicine, Houston, Texas, and completed residency and a fellowship at the University of Cincinnati, Ohio. She is board certified in family medicine and has a Certificate of Added Qualifications (CAQ) in Adolescent Medicine, as well as fellowship training in both adolescent medicine and developmental disorders. Dr. Neavel supervises and teaches a variety of health care professionals within her own team, as well as trainees rotating through the clinic. She founded—and continues to direct—the Center for Adolescent Health and the GOALS Program at People's Community Clinic, a nonprofit federally qualified health center (FQHC). The Center for Adolescent Health provides primary, behavioral, and reproductive care at a main clinic site, with additional sites embedded in youth-serving community agencies. The GOALS Program is a developmental, behavioral, and primary care program for individuals ages 4 to 19.

Dr. Neavel works with diverse community organizations. She is on the Texas Health Steps Advisory Council, as well as serving as a Travis County Medical Society delegate to the Texas Medical Association and a medical advisor for the Texas Youth-Friendly Initiative. The recipient of numerous awards, she frequently is named Austin's top adolescent medicine physician in Austin Monthly magazine. Dr. Neavel has given national, state, and local presentations on integrated behavioral health, adolescent wellness care, reproductive health, and minor consent and confidentiality. She currently collaborates with University of Texas faculty on research on integrated behavioral health.

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Geordi Cortez-Neavel

Intern/Volunteer, People's Community Clinic, Austin, Texas

Cortez-Neavel earned his bachelor's degree in global health from Washington University in St. Louis, Missouri. He is currently pursuing a master's degree in clinical research management from University of North Texas Health Science Center and applying to medical schools for the 2019-2020 cycle. Previously, he has participated in projects focused on access to quality care; youth assessment and treatment; emergency medicine; and primary care. He has received training as an emergency medical technician-basic (EMT-B), a National Academy of Sports Medicine (NASM) trainer, and—most recently—a youth peer wellness specialist. As a volunteer at People's Community Clinic, he serves as an ambassador and a member of the Youth Advisory Council.

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Sasha D. Jaquez, PhD

Pediatric Psychologist, Dell Children's Medical Center, Austin, Texas; Clinical Assistant Professor, Department of Psychiatry, Dell Medical School, Austin, Texas; Clinical Assistant Professor, Department of Educational Psychology, University of Texas at Austin

Jaquez received her doctorate degree in Clinical Psychology, with an emphasis on pediatric/child clinical psychology, from Oklahoma State University, Stillwater. She completed her predoctoral psychology internship at University of Alabama at Birmingham/Children's of Alabama, followed by a postdoctoral fellowship at University of Texas at Austin, where she worked both at Dell Children's Medical Center and Texas Child Study Center. Following postdoctoral fellowship, she moved to Akron, Ohio, where she received training in pediatric behavioral sleep medicine, established the Sleep Psychology Clinic at Akron Children's Hospital, and worked on the inpatient consultation/liaison team. Upon returning to Austin, Jaquez became the director of the Medical Coping Specialty Clinic at Texas Child Study Center and saw patients within the Texas Center for the Prevention and Treatment of Childhood Obesity (TCPTCO). She sees patients in the Dermatology, Allergy, and Comprehensive Care Clinics at Dell Children's Medical Group. In these clinics, she specializes in cognitive behavioral therapy with youth who present with comorbid psychological and medical concerns, as well as sleep disorders. In addition to medical residents and fellows, she trains psychology graduate students, interns, and postdoctoral fellows. Her current research focuses on weight bias among pediatric providers and trainees and use of behavioral interventions during dermatology procedures.

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Learning Objectives

1. Practice applying new knowledge and competencies gained from Adolescent Depression and Bullying Mitigation: Interventions That Make A Difference talk, and receive feedback from expert faculty.
2. Interact collaboratively with peers in a case-study scenario of depression, bullying, and suicidal ideation.
3. Develop skills to communicate effectively with patients presenting with these issues in order to elicit true concerns, provide education, refer to appropriate services, and discuss medications and/or brief behavioral intervention.

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Audience Engagement System



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Introductions and Plan for Today

- Team-based learning format using case example
- Teams are identified (1-10) by tent cards
- Team interaction & discussion is encouraged
- Please pick a “scribe” for your team
 - Only the **Team Scribe** should select the **EAS** button on their device
 - **Other team members:** pull up the **handout** on your individual devices for reference
 - **Always** put your Team # in front of any submitted response or question
 - the “**Enter**” key on your device will **submit** your response

Chief Complaint

“We are here for my son’s WCC, I have noticed him complaining more about a stomach ache lately, but I think it’s because the flu went around at home. He has missed more school than my other kids, but he never really liked school anyway.”

History of Present Illness

- Juan here with mother for well-visit
- 12-year-old Latino complaining of recurring abdominal pain
- Began September
- No similar symptoms prior to this school year

Other Review of Systems

- Occass HA
- Poor sleep. Up late on phone. Tired during day
- Sees dentist q 6 months. Brushes teeth
- No CP, SOB
- No weakness
- Mild acne. No rashes

Family History

- Mother, grandmother: depression. Mother postpartum depression w/ patient.
- Father: alcohol abuse & high cholesterol.
- Maternal & paternal grandmothers: Type 2 DM
- 2 younger siblings healthy & doing well in school

Decision Point / Question

- What does H E E A D D/S S S (S) stand for?

Social History as HEEADDSSSS

- **Home:** Lives w/ Mother, parents separated. Visits father 2x month. Keeps to self. Siblings annoy him. Family stressed due to parents not being documented & finances
- **Education:** 5th grade, previous A's & B's, now C's, occasional B's. Doesn't like school.
- **Eating:** Not hungry. Would like to lose weight. Skips meals. Binge eats at night.
- **Activities:** Quit soccer & piano. No exercise. 2-3 friends. No best friend. 4+ hours/day on phone/video games.
- **Drugs:** CRAFFT -
- **Depression/Suicidality:** Screening tool +
- **Sexuality:** no abuse, sex ed home & school. Attracted to girls. Never dated.
- **Safety:** Safe & no guns at home. W/ probing, reports boys mean to him at school. Ex-best friend posted lies about him on Facebook. Another friend threatened to fight him.
- **Strengths:** Can't think of anything does well or likes about self
- **Spirituality:** Goes to church with family 3x month.

Decision Point / Question

- List some validated psychosocial or depression screening tools that you could use in your office

PSC, PSC-17, PSCY Pediatric Symptom Checklist

CRAFFT Car, Relax, Alone, Friends, Forget, Trouble

PHQ 2, 9, & A

SCARED Screen for Child Anxiety Related Disorders

CES-DC Center for Epidemiological Studies Depression Scale for Children

CDI Beck Child Depression Inventory for Primary Care (not free)

CBCL Child Behavior Checklist (not free), TRF, YSR Achenbach System of Empirically Based Assessment (ASEBA)

RAAPS Rapid Assessment for Adolescent Preventive Services

Physical & Mental Status Exam

- Appearance: well-groomed, clean, obese
- Behavior: limited eye contact, tried to get off topic when discussing stomach aches
- Speech: fluent, clear, normal volume
- Perception: did not appear to be responding to internal stimuli
- Cognition: alert, oriented to situation, oriented to time, oriented to place, oriented to person, memory intact
- Mood: irritable
- Affect: congruent to thought content
- Insight: limited
- Judgment: limited
- Thought Processes: intact
- Thought Content: unremarkable
- Motor Activity: intact

Decision Point / Question

- What is/are your diagnostic impression(s)?



Decision Point / Question

- What did you like best about this physician-patient interaction?

Decision Point / Question

- How did the physician elicit information in this clip?

Decision Point / Question

- What criticism did you have about this physician-patient interaction?

Decision Point / Question

- Is there anything from this clip that you think would be beneficial to integrate into your own practice?



JUAN

- **Home:** Lives w/ Mother, parents separated. Visits father 2x month. Keeps to self. Siblings annoy him. Family stressed due to parents not being documented & finances
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Decision Point / Question

- Give an example of an open ended question you might ask to follow up about + depression screen

Decision Point / Question

- Give an example of an open ended question you might ask to follow up about bullying

ROLE PLAY ACTIVITY

- Physician
- Juan
- Mother
- Scribe
- Observers
- Reporter

DISCUSSION

1. How did each actor feel in their role?
2. What was easy or challenging?
3. What did the observers notice?
4. What strategies would you like to learn that would be helpful in this situation?

BULLYING

- 1) Ask pts to describe own behaviors & those of others in indirect, open-ended way.
- 2) Opening discussion can draw attention to problem & empower patients & caregivers
- 3) Encourage find enjoyable activities, promote confidence & self-esteem

ROLE PLAY ACTIVITY 2

- Physician
- Juan
- Mother
- Scribe
- Observers
- Reporter

DISCUSSION

1. How did each actor feel in their role?
2. What was easy or challenging?
3. What did the observers notice?
4. What strategies would you like to learn that would be helpful in this situation?

“CHECK YOUR OWN PULSE”

- Bring structure/safety to encounter
- Be mindful of your own affect
- Bring back to history or here and now
- Compassion, not always empathy
- OK to admit to yourself difficult case, not always clear answers
- Debrief with a team member

Decision Point / Question

Would you like to learn more about:

- 1) Motivational Interviewing & In Office Interventions?
- 2) Starting & Monitoring Medication?
- 3) Collaborating with Mental Health Professionals?
- 4) The Suicidal Patient?

PATIENT PLAN

PRACTICE RECOMMENDATIONS

- Use validated tools & structured interviews
- Have a coordinated, team-based plan in place
- Harm in not intervening as the PCP
- Include behavioral health consultants & judicious use SSRI

*Utilize compassion, optimism, and close f/u
Keep practicing yet acknowledge when
dealing with a tough situation*

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Questions



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