

# (PBL) Adolescent Depression Management and Bullying Mitigation: Interventions That Make A Difference

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## Celia Neavel, MD, 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 her family medicine residency at the University of Cincinnati, Ohio. She also completed a fellowship at the Cincinnati Children's Hospital Medical Center, 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 teams, as well residents and predoctoral psychology students. 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 4-19. Dr. Neavel also has a long history of working with other community organizations. She is on the Texas Health Steps Advisory Council and is a Travis County Medical Society delegate to the Texas Medical Association. The recipient of numerous awards, she was named one of Austin's top adolescent medicine physicians for 2017 and 2018 in *Austin Monthly*. Dr. Neavel has given national, state, and local presentations on integrated behavioral health, adolescent wellness care, and reproductive health. She currently collaborates with University of Texas faculty on research on integrated behavioral health.

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# Jane Gray, PhD

Director of Psychology Training, Texas Child Study Center, Austin; Clinical Assistant Professor, Department of Educational Psychology, University of Texas at Austin; Clinical Assistant Professor, Department of Psychiatry, Dell Medical School, Austin, Texas

Gray is a pediatric psychologist who received her doctorate in school psychology from UT Austin and completed her doctoral psychology internship at the Boston Children's Hospital, Massachusetts. She completed a postdoctoral fellowship at Judge Baker Children's Center, a Harvard Medical School affiliate in Boston, Massachusetts. As a practicing psychologist in Austin, Texas, Gray specializes in depression, anxiety, disruptive behavior, and obesity, and she uses a cognitive behavioral and family systems approach to treat a variety of social, emotional, behavioral, and health problems in children and families. She has developed and implemented novel behavioral approaches for youth and their families as they work together to achieve a healthier weight and lifestyle, including an adolescent group program called Teens Empowered for Exercise and Nutrition (TEEN). She has been active in the Society of Pediatric Psychology's Obesity Special Interest Group and the Children's Hospital Association's Focus on a Fitter Future. In addition, she serves on the American Psychological Association's Guideline Development Panel for Obesity. In the field of psychology, Gray has served for 13 years as a clinical supervisor and nine years as a training director, and she also has experience training individuals from many other professional backgrounds, including psychiatry, social work, and medicine. She has been awarded several training grants. Most recently, she received the U.S. Health Resources & Services Administration's (HRSA's) Graduate Psychology Education Award, which aims to prepare psychologists to work in underserved pediatric primary care settings. She is a co-principal investigator and the training and clinical lead for psychology on the Behavioral Health Workforce Education and Training grant that HRSA awarded to Dell Medical School's Department of Psychiatry. In addition, she is a collaborator in the Integrated Behavioral Health Scholars Program, UT Austin's cross-campus collaborative to train psychology, psychiatry, social work, and nursing students to provide evidence-based, culturally competent integrated care to underserved populations.

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# Geordi Cortez-Neavel, BA

Intern/Volunteer/Youth Advisory Council Member, People's Community Clinic, Austin, Texas

Cortez-Neavel earned his bachelor's degree in global health from Washington University in St. Louis, Missouri, and is currently applying to medical schools. He has been participating in projects involving access to quality care, and youth assessment and treatment. In addition, he is pursuing projects with a focus on emergency medicine and primary care. Previously certified as an emergency medical technician-basic (EMT-B) and a National Academy of Sports Medicine (NASM) trainer, he was recently certified as a youth peer-wellness specialist. He volunteers at People's Community Clinic in Austin, Texas, where he serves as an ambassador and member of the Youth Advisory Council.

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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 session, and receive feedback from expert faculty.
2. Interact collaboratively with peers to solve complex and challenging 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 provide appropriate medications and/or brief behavioral intervention.

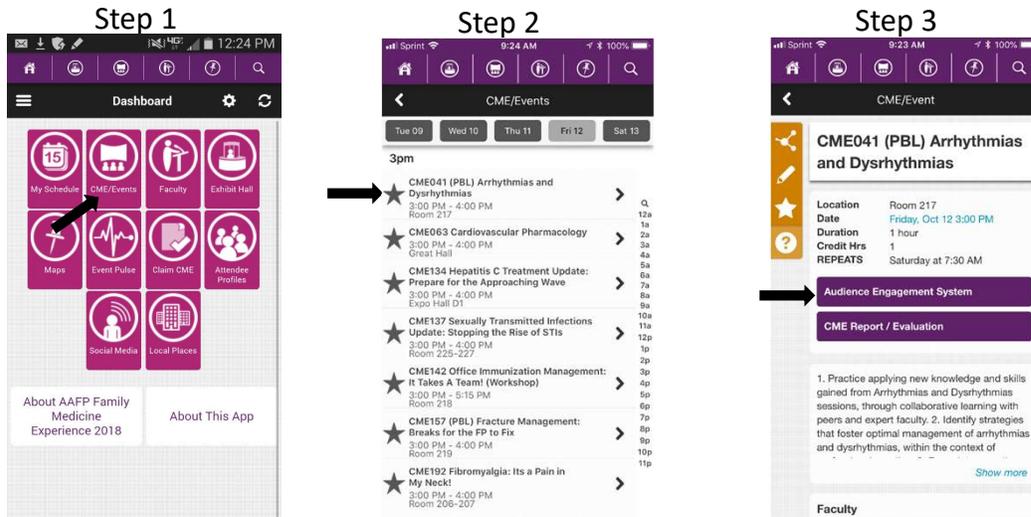
**FMX**

# Associated Session

- Adolescent Depression Management and Bullying Mitigation: Interventions That Make A Difference

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# Audience Engagement System



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## Icebreaker!

Pick a few of the questions (found on your table) to discuss as everyone gets settled.

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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

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## Chief Complaint

“My daughter is due for her check-up. She says her stomach hurts all the time. She is missing school and I am missing work. I am worried about her.”

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## History of Present Illness

- Yesinia brought in by mother for well visit
- 13 year old Latina complaining of recurring abdominal pain
- Began September
- No similar symptoms prior to this school year

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## Abdominal Review of Systems

- C/o stomach aches mornings M-F. Now missing 1-2 days/week school. Better on week-ends. Mother gives herbal teas and bismuth subsalicylate which sometimes help.
- Vomited x1 4-5 weeks ago. Occasional nausea and heartburn. No reflux. Doesn't notice any foods making better or worse.
- Constipation 1-2x week. No rectal bleeding
- Regular menses. LMP 3 weeks ago. +cramping that requires staying home. Denies heavy bleeding. No history sexual activity or abuse
- Occasional urinary frequency. No dysuria, hematuria. No history of UTIs.

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## 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

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## Past Medical History

- No previous hospitalizations or chronic illnesses
- Menarche age 10
- BMI % increasing over past 2 years
- No medications. No allergies
- Immunizations UTD, including HPV

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## Family History

- Depression in mother and maternal grandmother. Mother experienced post partum depression with patient.
- Father reported engaging in problematic drinking. Has high cholesterol.
- Maternal and paternal grandmothers have Type 2 Diabetes
- 2 younger siblings healthy and performing well in school

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## Decision Point / Question

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

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# Social History as HEEADSSSS

- **Home:** Lives with Mother, parents are separated. Visits father 2x month. Keeps to self. Siblings annoy her. Family stressed due to parents not being documented.
- **Education:** 8<sup>th</sup> grade, local public school, previous A's & B's, now C's, occasional B's. Doesn't like school.
- **Eating:** Says not hungry. Would like to loose weight. Skips meals. Admits can overeat at night.
- **Activities:** No longer participates in dance. No other exercise. 2-3 friends. No best friend.
- Spends 4+ hours/day on phone.
- **Drugs:** CRAFFT negative for substance use
- **Depression/Suicidality:** Screening tool elevated for depression.
- **Sexuality:** no abuse, sex ed at home & school. Attracted to boys. Never dated.
- **Safety:** Reports feels safe at home. No guns in home. With probing, reports girls mean to her at school. Reports ex-best friend posted lies about her having a boyfriend on Facebook. Another friend threatened to fight her.
- **Strengths:** Can't think of anything does well or likes about self
- **Spirituality:** Goes to church with family 3x month.

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## Decision Point / Question

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

FMX

## Physical Examination

- Looks older than age, tired, wearing black t shirt and dark jeans, peeling black nail polish
- BMI 97% otherwise normal VS
- Abd – soft, c/o diffuse tenderness which improves when distracted. No masses. No guarding or rebound.
- Psych – decreased eye contact, blunted affect. Answers in short, concrete sentences. No spontaneous conversation.

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## Decision Point / Question

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

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## Decision Point / Question

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

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## Role Play Activity

- Physician, patient, and parent
- Physician: you have just reviewed the screening measures, and want to follow up about depression and bullying
- Yesenia: you are reticent to share, but begin to open up as your doctor provides empathy and support
- Parent: at first, you tend to speak for the patient, but agree when the doctor wants to speak with your daughter alone.

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## Decision Point / Question

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

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Assessment

**FMX**

## Decision Point / Question

- What strategies would you use to provide education, support and intervention at this point in the visit?

(Group Discussion, no response)

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## Role Play Activity

- Physician, patient, and parent
- Physician: you have identified depression and bullying as primary concerns. Ask permission to talk more about this, and then implement a strategy:
  - Discuss medications
  - Engage in problem solving for bullying
  - Introduce behavioral activation
- Yesenia: you feel awkward yet want the help; try to engage with your doctor in the discussion
- Parent: be curious, ask questions about how you can help

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Plan

**FMX**

## Decision Point / Question

- What follow up would you perform, if any, after this visit?

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# Behavioral Activation Video



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## Decision Point / Question

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

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## Decision Point / Question

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

**FMX**

## Questions



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# Contact Information

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