



MEETING NOTES

Meeting Purpose: This meeting convened health care providers, community-based organizations, and social service agencies to learn about a patient case study.

Attendees:

1. Laura Wishart
2. Priscila Bacio
3. Allison Guevara
4. Jorina Elbers
5. Cameo Culcasi
6. Suzanne Frank
7. Lizbeth Garnica
8. Denise Gonsalves
9. Cal Gordon
10. Jeffry Gordon
11. Najeeb Kamil
12. Stella Lauerman
13. Denisse Ortega
14. Janeth Perez
15. Sumana Reddy
16. Marlen Reyes
17. Rosio Sanchez
18. Julissa Silva
19. Becky Shoemaker
20. Darlene Torres
21. Daisy Trujillo
22. Diana Valadez
23. Britta Vigurs
24. Nicole Young

Patient Case Study

- Jorina Elbers shares a pediatric patient case study.
 - A 10-year patient who was referred by psychiatry for simple motor tics. Her medical history included frequent headaches, chronic nausea and abdominal pain, a history of ADHD and depression with family history of maternal depression. Her social history included her parents' separation when the patient was 7-years old. Her parents were now trying to make it work out and the patient's father had moved back home.
 - Jorina shares a process she utilized to assess the stress the patient was experiencing by asking the patient to answer "how much space things in their life take up in their brain" through drawing.
 - The patient scribbled in stick figures. When asked to elaborate on what they drew, they shared that "this is every time my dad hits me."
- Jorina prompted attendees to reflect on this case before diving into small group discussion of how they would respond: What does this case bring up for you? What are some things that this family might need? In your role, how might you support this family? What barriers might you encounter as a care-provider in this case?

Group Discussion

- Attendees shared key takeaways from their small group's analysis of the patient case study.
 - It is important to approach this case non-judgmentally.
 - Important to acknowledge that both the parents and child need services and on-going follow-up and support, but know that child safety comes first. In addition, we must acknowledge the importance of providing the correct community services versus engaging with child welfare.
 - Important to provide a safe space for children to express what they are going through, such as providing a picture for them to draw how they feel, in addition to asking children their needs and what is driving their behavior (if it is inappropriate).
 - There is a need for comfort level training for providers to learn how to manage difficult patient cases/situations and understand the next steps for mandated reporting.

Closing/wrap-up

- Our next ACEs Community of Practice meeting is on Wednesday, March 27, 2024 from 12 - 1 PM.