

2024 Virtual STAR-Center Conference
May 10, 2024

Will be held virtually via ZOOM

INFORMATION TO BE INCLUDED IN CONFERENCE PROGRAM
(Please complete and return to Jamey Covaleski no later than December 4th)

Name, Credentials, Position Title	Claudia Melendez Ardiles, LPC, NBCC Behavioral Therapist
Affiliation:	Children's Community Pediatrics- Wexford
Please Provide a Brief Bio (Also please attach a copy of your CV) Originally from Argentina, Mrs. Ardiles made Pittsburgh her home in 1993. She obtained a Master's degree in Community Counseling from Duquesne University in 1996. She has worked for both non profit and for profit organizations for the past 27 years. Besides her clinical work in the mental health field, Mrs. Ardiles has a second passion: promoting self-care in caregivers of older adults in her native Argentina, leading a project she founded in honor of her late mother. Mrs. Ardiles has expertise in the treatment of several mental health issues and won an Innovator in Mental health issues award with the University of Pittsburgh which helped her create group counseling for Hispanic Youth during the pandemic.	
Skill Development Workshop (1 hr. and 15 min session (includes Q&A)) Title of Presentation (As you would like it to appear in conference program) "Livin' la Vida Loca?" The secret struggles of Hispanic Youth in America and how to prevent severe mental health in immigrant children.	
Description (Please describe your presentation in 50 words or less as you would like it to appear in the conference program) Hispanic Children in America suffer incredible social, family, financial and educational challenges that often lead to high rates of anxiety, depression and suicidality. Unfortunately, access to mental health care is mostly unattainable or very difficult to navigate. Today we will attempt to understand and assist this population to prevent, treat or recover from severe mental health.	
Level of Presentation (Select one) (This applies to workshops only) Introductory <input checked="" type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	

Learning Objectives: (Please list 3)

At the conclusion of this session, participants should be able to:

1. Understand challenges during the acculturation process for both immigrant parents and children that affect their mental health.
2. Identify obstacles in accessing care for mental health problems locally and regionally.
3. Learn how to transfer participants' skills and strengths to the treatment of special populations.

FOR ACCREDITATION PURPOSES PLEASE PROVIDE:

Three (3) current (within the past 10 years) peer-reviewed publications that support the evidence base for the content of your presentation. (See next page).

Publications must be listed in American Psychological Association (APA) Style (see www.apastyle.org for more information).

APA format for journal article citation:

Author last name, Author first initial. Author Second Initial. (Publication Year). Title of article. *Title of Journal*. volume(issue) (if issue numbered), pages.

- 1.
- 2.
- 3.

Please e-mail your completed form, along with your CV, to me at covalesskijj@upmc.edu by Monday, December 4, 2023

Individuals who have the ability to control or influence the content of an educational activity must disclose all relationships with any **ineligible company** (previously referred to as a **commercial interest**) over the **previous 24 months** regardless of the relevance to the education. There is no minimum financial threshold. To comply with accreditation guidelines, individuals who refuse to provide this information are disqualified from involvement in the planning and implementation of accredited continuing education.

Ineligible company(ies) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit http://cce.upmc.com/COI_FAQ.

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Stock and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Owners or employees of an ineligible company must be excluded from planning or implementation of the education

Activity Title: 2024 STAR-Center Conference

Activity Start Date (mm/dd/yy): 05/10/20

First and Last Name: Claudia Melendez Ardiles

Prospective role(s) (check all that apply):

Planner (involved in choosing topics, faculty, or content)

Teacher, Instructor, Presenter, Faculty

Other:

The following **MUST** be completed by the individual who is participating in the activity.

In the past 24 months, I have not had any financial relationships with any ineligible company (i.e., commercial interest).
Complete attestation at the bottom of the form.

I have had a financial relationship with an ineligible company (i.e., commercial interest). For each financial relationship, enter the name of the company(ies) and the nature of the financial relationship(s), regardless of the potential relevance to the education. **Note: In most scenarios, an employee of an ineligible company is prohibited from involvement in the planning and implementation of accredited continuing education.**

Nature of Relationship Company Name (only include companies that meet the definition of an ineligible company as defined above)

*Grant/Research Support:

Consultant:

CE Speakers' Bureau:

Stockholder(**privately held):

Stockholder(publicly traded):

Other:

*Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Individuals who own stock (not through a mutual fund or pension plan) in **privately held ineligible companies are considered owners or employees and therefore must be excluded from planning or implementation of the education.

Have any of the relationships listed above ended?

No, all of the relationships listed above are active.

Yes, the following relationships have ended:

Attestation

I understand that all content must be balanced, based upon the best available scientific evidence, and free of commercial influence and abide by applicable patient privacy and copyright provisions.

I attest that I am the individual participating in the activity and the above information is correct as of the date of this submission and I agree to update this form if any information changes and/or a new financial relationships exist.

Date (mm/dd/yy): 12/12/23

Authorization for Video, Audio, Recording, and Photographic Participation and Interviews

Subject's Name: Claudia Melendez Ardiles

Address: 10203 Country Manor Ln, Wexford, PA 15090

Telephone: (412) 443.8671 E-mail: claudia.ardiles@chp.edu

This authorization pertains to a specific project, request, event and/or use (specify): "2024 STAR-Center Conference" May 10, 2024

Please note if you do not want your presentation to be shared on a public website.

This authorization does not pertain to a specific request, project, event and/or use.

I authorize UPMC to photograph (still photo, film, videotape, or digital imagery/video), record (audiotape or digital) and/or interview me, using either a UPMC staff photographer/videographer and/or reporter, or a photographer/videographer and/or reporter approved by UPMC. I understand that UPMC, and in some cases the organization with which it has partnered, has / shall have all legal rights to the photography / recording(s) / interview(s) and that I give up any and all rights to these organizations and will not receive any payment or compensation for the same now or in the future. I understand the photography/recording(s) / interview(s) may be used for publicity, education, public information, or paid advertising by UPMC and that the photography / recording(s) could appear on UPMC's website and/or elsewhere on the Internet. I hereby release and discharge UPMC, its subsidiaries, and its and their employees, agents, and representatives from any claims, liability, or results caused by the use of such photography/recording(s) and/or interview of me as provided herein.

By agreeing to be interviewed about health care services received from UPMC, I also authorize UPMC, at its discretion, to interview my UPMC doctor(s), nurse(s), and/or other caregivers to confirm, supplement, and/or clarify the information provided in my interview. I understand that such staff interview(s) may result in a limited disclosure of my protected health information (PHI), in the form of facts necessary to ensure the accuracy of any account based on my interview, but that no medical records will be released.

I understand that whether I choose to sign this authorization will in no way influence the health care services provided to me by UPMC. Additionally, I understand that I will not receive any special services or compensation in exchange for my agreeing to sign this authorization. I understand that I may revoke this authorization at any time by providing written notice to UPMC addressed to: UPMC Marketing Communications, 600 Grant St. Floor 57, Pittsburgh, PA 15219. However, such revocation shall not affect UPMC's right to use information, photography / recording(s), and / or interviews made or obtained prior to my revocation of this authorization.

Subject's Signature: Claudia Ardiles Date: 12/12/23

Witness's Signature: _____ Date: _____

The subject is unable to consent on his/her own behalf because _____

I am the authorized representative of the subject, on the following relationship or basis _____ and hereby provide such authorization on behalf of the subject.

Signature of Subject's Authorized Representative: _____ Date: _____

AUTHORIZATION