



## ECHO Idaho: Counseling Techniques for SUDs CASE RECOMMENDATION

*Project ECHO Idaho (ECHO) case presenters are responsible for ensuring that no personally identifiable information (PII) nor protected health information (PHI) is shared during an ECHO session, in compliance with HIPAA privacy laws, to ensure patient privacy and confidentiality. Panelists and participants involved in reviewing the case may provide recommendations, suggestions, or considerations based on the information presented during an ECHO session. The professional practitioner presenting the case is free to accept or reject the advice and remains in control of the patient's care. ECHO case presentations are informal consultations that do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in an ECHO session.*

**Presenter Credential:** LCSW, AADC

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Summary: 37-year-old female who currently has housing and a job but may soon lose both. She had significant trauma as a child including sexual and physical abuse. She also suffered abuse while being unhoused. The client is diagnosed with depression, anxiety, ADHD, PTSD, and Bipolar 1. She is currently in individual therapy. The client first used substances at age 12 and IV heroin is her drug of choice. The client has six children and reports dissatisfaction in her marriage. The client has had two DUIs and has completed level 1 outpatient treatment and supervised probation. She admits to recent relapses and is facing charges. She is very smart, can appear naïve, and is experiencing many life stressors. The client would like to function normally, manage emotions, and remain sober.

Question: What are some recommendations on treating emotional dysregulation and how to best support this client?

### Recommendations:

- Questions:
  - Medication Management:
    - Given that virtually all heroin is now fentanyl, 16 mg of Suboxone is likely to be insufficient. Consider increasing the dosage to a maximum of 32 mg. However, be aware that some patients with fentanyl dependence may still experience cravings, even at the highest dose.
    - Methadone can be effective for patients who continue to have cravings on high doses of Suboxone. The challenge with this may be location/transportation to a methadone clinic.
  - Mental Health and SUD Treatment:
    - Re-engage with PHP or IOP. If she is reluctant, connect her with a recovery coach to facilitate her integration into the recovery community and meetings.
    - Consider implementing grounding techniques at the beginning of the session to stabilize her emotional state, allowing for more effective addressing of her issues during the session.
    - For patients with significant complex trauma compounded by SUDs, it can be challenged to reach a safe space. Consider using other EMDR modalities focused on treating SUD to lower her emotional state, potentially creating a backdoor entrance to addressing and treating her trauma.
  - Medical and Community Support:
    - Assist the patient in finding a PCP or medication manager that she trusts and with whom you can maintain good communication.
  - Recovery Treatment & Resources:
    - [Moonlight Mountain](#), [Northpoint Recovery](#), [Brickhouse Recovery](#), [Gem County Recovery Center](#), [PEER Wellness](#), [Emmett Family Services](#), [Rose Advocates](#), [Seeking Safety Curriculum for Women](#).

**Consider presenting follow-up for this patient case or any other patient cases at a future ECHO Clinic session.**

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