



## ECHO Idaho: Behavioral Health in Primary Care 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:** \_\_\_\_\_ MD

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:** Female patient in her 20s who complains of severe compulsions to look in the mirror and "hallucinates" that something is wrong with her face. The patient has no disfigurement or injury to the face. She asks for reassurance from others and cannot stop looking in the mirror. This has led to severe sadness, crying, and inability to function. The patient has been admitted twice to inpatient facilities. The patient reports she experienced significant abuse from a partner in college and symptoms arose several months after this incident. She is currently diagnosed with MDD, OCD, and Body Dysmorphia. Several medications have been tried. The patient is very intelligent, and reports that her mother is supportive, and her father is not.

**Question:** Is the diagnosis on the right track? Are there any medication ideas or is more time needed for each medication trial? Are there any specific counseling referrals or education materials to provide her with? Thoughts on covering mirrors in her house/hospital?

### Recommendations:

- Home Environment
  - Assess if there are any precipitating factors within the home, either historical or current, that could cause problems with her living at home.
  - Discuss plans with the patient to live elsewhere. Given that living with other family members seemed to alleviate some of her symptoms, this could be a beneficial option.
- Therapy Approaches
  - DBT and Fidelity CBT: Consider focusing on accepting intrusive thoughts rather than fighting them and/or replacing maladaptive thoughts with adaptive ones. Teach her to identify certain thoughts as "spam" that do not require recognition. This approach will take time and may be a hard sell to the patient, but it could help her manage her thoughts better and feel more in control.
  - EMDR: Consider this as a potential option but be cautious as it might make the problem more prevalent initially.
  - ACT: Consider introducing this form of therapy to help her accept life events and emotions while empowering her in the present.
  - Explore changing her relationship with negative emotions such as fear and shame. Help her understand and respect these emotions, finding value in each, which can be empowering.
- Coping Mechanisms:
  - While covering mirrors may be effective in the short term, it is a form of avoidance. Consider using this as a temporary measure while working towards gradual exposure to mirrors to prevent transitioning to other reflective surfaces, which may be unavoidable.
- Consider exploring ACEs to understand the impact of childhood trauma on her current mental and behavioral health.

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

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