



CASE RECOMMENDATION FORM

Presenter Credential:

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:

Case Summary:

A 48-year-old male veteran with no warzone deployment and an honorable discharge. Has a history of heavy alcohol use, dating back to the start of service. Received SUD treatment about a year ago and his last reported drink was about 6 months ago. Recent resumption of 5-6 cigarettes in past week. Consumes 2-3 energy drinks per week. Presented to ED with SI with plan a few weeks ago and voluntarily admitted. Episode of care for 4 days from admission date. Unspecified anxiety disorder, neurosis, alcohol use disorder in early remission, Autism Spectrum Disorder, PTSD (military sexual trauma from assault). Reports the taking of stimulant medications for ADD since childhood. Currently estranged with wife who is seeking divorce. He has not seen his children in the past 6-months due to DV charge. Currently unemployed and has filed for bankruptcy. Patient reports a happy childhood. States that he moved a lot due to his father's enlistment, but that there was no abuse or alcoholism in the home. They were raised in the LDS faith. Current medications include: Sertraline 100MG, Propranolol 10MG, Amphetamine/dextroamphetamine 30MG, Omeprazole 20MG, Tamsulosin 0.4MG, Sildenafil 100MG, Levothyroxine 137MCG, Atorvastatin 80MG, Semaglutide 1MG. He enjoys talking about art and outdoor rec for coping skills.

Central Questions:

How do we NOT overwhelm him with multiple interventions? Could the sentencing push him to relapse?

Recommendations:

Support and Community Connection:

- There are significant risk factors that may be contributing to his drinking and overall mental health struggles, such as his feelings of punishment, grief, loss, and isolation due to ongoing legal issues, loss of contact with his children, loss of church community, and loss of income.
- Help him build protective factors by setting him up with peer support and community connections to reduce isolation.
- Exploring new social connections, such as potentially finding a chaplain for spiritual support, which may help him cope with the loss of his faith community.
 - There is a [12 Step Program](#) provided through the Church of Jesus Christ of Latter-Day Saints if he is interested in reconnecting with his church.

Identity and Goal Setting:

- He is facing a loss of identity due to separation from the military, family, and church.
- Goal setting, both minor and major, can help rebuild his sense of self and direction. Writing down those goals, creating an action plan, and having him determine his internal and external motivating factors may help him accomplish his short-term goals and ultimately make headway towards his long-term goals.



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Multidisciplinary Support:

- A comprehensive, interdisciplinary approach is recommended, including working with a psychiatrist, mental health services, substance use services, and specialized therapy for autism spectrum disorder.
 - Due to his diagnosis of autism spectrum disorder, especially if he didn't receive services as a child, a psychiatrist or counselor could help him develop social communication skills. Understanding social cues could aid in rebuilding relationships.
 - Also, consider using the American Society of Addiction Medicine (ASAM) screening tool, including conducting a comprehensive assessment regarding his needs, readiness to change, and support system to start putting him in the right level of care because he may need a residential level of care.

Alcohol Use and Suicidal Ideation Considerations:

- If his last drink was about 6-months ago, then he may be having symptoms of sub-acute alcohol withdrawal, which could potentially last for months. This could look like insomnia, anxiety, and worsening of mental health symptoms. He's also at a high-risk of a return to alcohol use during this time.
- Given the risk factors associated with alcohol use, regular check-ins on suicidality, mood, and mental health are important.
- He might be a good referral for Suicide Prevention 2.0 with the VA. He can have this in addition to his regular counseling, with the focus on managing suicidal ideation, impulses, and tools for coping.

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

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