



CASE RECOMMENDATION FORM

Presenter Credential: LCSW

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 (from 3/28): 46-year-old female with Medicare presenting with recent and rapid decline in health following gall bladder surgery. Patient seen since February of 2023 for counseling. SUD starting in 2013. Currently receiving treatment for GAD, MDD, ADHD, PTSD, and adjustment to recent chronic health issues. Patient is currently on several medications. Patient reports concern about her digestive system, chronic pain from fibromyalgia, migraines and feelings of "hopelessness." Patient's mother accuses her of stealing pain medication.

Central Question(s)

1. How can I support her better in navigating the enormous life change of having her health decline rapidly and then have long term health impacts?
2. How can I be good at coordinating care with her medical team in order to make sure her mental health is also a priority?
3. What does the medical team need from the mental health team in order to best support the client?

Case Follow Up (8/8): The patient continues to struggle in her personal life and with managing her pain. The client continues to report high levels of risk for suicidal ideation but has declined pain counseling with other providers. She declines any temptation to use substances but is not open to more intensive care for substance use or pain management.

Follow Up Questions: I have been attempting to coordinate with her care team but feel worried about triangulation/manipulation and her seeking services that are not appropriate for her level of need and rejecting referrals for services she does need. I am hoping to hear from NASW liability lawyers this week to discuss risk and liability but would appreciate hearing how other providers have navigated help-resistant clients when there are safety risks.

Recommendations:

- **Referral Considerations:** Consider making a referral to a provider who has experience working with borderline personality disorders (BPD) and who specializes in Dialectical Behavior Therapy (DBT), which can be an effective treatment for BPD. This often requires clear communication about the therapist's capabilities and the patient's best interests.
 - The push-pull dynamic in BPD, where patients may express intense attachment or rejection towards their therapist, can complicate treatment. This often leads to difficulties when suggesting that the therapist may not be the right fit, with the patient moving between idealizing and devaluing the therapist.
 - Patients may react negatively to referrals, feeling abandoned or rejected. Consider using analogies (e.g., getting a second opinion for home repairs) to depersonalize the situation and help patients understand the necessity of the referral.
 - Maintain clear and firm boundaries when discussing the referral, both for your well-being and for the patient's benefit. Also, you can fall back on code of ethics and clinical responsibility as you discuss the referral.
- **Medication Management:** Consider having a conversation with the patient about her medications to both ensure that they are still effective and that they are well-managed during the transition in care, particularly in coordination with the patient's med manager.

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

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