



## Behavioral Health in Primary Care CASE RECOMMENDATION FORM

**ECHO Session Date:** 10/16/24

**Presenter:** MD \_\_\_\_\_

Thank you for presenting your patient at ECHO Idaho – Behavioral Health in Primary Care session.

Summary:

Among the 4 individuals you presented, several common themes emerged:

1. Extensive Trauma Histories
2. Paranoia and Psychosis
3. Difficulty Trusting Authority and Care Providers
4. Resistance to Treatment and Variable Response to Medication
5. Mental Health Diagnosis and Co-occurring Disorders
6. Urgency and Emergency Interventions
7. Social Isolation and Life Disruptions

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

### **Recommendations:**

#### **Communication/Framing:**

- It can be challenging to tell someone they're paranoid or psychotic when they don't believe it themselves, so a direct approach often isn't effective. Instead, framing the medication as something that may help with the intensity of their emotions can be more successful.

#### **Building trust**

- Engaging with patients by acknowledging how stressful and difficult their feelings are can build trust. Antipsychotics often help with anxiety and mood, so presenting the medication as a way to relieve these symptoms may make it more acceptable to the patient.
- It is important not to directly challenge patients' beliefs or experiences, as doing so can lead to a loss of trust. Instead, the focus should be on helping patients unpack and work through their emotions and the negative impacts of their experiences. Acknowledging that clinicians can sometimes be wrong emphasizes the need for a collaborative, empathetic approach in therapy, rather than attempting to determine whether a patient's beliefs are right or wrong.

#### **When to intervene:**

- It's important to assess how patients interact with their delusions. Delusions alone may not warrant intervention, but if the patient's behavior becomes dangerous, such as taking aggressive actions based on their delusions, it may be necessary to escalate care.

#### **Boundaries:**

- In Idaho, even in more populated areas, maintaining professional boundaries can be difficult due to the limited number of providers. It's common to encounter patients through personal connections,



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something that wouldn't typically happen in larger cities. This scarcity of providers often necessitates documenting these boundary challenges in patient notes while acknowledging the efforts to provide care in a resource-limited environment.

- Risk management experts advise that if no other options are available for treatment, psychologists should do their best to maintain objectivity and mitigate potential conflicts. While it may be a challenging position, the goal is to provide necessary care while minimizing any compromise to professional judgment.

### **Hospital admission/ interventions:**

- Sometimes, intervention may only happen when a patient reaches a crisis point, such as an ER visit where they're deemed gravely disabled and require hospitalization. While you can offer a safe space in the meantime, there are cases where waiting for such an event is necessary for more intensive care to be provided.