



Behavioral Health in Primary Care CASE RECOMMENDATION FORM

ECHO Session Date: 12/4/24

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

Summary:

The patient's biological father is unknown. Her biological mother (sex worker) abandoned her in the Philippines when she was six years old. She was subsequently raised by extended family and fictive kin. The patient experienced sexual abuse during childhood. She reports that she has never felt "fully accepted" by her family and continues to feel "less than" others. She had a kidney transplant in 2022, fibromyalgia, chronic pain (average pain 6/10), and a history of "emotional eating" and experiences significant guilt and shame regarding her daughter's mental illness. With respect to self-determination and a desire to not harm the patient, is it really "worth it" to help this patient reprocess past trauma knowing that it will likely carry forward serious negative consequences (i.e. end of marriage, isolation from support system, etc.)?

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

Recommendations:

It sounds like you are grappling with this challenge because you're an ethical and caring provider, which is a positive but difficult position to be in. Trusting your instincts is crucial, as your "therapist Spidey sense" is likely signaling concerns. The dilemma may not be whether to proceed with therapy at all—that might feel too paternalistic—but rather whether *now* is the right time. Assessing the client's readiness and equipping them appropriately could guide your decision, even if the conclusion is to delay therapy for their benefit.

When moving forward consider the following:

- **Honest expectations:** Be transparent about the fact that therapy, especially trauma work, can be painful and may lead to significant disruptions in relationships, living situations, and life patterns as the client redefines her identities and boundaries.
- **Informed consent:** Ensure client fully understands the potential challenges, risks, and outcomes of therapy, particularly trauma-focused approaches like EMDR. This includes explaining the possibility of significant life changes, relational conflicts, and unforeseen consequences.
- **Preparation and resilience building:** Spend time in the early stages of therapy focusing on resource-building and ensuring the client has the coping mechanisms to manage the emotional and practical upheaval that may occur.
- **Client autonomy and goals**
 - Empower the client to make informed decisions about their therapy journey.
 - Tailor the approach to align with the client's unique goals, values, and readiness.



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- **Embrace the messiness:** Recognize that dismantling old patterns and rebuilding healthier ones can be chaotic but is often necessary for growth.
- **Adaptability and flexibility**
 - Adjust strategies based on the client's life context, readiness, and resilience.
 - Consider alternative trauma therapies when EMDR isn't suitable.
- **Ongoing support and realistic outcomes**
 - Provide continuous guidance as the client navigates life changes and disruptions.
 - Accept and embrace the messiness inherent in growth and rebuilding patterns.