



ECHO Session Date: 2/4/25

Thank you for presenting your student at ECHO Idaho – K12 Substance Use Prevention and Treatment session. Please keep in mind that your School District policies and Health Services procedures, medication administration protocols, process guidelines, remain the guiding principles to your practice.

Summary:

The patient is a 17-year-old female with bipolar disorder, ADHD, and a history of autism spectrum disorder. She has a significant history of polysubstance use, trauma, and emotional dysregulation, leading to legal consequences and periods of houselessness. Her treatment includes therapy, behavioral support, and Risperdal, which has helped with mood but caused elevated prolactin levels. She attends an alternative school and is currently sober. Her treatment goals include avoiding trouble, maintaining sobriety, and improving emotional regulation. Providers seek guidance on prolactin management, medication adjustments, and transitioning her care into adulthood.

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

Medical Management

- [Here](#) is a link to more information to support [management of hyperprolactinemia](#)
- **Prolactin monitoring:**
 - If prolactin remains below 100 (for most antipsychotics) or below 300 (for risperidone), no additional imaging (like MRI) is required.
 - If levels are persistently high and symptomatic, consider a medical review.
- **Medication adjustments:**
 - Risperidone is well-tolerated and effective but causes mild prolactin elevation.
 - If prolactin-related symptoms (e.g., galactorrhea) worsen, options include switching medications or adding a dopamine modulator.
 - Alternative approaches: Consider mood stabilizers that are not antipsychotics if switching is necessary.
- **Testing considerations:**
 - Perform a pregnancy test to rule out pregnancy as a cause of elevated prolactin.
 - If needed, temporarily stop risperidone for a few weeks and recheck prolactin levels to confirm if it's medication-related.

Mental Health & Behavioral Support

- **Family therapy:**
 - Encourage both parents to continue to be actively involved in weekly (or twice-weekly) sessions.
 - Encourage siblings to attend occasionally.
- **Emotional regulation & socialization:**
 - Continue individual and family therapy to support emotional stability.
 - Introduce structured socialization programs to build relationships in a supportive environment.



Substance Use Recovery

- **Peer & recovery support:**
 - Explore programs like:
 - Recovery coaching (available once she turns 18).
 - Mentorship programs for sober living and behavioral stability.
 - Consider community-based recovery programs such as:
 - 12-step groups (AA/NA)
 - Peer-led sober groups
 - [FYIdaho](#) (Brick House, where teens engage in crafts, cooking, and structured sober activities)
 - Engage a peer support worker or behavioral service worker through her therapy provider.

Transition Planning

- **Neuropsychological evaluation & disability services:**
 - A referral for updated neuropsych testing should be completed before she turns 18.
 - Assessment will determine eligibility for adult disability services and vocational support.
 - She may qualify for vocational rehabilitation programs that support employment and independent living skills.

Resources

[Management of hyperprolactinemia](#)