



ECHO Idaho: Behavioral Health in Primary Care CASE RECOMMENDATION

Project ECHO Idaho (ECHO) case presenters are responsible for ensuring that no personally identifiable information (PII) nor protected health information (PHI) is shared during an ECHO session, in compliance with HIPAA privacy laws, to ensure patient privacy and confidentiality. Panelists and participants involved in reviewing the case may provide recommendations, suggestions, or considerations based on the information presented during an ECHO session. The professional practitioner presenting the case is free to accept or reject the advice and remains in control of the patient's care. ECHO case presentations are informal consultations that do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in an ECHO session.

Presenter Credential: _____MD

Summary: This is a complex case involving a 20-year-old, AFAB but fluid individual with Medicaid insurance, significant mental and physical health challenges, and extensive treatment history. Diagnoses include severe bipolar disorder with psychosis, borderline personality disorder, anxiety, ADHD, autism, binge eating disorder, gender dysphoria, and fibromyalgia with multidrug resistance or adverse reactions. The patient has a history of severe self-harm, neglects personal hygiene largely due to gender dysphoria, and experiences debilitating chronic pain that worsens psychiatric symptoms. Despite individual and group therapy, they struggle with treatment adherence, particularly post-admission IOP. They live in a supportive nuclear family but remain socially isolated, rarely leaving their room. Multiple pharmacological trials for fibromyalgia have failed or caused adverse effects, leaving hydrocodone as the only tolerable option, though attempts to engage pain management providers have been unsuccessful. The treatment team seeks secondary support for fibromyalgia management and strategies to improve treatment adherence, personal hygiene, and management of gender dysphoria to reduce self-harm.

Recommendations:

Pain Management, OT, & PT Resources:

- Home-Based PT: Consider home-based PT to accommodate the patient's limited ability to leave the house. Ensure providers understand the importance of pacing with fibromyalgia to avoid overexertion. Reach out to Dr. Whitaker (contact below) for referrals for PT's who are skilled in working with chronic pain patients.
- Chronic Pain Needs/Referrals:
 - Megan Doyle, OT, St. Luke's (specializes in chronic pain)
 - o <u>Amanda Craig</u>, OT, Ada Therapy Services (specializes in ASD, ADHD, and sensory-focused OT).
 - o Susan Gordon, St. Luke's (fibromyalgia management)
 - o <u>Kendra Ickes</u>, PT
- Explore EMDR for Chronic Pain: EMDR protocols specifically targeting chronic pain pathways may offer relief. Any EMDR-trained therapist can use this approach, and it is typically covered for Medicaid patients. See the referral to Dr. Wall & Associates.

Family Systems Evaluation:

- Invite the patient's father and mother to family sessions to explore family dynamics, especially given the pervasive mental health concerns in the household.
- Gently explore possible early emotional neglect, family invalidation, or trauma related to chronic illness and pain, even though the patient currently denies a trauma history.
- Consider whether any factitious disorder (e.g. Munchausen's) elements may be present.

Gender Dysphoria and Hygiene Strategies:

• Work the with the patient to develop manageable hygiene adaptations, such as wearing a binder or shorts in the shower, using baby sipes or washcloths, and utilizing low-light environments to reduce distress during hygiene routings.

Support Identity Beyond Illness:

• Encourage the patient to build a sense of identity and purpose outside of their diagnoses and pain experience to address their lack of future orientation and focus on symptom relief.

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

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