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: A 22-year-old female college student with a history of complex trauma—including abuse, neglect, foster care, sexual assault, and the suicide of her adoptive grandfather—presents with anxiety, PTSD, and psychogenic seizures, diagnosed during a prior hospitalization. She has a history of a suicide attempt at age 17, was born substance-exposed, and has an ACE score of 10. She reports persistent anxiety, racing thoughts, poor sleep, and functional impairment in academic performance, though she has protective factors including a supportive spouse and religious faith. She is on sertraline, low-dose quetiapine, and a prenatal vitamin, and she is engaged in individual therapy through her university, though treatment access is limited due to insurance and time constraints. Her goals are to slow her mind, improve focus, sleep, and manage daily stress, while providers aim for long-term stability and reduction in seizure and PTSD symptoms. The care team seeks guidance on brief, effective interventions within resource-limited university settings.

Recommendations:

Therapeutic Relationship & Rapport-Building

- Increase frequency of visits to build rapport and create space for safe, positive interactions.
- Simply being present, listening, and showing up consistently is powerful for trauma-impacted clients.
- Don't underestimate the impact of steady presence; occasional satisfactory visits still build trust.
- Be mindful of your own emotional limits as a provider—it's easy to feel inadequate.

Brief and Low-Resource Interventions

- Use ACT (Acceptance and Commitment Therapy) "FACE" intervention:
  - *Focus* on what's in your control
  - *Acknowledge* thoughts and feelings
  - *Come back* into your body
  - *Engage* in the present moment
- Incorporate ACT defusion techniques—many video resources are available for brief, guided use.
- Consider beginner yoga or faith-based groups as accessible community-based support options.

Mental Health Service Navigation

- Explore options like BetterMynd and UWill for additional university-based therapy sessions.
- Investigate telehealth with interns in Treasure Valley offering free or extended sessions.
- Look into a community mental health clinic as a potentially longer-term care provider.

Clinical Considerations

- Be cautious with DBT for BPD in complex trauma—may not be the best fit in this case.
- Mood stabilizers may be useful if symptoms suggest underlying mood disorder, especially if hospital presentations have been manic or depressive.
- Antidepressants can help with depressive features but typically work best alongside therapy like DBT when appropriate.

Additional Resources

- https://www.apa.org/practice/guidelines/adults-complex-trauma-histories.pdf

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

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