



ECHO Idaho: Counseling Techniques for Substance Use Disorder CASE RECOMMENDATION FORM

Presenter Credential: LMSW

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

Summary: The client is a 62-year-old woman currently living in a motor home with her adult autistic son, facing multiple intersecting challenges including housing instability, ongoing substance use (meth and alcohol), trauma, and chronic health issues. She works as a caregiver, showing resilience, empathy, and determination despite her own struggles. Raised in the foster system and having experienced profound grief from the loss of three children, she lives with depression, anxiety, and PTSD. Since entering treatment in June 2024, she has had difficulty maintaining sobriety, with recent concerns about potential falsification of drug tests. She is on probation, has limited support due to her social circle's substance use, and experiences cycles of relapse despite therapeutic engagement. Her goals include developing daily coping tools and improving life stability, while providers aim to support her sobriety, emotional regulation, and compliance with probation.

Question: Key questions remain around how to sustain her progress in therapy while addressing relapse patterns and strengthening her support system.

Recommendations:

- Treatment Engagement & Clinical:
 - Reinforce DBT Skills Training: Given her struggles with emotional regulation and relapses, prioritize re-engaging her in a DBT group if her work schedule allows. Explore alternative formats such as weekends or shorter sessions if necessary.
 - Use Decision-Making Tools: Introduce a Balanced Decision-Making Model to help her visualize the impact of key choices, especially regarding her sobriety and caregiving responsibilities.
 - Focus on Building Internal Motivation: Continue exploring her motivation for sobriety. Statements like, "I'm too old for this shit" suggest frustration but also readiness – help her clarify what she wants her future to look like for herself and her son.
 - Address Burnout: Incorporate wellness planning into sessions to support energy renewal and self-care. She appears emotionally and physically depleted.
- Social Support & Recovery Community:
 - Build Alternative Support Systems: Work with her to identify sober, supportive adults outside of her current circle. Consider pairing with a Peer Recovery Coach.
 - Address Barriers to External Supports: Explore low-barrier, in-person options for connection or home-based recovery support models.
- Family Dynamics & Caregiving:
 - Explore Respite or Alternative Care Options: Revisit the conversation about temporary or permanent supportive housing for her adult son, especially given his increasing aggression. Address her feelings of guilt in a trauma-informed manner.
 - Autism and Caregiving Resources:
 - [Big Red Safety Toolkit](#)
 - [Autism Speaks Neighbor Alert Letter](#)
 - [Autism Speaks Wandering Emergency Plan](#)
 - Helpful related news article: [Three Autism Awareness Tips for Community and Police](#)
 - [Family Caregiver Navigator](#)
 - Encourage Meaningful Joint Activities: Help her find low effort, engaging activities she can do with her son to build connection and relieve stress, beyond daily errands.

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- **Mental Health & Trauma Support:**

- Integrate Trauma-Informed Care Approaches: Her history of foster care, loss, and distrust should guide every therapeutic interaction – validate her resilience and autonomy while building safety and trust slowly.
- Monitor for Compassion Fatigue: As both a professional and personal caregiver, she may be experiencing compassion fatigue. Incorporate psychoeducation and coping strategies for chronic caregiving stress.

3-month Follow-Up

Summary: The client continues to use methamphetamine. She previously submitted a non-human urine sample and did not take accountability, but has been more honest since switching to oral swabs. She's engaged in services, consistently shows up, and utilizes peer support for her son, which also provides her respite. While she's resistant to moving to a higher level of care, it's critical to avoid incarceration and its impact on her child, housing, and job. She's making progress, and the goal is for her to continue UAs and begin trauma therapy once sober.

Recommendations:

Caregiver Support & Identity

- Acknowledge and validate her dual role as a caregiver, not "just a mom."
- Refer her to caregiver-specific resources (e.g., [Idaho Caregiver Alliance](#), [Caregiver Navigator](#)).
- Explore whether she's receiving *any* support—she's currently avoidant and hesitant to trust others with her son.

Trauma & Therapy Readiness

- Instead of focusing on trauma content, build skills in emotional regulation and staying present.
- Consider *Seeking Safety* curriculum individually—emphasizes coping without trauma processing.
- Focus on body awareness and grounding in the present during sessions, even if she appears avoidant.
- Begin with emotional regulation strategies before revisiting trauma history.

Alternative Supports & Referrals

- Explore online or out-of-state women-focused recovery and trauma groups where she may feel safer sharing.
- If limited progress within current program, consider outside referrals (e.g., trauma specialist, new groups).
- Avoid overprotectiveness—identify what support she's not getting "inside the bubble."

Therapeutic Relationship

- Strong rapport is a strength—use this as a foundation for secure attachment.
- Reflect on your own impact and confidence as a trusted provider in her life.

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

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