



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

Presenter Credential: Intern

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: 53-year-old male with stable housing, living with his parents, and holding two master's degrees in international relations and law. He currently works as a groundskeeper and reports enjoying his job. Diagnosed with Bipolar II Disorder, he takes Lamictal inconsistently and has a history of alcohol misuse, with three DUIs since 2018; he reports sobriety since March 2025 but remains guarded about his substance use. He has limited social support, consisting mainly of his parents, girlfriend, and occasional AA attendance, and is currently on probation for five years. The client demonstrates high intelligence and insight but exhibits guardedness, rigidity in thinking, and a tendency to talk down to treatment staff, possibly linked to low self-esteem around his legal and living situations. His treatment goals include improving time management and delaying short-term gratification to achieve long-term goals, such as developing a freelance tech support business. The provider's goals include building rapport, addressing the client's guardedness and communication style, challenging rigid and superior thought patterns, and developing strategies for emotional regulation during difficult interactions.

Recommendations:

- **Assessment and Diagnostic Considerations**
 - Rule out a co-occurring cluster personality disorder, as the wrong therapeutic modality could be counterproductive.
 - Continue assessing the extent and impact of alcohol use and any previous periods of sobriety.
 - Explore potential spiritual or cultural factors influencing engagement (ex. Preference for faith-based counseling).
- **Therapeutic Approach**
 - Use motivational interviewing to navigate defensiveness and resistance.
 - Slow the pace of therapy and focus on surface-level goals before addressing deeper issues.
 - Integrate DBT techniques such as distress tolerance and urge surfing for emotion regulations and relapse prevention.
 - Offer psychoeducation about the therapeutic process and how change typically unfolds over time (ex. 30-, 60-, 90-day benchmarks).
- **Rapport Buildin**
 - Prioritize connection over progress in early sessions. Rapport is the foundation for vulnerability.
 - Engage in casual conversations (movies, sports, etc.) to build comfort and trust.
 - Recognize and validate defensiveness as a coping mechanism rather than a personal attack.
 - Ask about role models or figures of respect to identify shared value and create connection points.
- **Clinical Self-Regulation**
 - Acknowledge that anxiety of self-doubt when working with complex and difficult clients is normal. This often will ease after a few sessions.
 - When the client makes critical or demeaning comments, remind yourself that these are defense mechanisms rooted in his own discomfort.



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- Reframe your internal response and focus on curiosity rather than judgment about what drives his reactions.
- Client Engagement and Motivation
 - Help the client identify internal motivations for change beyond external pressures (jail time, pleasing family, etc.).
 - Reflect back to reality – he’s attending treatment because he needs help – while maintaining a supportive tone.
 - Encourage peer connections that align with his sense of identity or status, such as men’s AA meetings.
 - [Dogpile](#)
 - [OMD](#)
 - [Caduceus Group & more](#)
 - Celebrate small milestones to reinforce their significance in recovery

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

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