



## CASE RECOMMENDATION FORM

**ECHO Session Date:** 01/22/2026

**Presenter Credential:** Intern

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**Summary:** The client is a 38-year-old Medicaid-insured woman with PTSD, generalized anxiety disorder, and agoraphobia, presenting with severe anxiety, suicidality, and significant functional impairment. She has a history of marijuana use and reports sobriety since mid-December, though inconsistent drug screens related to probation led to a recent psychiatric hospitalization for suicidal ideation driven by intense fear of incarceration. Her trauma history is extensive, beginning with childhood sexual abuse and continuing through physical and sexual violence by an ex-boyfriend in 2020. She is a single mother of two sons (11 and 18), has minimal social supports, strained family relationships, and is unemployed due to panic attacks and debilitating social anxiety that limit her ability to work or complete daily tasks. She is medication-adherent, though several medications were recently reduced in anticipation of possible jail time, and she previously discontinued Cymbalta due to side effects. Despite strong therapeutic rapport and consistent weekly attendance, she struggles to use coping skills outside of sessions, minimizes the impact of trauma, often responds "I don't know," and remains at elevated suicide risk related to legal stressors and avoidance, raising questions about improving engagement, coping skill use, and management of suicidality.

**Recommendations:**

- Priority: Obtain a signed ROI and coordinate closely with the medication manager
  - There is currently no ROI in place, creating a significant gap in care. Support is needed to stabilize medication management and ensure consistent coordination.
- Clarify the client's primary treatment goal
  - Her overarching goal is to manage anxiety so she can "live a normal life". Anchoring treatment to this core goal may improve engagement and motivation.
- Consider ASD screening
  - Given that her child is on the autism spectrum, assessment for ASD in the client may be clinically informative and help explain why certain interventions have not been effective.
- Reframe rapport as an ongoing process
  - Continued relationship-building through regular check-ins about daily life and interests remains important, particularly as deeper work is introduced.
- Be mindful of trauma dynamics
  - Discussing sexual abuse may be especially challenging given the client's trauma history and the counselor's gender; pacing and approach should be carefully considered.
- Consult supervision regarding transference and countertransference
  - The client's disclosure that she has shared things she has "never told anyone", may signal attachment dynamics that warrant supervisory consultation.
- Monitor attachment patterns
  - With her diagnoses, attachment can form quickly; this may or may not reflect a healthy therapeutic alliance and should be thoughtfully assessed.
- Reframe peer services as a goal-supporting intervention
  - Peer support can be presented as a small, concrete step toward recovery and goal attainment, rather than an endpoint, and may help gently reflect discrepancies between her stated goals and her current behaviors. Online options allow low-pressure participation without speaking or using video.
- Consider Accelerated Resolution Therapy (ART).

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

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