

CASE RECOMMENDATION FORM

ECHO Session Date: 2/26/2026

Presenter Credential: LMSW

Summary: 15-year-old female client with Medicaid (MCO) insurance. Client has history of early substance exposure, including alcohol use beginning at age seven (which client does not currently identify as problematic), cannabis use starting at age ten with increased frequency by age thirteen, and a single episode of hallucinogen use at age fourteen. Psychiatric history includes severe cannabis use disorder, generalized anxiety disorder, and a provisional diagnosis of oppositional defiant disorder that remains under evaluation. Primarily raised by grandparents after mother started using substances when the client was approximately four years old; maternal involvement has since been inconsistent, and relationship is described as strained and emotionally disconnected. Client has minimal contact with father and currently resides with grandparents, who serve as primary caregivers. Family history notable for suspected substance use concerns in extended family and an uncle who died by suicide. Client denies any history of emotional, physical, or sexual abuse and has declined family involvement in treatment at this time. Primary Questions: What supports can be put in place if her grandfather is unable to provide adequate care due to age or health limitations? How can we assess and address potential caregiver burnout or stress in her grandpa? Should we explore strategies for improving maternal engagement, or focus on stabilizing care with grandparents?

Recommendations:

- Introduce peer support services
 - Peers can reduce the perceived generational gap with her grandfather by offering relatable language, shared experiences, and positive role models.
 - Framing it as an option to explore rather than a requirement may increase openness.
- Use concerns about the grandfather's age to introduce added supports
 - The client's worry about her grandfather being "too old" can be a natural entry point for discussing additional supports without challenging his role as caregiver.
- Explore maternal engagement while practicing realistic expectations
 - Maternal involvement should be explored when possible.
 - At the same time, acknowledge that maternal engagement may not change and incorporate acceptance of that reality into treatment.
- Build on the client's desire to be "different" from her family
 - Help her define what "being different" means in concrete terms.
 - Use this as a foundation for clarifying goals, expectations, and behaviors she wants to develop.
- Coordinate with existing child welfare systems when relevant
 - With appropriate releases, collaboration with Child Protective Services, a caseworker, or a guardian ad litem may provide insight into caregiver stress, family dynamics, and available plans, supports, or resources.

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

Shannon McDowell, Program Manager, 208-364-9905, sfmcowell@uidaho.edu