



**ECHO Idaho: Cancer Survivorship  
CASE RECOMMENDATION FORM**

**ECHO Session Date:** 5/13/26

**Presenter Credential:** LCSW

Thank you for presenting your patient at ECHO Idaho –Cancer Survivorship.

**Summary:** A 34-year-old male with Medicaid and a history of HIV/AIDS was diagnosed in 2018 with Stage IV non-Hodgkin lymphoma after presenting with weight loss, fatigue, rash, skin lesions, night sweats, and abnormal labs and imaging; he was treated with V-EPOCH chemotherapy and intrathecal methotrexate and remains in active treatment. His medical history is complex, including anxiety, borderline personality disorder, opioid use disorder in sustained remission, heart failure, and cancer-related complications such as Kaposi's sarcoma and bilateral pleural effusions. He takes multiple medications including antiretrovirals, diuretics, antivirals, psychiatric medications, and pain management therapies, and has been offered extensive supportive services (rehabilitation, nutrition, palliative care, mental health, and financial support). Socially, he lives with his mother (primary caregiver), receives disability benefits, and demonstrates strong self-advocacy but also significant behavioral challenges, substance use concerns, and unstable relationships with providers; he has a past suicide attempt and ongoing psychosocial needs that exceed outpatient support capacity, impacting potential eligibility for advanced treatments like bone marrow transplant.

**Question:** Suggestions for community-based mental health care?

- IOP, substance use, etc.
- There are concerns about regarding the reliability of the patient's self-reported information; how to increase accuracy to promote better outcomes?
- How to best advocate for effective pain control while balancing medical provider's concerns for drug seeking?
- Suggestions on creative ways to maintain rapport between the patient and medical providers?

**This is a complex and challenging case—you're doing excellent work, and he is fortunate to have your support. Below are recommendations from the Cancer Survivorship panel. Given the patient's complex needs, including HIV and substance use, we also strongly encourage presenting this case to the ECHO Substance Use in Idaho series. That panel includes pharmacists and addiction medicine specialists who can offer more targeted and comprehensive recommendations.**



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### Suggestions for Community-Based Mental Health Care

- Refer to a wraparound service organization (e.g., [Case Managers and Mental Health Counselors of Idaho](#)) that provides:
  - Case management
  - Community-based rehabilitation
  - Peer support
- Emphasize one central coordinating entity to reduce fragmentation and patient overwhelm.
- Focus on building engagement with one trusted provider/service first, then gradually expand services once rapport is established.
- Provide education to the care team about borderline personality disorder (e.g., splitting, triangulation) to improve consistency in approach.

### IOP / Substance Use / Supportive Programs

- Consider peer-based and interest-based groups as alternatives to traditional therapy when engagement is low:
  - [Backyard Artists](#) (art-based mental health community)
  - Outdoor-style or experiential groups (e.g., [Idaho2Fly](#))
- Continue offering:
  - [Blood Cancer United](#) peer support
  - HIV-specific support groups (e.g., [Alpha](#))
- Recognize that follow-through is the main barrier, so recommendations should be simple, low-burden, and aligned with patient interests.
- Implicit recommendation: prioritize engagement strategies over intensity of services (IOP may not be effective without buy-in).

### Improving Reliability of Self-Reported Information

- Recognize inconsistency in reporting (e.g., substance use denial despite positive screens)
- Use team communication and shared observations to build a more accurate picture
- Maintain non-confrontational, validating communication to reduce defensiveness and improve honesty
- Leverage rapport-building (reflection, mirroring) to increase openness over time

### Pain Management vs. Concern for Drug-Seeking

- Although not explicitly detailed, relevant discussion suggests:
  - Acknowledge real physical symptoms (e.g., leg swelling, pain) as valid
  - Encourage referral to physical therapy/exercise programs (even if engagement is inconsistent)
  - Use functional goals and supportive therapies rather than focusing solely on medications
  - Maintain balanced, empathetic communication to validate pain while holding boundaries



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### **Maintaining Rapport with Patient and Providers**

- Use validated de-escalation strategies (reflection, mirroring, and emotional validation)
- Create shared team strategies, including:
  - Documenting effective de-escalation techniques in the chart
  - Pre-visit expectation-setting (“this is what today’s visit will cover”)
- Promote consistency across providers to reduce splitting behaviors
- Maintain one strong central relationship (e.g., the provider or social worker he trusts most) to anchor care
- Focus on small, repeated positive interactions to build long-term engagement
- Accept that progress is gradual; maintaining connection may be more important than immediate behavior change