University of Idaho
School of Health and Medical Professions

Project ECHO

CASE RECOMMENDATION FORM

ECHO Session Date: 7/23/26 **Presenter Credential:** LPC, ADC

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: 30-year-old woman with Medicaid insurance presents with a history of severe methamphetamine use disorder, reporting methamphetamine as her primary substance of use with daily use of approximately $40–50 at the height of her addiction and last use in June 2025; she also reported a brief lapse involving psilocybin ("magic mushrooms") in June 2026. She has a complex psychiatric history including ADHD, major depressive disorder, schizophrenia, and schizoaffective disorder, with ongoing symptoms of anxiety, depression, auditory hallucinations, sleep disturbance, and attention difficulties. The client has extensive trauma exposure, including childhood sexual abuse, adult sexual assault, and human trafficking during adolescence, and reports a past history of self-injurious behavior but denies any current or historical suicidal or homicidal ideation. Previous substance use treatment episodes were not fully completed due to legal involvement and life circumstances, though she achieved up to nine months of sobriety in structured, supportive environments and identifies accountability and support as key recovery factors. She demonstrates good medication adherence and is currently prescribed multiple psychotropic medications, including Invega, paliperidone, Zyprexa, Depakote, Wellbutrin, Strattera, trazodone, and gabapentin. While she shows moderate insight into the relationship between her mental health symptoms and past substance use, she continues to struggle with limited coping skills, impulse control, and preoccupation with persistent auditory hallucinations. The primary clinical question is what treatment modalities and interventions may be most effective in reducing distress and functional impairment related to ongoing auditory hallucinations.

Recommendations:

Medication Management Considerations

- Conduct a comprehensive review of the client's current psychiatric medication regimen, particularly the multiple antipsychotic medications, given the lack of reported symptom improvement and the potential for medication-related side effects.
- Continue close monitoring for movement disorders and other adverse effects associated with long-term antipsychotic use.
- Consider whether the current medication burden may be contributing to the client's presentation, especially given reports that medications have not produced meaningful improvement in auditory hallucinations.
- Collaborate with psychiatric providers regarding opportunities to simplify or optimize the medication regimen when clinically appropriate.

Trauma Assessment and Treatment

- Continue substance use treatment as an important component of care.
- Consider the significant role that the client's trauma history may play in her current presentation, including auditory hallucinations, substance use, emotional dysregulation, sleep disturbance, and psychiatric crises.
- Incorporate trauma-informed care principles throughout treatment planning.
- Refer to or collaborate with a clinician who specializes in trauma-focused therapy.
- Consider addressing trauma-related symptoms concurrently with substance use treatment, rather than delaying trauma work until complete stability is achieved.

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- Utilize gradual and clinically appropriate trauma interventions to avoid overwhelming the client while still addressing underlying trauma-related symptoms.
- Consider the potential impact of long-term methamphetamine use on sleep, mood, cognition, and psychotic symptoms when developing treatment recommendations.

Auditory Hallucinations and Psychotic Symptoms

- Further assess the timeline and course of auditory hallucinations, including periods of remission, symptom escalation during incarceration, and factors associated with symptom improvement or worsening.
- Recognize that the client's fear and distress related to hallucinations may be contributing more significantly to psychiatric crises and hospitalizations than the hallucinations themselves.
- Explore the use of Cognitive Behavioral Therapy for Psychosis (CBTp) to reduce distress associated with auditory hallucinations and strengthen coping strategies.

Behavioral Health Interventions

- Consider incorporating DBT skills to support emotion regulation, distress tolerance, mindfulness, and interpersonal effectiveness.
- Reinforce activities and coping strategies that appear to reduce symptom intensity, as the client reports fewer auditory hallucinations when actively engaged in conversation or structured activities.

Sleep and Medical Care

- Collaborate closely with primary care and psychiatric providers regarding persistent sleep disturbances.
- Consider additional assessment of medical and behavioral factors contributing to poor sleep.
- Recognize that improving sleep may help reduce psychiatric symptom severity and overall distress.

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

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