

Resolving clinical stalemates when working with people with intellectual disability

Key actions planning template

Team uncertainty or disagreement across the care pathway

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Description of resource

Clinical stalemates can commonly occur when working with people with intellectual disability, especially around diagnosis and suitable treatment. This template provides a guide to reflect on clinical stalemates where there is team uncertainty or disagreement, consider the contributing factors, and develop a plan to resolve the stalemate.

See the [Clinical stalemates](#) section on the [Intellectual Disability Mental Health Connect](#) website for more details.



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Stalemate type

Team uncertainty or disagreement across the care pathway

This may include disagreement around:

- whether a person should have an assessment
- assessment approach
- diagnosis
- management plan
- discharge and transitions.

Describe the issue

People involved and roles



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Actions to date

Include actions utilised and note what worked/did not work.

Actions	Outcome	Why the action may/may not have worked



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Plan to resolve the stalemate

Steps	Guidance	Notes and plans
<p>01 Consider the contributing factors</p>	<p>Consider for example:</p> <ul style="list-style-type: none"> • complexity of the person’s case and their physical and mental health history • capacity for the person to communicate concerns and participate in treatment planning • possibility of past or current trauma • current access to supports and services (e.g. disability support services) • team involved in care and communication strategies between services. 	
<p>02 Consider possible key actions</p>	<p>General approaches</p>	
	<p>Review the general approaches on Intellectual Disability Mental Health Connect.</p> <ul style="list-style-type: none"> • Listen to the person and their support networks’ concerns. • Seek advice from others. • Keep all parties up to date on actions taken and progress. • Offer ongoing support until the situation is resolved. • Consider the need for additional supports. 	
	<p>Specific approaches</p>	
	<p>Assessment</p> <ul style="list-style-type: none"> • Consult past assessments for information. • Identify where further consultation and investigation required. • Use adapted diagnostic tools. See Assessment tools. • Consider repeating the assessment e.g. if the person could not finish the assessment or they were very tired or sick at the time. 	
<p>Diagnosis</p> <ul style="list-style-type: none"> • Consider convening a multidisciplinary, multiagency complex case review. • Consult relevant clinical guidelines. • Where necessary, agree on one or two ‘working hypotheses’ for diagnosis that can be refined. 		

Plan to resolve the stalemate (CONTINUED)

Steps	Guidance	Notes and plans
<p>02 Consider possible key actions (continued)</p>	<p>Specific approaches</p> <p>Management plan</p> <ul style="list-style-type: none"> • If uncertainty around diagnosis is still unresolved, consider commencing treatment for most likely diagnosis. Monitor and revise the diagnosis as more information becomes available. • If uncertainty over the management approach, 'trial' a treatment within a set review period. • Review the most recent literature on treatment modifications for people with intellectual disability. See the Treatment section of the care pathway. 	
	<p>Discharge</p> <ul style="list-style-type: none"> • Start planning for discharge early in admission. Include the person, their support networks, and members of their team in developing the discharge plan. • If there is disagreement around required supports, discuss current supports, gaps, and preferences for additional support. See the Discharge planning tool. NDIS packages can be discussed with the person's Support Coordinator or Local Area Coordinator (LAC). • Establish who will monitor progress and monitor for deterioration after discharge; document their name(s) in the discharge plan. • Clinicians can consider how they can take a more active role post-discharge to support people to e.g. attend community appointments. 	
	<p>Transitions</p> <ul style="list-style-type: none"> • If differences in the child and adolescent and adult service models leading to disagreement, start planning early; let the person and their family know about differences between services. Convene meetings with the person, their family, and the services involved. • If unclear roles and responsibilities of services, develop partnerships with other services to discuss roles, responsibilities, and the handover process; develop checklists and agreements to support this process. See the Memorandum of Understanding (MoU) template. Active handover and follow-up are important to minimise the chance of disengagement. <p>For a full list of key suggested actions see the Clinical stalemates section.</p>	

Plan to resolve the stalemate (CONTINUED)

Steps	Guidance	Notes and plans
<p>03 Decide on actions to take</p>	<p>Depending on the issue, choose appropriate initial actions. Several actions may be required.</p> <p>Consider a timeframe that will be used before deciding whether an action has been successful or not.</p>	
<p>04 Who needs to be involved?</p>	<p>Include who should be involved to achieve the actions and what their role is.</p>	
<p>05 What was the outcome and why?</p>	<p>Evaluate whether actions have resolved/aided progress on the issue.</p> <p>Reflect on why an action worked or did not work.</p>	
<p>06 Are further actions needed?</p>	<p>If the situation has not resolved/no progress, return to Step 2 and consider further actions. Acknowledge this and offer ongoing support to the person and their support networks until the situation is resolved.</p>	