

# Resolving clinical stalemates when working with people with intellectual disability

## Key actions planning template

The person or their support networks do not agree with the diagnosis or care plan

### AUTHORS

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### Description of resource

Clinical stalemates can commonly occur when working with people with intellectual disability, especially around diagnosis, suitable treatment, and appropriate services. This template provides a guide to reflect on clinical stalemates where the person and/or their support networks do not agree with the diagnosis or care plan, 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

The person or their support networks do not agree with the diagnosis or care plan

A person or their support networks' reluctance to agree with a diagnosis or treatment plan may be related to:

- the assessment and diagnosis process
- treatment planning
- service use.

### 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 (CONTINUED)

Steps	Guidance	Notes and plans
<p><b>01</b> Consider the contributing factors</p>	<p>Consider for example:</p> <ul style="list-style-type: none"> <li>• complexity of the person’s case and their physical and mental health history</li> <li>• the person’s past diagnoses and response to treatments</li> <li>• the person’s past experiences with services</li> <li>• capacity for the person to communicate concerns and participate in care planning</li> <li>• views of support networks</li> <li>• current access to supports and services (e.g. disability support services).</li> </ul>	
<p><b>02</b> Consider possible key actions</p>	<p><b>General approaches</b></p>	<p>Review the <a href="#">general approaches on Intellectual Disability Mental Health Connect</a>.</p> <ul style="list-style-type: none"> <li>• Listen to the person and their support networks’ concerns.</li> <li>• Seek advice from others.</li> <li>• Keep all parties up to date on actions taken and progress.</li> <li>• Offer ongoing support until the situation is resolved.</li> <li>• Consider the need for <a href="#">additional supports</a>.</li> </ul>
	<p><b>Specific approaches</b></p>	<ul style="list-style-type: none"> <li>• Seek to understand what the person and their support networks think about the diagnosis and appropriate care plan, along with any reason(s) for not agreeing with what has been put forward.</li> </ul>
	<p><b>Assessment and diagnosis stage</b></p> <ul style="list-style-type: none"> <li>• If the person/their support networks do not believe their presenting concerns are due to mental health causes, rule out any physical health causes or adverse reactions to medication.</li> <li>• If the assessment was conducted at a time or place where the person was uncomfortable or not fully engaged, reconsider what supports the person may need and repeat the assessment.</li> <li>• Ensure appropriate assessment and diagnostic tools for people with intellectual disability have been used (where available). See <a href="#">Assessment tools</a>.</li> <li>• Refer for a second opinion if appropriate. See the <a href="#">Specialist intellectual disability services</a> list.</li> </ul>	

## Plan to resolve the stalemate (CONTINUED)

Steps	Guidance	Notes and plans
<p><b>02</b> Consider possible key actions (continued)</p>	<p><b>Specific approaches</b></p> <p>Treatment planning stage</p> <ul style="list-style-type: none"> <li>Facilitate <a href="#">supported decision-making</a> and conduct <a href="#">capacity assessments</a> in appropriate ways.</li> <li>If the person or their support networks did not understand their diagnosis or treatment plan, identify their communication needs, clarify their understanding, and seek to provide further explanation using their preferred communication methods. See the <a href="#">Communication</a> section.</li> <li>Review the person’s history and discuss with them and their support networks what treatments have/have not worked in the past. Discuss alternative treatment options where necessary.</li> <li>If concerns around medication side effects or polypharmacy, ensure medication is trialled and used responsibly. See the <a href="#">Treatment</a> section. Provide accessible information to the person and their support networks on medication and prescribing.</li> <li>Where possible, try to provide the person with a “something else” option until agreement can be reached on the most appropriate treatment option.</li> <li>If the person’s Guardian does not consent to the treatment plan, or the views of the person and their Guardian do not match, arrange a meeting to discuss concerns and views and try to make a plan that incorporates the views of all parties to the greatest possible extent.</li> <li>Inform everyone of their proposed treatments and why they are required, even if they are an involuntary inpatient or on a Community Treatment Order.</li> </ul>	

## Plan to resolve the stalemate (CONTINUED)

Steps	Guidance	Notes and plans
<p><b>02</b> Consider possible key actions (continued)</p>	<p><b>Specific approaches</b></p> <p><b>Services</b></p> <ul style="list-style-type: none"> <li>• If the person or their support networks do not want to utilise the service(s) outlined in their plan nor return to previously utilised services, discuss their reasons.               <ul style="list-style-type: none"> <li>– If due to the feasibility of attending the service, consider supports the person may need to attend appointments (e.g. community transport) or consider closer services.</li> <li>– If potentially due to trauma the person experienced at a previous service, utilise <a href="#">trauma informed care principles</a> and consider culturally safe and responsive care where appropriate. See the <a href="#">First Nations peoples</a> and <a href="#">CALD</a> sections.</li> <li>– If they do not believe they need to continue accessing mental health services, provide information about what to do in the event of a relapse and education about the recovery process.</li> </ul> </li> <li>• Identify alternative service options and work collaboratively to decide the most suitable option.</li> </ul> <p>For a full list of key suggested actions see the <a href="#">Clinical stalemates</a> section.</p>	

## Plan to resolve the stalemate (CONTINUED)

Steps	Guidance	Notes and plans
<p><b>03</b> 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><b>04</b> Who needs to be involved?</p>	<p>Include who should be involved to achieve the actions and what their role is.</p>	
<p><b>05</b> 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><b>06</b> 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>	