

Resolving clinical stalemates when working with people with intellectual disability

Key actions planning template Treatment options not working

AUTHORS

Janelle Weise, Claire Eagleson, Jenna Zhao, Tahli Hind, Dominique Abagi, and Julian Trollor.

Department of Developmental Disability Neuropsychiatry, Discipline of Psychiatry and Mental Health, Faculty of Medicine and Health, UNSW Sydney

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 when treatment options are not working, consider the contributing factors, and develop a plan to resolve the stalemate.

See the <u>Clinical stalemates</u> section on the <u>Intellectual Disability Mental Health Connect</u> website for more details.









© Department of Developmental Disability Neuropsychiatry UNSW Sydney 1/2/2023 v1

You can navigate through this form using the tab button on your keyboard

Stalemate type Treatment options not working

Describe the issue

People involved and roles

-(_____ To save this form

choose File > Save As and rename the file

Actions to date

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

Actions	Outcome	Why the action may/may not have worked

Q. To save this form choose File > Save As and rename the file

Plan to resolve the stalemate

Steps	Guidance	Notes and plans
01 Consider the contributing factors	 Consider for example: complexity of the person's case and their physical and mental health history the person's past response to treatments capacity of the person to adhere to their treatment plan capacity of support networks to monitor and support the person's treatment plan current access to supports and services (e.g. disability support services). 	
02	General approaches	
Consider possible key actions	 Review the general approaches on Intellectual Disability Mental Health Connect. 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. 	
	 Review adherence to the treatment plan including medication compliance and application of psychological therapies. Identify the barriers and facilitators to adherence and make changes accordingly. Consider if medication has been prescribed responsibly (see the <u>Treatment</u> section for information on prescribing guidelines). Conduct a medication review or link in with an accredited pharmacist who can advise on safe and appropriate medicine use in people with intellectual disability. 	

Plan to resolve the stalemate

Steps	Guidance	Notes and plans
02	Specific approaches	
Consider possible key actions (continued)	 Consider the person's needs and adaptions that may be required to psychological therapies (e.g., increased focus on the behavioural elements of cognitive behavioural therapy). See the Treatment section for more information. If undiagnosed or undermanaged physical health conditions may be hindering mental health treatment, review or investigate the person's physical health history and consult with e.g. their GP. Review the person's life circumstances for any changes that have occurred. Take note of any behaviour changes, including location and antecedents, which may help to identify contributing circumstances. See MySigns. If past or present trauma may be contributing to treatment resistance, utilise a trauma-informed approach to care. If a person experiences multiple relapses, consider differential diagnoses. Re-assess the person, including whether additional supports are required e.g. disability, education, and vocational supports. For a full list of key suggested actions see the Clinical stalemates section. 	

Plan to resolve the stalemate (CONTINUED)

Steps	Guidance	Notes and plans
03 Decide on actions to take	Depending on the issue, choose appropriate initial actions. Several actions may be required. Consider a timeframe that will be used before deciding whether an action has been successful or not.	
04 Who needs to be involved?	Include who should be involved to achieve the actions and what their role is.	
05 What was the outcome and why?	Evaluate whether actions have resolved/aided progress on the issue. Reflect on why an action worked or did not work.	
06 Are further actions needed?	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.	