

**ST3-AP-FELL-EPA10 – Comorbid intellectual/developmental disability**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA10
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 24/07/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Assessment and management of adults with a comorbid intellectual/developmental disability and mental illness.</b>		
<b>Description</b> Maximum 150 words	The trainee should be able to assess, develop and implement management in individuals with comorbid intellectual/developmental disability and mental illness. This includes comprehensive assessment including collateral information from carers, the development of a differential diagnosis and diagnostic formulation and implementation of an appropriate treatment plan.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b> 1, 2
	<b>COM</b>	1, 2	<b>SCH</b> 2
	<b>COL</b>	1, 2, 3	<b>PROF</b> 1, 2
	<b>MAN</b>	2	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Integrate knowledge from the scientific literature regarding individuals with comorbid intellectual/developmental disability and mental illness into clinical work. For example: <ul style="list-style-type: none"> <li>– knowledge about the major causes of intellectual and developmental disabilities</li> <li>– the increased prevalence for mental ill health in people with these disorders and the relationship between particular disorders and mental illnesses</li> <li>– how these comorbid disorders may affect the presentation of psychiatric illness</li> <li>– associated medical illnesses and interactions</li> <li>– assessment and differential diagnosis of presenting behaviours</li> <li>– vulnerabilities to stigma, exclusion, abuse and neglect</li> <li>– common psychiatric sequelae</li> </ul> </li> </ul>		

	<ul style="list-style-type: none"> <li>- specialised issues in treatment.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Carry out a comprehensive biopsychosociocultural assessment including a careful risk assessment, adapting technique and communication to the patient's ability and communication skills.</li> <li>• Integrate the information collected and develop a competent formulation, identifying gaps in the available information.</li> <li>• Gather collateral information from family/carers or other appropriate sources with due regard to privacy considerations.</li> <li>• Plan and implement appropriate investigations to clarify the diagnosis and any comorbid medical conditions, or liaise with other medical health professionals to achieve this.</li> <li>• Develop and defend an appropriate differential diagnosis including mental disorder and developmental issues.</li> <li>• Provide explanation and education at an appropriate level to individuals with comorbid intellectual/developmental disability, especially to their family/carers, regarding the differential diagnosis and treatment options.</li> <li>• Develop an integrated and flexible biopsychosociocultural management plan in collaboration with the patient, their family/carers and the multidisciplinary team.</li> <li>• Implement this plan, under supervision, and in collaboration with the patient and their family/carers, the multidisciplinary team and other services and health professionals.</li> <li>• Identify unmet disability support needs and appropriately refer to disability or other support organisations.</li> <li>• Identify and refer as appropriate to specialist intellectual disability mental health specialists or services.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Advocate on behalf of patients and their family/carers to improve overall outcomes and access to services and supports.</li> <li>• Demonstrate a good understanding of ethical issues in the assessment and treatment of individuals with comorbid intellectual/developmental disability. In particular, nonmaleficence (the avoidance of iatrogenic harm) and the maintenance of as much autonomy as possible, while managing risks appropriately and safely.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b>	

DEPARTMENT OF DEVELOPMENTAL DISABILITY NEUROPSYCHIATRY. *Accessible mental health services for people with intellectual disability: a guide for providers*. Sydney: Department of Developmental Disability Neuropsychiatry, 2014. Viewed 10 November 2014, <[3dn.unsw.edu.au/the-guide](http://3dn.unsw.edu.au/the-guide)>.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar