Strategies and Interventions To Help Prevent Member Problem Behaviors

June 26th, 2026

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Pre-Test Link:
https://www.surveymonkey.com/r/PBP-Pre

IOWA Health and Human Services

Long-Term Services and Supports (LTSS)

Competency-Based Training Series (CBT)

Learning Objectives

Executive Functioning Limitations	• Develop an understanding of executive functioning limitations to better support members and to help prevent problem behaviors.
Impact of Emotions	• Develop a better understanding of the impact of anxiety and stressors in the life of members to help prevent problem behaviors.
Biopsychosocial Model	• Learn more about the Bio/psycho/social model to better assess and understand members' problem behaviors.

“Time after time, I have found that when people are *taken seriously*, when they are *respected*,

when their behavior is *interpreted*, *understood* and responded to *accurately*,

when they are *engaged in mutual dialogue* rather than subjected to unilateral schemes of ‘behavior management,’

somehow as if miraculously,
they become more ordinary.

I know a number of people who have had severe reputations who have shed them when those supporting them *listened more carefully*.”

Herb Lovett, Ph.D.
University of New Hampshire

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“*If I had an hour to solve a problem I'd spend 55 minutes thinking about the problem and 5 minutes thinking about solutions*.”

- Albert Einstein

Interpretation: You cannot solve what you do not understand.

Spend more time understanding the "**why**" and "**what**" before diving into the "**how**."

Understanding Executive Functioning Limitations

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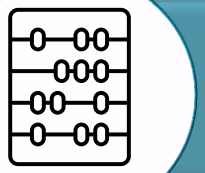
Executive Functioning

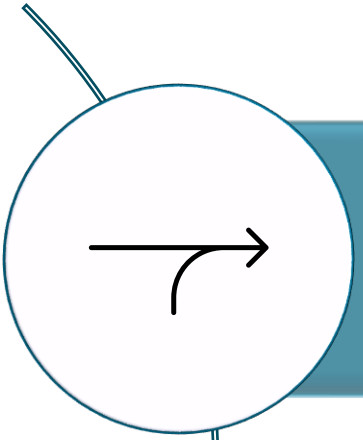


Executive Functioning (EF) is a set of mental skills that are coordinated in the frontal lobe of our brain

EF helps us to perform such activities as planning, organizing, strategizing, communicating, paying attention to and remembering details, and managing time and space

EF allows us to learn new information, remember and retrieve information we have learned in the past, and use this information to solve problems

Executive Functioning



EF allows us to adapt and perform in everyday life by recognizing the significance of expected situations and to make alternative plans when unusual events interfere with normal routines

These descriptions are of a fully functional brain, with no injury, no insults, no damage, no disorders, ex: no Intellectual Disability (ID), no Brain Injury (BI)

Factors that can Affect Executive Functioning

Adolescence

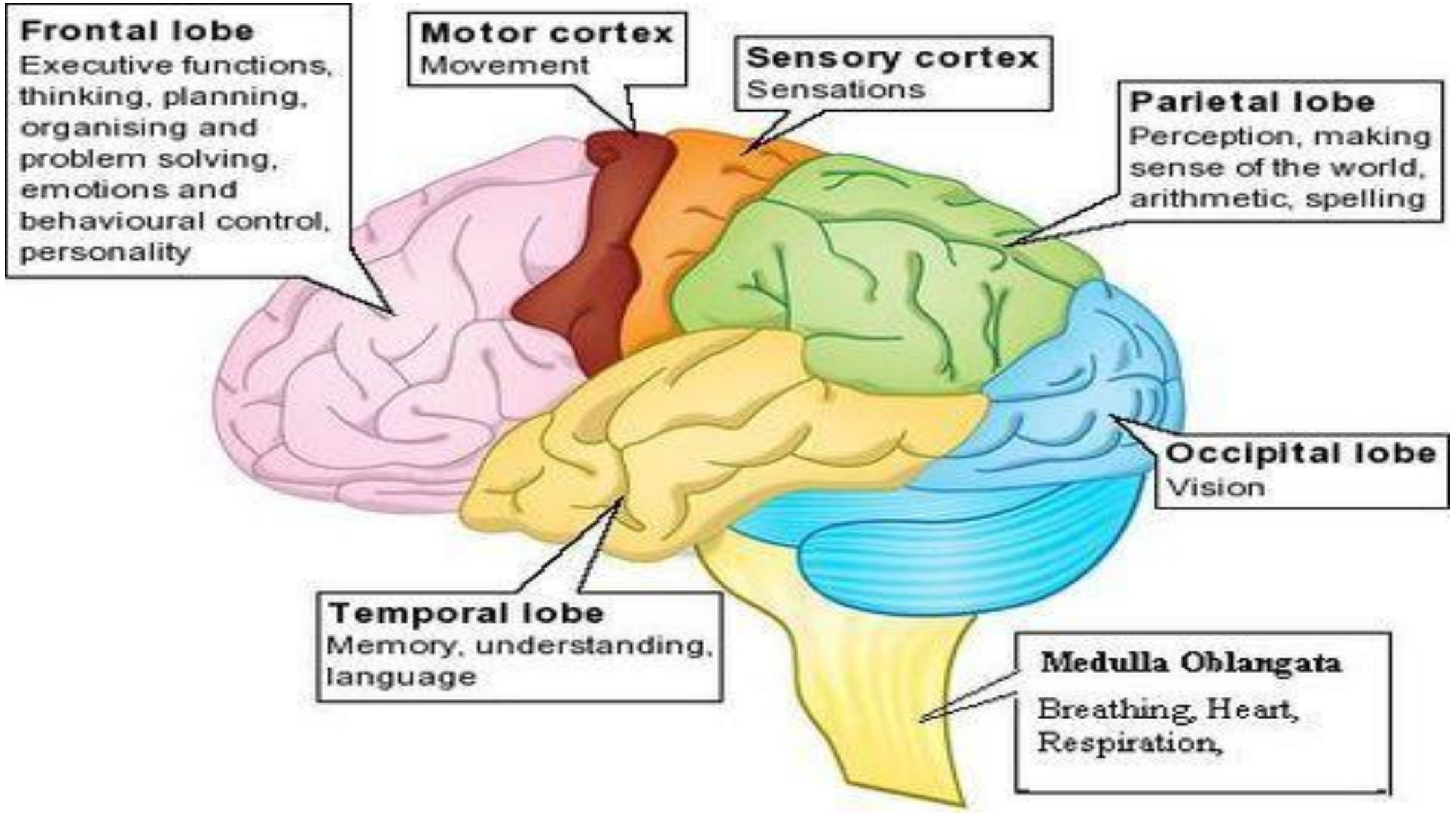
- EF in adolescents is poorly developed
- The frontal lobe is not fully engaged and developed yet

Under 25 Years of Age

- The fully functioning adult brain is not completely developed until 25 years of age

Problems and Limitations

- Serious depression
- Severe anxiety
- PTSD
- Serious medical issues
- Death of a close loved one
- Over medicating
- Can cause a temporary or long-term cognitive fog


Frontal lobe
Executive functions, thinking, planning, organising and problem solving, emotions and behavioural control, personality
Motor cortex
Movement
Sensory cortex
Sensations
Parietal lobe
Perception, making sense of the world, arithmetic, spelling
Occipital lobe
Vision
Temporal lobe
Memory, understanding, language
Medulla Oblangata
Breathing, Heart, Respiration,

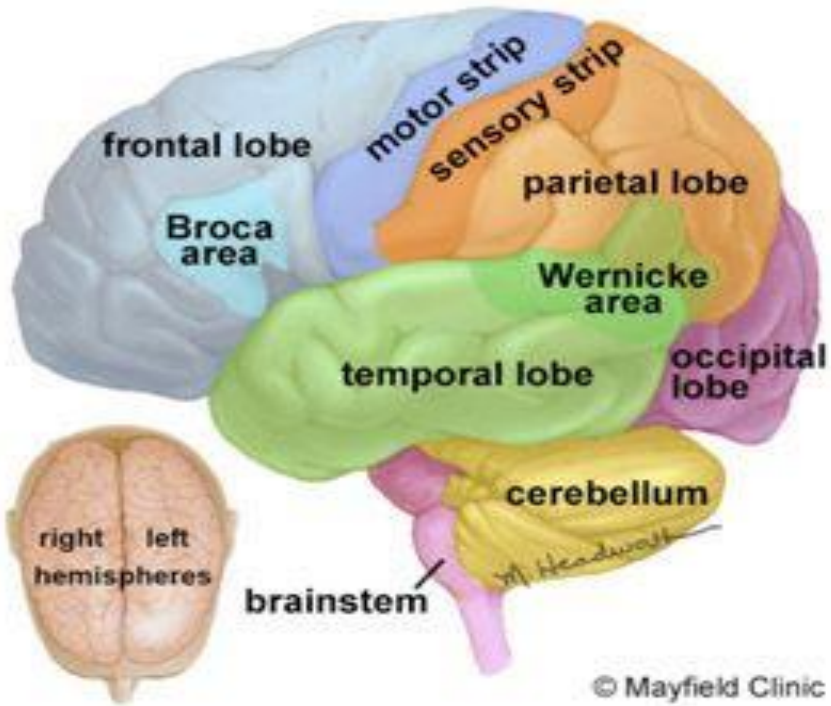


Figure 2. The brain is composed of three parts: the brainstem, cerebellum, and cerebrum. The cerebrum is divided into four lobes: frontal, parietal, temporal, and occipital.

The table lists the lobes of the brain and their normal functions as well as problems that may occur when injured. While an injury may occur in a specific area, it is important to understand that the brain functions as a whole by interrelating its component parts.

	Healthy Brain	Injured Brain
Frontal lobe	Personality / emotions Intelligence Attention / concentration Judgment Body movement Problem solving Speech (speak & write)	Loss of movement (paralysis) Repetition of a single thought Unable to focus on a task Mood swings, irritability, impulsiveness Changes in social behavior and personality Difficulty with problem solving Difficulty with language; can't get the words out (aphasia)
Parietal lobe	Sense of touch, pain and temperature Distinguishing size, shape and color Spatial perception Visual perception	Difficulty distinguishing left from right Lack of awareness or neglect of certain body parts Difficulties with eye-hand coordination Problems with reading, writing, naming Difficulty with mathematics
Occipital lobe	Vision	Defects in vision or blind spots Blurred vision Visual illusions / hallucinations Difficulty reading and writing
Temporal lobe	Speech (understanding language) Memory Hearing Sequencing Organization	Difficulty understanding language and speaking (aphasia) Difficulty recognizing faces Difficulty identifying / naming objects Problems with short- and long-term memory Changes in sexual behavior Increased aggressive behavior
Cerebellum	Balance Coordination	Difficulty coordinating fine movements Difficulty walking Tremors Dizziness (vertigo) Slurred speech
Brainstem	Breathing Heart rate Alertness / consciousness	Changes in breathing Difficulty swallowing food and water Problems with balance and movement Dizziness and nausea (vertigo)

Individuals with IDD, BI, and Mental Health Disorders:
Difficulties with Executive Functioning Limitations

- Comprehending how much time a project will take to complete
- Telling stories (verbally and written)
  - Ex: Struggling to communicate details in an organized and sequential manner
- Memorizing and retrieving information from their memory
- Understanding verbal and written instructions
- Coping with stressful situations
- Responding to situations or things they do not understand
- Initiating tasks or activities, or generating ideas independently
- Retaining information while doing something with it
  - Ex: remembering a phone number when calling

IDD Developmental Levels

	Conceptual Domain	Social Domain	Practical Domain
Mild	In preschool children, there may be no obvious conceptual differences. For school-age children and adults, there are difficulties in learning academic skills needed to meet age-related expectations. In adults, abstract thinking, executive function (e.g., planning), and short-term memory, as well as functional use of academic skills are impaired.	Compared with typically developing age-mates, the individual is immature in social interactions. For example, there may be difficulty in accurately perceiving peers' social cues. Often noticed by peers, There may be difficulties regulating emotion and behavior in age-appropriate fashion.	Individuals need some support with complex daily living tasks in comparison to peers. In adulthood, supports typically involve grocery shopping, transportation, home and child-care organizing, nutritious food preparation, and banking and money management. Support is typically needed to raise a family.
Moderate	All through development, the individual's conceptual skills lag markedly behind those of peers. Ongoing assistance on a daily basis is needed to complete conceptual tasks of day-to-day life, and others may take over these responsibilities throughout the lifespan.	Friendships with typically developing peers are often affected by communication or social limitations. Significant social and communicative support is needed in work settings for success.	The individual can care for personal needs involving eating, dressing, elimination, and hygiene as an adult, although an extended period of teaching and time is needed for the individual to become independent in these areas, and reminders may be needed.
Severe	Attainment of concepts is limited (e.g., money, time, quantity). Caretakers provide extensive supports for problem solving throughout life.	Spoken language is quite limited in terms of vocabulary and grammar. Speech may be single words or phrases, and communication are focused on the here and now within everyday events. Relationships with family members and familiar others are a source of pleasure.	The individual requires support for all activities of daily living, including meals, dressing, bathing, and elimination. The individual requires supervision at all times. The individual cannot make responsible decisions regarding well-being of self or others.
Profound	Conceptual skills generally involve the physical world rather than symbolic processes. The individual may use objects in goal-directed fashion for self-care, work, and recreation. Motor and sensory impairments may prevent functional use of objects even if certain visuospatial skills are intact (e.g., can match objects based on physical characteristics seen visually, but cannot translate to appropriate use).	The individual has very limited understanding of speech or gesture. He or she may understand some simple instructions or gestures, and expresses his or her own desires and emotions largely through nonverbal, nonsymbolic communication. The individual enjoys relationships with well-known family members & caretakers primarily.	The individual is dependent on others for all aspects of daily living. Although, individuals without severe physical impairments may assist with some daily work tasks at home, like carrying dishes to the table. Simple actions with objects may be the basis of participation in some vocational activities with high levels of ongoing support.

Supporting Executive Functioning Limitations

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Supporting Individuals with Executive Functioning Limitations

1. What may make sense to you may very well not make sense to someone with executive functioning difficulties
2. Keep your instructions/prompts simple and understandable to the individual. Do not over-talk. Do not over-prompt
3. Individuals need a clear beginning and clear end when prompted and instructed to do something
4. Help individuals create and follow a predictable structure throughout their day

Supporting Individuals with Executive Functioning Limitations

Create picture and word schedules to help individuals with remembering and predictability

Prime individuals when there will be a change in their routines and schedules

Do not focus on looking for “the wrongs” regarding an individual

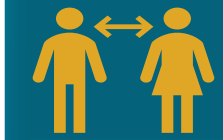
Compliment and affirm individuals frequently throughout their days. Focus on the good with individuals, be specific with what they did

Supporting Individuals with Executive Functioning Limitations

Let the individual make as many decisions as reasonably possible. Share control, do not be controlling

Negotiate as much as possible solutions to issues

When an individual is upset, show empathy and concern for them. Ask are you okay? What can I do to help you?



Sometimes it is best when an individual is upset to say nothing. Give them space, leave them alone, and come back to visit with them when they start to calm down

Executive functioning limitations can be *unrealized triggers* for problem behaviors

Understanding Anxiety and Stressors

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Old Cherokee proverb:

Pay attention to the whispers, so you do not have to listen to the **screams!**

Stressors Can Trigger Problem Behavior

- We fail to adequately understand and address the impact of stressors in the lives of members we support
- We fail to consider the stressors members experience as an explanation for their crisis
- Due to executive functioning limitations, individuals struggle to communicate the stress they may be feeling. It is manifested through irritability, flight and/or fight responses.
- Due to executive functioning limitations, individuals with disabilities are unable to cope effectively

LTSS Examples of Common Stressors

- Changes in SCL or day services staff
- Move to a new living situation
- Illness of a loved one, caretaker, friend, or peer
- Death of a loved one, caretaker, friend, or peer
- Roommate/housemate disagreements
- New medical problems

LTSS Examples of Common Stressors

- Victim of physical, sexual, emotional abuse and other mistreatment
- New roommate/housemate
- New task demands
- Old health problem worsened
- Things are different at home, work, and day program
- Family member or close friend having problems

Depression and Anxiety Due to Stressors

Male Depression Symptoms:

- Verbal and non-verbal irritability
- Verbal aggression
- Emotional responses to little issues
- Aggression

Female Depression Symptoms:

- Non-verbal irritability
- Emotional responses to little issues
- Crying
- Becoming a recluse
- Not talking
- Holing up in a room

Anxiety Symptoms in Both Males and Females Generally Include:

- Verbal and non-verbal irritability
- Non-compliance
- Emotional responses to little issues
- Angry responses
- Verbal aggression
- Aggression
- Flight or fight responses (generally)

Assessment for Recent Stressors

- **UMASS Recent Stressors Questionnaire** used by the ISTART team

- The questionnaire assesses **33 different potential stressors** most identified with individuals with IDD and mental health disorders who experience problem behaviors

- When the individual starts to have:
  - Increased irritability
  - Problem behaviors
  - A crisis
- The assessment should be completed to determine if a stressor is present

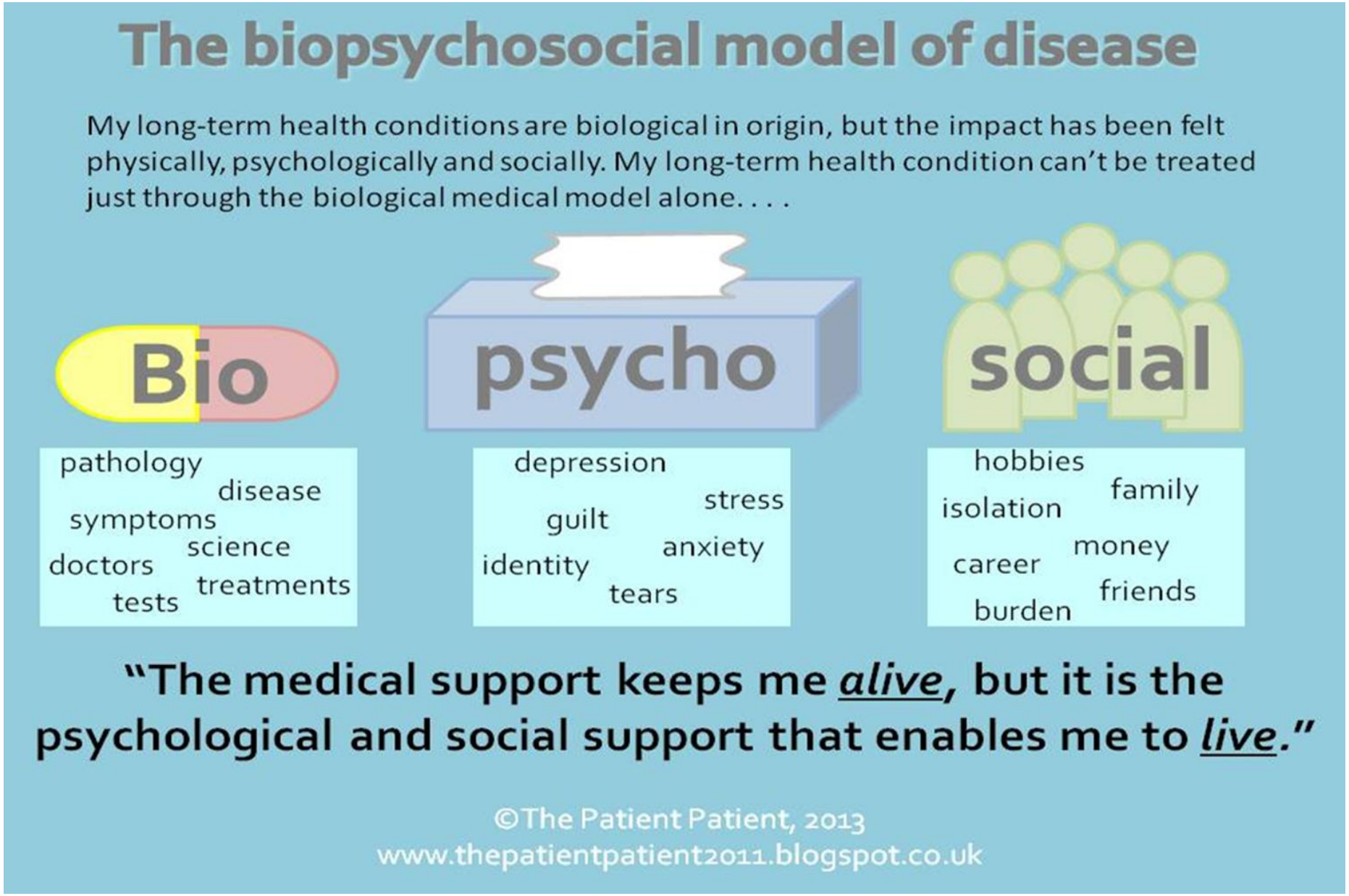
- Once a stressor is identified, the team can work together to resolve the stressor

Stressors can be a **Key Trigger** for Problem Behavior

- Individuals with executive functioning limitations struggle with:
  - Coping
  - Stress management
  - Understanding and communicating their stress accurately

- Problem behaviors are exhibited due to the inability to cope with the stressor(s).

Bio/Psycho/Social Model of Assessment and Support


The biopsychosocial model of disease
My long-term health conditions are biological in origin, but the impact has been felt physically, psychologically and socially. My long-term health condition can't be treated just through the biological medical model alone. . . .
Bio
psycho
social
pathology
disease
symptoms
science
doctors
treatments
tests
depression
stress
guilt
anxiety
identity
tears
hobbies
family
isolation
money
career
friends
burden
"The medical support keeps me alive, but it is the psychological and social support that enables me to live."
©The Patient Patient, 2013
www.thepatientpatient2011.blogspot.co.uk

The Bio/Psycho/Social Model

- The **Biopsychosocial** (BPS) **Model** incorporates interactions between:
  - Biological
  - Psychological
  - Social factors

- To help determine why an individual might suffer from a disorder, affliction, or problem behaviors

- Research shows that medical disorders are underdiagnosed and Psychiatric disorders are over diagnosed with the IDD population

How we ***think*** about something **determines** how we ***respond***.

Examples of **Biological** Conditions

Over Medication

Resulting in cognitive fog

Examples:

- Slowed down mental processing speed
- Dystonia
- Akathisia

Side Effects of Medication

- Constipation
- Seizures
- Urinary tract infection
- Bowel obstruction
- Enlarged prostrate
- Hemorrhoids

Examples of **Biological** Conditions

Down Syndrome

- (common cause for ID, up to 60% of individuals experience depression and/or thyroid problems)

Fragile X

- (commonly inherited cause for ID)

Fetal Alcohol Spectrum Disorder

- (common cause for ID)

Examples of **Biological** Conditions

High blood pressure

Diabetes

Obesity

GERD/acid reflux

Airborne or air allergies

Sinus infection

Ear infections

Sleep apnea

Menstrual cycle
- (excessive bleeding)

Dental problems
- (impacted teeth, gum disease)

Thyroid problems
- (particularly with individuals with Down Syndrome)

Examples of **Psychological** Conditions

Intellectual Disability (ID)

- A neurodevelopmental condition affecting 1–3% of the world's population
- **Genetic** factors play a key role causing the congenital limitations in **intellectual** functioning and adaptive behavior
- Yet many times the cause of ID may be unknown

Post Traumatic Stress Disorder (PTSD)

Due to:

- physical and sexual abuse
- neglect (malnutrition)
- emotional and verbal abuse

Cerebral Palsy

- A medical condition that occurs prior to and/or during the birth process that may result in an ID

Other Psychological Conditions

- Anxiety
- Depression
- Autism
- Attention Deficits

Examples of **Social** Conditions

Loneliness (results in earlier death by about 7 years)	Bullying	Rejection (results in earlier death by about 7 years)	Friends
Hobbies or activity interests	Job and/or volunteer opportunities	Boredom	Family involvement and relationships

Examples of **Social** Conditions

- DSP interactions
- Residing in an affirming and validating environment
- Having positive regard from others
- DSP caregiver fatigue
- Appropriate nutrition
- Safe and affordable housing
- Money and resources
- Life of meaning and value

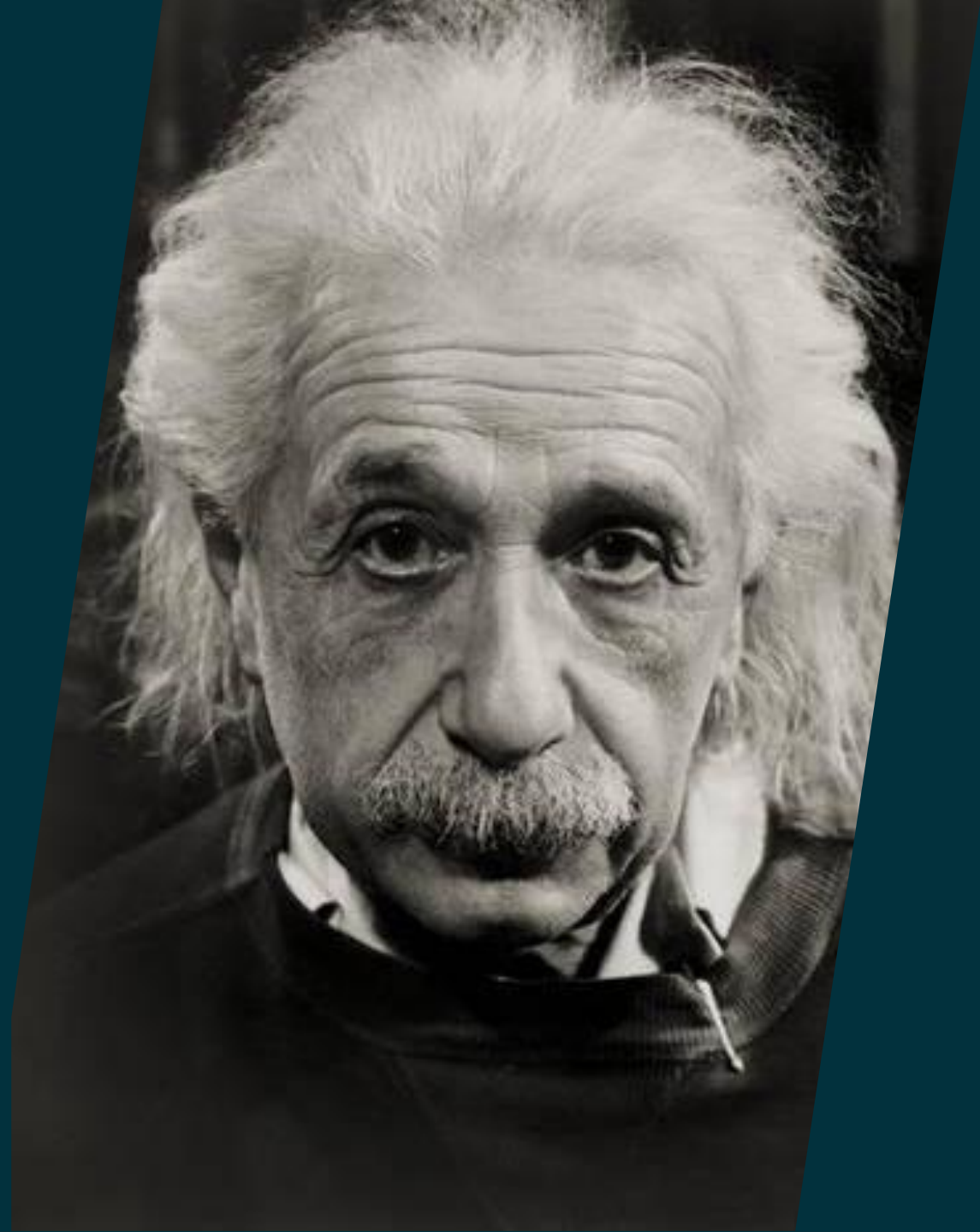
Actual Case Using the Biopsychosocial Model

What do you think truly led to this individuals decline?

Bio	Psycho	Social (LIFE)
- Seizures - Side effects meds - Low D-3 levels - COPD - Obesity - UTI - Constipation - Smoking	- Depression - Panic anxiety - Coping difficulties with stressors - Mild ID - Communication difficulties - No self esteem	- No friends - No job - No family involvement - Lonely - Bored - Bullied - Refuses supports - No hobbies

“The world as we have created it is a *process of our thinking*.

It cannot be changed *without changing our thinking*.”



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Questions?
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