Understanding Positive Behaviour Support | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/beyond-the-behaviour-understanding-the-why-in-positive-behaviour-support/

Details:

Positive behaviour support starts from a single working assumption: the behaviour is doing something for the person. It is not random, it is not defiance for its own sake, and it is not a character flaw. It is the most effective option available to that person, in that moment, for meeting a need. Change what is available and you change the behaviour. Try to remove the behaviour without replacing what it was achieving, and it comes back, often in a form that is harder to live with.

That is the whole idea. Everything else in behaviour support follows from it.

Function, not form

The most useful distinction in this field is between the form of a behaviour and its function .

Form is what it looks like. Throwing something, hitting, screaming, running, hurting yourself, refusing to move.

Function is what it achieves. Broadly, behaviour tends to serve one of four purposes:

Escape. Getting out of something that is too hard, too loud, too long or too demanding.

Access. Getting to something wanted, whether an item, an activity or a place.

Attention. Getting connection, response or acknowledgement from another person.

Sensory or emotional need. Regulating how the body feels, or managing distress.

The reason this matters so much is that the same form can serve completely different functions in different people, or in the same person at different times . Two children throw objects in a classroom. One is escaping a task they cannot do. The other has found the only reliable way to get an adult to come over. If you treat those two children the same way, you will help neither, and you may make one of them worse.

This is why blanket strategies fail. A response that works for escape behaviour, such as reducing task demand, is exactly the wrong response for attention-maintained behaviour, and the reverse is also true. Getting the function right is not a preliminary step to the real work. It is the work.

Why it goes well on Tuesday and badly on Wednesday

Families often describe a maddening inconsistency. The same request, in the same room, from the same person, and the response is completely different from one day to the next. That is not the person being unpredictable. It usually means something else changed.

Behaviour support distinguishes between the trigger , the thing that happens immediately before, and the setting event , the background condition that changes how much a person can tolerate. Setting events do not cause behaviour. They lower the threshold, so that a trigger which was manageable yesterday becomes too much today.

Common setting events include:

Pain or illness. Physical discomfort someone cannot describe, including toothache, constipation, ear infection or reflux. When behaviour changes suddenly and there is no obvious reason, health is the first thing worth checking.

Poor sleep. A short or broken night reduces capacity to handle transitions, sensory input and disappointment.

Hunger. Timing of meals shapes behaviour patterns across the day more than people expect.

Medication. A new prescription, a dose change or side effects affecting alertness, mood or energy.

A different support worker. Even a good one. The person has to work harder to be understood and to predict what is coming.

Change to routine. A different schedule, a different room, an unexpected transition. Less predictability means less to hold onto.

Once a family starts tracking these, the apparently random pattern often becomes readable. It also changes what you do: on a day when a setting event is present, the answer is usually to lower demands and increase supports rather than to hold the line and expect the same performance.

Behaviour as communication

A great deal of behaviour of concern comes down to a person having no reliable way to say something. When speech is limited, unreliable or absent, and nobody has provided another route, behaviour becomes the route. It is not a poor choice. It is the only one that has ever worked.

This is why functional communication is at the centre of behaviour support rather than off to one side. If a person's behaviour is achieving escape, they need a reliable way to say "this is too much" or "I need a break" that is faster and easier than the behaviour, and that adults actually respond to. If it is achieving access, they need a way to ask. A replacement only works if it does the same job, at least as efficiently, and gets the same result every time. A replacement that is slower, harder or often ignored will lose to the original behaviour every time, and it should, because the original one works.

Speech pathologists are often part of this, assessing how a person communicates and setting up what they need, from visual supports and key word sign through to communication apps and dedicated devices. Occupational therapists contribute on the sensory side, and psychologists on trauma, anxiety and emotional distress underneath the picture. A behaviour support practitioner draws these together, but the communication piece is frequently the one that moves things.

The environment is part of the behaviour

Behaviour is a relationship between a person and a setting, so the setting is fair game for change. Where a classroom is too loud, instructions come too fast and in too many words, transitions arrive without warning, or a person has no way to opt out of an overwhelming space, the environment is producing the behaviour as much as the person is.

Changes here are often unglamorous and highly effective. Visual schedules so the day is predictable. Warning before transitions. Fewer verbal instructions at once. A quiet place to go. Choice built into the day, so the person has some legitimate control and does not have to take control through behaviour. Consistency between home, school and support workers, so the same request means the same thing everywhere.

This is also the fairest part of the approach. Asking the person to do all the changing, when the environment is the thing that does not fit, is both ineffective and unreasonable.

Why rewards and consequences on their own do not hold

Plenty of families arrive at behaviour support having already tried sticker charts, loss of privileges, time out and firm consequences. These are usually applied conscientiously, and they often produce a short improvement before things return to where they were, or get worse.

The reason is structural, not a failure of effort. Reward and consequence systems act on the form of the behaviour while leaving the function untouched. If a child is escaping a task that is genuinely beyond them, no consequence makes the task achievable, and no reward makes the need to escape go away. The need is still there. So the behaviour returns, or a different behaviour appears doing the same job. Where the pressure to suppress is strong, what replaces it is often less visible and more dangerous, such as self-injury or shutting down.

There is a place for responding in the moment. Every behaviour support plan includes reactive strategies for keeping people safe when something is already happening. But reactive strategies are containment, not change. The change comes from proactive work: adjusting the environment, addressing setting events, teaching the skill that meets the need, and building the person's ability to handle what previously overwhelmed them. A plan that is all reaction and no prevention will not move anything.

What success actually looks like

If the only measure is how often the behaviour happened, it is possible to look successful while making someone's life worse. A person who has stopped doing anything because everything has been removed will score well on incident counts.

The measure that matters is quality of life. Better communication and more self-advocacy. More independence and more say over their own day. More access to school, work and community, not less. Better relationships with the people around them. Fewer restrictive practices. And the person themselves, and the people who know them, saying that life is better. Reduced incidents are a sign that this is working, not the goal.

What you can do before the practitioner arrives

If you are waiting on behaviour support, the observations you collect now will make the assessment faster and better. Useful information includes:

When and where. Time of day, setting, who was present, what was being asked.

What came immediately before. An instruction, a transition, a noise, a refusal, a change of plan.

What the behaviour actually looked like , described plainly. Not "had a meltdown" but what you saw and heard.

What happened afterwards. How people responded, and what the person got or avoided as a result. This is the part that points to function, and it is the part most often left out.

Frequency, duration and intensity , so patterns over weeks are visible rather than only the worst incident.

The background. Sleep, illness, appetite, medication changes, staff changes, anything unusual in the days before.

The good days. When the person is calm, engaged and happy, what is different? What do they enjoy, what are they good at, what do they want?

That last point gets skipped often, and it should not. A practitioner who only ever hears about the hard moments is working from half a picture, and strengths and preferences are what the replacement strategies get built out of.

When to ask for behaviour support

It is worth looking into if behaviour is unsafe or distressing, or is limiting access to school, work, services or the community; if reward and consequence approaches are not holding; if restrictive practices such as restraint or seclusion are being used or being suggested; if the people supporting the person are unsure or inconsistent in how they respond; or if the person is plainly distressed and cannot tell anyone why.

Bloom delivers behaviour support in homes, schools, clinics and by telehealth, alongside psychology, occupational therapy and speech pathology, and works with the people around the person rather than only with the person. To talk it through, call 1300 771 465 or read more about Bloom's positive behaviour support services .

Common questions about understanding behaviour

What does it mean to say behaviour has a function?

It means the behaviour achieves something for the person: escaping a demand, getting access to something, getting attention or connection, or meeting a sensory or emotional need. Working out which one is happening determines what will help.

Two people do the same thing. Why do they need different plans?

Because the same behaviour can serve different functions. One person may be escaping something, another may be seeking connection. The strategy that helps one can make the other worse.

Why is behaviour so much worse on some days?

Usually because of a setting event in the background such as pain, illness, poor sleep, hunger, a medication change, a different support worker or a change to routine. These do not cause the behaviour, but they reduce how much the person can cope with, so an ordinary trigger tips over.

My child's behaviour changed suddenly with no obvious cause. What should I check first?

Health and pain. Toothache, constipation, infection and reflux are common and easily missed in people who cannot describe symptoms. A sudden unexplained change in behaviour warrants a medical check before anything else.

Is behaviour of concern always communication?

Not always in the sense of a deliberate message, but it very often does the job communication would do, especially where a person has no reliable way to express a need. Giving someone a faster, easier way to say the same thing is one of the most effective things you can do.

Why did the sticker chart stop working?

Because reward systems act on the behaviour rather than on the need behind it. If the need is still there, the behaviour comes back or another behaviour takes its place. Rewards can support a plan, but they rarely work as the whole plan.

What is the difference between a proactive and a reactive strategy?

Proactive strategies work before anything happens: changing the environment, addressing setting events, teaching skills and communication. Reactive strategies are what you do during an incident to keep everyone safe. Both belong in a plan, but only the proactive part produces lasting change.

Does the person have to be present for the practitioner to work?

A lot of the work happens with everyone else. Observation across settings, meetings with family, teachers and support workers, and training so the same approach is used consistently everywhere. A strategy only used in one place will not work.

How will we know it is working?

By looking at more than incident counts. Better communication, more independence and choice, more access to community and education, better relationships, fewer restrictive practices, and the person and family saying life has improved.

Is behaviour support only for children?

No. It supports children, teenagers and adults, including adults with a long history of restrictive practices where the priority is reducing and removing them.

What if my child behaves at school and not at home, or the reverse?

That is information, not inconsistency. The difference between the two settings, in demands, noise, structure, predictability and how people respond, is often the clearest clue to what is driving the behaviour.

Do I need to have worked out the reason before asking for help?

No. Working it out is the practitioner's job. Bring your observations, including the good days, and let the assessment do the rest.

What is the main topic of this Bloom Healthcare blog post?

The blog post, titled 'Understanding What is Positive Behaviour Support and How it Empowers Lives,' explains what Positive Behaviour Support (PBS) is and how it uncovers the 'why' behind behaviours, focusing on Bloom Healthcare's strategies to boost safety, independence, and wellbeing.

What is Positive Behaviour Support (PBS) according to Bloom Healthcare?

PBS is a therapeutic framework designed to support individuals who display behaviours of concern, often due to disability, neurodivergence, or complex psychosocial needs. It is not just a behaviour management tool—PBS is about improving the quality of life, built on the belief that all behaviour has meaning.

What key question does PBS ask about behaviour?

PBS asks the critical question: Why is this behaviour happening? What is this person trying to tell us? Rather than only focusing on the moment a behaviour occurs, it looks at unmet needs, environmental stressors, or communication barriers behind it.

What are the key principles PBS operates on?

PBS operates according to key principles including understanding the function of a behaviour (what the person gains or avoids through it), addressing environmental, emotional, and social triggers, teaching alternative, safer, and more functional behaviours, building skills and independence, reducing the use of restrictive practices, and supporting families, carers, and support workers to implement consistent strategies.

Who delivers PBS at Bloom Healthcare?

PBS at Bloom Healthcare is delivered through NDIS-registered behaviour support practitioners, who work collaboratively with the individual and their entire support network.

Why does understanding the 'why' behind behaviour matter, according to the page?

If we respond only to the outward behaviour, we risk missing what really needs support. Pausing to look deeper allows critical underlying needs to be identified rather than just reacting to the visible behaviour.

How does Bloom Healthcare describe its approach to PBS practitioners?

Bloom Healthcare's PBS practitioners take a deeply person-centred approach that doesn't focus on 'fixing behaviour' but rather on understanding it, so individuals can feel safe, heard, and supported.

Who is the author and publisher of this article?

The article is authored and published by Bloom Healthcare, an NDIS services provider described as a boutique disability and aged care allied health provider.

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