

CorePBS Training

What Is Behaviour Support?

A grounded introduction to positive behaviour support — the science, the values, and what makes it different.

MODULE

TIME

FORMAT

01 of 1 (free intro)

Approx. 60 minutes

Self-paced workbook

About this workbook

This workbook accompanies the first module of CorePBS Training. It introduces the field of positive behaviour support — what it is, where it came from, and the values that hold it together. Use the reflection prompts to take notes; the workbook is yours to keep.

SECTION 1 OF 3

The Real Purpose

Before learning the science, understand what this field is actually for.

Positive behaviour support is the practice of understanding why a person does what they do, and working alongside them to help them live a richer, more connected life — on their terms. It is not about managing people. It is not about compliance. It is definitely not about making people easier to look after.

At its best, PBS is a values-led discipline that uses behavioural science as one of its tools — not as its centre. The centre is the person. Their dignity, their self-determination, their quality of life. Everything else, including the science of behaviour, is in service of that.

CORE PRINCIPLE

Positive behaviour support exists to expand lives, not contain them. Every behaviour support plan should make a person's world larger — more relationships, more opportunities, more choice — not smaller.

Who does positive behaviour support?

In Australia, behaviour support practitioners work primarily within the NDIS, supporting people with disability. But the values, frameworks, and skills of PBS travel beyond that — into schools, family homes, youth justice, aged care, and any setting where humans support other humans through difficulty.

You might be drawn to PBS if you are...

- A support worker wondering why the people you support behave the way they do, and what would actually help.
- A teacher noticing patterns in a student's behaviour you can't quite explain through a behaviour-management lens.
- A psychology graduate or allied health professional looking for a values-aligned career pathway.
- A parent who wants to understand the framework behind what you're reading — and what a good plan should look like.
- Anyone working with people who has thought: *there must be a better way than this.*

MY NOTES

What brought you to this workbook? What is it about behaviour support that interests or draws you?

SECTION 2 OF 3

Where PBS Came From

The story of PBS is a story of people pushing back against harm.

A difficult inheritance

For most of the twentieth century, behaviour management in disability services relied on aversive procedures — electric shock, food withdrawal, isolation, painful contingencies, and physical restraint. These procedures had their intellectual home in early applied behaviour analysis, where the focus was on producing measurable behaviour change, often without serious examination of whether the change was good for the person, or whether the person had been asked.

Positive behaviour support did not emerge as a refinement of that tradition. It emerged as a deliberate departure from it.

A CRITICAL DISTINCTION

PBS shares behavioural science as a tool with applied behaviour analysis, but it does not share its history, its philosophy, or its scope. PBS is values-led, person-centred, and rights-based — and explicitly rejects the use of aversive procedures, compliance-focused goals, and treating behaviour change as an end in itself.

What PBS rejected

The leaders who shaped PBS in the 1980s and 1990s — Horner, Carr, Lucyshyn, and others — named specific things they were unwilling to carry forward:

- **Aversive procedures.** Pain, deprivation, and humiliation are not acceptable methods of behaviour change, regardless of how effective they might be at suppressing behaviour.
- **Compliance as a goal.** A person who has stopped behaving in inconvenient ways has not necessarily had their needs met. Quiet does not mean well.
- **The person as the problem.** When behaviour challenges arise, the question is not "what is wrong with this person?" but "what is happening for this person, and what is missing?"
- **Behaviour change without context.** Stripping a behaviour out of its environment — its triggers, its function, the relationships around it — and trying to change it in isolation tends to fail, and often harms.
- **Expert-driven planning.** The person and the people closest to them are not data sources. They are partners in the design of any plan that affects their lives.

What PBS adopted instead

Behavioural science as a tool. Functional thinking — understanding why behaviour happens — remains central to PBS. But it is held inside a values framework, not used to justify any procedure that produces results.

Normalisation and inclusion. People with disability belong in community. They deserve ordinary lives, ordinary relationships, and the same range of opportunities as anyone else. Plans should expand access, not restrict it.

Person-centred planning. We start with what the person wants — their preferences, their goals, their voice — and work backwards. Plans are built with people, not for them.

Human rights. Dignity, autonomy, freedom from cruel or restrictive treatment, and the right to participate fully in community life are not aspirational add-ons — they are the floor under everything PBS does.

IN YOUR OWN WORDS

Why did PBS emerge as a distinct framework rather than a refinement of what came before? What was it correcting?

SECTION 3 OF 3

Values at the Centre

PBS without its values is just behaviour management with better branding.

It is technically possible to use the tools of behaviour science in a way that still harms people. A procedure that reduces a behaviour while damaging trust, eroding safety, or restricting access to preferred parts of life is not a PBS success — it is a PBS failure, no matter what the data says. The science, applied without values, can do harm.

This is the line that separates PBS from earlier traditions. PBS does not measure success only in behaviour reduction. It measures success in life expansion. The two are sometimes related, often related — but they are not the same thing.

What good PBS practice looks like

Drawing on Carr et al. (2002) and the contemporary Australian PBS Capability Framework:

- **Comprehensive lifestyle change.** The goal is a better life — more relationships, more autonomy, more choice — not just a reduced behaviour count.
- **A lifespan perspective.** PBS is not a short-term intervention. It is an ongoing partnership that adapts as the person's life changes.
- **Ecological validity.** Strategies must work in the person's actual life, not just in controlled settings or on paper.
- **Stakeholder participation.** The person is the lead author of their plan. Family, support workers, and the people who know them best are partners — not data sources.
- **Social validity.** Goals and procedures must be acceptable to the person and their network, not just technically defensible.
- **Systems change.** Individual plans live inside organisations and communities. Real PBS pays attention to the conditions around the person, not just the person.
- **Prevention over reaction.** Most of a good plan is about creating conditions where behaviours of concern do not need to occur in the first place.
- **Flexibility.** Plans are tailored. There are no formula interventions. The person is not a category.
- **Multiple traditions held together.** PBS draws on behaviour science, systems theory, trauma-informed care, and increasingly the neurodiversity paradigm. It does not pretend any single tradition is sufficient.

THE TEST

A simple test for any behaviour support decision: does this make the person's life better? Not smaller, not quieter, not more manageable for others — better. Richer. More connected. More self-determined. If the honest answer is no, it is not PBS — whatever else it is.

REFLECTION

No right answers — only honest ones.

01

What brought you to this workbook? What is it about behaviour support that interests or draws you?

02

Think of a person whose behaviour was difficult to understand. Looking back, what do you think they might have been trying to communicate?

03

Which of the values from this module resonates most strongly with you, and why?

KEY TAKEAWAYS

1. Positive behaviour support is not behaviour management with better branding — it is a values-led discipline that uses behavioural science as one tool among many.
2. PBS emerged as a deliberate departure from earlier traditions, rejecting aversive procedures, compliance as a goal, and the idea that the person is the problem.
3. The primary measure of PBS success is whether the person's life has expanded — more connection, more choice, more dignity. Behaviour reduction is sometimes a means to that end, but never the end itself.
4. Without its values, PBS is hollow. The values are the practice.

This is the only module currently available as a free download. More modules — covering function, assessment, plan-building, trauma and neurodiversity, and the systems that hold individual plans together — are in development as part of the CorePBS Foundations and Continued Practice training pathways.

Want to know when more is available? Join the early access list at corepbs.com.