

Positive Behaviour Support and Applied Behaviour Analysis

How they relate in contemporary behaviour support practice

Open Circle · Behaviour Support Practice Resource

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Why this matters

Positive Behaviour Support (PBS) and Applied Behaviour Analysis (ABA) share a substantial scientific and historical foundation, but they are not interchangeable terms. Clear language helps multidisciplinary teams understand what each contributes, where their emphases differ, and what good function-based practice should look like.

Who this is for

Allied health professionals, NDIS behaviour support practitioners, support coordinators, implementing providers and other professionals who collaborate around people with behaviours of concern.

Key boundary

This is an evidence-informed professional resource, not a credentialing standard or regulatory guide. It summarises the literature supplied for this resource. Current NDIS requirements and professional obligations should be checked against the relevant regulator, employer and professional body.

About this resource

The terms PBS and ABA are sometimes presented as rivals, synonyms, or as though one is simply a more acceptable version of the other. The literature is more nuanced. PBS developed from behaviour-analytic research and retains a strong behaviour-analytic foundation, while broadening the frame around quality of life, stakeholder participation, systems, contextual fit and multidisciplinary support (Dunlap et al., 2009; Morris & Horner, 2016; Horner et al., 2025).

This guide focuses on what is most useful to practitioners: the shared foundations, the important differences, the role of functional assessment, the values and safeguards that shape contemporary practice, and the questions that help distinguish a robust plan from one that is only labelled “PBS”.

At a glance

1. ABA is an applied science of behaviour. Its defining dimensions include socially important goals, observable measurement, analytic decision-making, technological clarity, conceptual consistency, effectiveness and generality.
2. PBS grew from behaviour-analytic research and the non-aversive movement. It retained function-based assessment and intervention while making quality of life, dignity, participation, prevention and systems change explicit priorities.
3. The overlap is structural: both depend on understanding behaviour in context, identifying function, teaching useful alternatives, changing environments and using data to guide decisions.
4. The distinction is mainly one of scope and emphasis. PBS organises behavioural science within a broader person-centred, ecological and systems framework.
5. A comprehensive PBS plan is more than a list of strategies. It should be function-based, proactive, educative, measurable, feasible in the real setting and linked to outcomes that matter to the person.
6. For multidisciplinary teams, the most useful question is usually not “Is this ABA or PBS?” but “Is this support ethical, function-based, evidence-informed, socially valid, implementable and improving the person’s life?”

Evidence position

This resource is a focused narrative synthesis, not a systematic review. It draws on the source literature provided, including historical and contemporary PBS texts, ABA texts and functional-assessment research. Where the literature reflects debate, the guide presents the debate rather than treating one professional identity as settled fact.

The relationship in one page

A useful working formulation

PBS can be understood as a behaviourally grounded approach to organising support: it uses core concepts and methods from behaviour analysis while placing explicit emphasis on quality of life, prevention, dignity, stakeholder participation, contextual fit and systems that sustain good support. The literature has described the relationship as a development, evolution or “familial alliance” rather than a clean split between two unrelated fields (Dunlap et al., 2009; Morris & Horner, 2016; Horner et al., 2025).

ABA contributes	Shared core	PBS makes explicit
A science of behaviour and a language for analysing relations between behaviour and environment.	Behaviour is understood in context rather than as a fixed trait of the person.	Quality of life and participation are central outcome domains, not secondary considerations.
Direct measurement, repeated data and analytic decision-making.	Assessment should lead to hypotheses about what predicts and maintains behaviour.	Prevention, environmental redesign and teaching are prioritised over reactive control.
Reinforcement, stimulus control, shaping, functional communication and other behaviour-change principles.	Intervention should be linked to function and reviewed using data.	The person, family, staff and wider team contribute to goals, design and evaluation.
Single-case experimental logic and, where indicated, experimental functional analysis.	Support should produce meaningful change that generalises beyond one session or setting.	Contextual fit, implementation systems and organisational conditions are part of the intervention.

What this means in practice

- It is inaccurate to describe PBS as unrelated to behaviour analysis.
- It is also inaccurate to treat PBS and ABA as identical labels for the same professional activity.
- Good contemporary practice from either tradition should be judged by evidence, ethics, social validity and outcomes rather than by branding alone.
- Different professions can contribute important information without claiming specialist competence outside their scope.

Applied Behaviour Analysis in brief

ABA is the applied branch of the science of behaviour. The field is conventionally dated from 1968, when the Journal of Applied Behavior Analysis began and Baer, Wolf and Risley described seven dimensions of applied work. Contemporary ABA spans many populations and settings; it is not synonymous with “autism therapy” (Cividini-Motta et al., 2023; Storey & Post, 2025).

The seven dimensions

Dimension	Practice meaning
Applied	Targets behaviour and outcomes of genuine social importance.
Behavioural	Uses observable, measurable definitions and direct evidence where possible.
Analytic	Uses data to show whether change is plausibly related to the intervention.
Technological	Describes procedures clearly enough for competent implementation.
Conceptually systematic	Links procedures to established behavioural principles rather than a “bag of tricks”.
Effective	Looks for practically meaningful change, not change that is merely detectable.
Generality	Seeks change that persists across time, settings, people or related behaviours.

What ABA contributes to behaviour support

- A functional account of behaviour: what happens before and after behaviour, and what broader conditions alter its likelihood.
- A disciplined approach to measurement, hypothesis testing and data-based review.
- A technology for teaching skills and arranging environments so safer, more effective behaviour becomes easier and more useful than behaviour of concern.
- A strong tradition of single-case experimental methods for evaluating individual change.

Contemporary practice

The source literature also records criticism of ABA, including concerns raised by autistic advocates about coercion, over-compliance, loss of individuality and trauma. Contemporary behaviour-analytic authors describe movement toward compassionate, trauma-informed, family-centred and culturally humble practice. These critiques should be engaged with seriously when judging the social validity of support (Cividini-Motta et al., 2023).

Positive Behaviour Support in brief

PBS emerged from behaviour analysis, disability rights, deinstitutionalisation, the non-aversive movement and the practical need to make effective support work in ordinary homes, schools, workplaces and communities. It is not a single intervention package and it is not a new theory of behaviour (Dunlap et al., 2009; Morris & Horner, 2016).

Core features of contemporary PBS

Feature	What it means for practice
Behavioural and evidence-based foundation	Assessment and intervention remain grounded in empirical behavioural science and data-based decision-making.
Quality of life	Success is judged by participation, relationships, autonomy and meaningful life outcomes as well as change in behaviour of concern.
Prevention and environmental design	Support changes settings, routines, communication opportunities and antecedent conditions rather than relying on crisis response.
Teaching	Plans build communication, coping, daily-living and other functionally useful skills.
Collaboration and social validity	The person and people who know them contribute to defining goals, acceptable procedures and meaningful outcomes.
Contextual fit and systems	A technically sound strategy must also be feasible, resourced and supported by the people and organisation expected to implement it.
Multi-level application	PBS can be applied at individual, service and whole-system levels, including multi-tiered approaches.

A key distinction

PBS deliberately broadens the unit of attention. The question is not only “How do we change this behaviour?” but also “What does this person need to live well, what in the environment needs to change, what should be taught, and what system will make the support sustainable?”

How PBS developed from behaviour analysis

The historical literature is important because it explains why PBS has both a close relationship with ABA and a distinct professional identity. The change was not a rejection of behavioural science; it was a change in the values, scope and context in which that science was applied (Dunlap et al., 2009; Morris & Horner, 2016).

Period	Development
1960s-1970s	Applied behaviour analysis demonstrates that meaningful skills can be taught and severe behaviour can change, including for people previously excluded from ordinary community life.
1970s-1980s	Disability-rights, normalisation and deinstitutionalisation movements challenge institutional models and the use of painful or highly aversive procedures.
Late 1970s-1980s	Functional assessment research shifts attention from simply suppressing behaviour to understanding why it occurs and teaching functionally effective alternatives.
Late 1980s-1990s	“Non-aversive” behavioural support develops into Positive Behaviour Support, combining functional assessment with prevention, teaching, ecological change and social validity.
2000s onward	PBS broadens further toward lifespan outcomes, stakeholder participation, systems change, implementation fidelity and multi-tiered prevention.
Contemporary position	Recent PBS literature continues to identify behaviour analysis as a core conceptual foundation while explicitly incorporating educational, social, medical and organisational strategies.

Why the history still matters

- It explains why PBS places unusually strong emphasis on non-aversive support, dignity and quality of life.
- It explains why functional assessment and function-based intervention remain central rather than optional.
- It also explains continuing debate about whether PBS is best described as a separate applied science, a branch or evolution of ABA, or a framework for delivering behaviour support.

Practical takeaway

The professional debate about labels is real, but it should not distract teams from the shared requirement for ethical, function-based, measurable and socially meaningful support.

Shared foundations and important differences

Dimension	ABA	PBS
Conceptual foundation	Applied science of behaviour; radical behaviourist tradition.	Strong behaviour-analytic roots, combined with broader educational, social, ecological, medical and systems inputs.
Primary emphasis	Understanding and changing socially significant behaviour.	Improving quality of life and participation, with behaviour change as one part of that broader outcome.
Assessment	FBA, including experimental functional analysis where indicated and within competence.	FBA is central; practice commonly uses team-based and naturalistic assessment, with experimental analysis used less often.
Intervention	Function-based behavioural procedures selected and evaluated empirically.	Multi-element support combining prevention, environmental redesign, teaching, consequence strategies and systems support.
Decision-making	Direct measurement and analytic evaluation are defining expectations.	Data-based decision-making remains a defining feature, alongside broader outcome and implementation measures.
Stakeholder role	Social validity is part of the ABA tradition and contemporary ethical practice.	Stakeholder participation and person-centred planning are especially explicit and structurally central.
Scale	Commonly focused on individual behaviour, although the science is not limited to individuals.	Explicitly extends from individual plans to organisations and multi-tiered systems.
Aversive practice	Contemporary sources emphasise significant ethical restrictions and avoidance of harmful punishment; ABAI opposes contingent electric skin shock.	Contingent painful stimuli are excluded from the PBS definition; prevention and positive alternatives are foundational.

Do not overstate the divide

Many features sometimes presented as uniquely “PBS” - social validity, socially important outcomes, data-based evaluation and environmental analysis - also have long histories within ABA. The more defensible distinction is that PBS makes a particular combination of values, systems thinking and quality-of-life outcomes explicit and central.

Function-based practice: the common engine

Both traditions are strongest when assessment and intervention are linked by a clear functional hypothesis. Functional Behaviour Assessment (FBA) asks what conditions reliably predict behaviour and what outcomes may be maintaining it. The purpose is not to label the person; it is to identify relationships that can be changed and skills that can be taught (Morris & Horner, 2016; Bambara et al., 2015).

Term	Working definition	Practice implication
Functional Behaviour Assessment (FBA)	A broader assessment process using indirect information, direct observation and other data to develop and test hypotheses about behaviour.	Can draw on interviews, records, ABC data, direct observation and other relevant information.
Functional analysis	The experimental component of functional assessment: conditions are systematically manipulated to test what controls behaviour.	Carries additional competency, safety and design requirements; it should not be used casually or treated as synonymous with any FBA.

Why function matters

- Interventions matched to function are more likely to be effective than strategies selected only from the surface form of behaviour.
- A replacement behaviour should access the same or a sufficiently similar outcome more safely and efficiently.
- Setting events such as illness, poor sleep, pain, communication difficulty or disrupted routines can alter how strongly everyday antecedents affect behaviour.
- Function is a hypothesis to be tested and updated; it should not become a fixed story that overrides new evidence.

Scope and collaboration

Hanley (2012) argues for broad dissemination of function-based thinking while reserving complex functional assessment and experimental analysis for people with the required competence. For multidisciplinary teams, this supports a collaborative model: allied health and support professionals contribute observations and discipline-specific knowledge, while specialist assessment and behaviour-plan design remain within the relevant practitioner's scope.

Useful distinction

All team members can ask "What might this behaviour achieve or avoid in this context?" That does not make every team member a functional-analysis specialist.

Values, social validity and quality of life

Function-based support is not sufficient on its own. A plan can be technically coherent yet still be unacceptable, impractical or harmful. Both ABA and PBS literature contain the concept of social validity: goals, procedures and outcomes should matter to the people who receive and deliver support. PBS places this concern at the centre of its identity (Horner et al., 2025; Storey & Post, 2025).

Questions that strengthen social validity

- Are the goals important to the person, or mainly convenient for other people?
- Does the support increase meaningful communication, participation, autonomy or access to valued activities?
- Are the procedures acceptable, dignified and proportionate to the risk?
- Can the plan be implemented within ordinary routines without creating unreasonable burden?
- Do family, staff and other implementers have the skills, time, resources and organisational support required?
- Is the person's response to the support itself being treated as data about acceptability and fit?

Contextual fit

PBS literature emphasises that implementation is part of effectiveness. Plans are more sustainable when they fit the values, skills, routines and resources of the setting and when leadership supports training, feedback and review (Bambara et al., 2015; Morris & Horner, 2016). A plan that cannot be implemented reliably is not a strong plan simply because the written strategies are technically sound.

Responding to critique

Concerns raised by autistic people and families about coercion, over-compliance, trauma or loss of individuality should not be dismissed as a debate about terminology. They are relevant to social validity, ethics and quality-of-life outcomes. A practitioner should be able to explain not only why a strategy may change behaviour, but why the goal and method are acceptable and beneficial for this person.

Punishment, aversives and restrictive-practice language

This is an area where disciplines can easily talk past one another. In behaviour analysis, punishment is a technical term: a consequence is called punishment if it decreases the future probability of the behaviour it follows. The term does not, by itself, describe severity, intent or moral judgement (Bailey & Burch, 2022).

What contemporary sources emphasise

- Punishment can suppress behaviour but can also produce important side-effects, including emotional responding, aggression, escape and avoidance. Contemporary ABA texts therefore place strong restrictions around its use and emphasise reinforcement-based alternatives (Bailey & Burch, 2022; Kranak et al., 2023).
- PBS was shaped by the non-aversive movement and explicitly excludes contingent painful stimuli from its definition (Horner et al., 2025).
- PBS is not “consequence-free”. Plans may include safe response or consequence strategies, but the dominant emphasis is prevention, environmental change and teaching (Bambara et al., 2015; MacDonald, 2016).
- Everyday words such as “punishment” can create unnecessary confusion in multidisciplinary or family discussions. Use technical terms only when they are necessary and clearly defined.

NDIS practice note

This guide does not replace current NDIS Commission rules, authorisation processes or the Positive Behaviour Support Capability Framework. When restrictive practices are relevant, practitioners should verify current legal and regulatory requirements directly and work within their approved scope.

A practical review question

When reviewing any reactive or consequence strategy, ask: Is it necessary, safe, proportionate, function-based, non-aversive, clearly described, monitored for unintended effects, acceptable to the person where this can be established, and compliant with any applicable authorisation or reporting requirements?

What a strong PBS plan should contain

The word “comprehensive” has a specific meaning in the PBS literature. A robust plan is not simply a collection of preferred strategies. It connects assessment, prevention, teaching, response, implementation and review around a coherent formulation (Morris & Horner, 2016; Bambara et al., 2015).

Element	What to look for
Person-centred outcomes	Goals linked to quality of life, participation, communication, relationships, autonomy or other outcomes that matter to the person.
Clear behavioural description	Observable, measurable definitions of behaviours of concern and relevant replacement skills.
Functional assessment	A stated hypothesis about setting events, antecedents, functions and maintaining consequences, with evidence supporting the hypothesis.
Proactive support	Environmental and antecedent changes that reduce predictable triggers and increase access to successful participation.
Teaching	Specific skills that help the person communicate, cope, participate or access the same outcome more safely and efficiently.
Response strategies	Clear, safe and proportionate guidance for what supporters should do when behaviour occurs.
Data and decision rules	A feasible monitoring plan that identifies what will be measured, who will review it and what would trigger a change in support.
Contextual fit	Strategies matched to the setting, resources, routines and skills of the people expected to implement them.
Implementation support	Training, modelling, coaching, feedback and fidelity checks rather than assuming a written plan will implement itself.
Review and adaptation	Scheduled review of outcomes, new information, unintended effects and whether support remains acceptable and effective.

A simple quality test

If a plan cannot explain what the behaviour may be doing for the person, what the team will change, what the person will be taught, how implementation will be supported and how the team will know whether it is helping, the plan requires further work.

Working across disciplines

PBS is explicitly collaborative. Allied health professionals, behaviour support practitioners, families, support workers and service providers may hold different pieces of the same picture. Good collaboration does not erase professional boundaries; it makes those boundaries useful.

What multidisciplinary partners can contribute

- Observations about communication, participation, sensory or physical factors, routines, relationships and environmental demands within their own scope.
- Information about what has already been tried, what appears feasible, and where implementation breaks down.
- Discipline-specific assessment findings that may alter the behaviour formulation or the design of supports.
- Feedback on social validity: whether goals and strategies fit the person's priorities and real-world context.
- Outcome information that extends beyond incident counts, including participation, engagement, access, skill use and quality-of-life indicators.

Questions worth asking any behaviour support provider

1. What is the current hypothesis about the function of the behaviour, and what evidence supports it?
2. What environmental changes are being made, not only what is the person expected to change?
3. What replacement skill is being taught, and how does it meet the same need or function?
4. What data are being collected, and what decision would those data change?
5. How are the person's own goals and preferences represented in the plan?
6. How will implementers be trained and supported, and how will fidelity be checked?
7. What are the criteria for reviewing, fading, changing or stopping a strategy?

Language that supports collaboration

A useful description is: "Behaviour support is being delivered within a Positive Behaviour Support framework and draws on behaviour-analytic principles and methods." This is more accurate than saying PBS is simply ABA, or that PBS has no relationship to ABA.

Common misconceptions

Misconception	A more accurate position
"PBS is not ABA."	PBS has clear conceptual and historical roots in behaviour analysis. The fields overlap substantially, although PBS has developed a broader framework and professional identity.
"PBS and ABA are the same thing."	They share core concepts and methods, but PBS places particular emphasis on quality of life, prevention, stakeholder participation, contextual fit and systems change.
"ABA is punishment-based."	Punishment is a technical concept in behaviour analysis. Contemporary practice places strong ethical restrictions around punishment and prioritises reinforcement-based and function-based alternatives.
"PBS means no consequences."	PBS plans can include response and consequence strategies. The distinctive emphasis is on prevention, teaching, safe responding and reducing reliance on restrictive or aversive approaches.
"Functional assessment is just an interview or ABC chart."	Those methods can contribute to an FBA, but functional assessment is a broader process of developing and testing hypotheses. Experimental functional analysis is a distinct specialist method.
"Data alone make a plan evidence-based."	Data are essential, but the plan also needs a credible formulation, appropriate methods, social validity, contextual fit and outcomes that matter to the person.
"If a strategy reduces behaviour, it is successful."	Reduction may be important, but PBS also asks whether the person's quality of life, participation, skills and access to valued outcomes have improved.

Professional bottom line

The strongest practical position is neither to collapse PBS into ABA nor to sever it from behaviour analysis. PBS is behaviourally grounded and evidence-oriented, while deliberately organising that science within a broader framework of quality of life, dignity, participation, collaboration and systems support. For third-party professionals, the quality of assessment, intervention, implementation and outcomes is more informative than the label alone.

Evidence approach and limitations

This public resource is a streamlined rewrite of an internal evidence guide prepared from a practitioner reference library. It is intended to support professional understanding and multidisciplinary discussion. It is not a systematic review, consensus guideline, legal opinion or substitute for current regulatory material.

How the evidence was weighted

- Contemporary PBS handbook chapters and historical reviews were used to describe the origins, definitions and current features of PBS.
- ABA texts and review chapters were used to describe the field's defining dimensions, concepts and contemporary ethical context.
- Functional-assessment literature was used for distinctions between FBA and experimental functional analysis and for the importance of function-based intervention.

Limitations

- The literature includes genuine debate about whether PBS is a separate applied science, an evolution or branch of ABA, or a framework for organising support. This guide presents a practical synthesis rather than claiming that the identity question is settled.
- Historical accounts are written from within the behaviour support and behaviour analysis traditions and may not capture every disability-rights or autistic-community perspective.
- Practice standards, credentialing requirements and NDIS regulatory settings can change and should be checked at the point of use.

Use this guide for

Professional orientation, multidisciplinary discussion, service review and questions about the conceptual relationship between PBS and ABA. Do not use it as a substitute for individual assessment, clinical supervision, regulatory advice or a formal competency framework.

Glossary

Term	Meaning in this guide
ABA - Applied Behaviour Analysis	The applied science of behaviour, conventionally defined by the seven dimensions described by Baer, Wolf and Risley.
PBS - Positive Behaviour Support	A behaviourally grounded framework for assessment and support that combines function-based practice with quality-of-life, prevention, collaboration, contextual-fit and systems priorities.
FBA - Functional Behaviour Assessment	A process for identifying variables that predict and may maintain behaviour, using information such as interviews, records and direct observation, and sometimes experimental analysis.
Functional analysis	An experimental method in which conditions are systematically manipulated to test functional relations.
Function	The outcome or effect that helps explain why a behaviour persists in a particular context, such as access, escape/avoidance, attention or sensory consequences.
Setting event	A broader condition that changes the likelihood or intensity of behaviour in response to an antecedent, such as illness, poor sleep or disruption.
Social validity	The acceptability and social importance of goals, procedures and outcomes to the people affected by the support.
Contextual fit	The degree to which a plan matches the person, setting, routines, values, skills and resources of those expected to implement it.
Punishment	In behaviour-analytic terminology, a consequence that decreases the future probability of the behaviour it follows.
Reinforcement	A consequence that increases the future probability of the behaviour it follows.

Terminology note

“Behavior” is retained only where it appears in titles or names using American spelling. The body of this resource uses Australian spelling: behaviour.

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Source note

References have been limited to works materially used in this public edition. Historical works cited only second-hand in the original draft have not been carried into this list unless needed to explain a specific point.

Open Circle Behaviour Support · Greater Bendigo Region, Victoria · hello@opencircle.au