

The Five “Decoders” (Functions of Behavior)

In order for parents to deal effectively with a child’s challenging behavior, they need to know what drives the behavior. This handout focuses on five common functions or “decoders” of behavior.

Understanding a child’s challenging behavior begins with careful observation. Every behavior happens for a reason and parents need to think about the meaning of a behavior. Behavior is a communication tool that sends messages about the child’s needs, wants, feelings, and fears.

Through careful observation, parents should be able to decode what is driving the behavior and determine what the child is trying to communicate. The message of the child’s problem behavior is the function or underlying purpose of the behavior: the why. Parents of foster children should be sure to take into consideration any cultural differences or expectations.

The Five Decoders of Behavior

1. Attention Seeking

These behaviors seek the attention of other(s) and can range from acting goofy to get other children to laugh, to hitting a sibling, to self-injury.

To the attention-seeking child, even negative behavior (being scolded by mom or a trip to the principal’s office) fills the need for attention.

2. Avoidance (“Fear factor”)

These behaviors are attempts to avoid or escape unwanted demands or events/activities. Avoidance behaviors can be as simple as having a temper tantrum to avoid a request or demand: “Time to take a nap.”

If a child engages in avoidance behaviors, it is important that the parent be sure the child is capable of performing the requested activity. We don’t ask a child to run before he can walk.



3. Physical, medical, or psychological issues

Many physical, medical, or psychological issues can cause behaviors that are problematic. These behaviors may not be within the child's control. For example, the child with autism may not be able to make eye contact with another person. Vocal or motor tics may be caused by Tourette's syndrome, or meltdowns in social situations may be caused by an anxiety disorder or Asperger syndrome.

It is very important that foster parents get as much medical information as possible about the children in their care; many behaviors have a medical or psychological cause and a physician or therapist may need to be involved in any behavior plans.

4. Bias

Everyday, children and adults make many quick decisions unconsciously. These decisions are made using mental shortcuts based on experiences. Experiences, in turn, can lead to biases. A bias is a person's tendency to behave in a particular way; it is a preference that results in a "thinking shortcut."

If a child's experiences have been negative or traumatic, his "thinking shortcuts" may be influenced by a negative bias. This bias may have been helpful in the past (i.e., not asking for help in order to avoid an abusive parent) but can develop into a negative point of view that causes problematic behavior. A distorted bias based on earlier traumatic experiences can lead to poor or even catastrophic decisions.

5. Typical development

Often behaviors are perceived as problems when, in fact, they are simply normal for a child of that age. Problem behaviors must be examined in the context of the child; how old he is and his developmental level. What is problematic behavior for one age may be appropriate for a typically developing child of another age.

For example, it is normal for a two-year-old child to throw a tantrum when frustrated, but a 16-year-old should be able to regulate his emotions and avoid a tantrum when frustrated.

Foster parents are encouraged to speak with their child welfare team, especially social workers and psychologists, regarding problem behaviors and the messages they have "decoded." These professionals are trained to understand child psychology and behavior. They can help parents develop ways to deal with problem behaviors, and they can help children develop more effective ways of communicating.

