

BBQuIP – Brief Behavior Questionnaire and Intervention Plan Infant-Toddler Version

This questionnaire helps parents, caregivers, teachers, and therapists of young children to develop a plan of action for a child's frequent behavior problems. **Part 1** asks a series of questions that help to describe the child in positive terms. It also provides a guide to better *understand* why the child continues to engage in a behavior. **Part 2** asks about ways to *prevent* the behavior from occurring. It also helps to pinpoint the skills the child needs to learn to *replace* the problem in the long run. The last page provides a format for a one-page plan that can be used in the home, preschool, or childcare setting to encourage the child to use appropriate behavior as an alternative.

Child's Name _____ DOB _____ Date _____

Person(s) completing this form _____

PART 1 – UNDERSTAND

LIKES AND DISLIKES

- 1) What two or three activities does this child enjoy the most?

- 2) What are two or three of your child's favorite toys or possessions?

- 3) What activities or situations does the child dislike?

PERSONALITY

4) How would you describe this child's personality?

Loving	Happy	Affectionate	Good sense of humor
Shy	Engaging	Energetic or active	Curious
Smart	Determined	Quick learner	Creative
Other (please describe):			

5) Circle any negative ways that you might describe the child's personality.

Nervous	Fearful	Irritable	Difficult
Other (please describe):			

COMMUNICATION AND LEARNING

6) How does the child express him/herself? Circle one or two that he/she uses most often.

Vocal:	Some sounds	Single words	2-3 word phrases	Echoes others
Non-Vocal:	Gestures (i.e., pointing)	Leads by hand	Sign language	Picture system
Other (please describe):				

7) Name a few new skills that this child has learned recently:

BEHAVIOR

8) What child behavior(s) are challenging for you? Circle only those that apply.

Hurts others (<i>If yes, how?</i>) Scratches / Pinches / Bites / Slaps / Pulls hair / Punches / Kicks / Head-butts			
Hurts self (<i>If yes, how?</i>) Scratches self / Pinches self / Bites self / Hits self / Pulls hair / Bangs head on hard surface			
Cries easily	Climbs on furniture	Runs away from adults	Throws things
Refuses most foods	Isolates self from others	Breaks things	Ignores directions
Yells/Screams	Eats non-food items	Takes off clothes	Grabs things from others
Other (please describe):			

9) Do the behaviors you circled usually happen (circle one):

a) All at the same time (e.g. hitting and throwing things)

If yes, describe: _____

b) Separately (e.g. throwing during some situations, and hitting during other situations)

If yes, please move on to Item #10.

c) Sequentially (e.g. first begins with throwing, then progresses to hitting)

If yes, describe: _____

10) Select **one behavior** to be the focus of this plan: _____

10(a) Why did you select it?

Harms child	Harms others	Damages property	Worries parents
Is getting worse	Interferes with learning or communication	Problem at school/daycare	Problem in community
Other (please describe):			

11) **On average**, how often does this behavior occur? Please report this as a rate, by circling *one* number and *one* unit of time. For example, the answer might read "6-10 per day."

1	2	3	4	5	6-10	11-25	26-50	Per	Minute	Hour	Day	Week	Month
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How do you know this?

We "take data"	Videotapes	Observation	Best guess
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12) **On average day**, how much time is spent dealing with this behavior? Circle *one* number in either the minutes OR hours box, and whether the time is spent per incident, day, or week.

<input type="checkbox"/> <5	<input type="checkbox"/> 5-15	<input type="checkbox"/> 15-30	<input type="checkbox"/> 30-60	Minutes	<input type="checkbox"/> OR	<input type="checkbox"/> 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 2-3	<input type="checkbox"/> 3-4	<input type="checkbox"/> 4-5	<input type="checkbox"/> >5	Hours	Per	<input type="checkbox"/> Incident	<input type="checkbox"/> Day	<input type="checkbox"/> Week
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How do you know this?

We "take data"	Videotapes	Observation	Best guess
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BEFORE THE BEHAVIOR

13) SETTING(S): Is this behavior more likely to occur during any of the following times/places? Circle those that apply.

During a daily routine: Waking up / Mealtime / Toothbrushing / Hairbrushing / Diaper change Nap-time / Bath-time / Family T.V. time / Free-play / Sibling-play / Bed-time
During a transition: Leaving the house / Returning home / Car ride / Between activities at home
During a community outing: Store / Restaurant / Park / Doctor / Dentist / Barber or Salon Relative's home / Friend's home / Place of Worship
During certain times/days: Weekdays / Weekends / Morning / Daytime / Afternoon / Evening / Night
When child appears to feel: Sleepy / Hungry / Bored / Sick / Excited
Other (please describe):

14) TRIGGER(S): Do any of the following seem to "trigger" this behavior? Circle all that apply.

<u>Escape/Avoidance</u>	<u>Attention</u>	<u>Tangible</u>	<u>Other</u>
Told to do something	Alone, no attention	Toy/Item taken away	Loud noise
Frustrated with task	Parent leaves room	Transition away from fun activity	Change in routine
Unwanted task	Parent talking to others	Told "no, you cannot have that"	Waiting
Unwanted item or person	Sibling distracted	Sibling(s) turn with toys	Urine/BM in diaper
Other (please describe):			

AFTER THE BEHAVIOR

15) OUTCOMES: What usually happens after the behavior occurs? Circle all that apply.

<u>Escape/Avoidance</u>	<u>Attention</u>	<u>Tangible</u>	<u>Other</u>
Directions stop	We talk to the child	Give a favorite toy/item	We take privileges away
Task is removed/avoided	We scold the child	Offer a fun activity	Use a punishment
Food is removed/avoided	We play with the child	Give bottle/drink	Ignore
Remove child from setting	We calm child down	Offer a snack	We give a "time-out"
Child is left alone	Use time out	Give more time with an activity	Varies by situation
Offer different activity	We give the child a hug		
Routine stops	Distract him or her		
Task is delayed	Talk it through		
Other (please describe):			

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(BCW PBVS Infant-Toddler Version)**

Child's Name _____ Person(s) completing this form _____

PART 2 – PREVENT & REPLACE

PREVENTION

18) What can you do that would make this behavior less likely to occur? We call these prevention strategies.

E	A	T	S
1- Pair unwanted task with a fun activity (e.g. Sing favorite song while brushing hair; Give a toy to hold when diaper is changed)	1- Give extra attention throughout the day	1- Offer a different toy/activity before removing a preferred item	1- Offer a toy/activity to keep child occupied or distracted
2- Show/Model what child should do	2- Make items available that distract child while adult attention is removed	2- Use a timer to prepare child for a transition away from a preferred toy or activity	2- Use visual to indicate when sensory behavior is allowed, and when it will be blocked
3- Break task into smaller steps	3- Use a "wait" signal while adult attention is removed	3- Offer choices of other preferred items/activities	3- Establish specific time(s) of day when sensory behavior is allowed, and times when it is not
4- Offer choices of activity	4- Use a visual cue to show when adult attention is available and when it is unavailable	4- Use a visual schedule to prepare child for transitions between activities	4- Model appropriate use of toys or behavior
5- Use a visual/picture to show what child should do	5- Use a timer prepare child for times when adult attention will not be available	5- Use "First/Then" board to prepare child for transitions between activities	
6- Shorten length of task, and increase duration over time		6- Use a visual cue to show when a preferred item is available and when it is unavailable.	
7- Do an easier task first, then more difficult task			
Other:			

19) Select one or two of the strategies circled in Item #19 to prevent the behavior from occurring:

_____ / _____

REPLACEMENT

20) What specific skill does the child need to learn to make this behavior unnecessary? Circle one or two appropriate skills below. Identify one that might *replace the problem behavior in the times and places it now occurs*.

Fill in the blank: "If the child could learn to _____, then he/she would not need to use the problem behavior to communicate anymore."

E	A	T	S
8- Ask for a break	6- Request attention	7- Request preferred items	5- Play appropriately with toys
9- Ask for help on hard tasks	7- Keep self busy	8- Request activity	6- Keep self busy
10- Say "all done"	8- Wait for attention	9- Request food/drink	7- Ask for a busy toy
11- Choose order of tasks	9- Ask someone else for attention	10- Wait for preferred items/activities	8- Accept an alternative toy/activity

21) Select the type of communication that you think will be easiest for the child to learn: *Circle all that apply*:

Vocal request- get child to say the word(s)	Sign Language	Picture Card
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MATERIALS/VISUAL SUPPORTS

Review the attached VISUAL SUPPORTS/MATERIALS LIST document. These tools have been particularly useful for children who struggle to communicate, or who struggle to understand expectations being communicated to them by a speaker.

When looking at your VISUAL SUPPORTS/MATERIALS LIST, find and **circle** the Prevention and Replacement codes for any items you circled in Items #18 and #20 (e.g. E7= "First/Then Board" and E8= "Break Card").

22) Select one or two visual support items that you circled in your VISUAL SUPPORTS/MATERIALS LIST to be used during instruction:

23) Who all will be trained and will conduct the instruction?

Mom	Dad	Grandparent	Other : _____
Special Instructor	Speech Therapist	PT or OT	Behavior Therapist

24) When is the best time or situation in which to teach the new skills selected in Items #18 and #20 to the child?

25) When will we know that the child has mastered the new skill? _____

COMPLETING THE BRIEF BEHAVIOR INTERVENTION PLAN

The following page provides a format for summarizing the **BBQuIP** questions as a working **Behavior Intervention Plan**. Complete the following fill-in-the-blank sentences that outline a plan for the child. Note that this should be completed only after developing the **Hypothesis** section of **Part 1 – Understand**, which summarized some of the child's personality and characteristics. The goal is to develop a profile to serve as a guide to what might happen with the child every day. We hope that even people meeting him or her for the first time will understand better how to work with the child. The plan offers some specific ways of preventing behavior problems and reacting to them if they do occur. It also highlights teaching skills that will help the child in the long run. The numbers refer to the questions and answers provided above.

BBQuIP – Behavior Intervention Plan

Name _____ Date _____ Age _____

Background information on the child

Favorite activities (1): _____.

Disliked/less preferred activities (3): _____.

Personal characteristics (4): _____.

Regular mode of communication (6): _____.

Recent goals mastered (7): _____.

Hypothesis Statement

_____ engages in _____
(Child's Name) *Targeted Problem Behavior (10)*

This often happens during _____
Times or Places (13)

and when _____
Triggers (14)

People often respond to this behavior by _____
Typical Consequences (15)

Typical Consequences (cont...)

The difficulty is that this behavior may be a way to _____
Function (17a)

and as a way of saying _____
Function (17b)

Behavior Intervention Plan

Prevention: _____ and _____
Prevention Strategy # 1 (19) *Prevention strategy # 2 (19)*

have been identified as ways to make this problem behavior less likely to occur.

Replacement: _____
Replacement Behaviors (20)

have been identified as skill(s) to increase. The child will be taught to use a _____

Mode of Communication (21)

Skills instructor(s): _____ would be good people to teach this skill.
Names and relationships (23)

A good time to teach this would be _____
When will this occur? OR How can a teachable moment be set up? (24)