



THE BRIEF BEHAVIOURAL ASSESSMENT TOOL (BBAT)

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Service user:	Date of birth:
Date of assessment:	Interviewer:
Informant(s):	

1. INFORMANT(S)- SERVICE USER RELATIONSHIP

What is your relationship to the service user? (e.g. paid carer, family member, Social Worker)	
How long have you known the service user? (If multiple respondents, note the range)	
On average, how many hours a week do you interact with the service user?	
In what situations do you typically observe the service user?	

2. DEFINING THE BEHAVIOUR OF CONCERN (OVER THE LAST 12 MONTHS)

Categories of behaviour	Specific description	Frequency	Severity (See definitions on next page)
<input type="checkbox"/> Verbal aggression:		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less	<input type="checkbox"/> Negligible <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Major
<input type="checkbox"/> Physical aggression:		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less	<input type="checkbox"/> Negligible <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Major
<input type="checkbox"/> Property destruction:		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less	<input type="checkbox"/> Negligible <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Major
<input type="checkbox"/> Self injurious behaviour:		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less	<input type="checkbox"/> Negligible <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Major
<input type="checkbox"/> Stereotypic /repetitive behaviour:		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less	<input type="checkbox"/> Negligible <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Major
<input type="checkbox"/> Disruptive behaviour:		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily	<input type="checkbox"/> Negligible <input type="checkbox"/> Minor



		<input type="checkbox"/> Weekly <input type="checkbox"/> Less	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Major
<input type="checkbox"/> Sexually inappropriate behaviour:		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less	<input type="checkbox"/> Negligible <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Major
<input type="checkbox"/> Other		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less	<input type="checkbox"/> Negligible <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Major

Definitions of severity scale:

Negligible	Minor	Moderate	Severe	Major
No harm or distress to self, others or property	Minor harm or distress to self, others or property.	Moderate harm or distress to self, others or property.	Substantial harm or distress to self, others or property.	Extremely serious harm or distress to self, others or property.

Do any of these behaviours tend to occur together? If so, in what order/sequencing?	
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Before going any further, prioritise *three* behaviours that will be the focus the rest of the assessment:

Priority 1:	
Priority 2:	
Priority 3:	

3. WHEN IS THE BEHAVIOUR MOST LIKELY TO OCCUR?

SLOW TRIGGERS			
Do the behaviours tend to coincide with....	Please give specific details here	Applicable to all 3 categories ?	If no, which specific categories? (circle)
Changes in the person's mental health? E.G: If mood is low? If mood is high?		Yes/No	(1) (2) (3)



If anxious/ worried? If experiencing bizarre/paranoid thoughts?			
Changes in the person's physical health? E.G: Pre/post seizure? In pain/ill? Dental problems? Recurring conditions causing discomfort? Menstruation? Constipation?		Yes/No	(1) (2) (3)
The presence or absence of <u>certain people</u> (or types of people e.g. loud/quiet)?		Yes/No	(1) (2) (3)
Being in certain <u>places</u> (specific locations or types of locations e.g. crowded/hot?)		Yes/No	(1) (2) (3)
Doing certain <u>activities</u> OR lack of activities?		Yes/No	(1) (2) (3)
Certain times of day/days of the week? Key times of the year (e.g. birthdays/xmas etc)?		Yes/No	(1) (2) (3)
Any other slow triggers you can think of not covered above?		Yes/No	(1) (2) (3)

FAST TRIGGERS			
Do the following tend to result in the behaviour occurring?	Please give specific details here	Applicable to all 3 categories?	If no, which specific categories? (tick)



The person being asked to do something s/he finds difficult?		Yes/No	(1) (2) (3)
The person being asked to do something s/he doesn't enjoy doing?		Yes/No	(1) (2) (3)
The person being interrupted when doing something s/he likes?		Yes/No	(1) (2) (3)
A routine being changed?		Yes/No	(1) (2) (3)
A planned activity being cancelled?		Yes/No	(1) (2) (3)
Others not paying attention to the person?		Yes/No	(1) (2) (3)
The person being told that s/he can't have something ?		Yes/No	(1) (2) (3)
The person being spoken to in a way that s/he doesn't like or understand?		Yes/No	(1) (2) (3)
The occurrence of certain sounds, sights, smells, being touched by a person or the		Yes/No	(1) (2) (3)



sensation of a particular item?			
Any other fast triggers you can think of not covered above?		Yes/No	(1) (2) (3)
What is <u>the one thing</u> that would make this person behave in a challenging way if it happened?		Yes/No	(1) (2) (3)
What would the person's <i>best</i> day look like, when s/he is <u>least likely</u> to show these behaviours?			

4. EARLY INDICATORS

How would you know the person is starting to move off baseline?	<u>Facial expression/Body Language</u>	<u>What the person says</u>	<u>What the person does</u>



5. POSSIBLE MAINTAINING CONSEQUENCES

0- Never 1- Rarely 2- Some of the time 3- Often 4- Always	Behaviour 1:	Behaviour 2:	Behaviour 3:
1. Does the person tend to carry out the behaviour when they are on their own?			
2. Does the person seem to engage in the behaviour to get your attention?			
3. Does the behaviour tend to occur when you have something the person wants?			
4. Does the behaviour tend to happen when the person doesn't want to do something?			
5. Is the behaviour about getting other people to interact with the person in some way, even if this isn't always what happens?*			
6. Does the behaviour tend to happen when the person sees someone else having something s/he wants?			
7. Does the person's behaviour seem to be saying "please spend some time with me"?			
8. Does the person's behaviour seem to be saying 'I want that (activity drink, snack etc.)' ?			
9. Does the behaviour occur over and over again where the person seems absorbed in what they are doing?			
10. Does the person seem to get enjoyment or comfort from engaging in the behaviour?			
11. Does the person's behaviour seem to be saying 'leave me alone' or 'stop asking me to do that'?			
12. Does the person seem to carry out the behaviour to try to get things that they enjoy (e.g. food, drinks, activities) ?			
13. Does the behaviour seem to be a way for the person to get out of doing things that they do not like?			
14. Does the behaviour seem to be the person's way of getting others to back off/leave them alone, even if this isn't always what happens?*			
15. Does the person appear to do this behaviour to get some kind of reaction, even if this is not always positive?			
16. Is the behaviour likely to happen when the person is asked to do a task (e.g. get dressed, help out in the kitchen)?			
17. Does the person seem to perform the behaviour when there is not much going on, as a way of occupying themselves ?			
18. Does the behaviour seem designed to get a response from others?			
19. Does the behaviour seem to make the person feel good ?			
20. Would the behaviour occur if something that the person enjoys was taken away for some reason?			

**** Please refer to the BBAT training notes on how to ask these two questions, as research has shown that they may not be understood correctly by informants without careful prompting.**



6. COPING SKILLS

Is the person able to cope with situations they find difficult **without** engaging in challenging behaviour (e.g. walking away, counting to 10, breathing, asking for help, talking to staff, going for a walk etc)?

7. BASIC COMMUNICATION SKILLS (tick one for each question)

What is the service user's primary form of communication?	Verbal	Signs	Gestures	Pictures	Vocalisations
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How well do you think the service user is able to communicate a want or need (without challenging behaviour)?	Extremely well	With some difficulty	With great difficulty	Not at all	
How well do you think the service user can communicate a desire to stop an activity or interaction (without challenging behaviour)?	Extremely well	With some difficulty	With great difficulty	Not at all	

8. PREFERENCES

List the things that appear to be the service user's preferences, which could be used as reinforcers for non-challenging behaviour. Use the following as prompts: preferred people/types of interaction, activities, tangibles (food drinks etc) and any other.

Preference	How often does the person currently access this (tick one)?				
	Several times a day	Daily	Weekly	Monthly	Less frequent

SCORING THE POSSIBLE MAINTAINING CONSEQUENCES

Behaviour 1:

Tangible reinforcement	Social attention	Self-stimulatory	Escape
Q3=	Q2=3	Q1=	Q4=
Q6=	Q5=	Q9=	Q11=
Q8=	Q7=4	Q10=	Q13=
Q12=	Q15=3	Q17=	Q14=
Q20=	Q18=4	Q19=	Q16=
Total Score=	Total Score= 15	Total Score=	Total Score=

Behaviour 2:

Tangible reinforcement	Social attention	Self-stimulatory	Escape
Q3=	Q2=	Q1=	Q4=
Q6=	Q5=	Q9=	Q11=
Q8=	Q7=	Q10=	Q13=
Q12=	Q15=	Q17=	Q14=
Q20=	Q18=	Q19=	Q16=
Total Score=	Total Score=	Total Score=	Total Score=

Behaviour 3:

Tangible reinforcement	Social attention	Self-stimulatory	Escape
Q3=	Q2=	Q1=	Q4=
Q6=	Q5=	Q9=	Q11=
Q8=	Q7=	Q10=	Q13=
Q12=	Q15=	Q17=	Q14=
Q20=	Q18=	Q19=	Q16=
Total Score=	Total Score=	Total Score=	Total Score=

SUMMARY OF ASSESSMENT

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Disclaimer:

The BBAT should not be modified from its original format. It should not be distributed without the accompanying training notes and it is the responsibility of those who use the BBAT to seek appropriate support and supervision.