

A-Z of Challenging Behaviour Series

# **B FOR BITING – FORMS:** POSITIVE BEHAVIOUR SUPPORT



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Master of Special Education

## Forms from



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Please note the word 'child' in this guide refers to children of all ages (toddler, preschooler, primary and high school). The information set out in this guide is of a general nature only and not exhaustive on the subject matter. You should consider whether the information is appropriate to the needs of the child you support and your circumstances. This guide should not be used as a diagnostic tool. When implementing any recommendations contained in this guide, exercise independent skill and judgement. If you have any concerns about your child's behaviours, please discuss them with a doctor who can provide guidance and/or a referral to the relevant professional.

## **A - Z of Challenging Behaviours Series**

### **Titles**

**A for Argumentative**

**A for Attention-Seeking**

**B for Biting**

**C for Cheating**

**D for Defiance**

**E for Excessive Reassurance Seeking**

**E for Excessive Technology Use**

**F for Flopping**

**H for Hitting**

**H for Hyperactivity**

**I for Impulsivity**

**K for Kicking**

**L for Lying**

**R for Repetitive Questioning**

**S for School Refusal Behaviour**

**S for Separation Anxiety**

**S for Stealing**

**T for Task Avoidance**

The list of titles is being expanded all the time. For the latest, please refer to

[www.behaviourhelp.com](http://www.behaviourhelp.com)

# Team Member Chart

Child name \_\_\_\_\_

Recorder name \_\_\_\_\_

Date \_\_\_\_\_

Team member name	Role	Context where they support the child (e.g. home, day centre, school and therapy)

# Child's Profile

Name Contributor name Address	Date of birth Contributor role Date completed
Diagnosis	
General health	
Visual skills	
Hearing skills	
Physical skills	
Sensory needs	
Sleep patterns	
Eating and drinking skills	
Communication skills	
Emotional regulation skills	
Social skills	
Learning skills	
Problem-solving skills	
Interests, likes and dislikes	
Major life events the child has experienced	
Describe the child's biting behaviour.	
Other comments	

## Behaviour Data Collection Forms

Answer the listed questions to identify which data collection forms will be most appropriate to use.

Child name \_\_\_\_\_

Recorder name \_\_\_\_\_

Context \_\_\_\_\_

Date \_\_\_\_\_

Describe biting behaviour in specific, observable and measurable terms:

Answer the following questions to identify the appropriate data collection forms that need to be completed.

1. Does the biting behaviour happen so often that an accurate count is impossible?

Yes (Go to Q. 5)    No (Go to Q. 2)

2. Does the biting behaviour have a clear beginning and end?

Yes (Complete frequency form and then go to Q. 3)    No (Go to Q. 3)

3. Does the biting behaviour start and stop too rapidly to record?

Yes (Go to Q. 5)    No (Go to Q. 4)

4. Is the length of time the child engages in the biting behaviour a concern?

Yes (Complete duration form and then go to question 5)    No (Go to Q. 5)

5. Does the biting behaviour vary in intensity (i.e. mild, moderate or severe)?

Yes (Complete intensity form)    No

# Frequency Recording Form

Child name \_\_\_\_\_

Recorder name \_\_\_\_\_

Procedure: To document the number of times the biting behaviour occurs, divide the observation time into intervals or blocks (e.g. 5 min blocks, 10 min blocks, 30 min blocks or one-hour blocks). Complete the time interval column accordingly (e.g. if the child is being observed from 8.30 am–10 am over three consecutive days for two weeks, record the time intervals: 8.30 am–9 am; 9 am–9.30 am; 9.30 am–10 am and list the dates of recording). During the observation, place a tally mark in the corresponding box every time the biting behaviour occurs. At the end of the time interval, count the total number of tally marks. This will help identify any patterns of when the biting behaviour occurs.

Time interval:	Biting behaviour occurrence on	Biting behaviour occurrence on	Biting behaviour occurrence on	Biting behaviour occurrence on	Biting behaviour occurrence on

Based on the information collected, identify any patterns:

When, with whom and where is the biting behaviour likely to occur?

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When, with whom and where is the biting behaviour unlikely to occur?

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# Duration Recording Form

Child name \_\_\_\_\_

Recorder name \_\_\_\_\_

Procedure: Duration refers to how long the child engages in a behaviour i.e. length of time from the beginning to the ending of the behaviour. To document the duration, record the time when the behaviour starts and ends. Calculate the length of time that the biting behaviour lasted and write it in seconds, minutes or hours.

Date	Time biting behaviour started	Time biting behaviour ended	Total duration of biting behaviour

Based on the information collected, identify any patterns:

What is the average duration of the biting behaviour?

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What is the longest duration of the biting behaviour?

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# Intensity Recording Form

Child name \_\_\_\_\_

Recorder name \_\_\_\_\_

Procedure: To document the level/degree of strength/force/severity of the behaviour, decide on a rating system to describe the intensity of the biting behaviour. For example, mild – moderate – severe or on a scale of 1 to 5 where 1 is least severe and 5 is most severe. Every time the biting behaviour occurs, rate its severity.

Date	Time	Intensity

Identify any times when the intensity of the biting behaviour is:

- Mild
- Moderate
- Severe

## Antecedent-Behaviour-Consequence Form

Child name \_\_\_\_\_ Date \_\_\_\_\_

Recorder name/s \_\_\_\_\_

During (Activity happening at the time of incident) \_\_\_\_\_

Time started \_\_\_\_\_ Time ended \_\_\_\_\_

Where (Location of incident) \_\_\_\_\_

Who (people involved in incident) \_\_\_\_\_

	Antecedent	Behaviour	Consequence	Hypothesised Function
Perceived individual state				
Environment				
Activity				
Adult interaction				
Peer interaction				

# Escalation Stages Form

Child name \_\_\_\_\_ Date \_\_\_\_\_

Recorder name/s \_\_\_\_\_



# Escalation Profile Form

Child name \_\_\_\_\_ Date \_\_\_\_\_

Recorder name/s \_\_\_\_\_

Calm Stage

Mild Escalation Stage

Moderate Escalation Stage

Extreme Escalation Stage

Recovery Stage

# De-escalation Plan Form

Child name \_\_\_\_\_ Date \_\_\_\_\_

Recorder name/s \_\_\_\_\_

Triggers

Mild Escalation Stage

Moderate Escalation Stage

Extreme Escalation Stage

Recovery Stage

# Prevent Plan Form

Child name \_\_\_\_\_ Date \_\_\_\_\_

Recorder name/s \_\_\_\_\_

<b>Strategies for supportive activities</b>	
<b>Strategies for supportive interactions</b>	
<b>Teach skills</b>	
<b>Strategies for supportive environments</b>	



# ABOUT THE AUTHOR

Hi there,

I am Dolly Bhargava. I have completed a Bachelor of Applied Science in Speech Pathology from the University of Sydney, a Master of Special Education from the University of Newcastle, and Certificate IV in Training and Assessment.

Midway through my career I realised my passion was in supporting children, adolescents and adults with emotional and behavioural difficulties (EBD). So I started working extensively with individuals with EBD in a variety of contexts such as family homes, childcare centres, preschool, schools, respite care, post school options, employment services and corrective services.

I have created this series based on the practical wisdom I have gathered from working with individuals with EBD, their families, educators and professionals over the last 21 years. I hope this guide equips people with the knowledge, skills and tools to help your child learn positive ways of behaving and managing their emotions.

Dolly Bhargava