Preface

According to the Centers for Disease Control and Prevention (2011), approximately 14 % of 18-year-old children or younger in the United States are diagnosed with a developmental disability. Developmental disabilities include a number of different disorders or impairments including vision or hearing disabilities, intellectual disability, autism spectrum disorders, and others. Estimates suggest that between 5 % and 16 % of individuals with developmental disabilities engage in some form of self-injurious behavior (e.g., slapping or biting, head hitting, eye poking, and others; Schroeder, Rojahn, & Oldenquist, 1991), with some studies reporting this number to be as high as 50 % (Baghdadli, Pascal, Grisi, & Aussilloux, 2003). Numbers for aggressive behaviors (e.g., hitting, kicking, biting, scratching directed toward others) are equally staggering, with prevalence estimates ranging upwards of 20 % for children (Hartley, Sikora, & McCoy, 2008) and 50 % for adults (Matson & Rivet, 2008). Given the severity of these challenging behaviors, many individuals with developmental disabilities require intensive behavioral and psychological services. In about 7 % of this population, problem behaviors are so severe that out-of-home residential services are necessary (Larson, Lakin, Salmik, Scott, & Webster, 2010). Thus, it is not surprising that the estimated per capita annual costs associated with treating developmental disabilities exceed $3.2 million in the United States alone (Ganz, 2007).

Recent research into the etiology of severe problem behavior of individuals with disabilities suggests a combination of biological and environmental precipitants (Iwata, Roscoe, Zarcone, & Richman, 2002). Given the difficulties associated with isolating such precipitants, as well as the dynamic nature of the environment, some individuals' behaviors quickly, and seemingly mysteriously, evolve into clinical crises that spiral outside of the scope of their current educational or clinical programming. Such crisis situations are often frightening, dangerous, and require immediate intervention. Unfortunately, the only resources available for professionals to consult in such times are (a) peer-reviewed scientific articles (often exclusively focusing on one treatment type or crisis scenario), (b) various web-based recommendations (many of which may come from unqualified contributors or based upon anecdotes or opinions), or (c) advice from colleagues. In our personal clinical experiences providing services to children with developmental disabilities and comorbid behavior disorders experiencing a behavioral crisis, the task of providing clinical recommendations (e.g., how to train staff or educators to implement

the treatment, whether to utilize protective equipment such as a helmet for self-injury, whether a transition to more restrictive and intensive placement is necessary) can be daunting.

The purpose of this handbook is to provide a compilation and analysis of the most recent research in crisis intervention for individuals with developmental disabilities, from the foremost experts in severe problem behavior and crisis management. Much research has been done on individual treatment components for addressing behavioral crises in individuals with developmental disabilities. This handbook synthesizes the relevant literature and integrates its findings into a comprehensive review of the continuum of services. In addition, the handbook serves as an accessible resource for researchers, scientist-practitioners, and graduate students interested in crisis intervention for individuals with developmental disabilities.

As scientist-practitioners, we have experienced a myriad of complications and decisions associated with behavioral crisis management. We have worked with families as they made difficult and emotional decisions regarding clinical services for their loved ones. We have served as the clinicians providing therapeutic services to individuals exhibiting behavioral crises and have consulted with staff and caregivers regarding how best to proceed with service delivery. Finally, we have each served as trainers to both parents and staff to best prepare them to address the complex needs of their clients and loved ones when behavioral crises emerge. This book is dedicated to the many clients, families, staff, and colleagues with whom we have worked who sparked our interest in compiling this volume.

Dr. Reed acknowledges Dr. Karla Doepke for introducing him to behavior analytic interventions for children with autism and inspiring him to embark on this career. I thank Dr. Brian Martens and Dr. Laura Lee McIntyre for shaping me to think like a scientist while providing clinical services and consultation to families. While working with Dr. Gary Pace, I learned the importance of creating a collegial atmosphere and finding the joys in even the most incremental of improvements in the data. I was privileged to work with wonderful clinicians like Richard Azulay, Dr. Hannah Rue, and Dr. James Chok; many of the conversations we had influenced the content of this handbook. Finally, I owe my biggest thanks to Dr. Florence DiGennaro Reed and Dr. James Luiselli for being tireless supporters and incredible collaborators, not only on this project, but for everything I do. Flo and Jim continue to amaze me with their clinical scholarship. It is an absolute honor to consider them my colleagues.

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