Aggression in persons with IDD and ASD may be learned behavior, have a medical etiology, or stem from a psychiatric disorder (Antonacci et al., 2008; Tin, 2021). Theories of causation are the foundation of treatment methodology which in the case of aggression is dominated by behavioral, pharmacological, and combined behavioral-pharmacological interventions (Matson & Dempsey, 2008; Poling et al., 2017).

persons with ASD may have been exposed to traumatic events, often enduring, that predispose them to anxiety disorders, PTSD, and other psychiatric comorbidities (Hoover, 2015; Rumball et al., 2020). Prolonged physical intervention including restraint is restrictive and despite clinical justification in many cases, could be trauma-inducing with resulting negative sequelae.

Serving individuals diagnosed with Autism Spectrum Disorders (ASD), Pervasive Developmental Disorders (PDD), Acquired Brain Injury, Neurological Diseases and Disorders, Dual Diagnoses and Severe Challenging Behaviors.