

FEBRUARY 2023 | ISSUE NO. 70

BMC JOURNAL

The monthly newsletter of
Behavior Management Consultants



2 Things Not to Say to Kids With ADHD

Attention-deficit/hyperactivity disorder (ADHD) needs little introduction. Restless, impulsive, inattentive, and distractible children with low frustration tolerance are believed to account for 4-5 percent of people aged 6-18. Further, it is believed another 5 percent exhibit symptoms considered sub-threshold of the full diagnosis.

With these numbers, chances are you have crossed paths with people with ADHD, especially if you work in healthcare or schools, and it might be frustrating at times. Even people who are prescribed ADHD medication do not have symptom remission. Prescriptions can help, but intensity can remain.

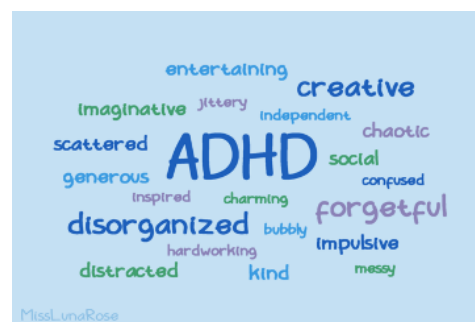
If you find being in the presence of someone who's distractible and in constant motion challenging, imagine that experience from the inside out, with no reprieve. Now, imagine trying to get through your day as such, only to be barraged with messages that instill a sense of being flawed and/or "bad."

How Adult Responses to ADHD Can Fuel Conduct Complications

It's no secret that kids (and even adults) with ADHD are inundated with reactions from others, well-meaning and otherwise, that instill a sense of marginalization and deprecation that only serves to deepen their conflicts. On the more innocuous end of the spectrum, children with ADHD often feel depressed because it is such a struggle to keep up with peers, and they don't feel like they fit in. On the more toxic end of the spectrum, conduct disorder is not an unusual co-occurrence when ADHD kids are treated as "bad."

To understand the latter, consider that kids with ADHD are often told to behave and are meted out reprimands or reacted to negatively at school, home, or both, for something they have no control over (e.g., Bjornebekk et al., 2015). Feeling little control over their internal or external environment and unfairly aggressed, they may gain a sense of control by becoming the aggressor. Then, they are no longer the victim in their mind, and being an aggressor also punishes those who they perceived as wronging them.

Having never felt empathized with, as noted by famed personality expert Stuart Yudofsky (2005), they may reason, "I'm not going to give what I never got." This, of course, makes it easier to remain offensive and maintain that sense of omnipotent control. Add to this that, at baseline, they are likely impulsive, stimulation-seeking, and risk-takers, making it hard to control their frustrated reactions, and it is easy to see how they may react with conduct disturbances like fighting, running, and theft.



It has been established that the way others respond to children with ADHD can have a big impact on whether they develop other behavioral complications (e.g., Bjernebekk et al., 2015; Nelson et al., 2019). This is important not only for the child but for society because the trajectory of children with Conduct Disorder is correlated to adult sociopathy (e.g., Storebo et al., 2016; NICE, 2017; APA, 2022).

Avoid These 2 Phrases for ADHD Children

People who encounter kids with ADHD are frequently guilty of two phrases that ultimately add to their frustration and contribute to a negative self-perception and possibly conduct issues. If you know someone with ADHD, or you encounter such individuals on the job and aren't sure what to say, avoiding the following two phrases will likely up your game, especially if replaced with the suggested alternatives.

1. "Will you behave?"

Often muttered by frustrated caretakers as their ADHD child fidgets off the Richter Scale, touching everything they were told not to, this utterance implies that the kid is being intentionally oppositional and mischievous, and thus "bad." It must be remembered, though, that it is in the nature of ADHD for children not to have fully heard what you said, to have quickly forgotten what was asked of them, and, perhaps even harder, to control their penchant for simply gravitating towards anything that looks interesting to play with.

Instead, practice recognizing that what appears as opposition is not personal nor necessarily intentional. There's a good chance that being accusatory will only escalate the matter as the kid tries to stick up for themselves, which is perceived by the frustrated adult as further opposition, fueling an unproductive cycle. Approaching the child with a more understanding offering, perhaps firmly if need be for emphasis, such as, "I know there's a lot going on all around, and it's hard to keep contained in situations like this, but I've seen you do it before. We're almost done."

This statement sends a more supportive message, letting them know you recognize their struggle but reminding them they have the ability to keep it together and that the overstimulating situation is not forever. While this approach may not be a perfect antidote, it at least spares the child from feeling embarrassed and deviant and likely from escalating the situation into an argument.

2. “I just need you to stop and focus.”

If it were that easy, they’d “just” do it. The child doesn’t want to be distracted any more than a teacher or parent wants them to be. Adding insult to injury, it tends to be delivered in an authoritarian or patronizing manner with an implied finger wag. Imagine being on the receiving end of that when you’re doing the best you can despite your mind being a pinball machine.

“I just need you to stop and focus” can send a message that if only the kid wanted to, if they weren’t being so devious, they could reign it in and be as attentive as a surgeon. Naturally, the kid’s attention may continue shifting, only frustrating the requester, who becomes more commanding. This is the equivalent of speaking louder and slower in your native tongue to someone foreign in the hopes they’ll finally understand you.

Instead of seeing them as uncooperative, it is more productive if we can learn to cooperate with them. I recently evaluated a young teen who was literally under the table, on the windowsill, and sitting in all the different chairs in the room as I interviewed them. Ideally, they would’ve remained seated for a more linear discussion, but allowing them to engage their need for stimulation actually kept them better focused for the discussion. It was as if the whole room was their fidget spinner. Trying to control their impulse to move and pay attention to the conversation would’ve proven too burdensome, and they’d naturally err to the physical need.

If you are a parent, teacher, or helping professional and encounter children whose ADHD is particularly challenging, and you find yourself reactive to it, parent retraining (one doesn’t have to be a parent to attend) could prove a useful endeavor (e.g., Rapaselli, 2018; Hornstra et al., 2021).

Disclaimer: The material provided in this post is for informational purposes only and is not intended to diagnose, treat, or prevent any illness in readers or people they know. The information should not replace personalized care from an individual’s provider or formal supervision if you’re a practitioner or student.



DIAGNOSING ADHD IN CHILDREN

GUIDELINES + INFORMATION FOR PARENTS AND GUARDIANS

Your pediatrician will determine whether your child has ADHD using standard guidelines developed by the American Academy of Pediatrics. These diagnosis guidelines are specifically for children 4 to 18 years of age.

It is difficult to diagnose ADHD in children younger than 4 years. This is because younger children change very rapidly. It is also more difficult to diagnose ADHD once a child becomes a teenager.

There is no single test for ADHD. The process requires several steps and involves gathering a lot of information from multiple sources. You, your child, your child's school, and other caregivers should be involved in assessing your child's behavior.

Children with ADHD show signs of inattention, hyperactivity, and/or impulsivity in specific ways. See the behaviors listed in the table below.

Symptoms of ADHD

Symptom	How a child with this symptom may behave
Inattention	Often has a hard time paying attention, daydreams
	Often does not seem to listen
	Is easily distracted from work or play
	Often does not seem to care about details, makes careless mistakes
	Frequently does not follow through on instructions or finish tasks
	Is disorganized
	Frequently loses a lot of important things
	Often forgets things
	Frequently avoids doing things that require ongoing mental effort
Hyperactivity	Is in constant motion, as if “driven by a motor”
	Cannot stay seated
	Frequently squirms and fidgets
	Talks too much
	Often runs, jumps, and climbs when this is not permitted
	Cannot play quietly
Impulsivity	Frequently acts and speaks without thinking
	May run into the street without looking for traffic first
	Frequently has trouble taking turns
	Cannot wait for things
	Often calls out answers before the question is complete
	Frequently interrupts others

Your pediatrician will look at how your child's behavior compares to that of other children her own age, based on the information reported about your child by you, her teacher, and any other caregivers who spend time with your child, such as coaches or child care workers.

The following guidelines are used to confirm a diagnosis of ADHD:

- Symptoms occur in 2 or more settings, such as home, school, and social situations, and cause some impairment.
- In a child 4 to 17 years of age, 6 or more symptoms must be identified.
- In a child 17 years and older, 5 or more symptoms must be identified.
- Symptoms significantly impair your child's ability to function in some of the activities of daily life, such as schoolwork, relationships with you and siblings, relationships with friends, or the ability to function in groups such as sports teams.
- Symptoms start before the child reaches 12 years of age. However, these may not be recognized as ADHD symptoms until a child is older.
- Symptoms have continued for more than 6 months.

In addition to looking at your child's behavior, your pediatrician will do a physical and neurologic examination. A full medical history will be needed to put your child's behavior in context and screen for other conditions that may affect her behavior. Your pediatrician also will talk with your child about how your child acts and feels.

Your pediatrician may refer your child to a pediatric subspecialist or mental health clinician if there are concerns in one of the following areas:

- Intellectual disability (formerly called mental retardation)
- Developmental disorder such as speech problems, motor problems, or a learning disability
- Chronic illness being treated with a medication that may interfere with learning
- Trouble seeing and/or hearing
- History of abuse
- Major anxiety or major depression
- Severe aggression
- Possible seizure disorder
- Possible sleep disorder



How can parents help with the diagnosis?

As a parent, you will provide crucial information about your child's behavior and how it affects her life at home, in school, and in other social settings. Your pediatrician will want to know what symptoms your child is showing, how long the symptoms have occurred, and how the behavior affects your child and your family. You may need to fill in checklists or rating scales about your child's behavior.


In addition, sharing your family history can offer important clues about your child's condition. Keep safety in mind:

If your child shows any symptoms of ADHD, it is very important that you pay close attention to safety. A child with ADHD may not always be aware of dangers and can get hurt easily. Be especially careful around:

- Traffic
- Firearms
- Swimming pools
- Tools such as lawn mowers
- Poisonous chemicals, cleaning supplies, or medicines

How will my child's school be involved?

For an accurate diagnosis, your pediatrician will need to get information about your child directly from your child's classroom teacher or another school professional. Children at least 4 years and older spend many of their waking hours at preschool or school. Teachers provide valuable insights. Your child's teacher may write a report or discuss the following topics with your pediatrician:

- Your child's behavior in the classroom
 - Your child's learning patterns
 - How long the symptoms have been a problem
 - How the symptoms are affecting your child's progress at school
 - Ways the classroom program is being adapted to help your child
 - Whether other conditions may be affecting the symptoms
- 

In addition, your pediatrician may want to see report cards, standardized tests, and samples of your child's schoolwork.

How will others who care for my child be involved?

Other caregivers may also provide important information about your child's behavior. Former teachers, religious and scout leaders, or coaches may have valuable input. If your child is homeschooled, it is especially important to assess his behavior in settings outside of the home.

Your child may not behave the same way at home as he does in other settings. Direct information about the way your child acts in more than one setting is required. It is important to consider other possible causes of your child's symptoms in these settings. In some cases, other mental health care professionals may also need to be involved in gathering information for the diagnosis.


Are there other tests for ADHD?


You may have heard theories about other tests for ADHD. There are no other proven tests for ADHD at this time.

Many theories have been presented, but studies have shown that the following tests have little value in diagnosing an individual child:

- Screening for high lead levels in the blood
- Screening for thyroid problems
- Computerized continuous performance tests
- Brain imaging studies such as CAT scans and MRIs
- Electroencephalogram (EEG) or brain-wave test

While these tests are not helpful in diagnosing ADHD, your pediatrician may see other signs or symptoms in your child that warrant blood tests, brain imaging studies, or an EEG.





**Helping Teens With
Autism Transition to
Adulthood: Tips for
Parents & Caregivers**

We all go through transitions in life. Some of these transitions just happen, like when your infant became an active toddler. Others go more smoothly when we prepare. If you are a parent or caregiver of someone with autism spectrum disorder, preparing them and yourself for the transition to adulthood can be a game-changer. Planning can make the difference between a successful transition or a stressful situation for both the teenager on the autism spectrum and their parent or caregiver.

Here's what we know:

People on the autism spectrum tend to like predictability. Change can be hard, and transition to adulthood is all about change. It starts happening around age 12 and continue into adulthood: body changes caused by hormones, environment changes with school and healthcare, life skill changes with responsibilities and roles and so much more. Legally things change at 18, too.

What is your role as a parent or caregiver or as an autistic pre-teen/teen?

Start learning the transition steps.

It's a good idea to start thinking about transition to adulthood at age 12. Transition steps may include healthcare, plans after high school, legal changes after age 18 and daily living plans.

Ask for guidance along the way.

Don't hesitate to ask your pediatrician for guidance and support. Pediatricians can help you find an adult health care specialist, for example. They can also guide you to local and national resources to help you and your child create plans for the future. GotTransition.org is one example of a trusted resource with information on transition and healthcare.

Stay connected with your child's pediatrician.

Regular visits with your pediatrician are critical to staying connected with them as a trusted resource. As an expert in children and youth, they can help guide you through the next stages of developing into adult.

Help your child develop their voice.

A critical part of transitioning to adulthood is helping your child develop their voice to advocate for their own health and wellness goals. Work with your pediatrician and your child to build skills to navigate their healthcare like making appointments, filling prescriptions and medical decision making.

Remember

Transition to adulthood is filled with many milestones. Just as when your child transitioned from infant to toddler and the many stages that followed, your pediatrician is a vital partners in this stage of development, too. As a team, autistic youth, parents and caregivers and pediatricians can plan for and achieve successful transitions into adulthood.





Individualized Education Program (IEP)

To determine exactly which services your child needs, you will work with a team of specialists to complete a written document known as the Individualized Education Program (IEP). Every child who receives special education services must have an IEP. The IEP is the educational road map for children with disabilities. It spells out your child's goals and outlines the exact education, services, and supplementary aids that the school district will provide for your child.

IEP Evaluation

Parents who feel their child might benefit from special education services should request an IEP evaluation in writing. Your pediatrician can also help draft a letter of request. Parents should work with personnel from their child's EI program to help with this transition. You can begin this process when your child turns 2.

An IEP is written after an evaluation. During the evaluation, current performance levels are established and documented. To be eligible for special education services, your child must be identified with a recognized disability (there are 14 different disability categories under IDEA) and the disability must adversely affect her educational performance.

IEP Components

Every IEP should have several key pieces of information. It should include:

- Your child's current levels of performance
- Measureable goals for the school year
- When reports about your child's progress will be provided
- How well your child is able to function in school
- How your child will be included with peers with typical development
- How your child will be assessed on statewide and district-wide tests

In addition, should your child qualify for extended school year services, the IEP should lay out the kinds of interventions that your child should receive when school is not in session. The IEP establishes dates and locations of when services will begin, where they will be held, and how long they will last. The IEP should also discuss what will be done when your child's needs change. In addition, the IEP may outline whether your child gets "related services" such as special transportation, speech therapy, occupational therapy, and counseling.

IEP Team

The IEP is written collaboratively by a group—often called an IEP team—made up of:

- Child's parents
- Regular education teacher
- Special education teacher
- Psychologists
- Therapists
- School administrator
- Possibly other school personnel

A meeting to discuss the IEP must be held within 30 days after a school determines that a child needs special education services. Parents may invite anyone to this meeting, including personnel such as an advocate or the child's case manager from the EI program. The IEP is evaluated at least every year to determine whether goals are being met and may be adjusted if your child's needs change.

IEPs for Children with ASDs

Unfortunately, research has found that many IEPs for children with autism spectrum disorders (ASDs) are lacking and do not meet recommendations of the National Research Council or requirements of IDEA. Many IEPs omit important information and may not provide services to a child outside of the traditional school year. Many do not adequately describe how goals are to be measured or how certain goals will help the child in school. Many IEPs also fail to say how teachers intend to motivate the child or how they would engage the child in developmentally appropriate tasks or play. Many IEPs do not include parent concerns.

Understanding Your Rights

When formulating your child's IEP with your school district, it's important to know exactly what your rights are and what to do if you are not happy with the resulting IEP. Before going to your first IEP meeting, do your research. Become familiar with your state's education laws, and know the types of interventions available to your child based on her needs.

A good book to start with is *Educating Children with Autism*, published by the Committee on Educational Interventions for Children with Autism of the National Research Council. You may also want to visit the US Department of Education one-stop shop for resources related to IDEA and rules and regulations concerning the IEP process at <http://idea.ed.gov>.



The Library of Congress, National Archives and Records Administration, National Endowment for the Humanities, National Gallery of Art, National Park Service, Smithsonian Institution and United States Holocaust Memorial Museum join in paying tribute to the generations of African Americans who struggled with adversity to achieve full citizenship in American society.

As a Harvard-trained historian, Carter G. Woodson, like W. E. B. Du Bois before him, believed that truth could not be denied and that reason would prevail over prejudice. His hopes to raise awareness of African American's contributions to civilization was realized when he and the organization he founded, the Association for the Study of Negro Life and History (ASNLH), conceived and announced Negro History Week in 1925. The event was first celebrated during a week in February 1926 that encompassed the birthdays of both Abraham Lincoln and Frederick Douglass. The response was overwhelming: Black history clubs sprang up; teachers demanded materials to instruct their pupils; and progressive whites, not simply white scholars and philanthropists, stepped forward to endorse the effort.

By the time of Woodson's death in 1950, Negro History Week had become a central part of African American life and substantial progress had been made in bringing more Americans to appreciate the celebration. At mid-century, mayors of cities nationwide issued proclamations noting Negro History Week. The Black Awakening of the 1960s dramatically expanded the consciousness of African Americans about the importance of black history, and the Civil Rights movement focused Americans of all colors on the subject of the contributions of African Americans to our history and culture.

The celebration was expanded to a month in 1976, the nation's bicentennial. President Gerald R. Ford urged Americans to "seize the opportunity to honor the too-often neglected accomplishments of black Americans in every area of endeavor throughout our history." That year, fifty years after the first celebration, the association held the first Black History Month. By this time, the entire nation had come to recognize the importance of Black history in the drama of the American story. Since then each American president has issued Black History Month proclamations. And the association—now the Association for the Study of African American Life and History (ASALH)—continues to promote the study of Black history all year.

(Excerpt from an essay by Daryl Michael Scott, Howard University, for the Association for the Study of African American Life and History)



Looking for celebrations for Black History Month? Be sure to check these out!

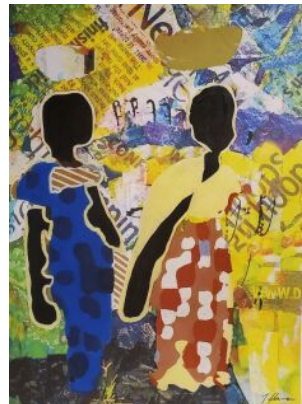
Arsenal Gallery: Heritage: Exploring the Past, Present, and Future in Black Art

Friday, February 10, 2023

9:00 a.m.-5:00 p.m.

**Arsenal in Central Park
830 Fifth Avenue**

This event repeats every weekday until 3/9/23



Celebrate Black History Month at the Arsenal Gallery in Central Park with "Heritage: Exploring the Past, Present, and Future in Black Art." This exhibition features artwork by NYC Parks' employees who are exploring their Black heritage in a variety of media. The exhibition also includes selections from a collection of vintage hip-hop flyers and vintage invitations produced by NYC Parks' Ebony Society.

Artists included are Tuwanda Harmon, Preston R. Coston, Jr., Buddy Esquire (from the collection of Curtis Sherrod), Claudette Ramos, and Patrick Forman. Curated by NYC Parks' Ebony Society

Mask-wearing is required to enter the gallery, and guests are required to sign in. Groups of five or more people can call (212) 360-8114 or email artandantiquities@parks.nyc.gov to pre-register.

This exhibition is FREE and open to the public.



Hands On History: Supreme Black History
Saturday, February 18, 2023
1:00 p.m.–4:00 p.m.

King Manor Museum in Rufus King Park
150-03 Jamaica Ave, Jamaica, NY 11432

Come celebrate with us as we highlight Thurgood Marshall, the first Black Supreme Court Justice and lawyer in the *Brown v Board of Education* court case (1954), and current Supreme Court Justice Ketanji Brown Jackson, the first Black woman to be on the Supreme Court! Rufus King, like them, was a lawyer and has a collection of wooden gavels made from the trees in his yard. Come design your own gavel to hold your own mock trials and inspire a future career in the justice system. Be the change!

Hands on History is a FREE family program series held each first and third Saturday of the month at King Manor from 1-4pm.

"We deal here with the right of all of our children, whatever their race, to an equal start in life and to an equal opportunity to reach their full potential as citizens. Those children who have been denied that right in the past deserve better than to see fences thrown up to deny them that right in the future." - Thurgood Marshall

"Our children are telling me that they see now, more than ever, that, here in America, anything is possible." - Ketanji Brown Jackson, 2022



Black History Month: The Birthplace of Hip-Hop

Saturday, February 18, 2023

1:00 p.m.–2:00 p.m.

Cedar Playground

West 179th Street & Sedgwick Avenue

Bronx

Celebrate Black History Month with NYC Parks! Join the Urban Park Rangers at Cedar Playground as they highlight the site that birthed hip-hop. In 1973, hip-hop was born in the Bronx at a recreational room party and then moved to Cedar Playground.

Black History Month: Seneca Village

Sunday, February 19, 2023

1:00 p.m.–2:30 p.m.

81st Street and Central Park West in Central Park

Celebrate Black History Month with NYC Parks! Learn about the lives of Seneca Village's residents in the 1800s and the community's place in pre-Central Park.



Saturday Afternoon Movie: Black History Month

St. Agnes Library, 444 Amsterdam Avenue

Every Saturday in February, from 2 p.m. to 4 p.m.

Every Saturday afternoon during the month of February, the New York Public Library's St. Agnes branch on the Upper West Side is screening movies in honor of Black History Month. Movies featured throughout the month include The Women King, 12 Years a Slave, Selma, and Respect.

Strange Fruit: A Black History Collection

Metrograph, 7 Ludlow Street

February 5 through 25

To celebrate Black History Month, the Lower East Side's independent theater Metrograph is hosting Strange Fruit: A Black History Collection. Curated by Brandon Harris, the movie screening series will span the entire month of February and feature movies that "normally don't make the Black Exceptionalist highlight reel but should." Featured movies include Is That Black Enough For You!?, The Learning Tree, Passing Through, and more.

"Speak To Me" Black History Month Group Art Exhibition

345 Lenox Avenue

February 9 from 6 p.m. to 8 p.m.

Presented by Cafe Melo Gallery, "Speak To Me" features the work of NYC-based contemporary Black artists Jaleel Campbell, Chanti "Catalyst" Louison, Robert L. Newman III, Taesha M. (Sophisticatedcookie), and Will Porter Jr. The event will begin with a brief talk with the artists, who will share insight into their work and inspirations. Admission is free.



15th Annual Black History Month Concert
Brooklyn Public Library, Central Library, 10 Grand Army Plaza
February 12 from 4 p.m. to 5:45 p.m.

Presented as part of the Brooklyn Public Library's Classical Interludes series, the Harlem Chamber Players will play a selection of iconic pieces composed by Black composers. The Harlem Chamber Players are made up of Ashley Horne and Claire Chan on violin, William Frampton on viola, and Wayne Smith on cello. The event is free and open to the public.

Harlem Fine Arts Show
The Glasshouse, 660 12th Avenue
February 24 through 26, from 10 a.m. to 5 p.m.

Returning for its 15th year, the Harlem Fine Arts Show hosts over 120 booths of artists from the African Diaspora. The three-day event will serve as a way to showcase Black and progressive artists and draw customers to purchase their one-of-a-kind creations.

Sedalia to Harlem: A Celebration of Black History
Church In the Gardens, 50 Ascan Avenue
February 25 from 7:30 p.m. to 9 p.m.

Hosted at a church in the scenic Forest Hills Gardens, this event will guide guests through jazz, opera, and African American spiritual music, "tracing the rich tradition of Black music, art, and culture in America," according to the event page. Performers include Jay Aubrey Jones, baritone, Geraldine McMillian, soprano, Byron Singleton, tenor, Barbara Podgurski, pianist, and Maestro David Close as host and pianist.

Candlelight: Celebrating Black America - Jazz, Soul, and Blues
The Opera House, 288 Berry Street
February 25 at 6:30 p.m. and 9:00 p.m.

Sit back, relax, and take in the soothing sounds of music written by legendary Black artists like Stevie Wonder, Duke Ellington, and John Coltrane in the dimly lit interior of Brooklyn's The Opera House. Performed by Pure Soul NY, the intimate musical experience will be a night to remember.



Before Yesterday We Could Fly: An Afrofuturist Period Room
The Met, 1000 Fifth Avenue
Through December 31, 2024

This exhibition at the Metropolitan Museum of Art features period rooms inspired by the homes of Seneca Village, a neighborhood that existed in present-day Central Park just a few hundred yards west of the museum. Founded in 1825 by free African American landowners, the village thrived for three decades before it was destroyed in 1857 to make way for the construction of Central Park. Created by Hannah Beachler, known for her work on Black Panther, and Fabiana Weinberg, the exhibit includes a wood-framed 19th-century home that contains work from the Met's American Wing that is similar to remnants of Seneca Village that were found in 2011.

IMPORTANT
NUMBERS



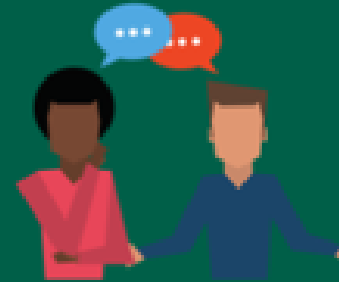
IF YOU NEED
HELP, PLEASE
MAKE THE CALL



GET THE SUPPORT
YOU NEED



YOU ARE NOT
ALONE



National Suicide
Prevention Hotline:
1-800-273-8255

National Domestic
Violence Hotline:
1-800-799-7233

Runaway and
Homeless Teen
Hotline Help:
1-800-246-4646



Coalition for the
Homeless:
212-776-2000

Drug and Alcohol
Hotline:
800-622-2255

Food and Hunger
Hotline:
866-888-8777

Homeless Services
Hotline:
212-533-5151

Rape Crisis Hotline:
212-227-3000

National Child
Abuse Hotline:
1-800-422-4453

National Teen
Dating Abuse
Helpline: 1-866-
331-9474

Crisis Lifeline for
LGBTQ Youth:
1-866-488-7386

Boys Town National
Hotline:
800-448-3000

American
Pregnancy Helpline:
866-942-6466

Behavior Management Consultants believes that, “No Child is Born Bad”. Our mission is to educate, mentor, and assist parents, caregivers, and professionals to cope with, socialize, and identify values important to today’s youth.

The goal is to serve public and private social service organizations including, but not limited to:

- Residential Treatment Facilities (RTFs)
- Juvenile Detention Centers
- Residential Treatment Centers (RTCs)
- Public Schools
- Community Based Organizations (CBOs)

We are confident that we will meet our goals thereby ensuring that our clients are being kept abreast in the ever-changing landscape of Human/Social Services.

Quote of the Month

“Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world.”

-Harriet Tubman



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If you'd like to buy some ad space for your upcoming events or business ventures, please reach out directly to Artemus X. Smith for details and pricing. All proceeds go to helping fund Behavior Management Consultants.

Email: Smith@bmcofnyc.org