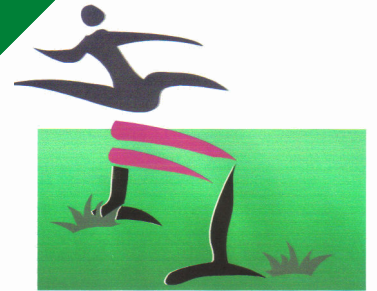

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Feeling Stuck? Here's How To Overcome ADHD Paralysis

Start by doing one
small thing first, then
check it off your list

You ever just get caught up in and overwhelmed by all the details? The dishes in the sink. The overflowing laundry. The cursor blinking at you aggressively from the blank assignment page on your laptop (as if you needed another reminder about an imminent deadline).

No matter what you do, these things and more continue to pile up in your periphery as you direct your attention elsewhere — to your social media newsfeed, group texts, online posts and everything else going on outside your window.

When you eventually emerge from the haze, you realize time just flew by unexpectedly and you've got nothing done — at least nothing you set out to do.

And then, the cycle starts all over again.

If this sounds like a familiar experience — and you often find yourself stuck in this loop — you may be experiencing what many living with attention-deficit/hyperactivity disorder refer to as ADHD paralysis.

Pediatric behavioral health specialist Michael Manos, PhD, explains why ADHD paralysis isn't actually paralysis, along with some tips to get you back on track whenever you're feeling stuck.

What is ADHD paralysis?

ADHD paralysis isn't a medical diagnosis. But it's a term commonly used by people living with ADHD to describe moments in which they feel insurmountably overwhelmed and derailed by everything that's going on around them. It's not a true paralysis, at least not in a medical sense, but it often feels like:

- Getting stuck on one task or activity.
- Being caught up in a loop of indecision.
- Being enthralled by other distractions.
- Brain fog and an inability to direct your focus.



“ADHD paralysis is not a paralysis, but it’s a reluctance or a decision to refrain from having to engage in using a kind of attention we call effortful or directed attention to complete specific tasks,” explains Dr. Manos.

Often, ADHD paralysis can be broken up into further categories that include:

- ADHD mental paralysis: You can be overwhelmed or distracted with your thoughts, emotions and internal monologue. This is commonly associated with sensory overload and can often make it difficult to determine how you should act or what you should do next.
- ADHD task paralysis: When you’re hesitant or unmotivated to complete a task, you might avoid the task entirely by doing other things, keeping yourself distracted or procrastinating.
- ADHD choice paralysis: Also known as “analysis paralysis,” this happens when overwhelmed with too many choices and forced to make a decision, you might overthink your options and/or shut down completely until a solution presents itself – and even then, it might be hard to pick back up from where you left off.

“Directed attention in a person with ADHD is relatively weak, and automatic attention in a person with ADHD is relatively strong,” Dr. Manos further explains. “Having to use directed attention means you need to stop engaging in automatic attention by directing our attention to the tasks we know we must get done.”

Some examples of ADHD paralysis in action could include:

- Avoiding a project at work because you’re worried you won’t meet a deadline or you have a hard time choosing between which tasks you should work on.
- Listlessly walking through a grocery store – you have a hard time picking which items you need or your attention is otherwise distracted by items that aren’t on your list.
- You’ve had an argument with a friend, and because you’re overwhelmed by how to handle it, how you feel and how you think you should or should not act, you shut down and don’t take action at all.
- Ignoring mundane day-to-day responsibilities in exchange for other more meaningful activities.



“If you go to the store for milk, eggs and butter, you might be walking through the store and see something that activates your automatic attention,” illustrates Dr. Manos. “That new thing might supersede the milk, eggs and butter directive you’ve given yourself. Sometimes, the activation of automatic attention is so potent, you might ignore that directive entirely and go home with cookies and ice cream without ever getting what you originally came for.”

Why does ADHD paralysis happen?

When confronted with uncomfortable situations or when we feel threatened, our human brains trigger a flight, fight or freeze response. People living with ADHD often have the additional challenge of frequent distraction or difficulty hyperfocusing on very specific things. Because of this, people with ADHD more commonly have the natural, biological response to freeze or shutdown when overwhelmed with choices, tasks and decisions.

“In the moment of feeling overwhelmed, it looks like there’s no action that a person can take that’s going to solve the problem,” says Dr. Manos.

Lower levels of dopamine or a dopamine imbalance may also lead to an inability to be motivated – a common occurrence for people living with ADHD. When you’re unmotivated, you have a hard time making any decision, and this can heighten or prolong periods of what people refer to as ADHD paralysis.

“We tend to engage in things that make us feel strongly and we avoid things that don’t make us feel strongly or things that make us feel bored,” notes Dr. Manos. “Boredom is something people want to avoid at all costs.”

ADHD paralysis vs. executive dysfunction

Another way to think about ADHD paralysis is to think about it as a kind of cognitive overload – when you have too many decisions at your disposal, they can sort of short circuit your executive functioning. Your executive functions determine your ability to focus, think critically and analytically, retain information, direct your attention and exert effort to accomplish tasks. For people with ADHD, difficulties with these are considered executive dysfunction.

“Being able to prioritize tasks and then engage in a task that has the highest priority is an executive function,” says Dr. Manos. “Executive functions are behaviors in your brain that you use to assist you to direct your own behavior.”

ADHD paralysis vs. procrastination

People living with ADHD are more prone to procrastination – the intentional decision to avoid or prolong tasks. That’s not to say people with ADHD never get things done, but it’s a common experience that even when someone with ADHD wants to accomplish tasks, the feeling of ADHD paralysis activates or exacerbates the act of procrastination.

“When you procrastinate and you push several different tasks up against the same due date, it reinforces the feeling that you’re obligated to finish each one but you no longer have the time or the capacity to be able to get them all done,” says Dr. Manos. “In that situation, when you procrastinate, that certainly feels like you can take no action to make any difference in all the things you have to do.”

How to overcome ADHD paralysis

Sometimes, even knowing where to start can prove difficult. These tips are geared to help you shake up ADHD paralysis when it happens and help you focus when you’re torn in different directions:

Take the smallest next step

Not sure where to start? That’s OK – just do one small thing.

“The feeling of being stuck is an illusion because there’s always going to be the next action you can take,” clarifies Dr. Manos. “If there’s anything you can do, take the next action, however small it might be. And that action will open the door to the next action after that.”

One simple way to think about this is to break down larger projects into smaller to-do lists. That way, each individual task appears to be more manageable and enticingly easier to check off the list.

For example: Let’s say you have an article you need to turn in by a certain deadline, but you have to do research first and conduct an interview. Maybe the first thing on your to-do list is to brainstorm a list of possible sources to interview. Check that off, and you can start reaching out to one contact at a time.

“Whether it’s getting out of your seat when you have to be somewhere, or washing one fork when you have to do all of the dishes, taking one small action toward your goals can help you feel in control of what you’re doing,” says Dr. Manos.

Schedule a time to start tasks

We're all beholden to the clock in one way or another, but if time tends to slip away from you more often than you'd like, you could split up your day based on how many hours you devote to each task. Create deadlines for yourself and stick to them. When time runs out, see where you are and how you're feeling – and then it's up to you if you want to keep working on that task or switch to the next. The point is that you dedicate specific time allowances to each task you'd like to complete instead of floundering on a vague notion of when you'll get things done. "Important to this practice is actively scheduling a 'stop time', when you make an agreement with yourself that you will stop working on a task," states Dr. Manos.

Make time for breaks and rewards

All work and no play make for a dull day. So, split your tasks up by intentionally making time for breaks and other things you love to do in-between. "A good strategy for this is the 'when-then' approach – when you finish the dishes, then you're going to watch Game of Thrones," says Dr. Manos. "No one can completely prevent boredom, but you can be intentional about the time you do have so that you're not losing sight of what you need to complete."

Use a management tool

Calendars, smart watch reminders, resource and task managers – there are several tools you can use, digitally and otherwise, that can help you keep track of everything that's on your plate. This is especially helpful if you experience brain fog and have a hard time parsing apart details between one task and the next. "Management tools can help you figure out which tasks need to be completed, but they don't always prompt you to take action," Dr. Manos says. "To use these effectively, give yourself the freedom to take action."

Another name for a management tool is an "existence system" so you don't drop some of the tasks you're juggling. An existence system simply takes the incomplete tasks that are "in your head" and puts them in the physical universe where you can see them and recognize they are there rather than trying to catch a thought on the fly.

Write everything down

Like task managers, writing everything down can be helpful. Sometimes, people like to write down everything they're thinking, feeling, stressed out about and need to accomplish in one go. From there, you can edit that list to things you can realistically get done right now, and then, adjust as things evolve. Or you can simply write down a list of tasks you want to complete at the start or end of your day as a way of setting yourself up for success. "This process doesn't have to be perfect, but you can set your mind on the things in the physical universe more readily than entertaining thoughts about them, making them easier to access and engage with," says Dr. Manos.

Get up and move

Increase those dopamine levels by getting up and exercising. Do a full workout if you feel like it, or just walk around the block, jog in place or get your heart rate elevated just a little. If you're feeling stuck, one way to increase your motivation and/or help bust up that monotony is to focus on physical activity as a way of re-wiring your focus. Small bursts of physical exercise can be a big help.

Get additional support from a therapist, healthcare provider or ADHD coach

When we feel stuck, it's hard to get ourselves out of the loop until we know which methods and tools work the best for our unique situations. These steps are helpful but sometimes, it can



be even more beneficial if you have an ADHD coach or other healthcare providers like a therapist talk to you about your diagnosis and walk you through some potential solutions for action.

“Feeling stuck is an illusion and you don’t have to get caught up in that,” reiterates Dr. Manos. “There are small things you can do to keep directing your attention to the things you care about the most. Remember, the key to loosening the grip of inaction is action itself, whatever that action may be.”

5 HALLOWEEN CHALLENGES FOR KIDS WITH ADHD



Halloween is exciting. It's also noisy, chaotic, and full of distractions. These are challenges for kids who struggle with focus and self-control, like kids with ADHD. With a little planning, though, you can limit problems without limiting the fun for your child. Here are common Halloween challenges for kids with ADHD, and how to help.

1. Following safety rules

Statistics show that Halloween is one of the most dangerous days of the year for kids. When kids don't pay attention or do things without thinking, it adds to the risks. Lots of kids race from house to house when trick-or-treating. But kids with ADHD are likely to dash off without looking both ways. Or they might get separated from the group.

What you can do: Talk through street-safety rules at least once before your child leaves the house. Talk about stranger safety, too. You can even map out your route ahead of time.

If your child is older, consider only letting your child go out in a small group. This can help limit distractions and make it more likely for your child to stay with the group.

2. Overdoing it on candy

Classroom parties, community events, playdates, trick-or-treating – candy and other treats are everywhere at Halloween. Lots of kids have trouble holding back when there's so much good stuff around. But for kids who are impulsive, resisting temptation is especially hard.

What you can do: Make a "candy calendar." Ask your child how much seems like the right amount to eat at parties, after trick-or-treating, and in the days after Halloween. Once you've decided, help your child fill out a calendar with the agreed-on amounts. Kids who are involved in decision-making are more motivated to follow through.

Key takeaways

- Test out Halloween costumes ahead of time.
- Remind your child about safety rules before trick-or-treating.
- Help your child wind down by agreeing to a special Halloween bedtime routine before the big day.

3. Winding down at bedtime

Kids with ADHD can have trouble going from active mode to sleep mode. And it can be especially hard to wind down after Halloween gatherings and trick-or-treating. Plus, kids with ADHD tend to have trouble managing emotions. They might be so disappointed when Halloween's over that they get angry or have a tantrum.

What you can do: Leave plenty of wind-down time between trick-or-treating and bedtime. A day or two before Halloween, connect with your child to come up with a special bedtime routine just for that night. Maybe you'll read a spooky (but not too scary) book or watch a Halloween show.

You could also make bedtime a little later. Just be sure to leave the same amount of time you always do for your child to get ready for bed.

4. Switching gears

Halloween is a busy day with lots of transitions. Kids move quickly from schoolwork to a class party, then race home to trick-or-treat. This can be hard for kids with ADHD, who often have trouble switching gears and figuring out how to change their behavior based on the activity.

What you can do: Talk to the teacher about ways to ease transitions for your child at school. Maybe the teacher can give a five-minute warning before a new activity starts. Or your child could be assigned a job to do at the end of the party. That can help kids refocus and slow down before heading home.

5. Coping with sensory overload

Costumes can be itchy and uncomfortable. Decorations like fake cobwebs can cause unfamiliar sensations. And sudden loud noises can be stressful. Sensory input can be overwhelming on Halloween, and that affects lots of kids with ADHD. The end result could be a meltdown, rather than Halloween fun.

What you can do: Test out the costume at home once or twice before the big day. Wearing regular clothes underneath may help. If not, try a fun shirt or sweatshirt with a Halloween theme.

If noise and lights are an issue, maybe you can skip neighborhood trick-or-treating. Malls, rec centers, and parks might offer a more low-key trick-or-treating experience. You can also create new Halloween traditions, like having a few friends over for a costume contest.

Children Can Outgrow Their Autism Diagnosis, Says New Study

Boston Children's Hospital researchers found that a significant number of children diagnosed with autism as toddlers no longer meet the criteria for ASD when they reach school age.

When a parent receives the news that their son or daughter has autism spectrum disorder (ASD), they assume it will persist throughout the child's life. However, new research suggests this might not be the case with all children, especially those diagnosed with autism at a young age.

In the study, published on October 2 in *JAMA Pediatrics*, researchers at Boston Children's Hospital found that among toddlers diagnosed with ASD at 12 to 36 months, nearly 40% no longer met the diagnostic criteria of autism by age six.



These findings contradict previous research that showed autism persistence rates ranged from 68% to 100%.

To conduct the research, the investigators identified 213 children diagnosed with ASD at 12 to 36 months and followed them until they reached five to seven years of age. At the end of the follow-up, the researchers used criteria from the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) and other measures to determine whether the participants still met the diagnostic criteria for autism.

All participants received some type of intervention. However, 201 received autism-specific interventions such as applied behavioral analysis (ABA).

The research team found that at around six years of age, 37.1% of the participants did not meet diagnostic criteria for autism. In addition, females and participants with higher adaptive skills, including communication, decision-making, and self-care skills, were more likely to lose their autism diagnosis than males or children with a lower adaptive skill level.

Moreover, the researchers revealed that while most participants received intervention therapy, the intensity of these interventions did not play a significant role in whether a child had persistent or nonpersistent ASD.

Still, the study authors say that interventions do matter. However, their findings suggest the need for a more individualized approach when treating autistic children.



Are early autism diagnoses accurate?

Healthnews spoke with lead study author Elizabeth Harstad, M.D., M.P.H., an assistant professor of pediatrics at Harvard Medical School and attending physician in Developmental Medicine at Boston Children's Hospital, about whether inaccurate early autism diagnoses could play a role in the study's findings.

Harstad said, "These findings suggest that applying the current Diagnostic and Statistical Manual of Mental Disorders (DSM-5) behavioral criteria to young children may capture children with a range of developmental differences and that some children will continue to exhibit behavioral characteristics consistent with ASD, while others will not."

Although the study was not able to determine whether the children were initially misdiagnosed, Harstad says they identified participants with autism using the "gold standard" approach, which included a very rigorous clinical evaluation to determine if they met the diagnostic behavioral criteria for ASD.

For example, a team of providers, including a developmental-behavioral pediatrician and a psychologist, completed assessments of the participants' developmental skills and employed the Autism Diagnostic Observation Schedule (ADOS) – a behavioral observation test to assess ASD symptoms.

However, according to Harstad, some study participants who were initially diagnosed with ASD but did not meet autism diagnostic criteria later still displayed traits associated with the developmental disorder.

"We are currently analyzing the developmental profiles of the children who did not meet ASD criteria at the research assessment," Harstad explained. "It is possible that some children continued to have some traits associated with autism. For example, some of the children have reported communication difficulties."

Is it autism or something else?

Previous versions of the DSM-5 included Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) as an autism diagnostic category. Before being removed from the DSM-5 in 2013, a child could be diagnosed with PDD-NOS instead of autism if they had some autistic traits but did not meet the full diagnostic criteria for ASD.

However, because the study found that nearly 40% of toddlers eventually lose their autism diagnosis by the time they reach school age, should clinicians consider PDD-NOS as a possible diagnosis for some children?

"Within the diagnosis of PDD-NOS, the diagnostic criteria could be applied fairly loosely, as there was not a minimum number of diagnostic criteria that had to be met for a child to receive the diagnosis of PDD-NOS," Harstad said.

Harstad doesn't believe the study's evidence suggests that clinicians should consider PDD-NOS for some children due to the lack of strict criteria associated with this diagnosis.

"Instead, perhaps an ASD diagnosis given at a young age (such as < 3 years old) should be thought of as an early 'ASD profile,'" Harstad explained. "A condition which requires support and interventions but should be assessed again in future years to determine if the symptoms persist or not."

Resources:

1. JAMA Pediatrics. [Persistence of Autism Spectrum Disorder From Early Childhood Through School Age.](#)
2. Children. [The Diagnosis of "Pervasive Developmental Disorder Not Otherwise Specified": A Systematic Literature Review.](#)

Oppositional Defiant Disorder: Child Behaviors to Know

Oppositional defiant disorder (ODD) is a clinical behavior disorder. It consists of a characteristic and pervasive pattern of behavior lasting at least six months that includes irritable mood, argumentative or defiant behavior, or vindictiveness.¹

Children with ODD have difficulty with self-regulation and controlling their temper. Parents may feel incredibly overwhelmed with their children's behavior. While some controversial research shows there may be a genetic component, this isn't always the case,

This article will discuss oppositional defiant disorder, its causes, and treatment.



What Does an Oppositional Defiant Disorder Diagnosis Mean?

A diagnosis of the behavioral disorder ODD is typically made by a mental health practitioner for children—a psychiatrist or psychologist, for example. They may speak to family members and teachers, do a mental health exam, and observe the child in a variety of settings to get a thorough understanding of their behavior.

A thorough assessment is needed because some behaviors of ODD are common in childhood, especially in very young children and teens. These include frequent temper tantrums, talking back to adults, and questioning authority.²



In children with ODD, these symptoms happen more frequently and are significant enough that they negatively impact relationships, school and learning, and social situations.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) contains diagnostic criteria for ODD.¹ The first criterion is a pattern of angry or irritable moods, argumentative behavior, or vindictiveness that lasts at least six months, with at least four of the following symptoms from these categories, with at least one person who isn't a sibling:

- Angry/irritable mood: Frequently loses temper, easily annoyed, frequently resentful
- Argumentative/defiant behavior: Frequently argues with or defies those in authority positions, purposely annoys other people, blames others for their own mistakes or behavior
- Vindictiveness: Has been spiteful or vindictive at least twice within six months

The other criteria are:

- The behavior has negative impacts on the individual's social, school, or work functioning.
- The behavior is not due to a psychotic disorder, substance abuse, depression, or bipolar disorder.

There is no specific tool made for diagnosing ODD, but several tools for diagnosing other disorders can be used to help make a more accurate diagnosis. These can include:¹

- Child Behavior Checklist: Screens for attention deficit hyperactivity disorder (ADHD), ODD, conduct disorder, depression, anxiety, and other behaviors
- Conners 3: Can screen for ADHD, as well as ODD and conduct disorder
- Swanson, Nolan, and Pelham Teacher and Parent Rating Scale: Screens for ADHD and has questions for ODD, conduct disorder, generalized anxiety disorder, and other disorders
- Vanderbilt ADHD Diagnostic Parent Rating Scale: Screens for ADHD and can measure symptoms of ODD, conduct disorder, anxiety, and depression



Oppositional Defiant Disorder: Effects at School

Educators must be cautious when assuming a diagnosis of ODD in school. Society has certain beliefs about how children should act in certain settings and which behaviors are ideal.

Children who question “too much” in school are seen as disruptive and oppositional. But instead, they may be gifted or twice-exceptional (clinically gifted and also have a disability diagnosis) or have a diagnosis like ADHD.

For those with a clinical diagnosis of ODD, this can impact school because they refuse to comply with their teachers’ requests or refuse to do work, lash out at other students, defy authority and rules, and may be mean to other children.

Oppositional Defiant Disorder: Effects at Home

At home, a child with ODD might challenge everything, from what’s for breakfast to getting dressed for the day to doing homework after school. They may be quick to anger, hostile toward parents and siblings, and aggressive with or mean to family members. This can lead to difficult family relationships and a feeling of uneasiness in the home.

Risk Factors for Oppositional Defiant Disorder

There are a variety of risk factors for ODD. Having risk factors does not necessarily mean a person will develop a disorder, but it simply increases the chance for the condition. Risk factors for ODD can include:¹

- Parental nicotine use
- Prenatal nutritional deficiencies
- Developmental delays
- Parental psychological issues and behaviors, including maternal aggression, abuse, harsh punishments
- Unresponsive parents
- Insecure attachment
- Poverty
- Lack of structure
- Peer rejection
- Community violence

It should be noted that supportive environments have been found to be a protective factor for ODD.¹ A parenting style that results in an unstable home, unstable parent-child relationships, and weak attachments can be a risk factor for ODD.

If a parent is not responsive or supportive, is aggressive and inconsistent with discipline, or is overly harsh with discipline, the child is less likely to be positively attached or feel supported.

Underlying Causes of Oppositional Defiant Disorder

There is no known cause for ODD. Many experts suspect that there is a cumulative effect of a variety of risk factors from biological, psychological, and social issues.¹ There are some things that can be protective and reduce the risk or severity of ODD, which illustrates that this is not as clear-cut as some would like to think.

There have been familial clusters of ODD, which could point to a possible genetic component, but this is variable and not certain.¹

How to Help Children With Oppositional Defiant Disorder

If the behavior is a pattern that's causing significant impairment in one or more areas of a child's life, see a professional for an evaluation. A child with ODD is not intentionally trying to be challenging. This is a clinical behavior disorder that requires treatment and understanding. Without disorder-specific treatment, "help" won't do much.

Treatment for ODD usually includes:⁶

- Behavioral therapy (or medication and behavioral therapy, if there are co-existing disorders), cognitive behavioral therapy for mood disorders, or dialectical behavior therapy
- Parent training programs to improve the relationship and parenting skills, including things like parent-child interaction therapy (PCIT), Parent Management Training (PMT), and Positive Parenting Program (Triple P)
- Social skills training

Appropriate treatment is essential, and this includes social support for them as well. Knowing they have a safe space and are supported can have a positive effect.

At home, having a strong relationship with your child is important, as are things like setting clear household rules, praising positive behaviors, and being consistent with consequences (like loss of privileges if rules are broken or negative behaviors occur).⁴



Specialists to See for Suspected Oppositional Defiant Disorder

While a qualified child mental health professional can provide a diagnosis, specialists to see can depend on the kind of treatment you pursue. Cognitive behavioral therapy (CBT) and family therapy require CBT and family therapists, respectively.

Medication is not typically a first-line treatment for ODD, but if coexisting mental or behavioral disorders require medication, a psychiatrist should prescribe it.

In a school setting, let the teachers and any other associated staff, like the child study team, know about your child's diagnosis so that you can work with them to create a supportive educational plan for your child.

Discipline and ODD: What to Avoid

Children with ODD also often have an anxiety disorder, and so they may feel a need for control.⁷ This can result in power struggles with authority figures, which is something to be avoided.

Don't make complicated rules or create too many rules for the home or classroom. Pick the rules you prioritize the most, outline them clearly, and what the consequences are for breaking them.⁴

Avoid an overly relaxed household. Structure is important because a chaotic environment contributes to a lack of self-regulation, making ODD worse. Have structured bedtimes, meal times, healthy foods, and physical activity.⁴

Children with ODD want to engage in conflict. Speak calmly with the child and do not participate in an argument with them.⁴ Let them know about any expectations or consequences, and then end the discussion. If you are in the wrong or have broken a household or classroom rule, admit that to them and apologize.

Don't reduce them to negative pathology. Celebrate any positive behaviors, especially prolonged positive behavior.⁴ Recognize successes and acknowledge their hard work. It's also important to connect with the child during times of calm and to work toward establishing a stable relationship.

Support for Parents of Children With ODD

Because of the misconceptions about ODD, as well as societal assumptions of what children should be like and how they should behave, parenting a child with suspected ODD can be challenging. Talk with your pediatrician or counselor about support groups for you and your partner, or find online support groups.

Managing your own stress can also help with emotions and parenting choices. Get exercise, eat a healthy diet, get outside, and utilize relaxation techniques.

Summary

Oppositional defiant disorder is a clinical behavioral disorder characterized by a consistent pattern of challenging behaviors, frequent bursts of anger, purposefully hostile behavior, and challenging authority. The specific cause is unknown, though many social and developmental factors might influence its development.

While there is no cure, treatment is necessary for any progress to be made. This includes behavioral therapy, parent training and parenting modification, social skills training, and support. If there are coexisting disorders like depression, anxiety, or ADHD, medication for those disorders may be prescribed.

Both parents and children need support, training, and guidance in treating ODD.

Sources

1. Riley M, Ahmed S, Locke A. Common questions about oppositional defiant disorder. Am Fam Physician. 2016;93(7):586-591.
2. Johns Hopkins Medicine. Oppositional defiant disorder (ODD) in children.
3. Mandy W, Roughton L, Skuse D. Three dimensions of oppositionality in autism spectrum disorder. J Abnorm Child Psychol. 2014;42(2):291-300. doi:10.1007/s10802-013-9778-0
4. Boston Children's Hospital. Oppositional defiant disorder.
5. Spinazzola J, van der Kolk B, Ford JD. Developmental trauma disorder: a legacy of attachment trauma in victimized children. J Trauma Stress. 2021;34(4):711-720. doi:10.1002/jts.22697
6. Child Mind Institute. Quick guide to oppositional defiant disorder.
7. Ollendick TH, Greene RW, Austin KE, Fraire MG, Halldorsdottir T, et al. Parent management training (PMT) and Collaborative & Proactive Solutions (CPS): a randomized controlled trial for oppositional youth. J Clin Child Adolesc Psychol. 2016;45(5):591-604. doi:10.1080/15374416.2015.1004681

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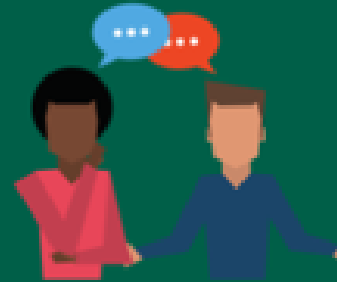
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MAKE THE CALL



GET THE SUPPORT
YOU NEED



YOU ARE NOT
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National Domestic
Violence Hotline:
1-800-799-7233

Runaway and
Homeless Teen
Hotline Help:
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Coalition for the
Homeless:
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Drug and Alcohol
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Hotline:
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Homeless Services
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Rape Crisis Hotline:
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Abuse Hotline:
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Helpline: 1-866-
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Crisis Lifeline for
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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

“The beautiful thing about learning is that nobody can take it away from you.”

--

B.B. King



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