SEPTEMBER 2023 | ISSUE NO. 74

BMC JOURNAL

The monthly newsletter of
Behavior Management Consultants

Parents reeling as ADHD drug shortage stretching into 10th month collides with starting school

Some are questioning the DEA's role in allocating drug supply as the medication crisis deepens

Stephen Murray spent six months taking his daughter to appointments to try and reach a diagnosis for attention difficulties that were making her fall behind in school. In June, she was finally diagnosed with attention deficit hyperactivity disorder (ADHD) and prescribed Concerta (methylphenidate) to treat it. But nearby pharmacies are out of her medication and she has gone three months without taking a single pill.

"The problem is that she really can't function in school," Murray, who is a health researcher in Massachusetts, told Salon in a phone interview. "We're really anxious about the school year starting and not being able to get her something that we are confident is going to help a lot."

Nationwide, 97% of pharmacists have reported experiencing the on-going amphetamine drug shortage as it stretches into its 10th month. Although the U.S. Food and Drug Administration (FDA) recently approved generic Vyvanse (lisdexamfetamine) to treat ADHD, which is expected to ease the shortage, some still worry that demand will put even more pressure on supply chains as schools start.

In the meantime, patients are going without their amphetamine medications like Adderall, used to treat not just ADHD but also narcolepsy and binge eating disorder. As providers turn to alternative treatments, other drugs like Ritalin or Concerta, are becoming harder to find, too.

Some have been forced to go "cold-turkey" off of their medication and are suffering withdrawals, said Dr. Ryan Marino, an emergency medicine physician at Case Western Reserve University School of Medicine. Untreated ADHD and narcolepsy have been linked to higher rates of car accidents, as well as substance use. When untreated, these conditions can also impact a person's school or work performance and relationships.

"Now there are these secondhand shortages, so even people who weren't taking Adderall are having a difficult time getting their other medications."

"Not only have people been cut off of their medications, which can be uncomfortable and miserable in itself," Marino told Salon in a phone interview. "Now there are these secondhand shortages, so even people who weren't taking Adderall are having a difficult time getting their other medications."

On Aug. 1, the FDA and the Drug Enforcement Agency (DEA) issued a joint letter addressing the drug shortage, blaming one manufacturing delay last fall and high prescription rates. Stimulant prescriptions were already rising before COVID-19, but they increased even more during the pandemic when regulators allowed for prescribing via telehealth.

"We want to make sure those who need stimulant medications have access," the FDA and DEA statement reads. "However, it is also an appropriate time to take a closer look at how we can best ensure these drugs are being prescribed thoughtfully and responsibly."

Because amphetamines are a Schedule II controlled substance, they have more hoops to jump through to get on the market. For medications like Adderall, the DEA is in charge of setting "quotas" for how much supply is produced. According to the letter, manufacturers only sold 70% of this quota for amphetamine products in 2022 and a similar trend is happening in 2023.

"It's a little strange that they are setting these quotas, and making determinations of what prescriptions are legitimate or not."

While supply or manufacturing delays could have been to blame for not meeting this quota, some are critical of the DEA's role in determining how much of certain medications go on the market in the first place, and question why the agency doesn't just raise its quota to meet demand in light of manufacturing issues.

"The DEA is not a medical organization — they are law enforcement and prosecutors," Marino said. "It's a little strange that they are setting these quotas, and making determinations of what prescriptions are legitimate or not, without having any sort of medical facilities to do so."

On the other hand, concerns have been raised that overprescribing is behind the surge in demand. The FDA cited "widespread misuse" of amphetamine medications in its letter, and some research has suggested as many as 1 in 4 students reported misusing ADHD drugs in the past year.

Additionally, additudes around ADHD are changing. Increased visibility and awareness — as well as less stigma — about the condition in recent years may be driving the uptick in diagnoses, particularly in adults whose symptoms were missed in childhood. The FDA called for more research into ADHD in adults, which has historically been underdiagnosed. As an "invisible" condition, it is treated differently than other neurological conditions and has been trivialized, Marino said. Although it was discovered at the turn of the 20th century, it wasn't included in the American Psychiatric Association's first "Diagnostic and Statistical Manual of Mental Disorders (DSM)" until 1968.

"It's a moving target trying to find exactly how much to produce without overproducing and leaving products on shelves. I think that's why this has persisted so long."

Regardless, just because more patients are diagnosed with ADHD doesn't mean they'll be prescribed mixed-salt amphetamine products like Adderall, and it can be difficult to calculate how much supply is necessary for an increasing demand, said Michael Ganio, the Director of Pharmacy Practice and Quality at the American Society of Health-System Pharmacists (ASHP). Expansions that allow for telehealth prescribing are set to expire in November, which also complicates manufacturing estimates.

"From the manufacturing perspective, cases are going up, but as far as understanding how much to increase production and how much to request from the DEA for quotas, it's not clear," Ganio told Salon in a phone interview. "It's a moving target trying to find exactly how much to produce without overproducing and leaving products on shelves. ... I think that's why this has persisted so long."

In 2022, the DEA launched an investigation into telehealth startups like Cerebral that were advertising medications on TikTok and Meta for general symptoms that didn't always meet the criteria for an official ADHD diagnosis. Since then, some major pharmacy chains stopped filling orders prescribed through the platform and Cerebral is currently not offering prescriptions, according to its website. Yet the shortage continues, suggesting that if the company was contributing to the problem, there is something more at play.

According to the ASHP, over 300 prescription drugs are currently in shortage, including cancer treatments and Ozempic, which was originally prescribed as a diabetes drug but has since become a popular weight loss drug. Drug shortages have become so widespread that one-third of hospitals reported rationing, delaying or cancelling treatments because of them, according to an ASHP survey.

Close to a dozen of those shortages are caused by increased demand like Adderall appears to be, whereas it's far more common for shortages to be caused by supply disruptions, Ganio said.

Although there may be supply chain or manufacturing issues at play, the DEA could also expand the number of companies they allow to make Adderall or allow other companies that are already making it to increase their quota, Marino said.

"The DEA has the power to solve all of this with a snap of their fingers, honestly," he said. As these agencies work to resolve the trilogy of issues related to manufacturing, demand, and supply quotas, patients will continue to go without their medications. Kelli Coviello, a principal's assistant at an elementary school in Massachusetts, also struggled to find Concerta for her 13-year-old son, Jack.

Jack has long COVID and has been doing remote schooling for the past year as he slowly recovers. On top of organizing cardiology, physical therapy and neurology appointments to treat his long COVID, Coviello's husband had to call 10 pharmacies in their area to try and find his medication. He didn't have any luck, and eventually, they had to switch medications, even though Jack was doing well on Concerta.

"He has at times had to go without for a day or two but I think because he wasn't in school it wasn't that big of a deal," she said. "Dealing with that going back, that could be a challenge for him."

Ganio said controlled substances can't be transferred from pharmacy to pharmacy, so patients must physically drive their prescription for these substances from store to store, or have their provider resend an electronic record of the prescription to each new pharmacy they try.

"It becomes this kind of Whac-a-Mole game either over the phone or driving from pharmacy to pharmacy to try to find a prescription," Ganio said. "It's really most difficult on the patients, but you can imagine being a prescriber and having to manage this."

Without her medication, Murray's daughter fell behind in school last year. Tension arose with teachers and at home when she struggled to complete her schoolwork. This week, she started seventh grade, but Murray is worried she'll withdraw and become distant and depressed like she did last year when her condition went untreated.

"To see her suffering, knowing something so simple can be done is a grueling feeling as a parent," Murray said. "I want her to feel better and I want her to feel like she can succeed. I am pretty confident this medication is going to do that for her, and here we are just twiddling our thumbs."

ADHD IN WOMEN: A SYMPTOM CHECKLIST

ADHD in women often goes undiagnosed. Too many women grew up being called lazy, selfish, spacey, or dumb because their symptoms were ignored or disregarded. If you endured a childhood of insults and low self-esteem, take this self-test to see if you exhibit common symptoms of ADD. Then share the results with your doctor before seeking a diagnosis.

What Are the Signs of ADHD in Women?

Attention deficit disorder (ADHD or ADD) is not gender biased. ADHD symptoms exist almost as often in girls as they do in boys, and the majority of kids with ADHD never outgrow it. What's more, scientific research strongly suggests that ADHD is hereditary. Which means that, if you are the mother of a child with attention and impulsivity problems, chances are quite good that you have ADHD, too.

This revelation comes as a shock to most women who grew up assuming that ADHD is a diagnosis for hyper little boys. Indeed, it is not. ADHD in adults is very real. And ADHD exists in women, too.

According to the 5th edition of The Diagnostic and Statistical Manual of Mental Disorders, ADHD symptoms may fall into three subtypes: predominantly hyperactive, predominantly inattentive, and combined type. Inattentive ADHD symptoms are still largely misunderstood and misdiagnosed by medical professionals who mistake them for mood disorders, anxiety, or another related condition. Inattentive ADHD is also more common in girls and women than it is in boys and men. This is part of the problem.

How Is ADHD Diagnosed in Women?

Outdated diagnostic criteria and assumptions are also to blame for the low diagnosis rate among women and girls. To help combat that problem, we've compiled the following symptom checklist for women. If you suspect that you have or your daughter has ADHD, please answer the questions below and share the results with your mental-health professional — the only person who can officially diagnose symptoms of ADHD.

NOTE: This test is not intended to diagnose ADHD or to replace the care of a health care professional.

The more questions you answer in the affirmative, the more likely you are to have ADHD or ADD. Be sure to share your completed checklist with a doctor.'

ADHD Symptoms in Women

- Do you feel overwhelmed in stores, at the office, or at parties? Is it impossible for you to shut out sounds and distractions that don't bother others?
- Is time, money, paper, or "stuff" dominating your life and hampering your ability to achieve your goals?
- Do you often shut down in the middle of the day, feeling assaulted? Do requests for "one more thing" put you over the top emotionally?
- Are you spending most of your time coping, looking for things, catching up, or covering up? Do you avoid people because of this?
- Have you stopped having people over to your house because you're ashamed of the mess?
- Do you have trouble balancing your checkbook?
- Do you often feel as if life is out of control, and that it's impossible to meet demands?
- Do you feel like you're always at one end of a deregulated activity spectrum — either a couch potato or a tornado?
- Do you feel that you have better ideas than other people but are unable to organize them or act on them?
- Do you start each day determined to get organized, and end each day feeling defeated?
- Have you watched others of equal intelligence and education pass you by?
- Do you despair of ever fulfilling your potential and meeting your goals?
- Have you ever been thought of as selfish because you don't write thank-you notes or send birthday cards?
- Are you clueless as to how others manage to lead consistent, regular lives?
- Are you called "a slob" or "spacey?" Are you "passing for normal?" Do you feel as if you are an impostor?
- Is all your time and energy taken up with coping, staying organized, and holding it together, with no time for fun or relaxation?

ADHD & Rejection Sensitive Dysphoria

The emotional response to perceived or real failure or criticism can debilitate people with ADHD. Learn why — and how to manage these difficult feelings.

By William Dodson, M.D.

Rejection sensitive dysphoria (RSD) is extreme emotional sensitivity and pain triggered by the perception — not necessarily the reality — that a person with ADHD has been rejected or criticized by people in their life. RSD is not a formal diagnosis, but rather one of the most common and disruptive manifestations of emotional dysregulation — a common but under-researched and oft-misunderstood symptom of ADHD, particularly in adults. RSD is different than mood disorders, which are characterized by an unexplained, gradual shift in mood over weeks.

Dysphoria is the Greek word meaning unbearable; its use emphasizes the severe physical and emotional pain suffered by people with RSD when they encounter real or perceived rejection, criticism, or teasing. When the emotional response associated with RSD is internalized, it can imitate full, major depression complete with suicidal ideation that comes on so fast it is often misdiagnosed as rapid cycling bipolar disorder. When this emotional response is externalized, it looks like an impressive, instantaneous rage at the person or situation responsible for causing the pain.

Rejection sensitive dysphoria is not included in the DSM-V for ADHD, however, emotional dysregulation is one of the six fundamental features used to diagnose ADHD in the

ADHD & Rejection Sensitive Dysphoria

European Union. The DSM-V diagnostic criteria for ADHD avoids symptoms associated with emotion, thinking styles, relationships, sleeping, etc. because these features are hard to quantify. For clinicians who work with later adolescents and adults, the DSM-V criteria are not helpful because they ignore so much that is vital to understanding how people with an ADHD nervous system experience their lives — including rejection sensitive dysphoria.

One-third of my adult patients report that RSD was the most impairing aspect of their personal experience of ADHD, in part because they never found any effective ways to manage or cope with the pain.People with RSD tend to respond to feelings of rejection or failure in two ways:

1. **They become people pleasers.** This goal can become so dominant that the person loses sight of his or her own ambitions and goals in life.

2. **They stop trying.** Some very bright, capable people with ADHD and RSD stop exerting effort because doing so is so anxiety-provoking.

Signs of RSD

Individuals suffering from rejection sensitive dysphoria may exhibit the following behaviors:

- Sudden emotional outbursts following real or perceived criticism or rejection
- Withdrawal from social situations
- Negative self-talk and thoughts of self-harm
- Avoidance of social settings in which they might fail or be criticized (for this reason, RSD is often hard to distinguish from Social Anxiety Disorder)
- Low self-esteem and poor self-perception
- Constant harsh and negative self-talk that leads them to become "their own worst enemy"
- Rumination and perseveration
- Relationship problems, especially feeling constantly attacked and responding defensively

RSD Treatment

Psychotherapy is not a guaranteed solution, as RSD episodes tend to hit suddenly and without warning. However, it may be beneficial — especially if you're dealing with other symptoms of depression or anxiety.

Medication is sometimes used to treat RSD. The alpha agonist medications, guanfacine and clonidine, have been FDA-approved for the treatment of ADHD for decades, but were not directly associated with the terms of rejection sensitivity and emotional dysregulation. Nonetheless, the symptoms of RSD/ED can be significantly relieved with clonidine and guanfacine in about 60% of adolescents and adults.

There currently exists no formal research on using alpha agonist medications to treat symptoms of RSD or ED on patients with ADHD.

William Dodson is a board-certified adult psychiatrist who has specialized in adults with ADHD since 1994. He is now retired, but used to be in private practice in Denver, Colorado, at the Dodson ADHD Center.

ADHD 101 Teacher Card

Share this with your child's teacher so you're all on the same page. BY CHRIS A. ZEIGLER DENDY, M.S.

What Is ADHD?

- ADHD is a complex neurodevelopmental disorder
- 1 in 9 students is diagnosed with ADHD[1]

Types of ADHD[2]

- ADHD Predominantly Hyperactive and Impulsive: fidgets, blurts answers, acts out
- ADHD Predominantly Inattentive: (loses papers, distracted easily, processes information more slowly
- ADHD Combined Type: a combination of hyperactive/impulsive and inattentive symptoms

Challenges for Students with ADHD

- Paying attention/controlling impulses
- Time awareness/organization
- Writing, spelling, note-taking, long-term projects
- Social skills/controlling emotions

Strengths of Students with ADHD

- Creative/innovative
- Empathetic/caring
- Ability to focus on topics interesting to the student
- Energetic/assertive

ADHD at Different Ages

Many children diagnosed with ADHD are gifted and intelligent, but may lag behind peers in maturity by up to three years.[3]

AGES 5–9
Early Elementary

- Difficulty staying in seat
- Difficulty following directions
- Forgets to do homework
- Reading and writing tests take longer
- Difficulty getting started on assignments

AGES 10–13
Late Elementary-Middle School

- Executive function skills delayed
- Difficulty demonstrating knowledge on tests
- Difficulty with essays and reports
- Problems with organization/getting to class on time

AGES 14–20
High School-College

- Trouble getting started/planning ahead
- Feeling overwhelmed
- Unaware of grades/test scores
- Trouble working independently
- Rote memory problems

1 "Trends in the Parent-Report of Health Care Provider-Diagnosed and Medicated ADHD: United States, 2003—2011." (https://www.cdc.gov/ncbddd/adhd/features/key-findings-adhd72013.html)

2 Diagnostic criteria for ADHD from *DSM-5* (*Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association; https://www.cdc.gov/ncbddd/adhd/diagnosis.html)

3 https://www.nimh.nih.gov/news/science-news/2007/brain-matures-a-few-years-late-in-adhd-but-follows-normal-pattern.shtml

CHRIS A. ZEIGLER DENDY, M.S., is an educator, school psychologist, and mental health professional with 40 years of experience. She is the author of *Teenagers with ADD & ADHD: A Guide for Parents and Teaching Teens with ADD, ADHD, & Executive Function Deficits.*

Yale autism study's findings could help scientists develop treatment options

Autism spectrum disorder appears to be associated with an imbalance of excitatory neurons in the brain, according to a Yale-led study that could have implications for future treatment options.

The imbalance may manifest in opposite ways depending on the individual: Researchers identified two contrasting development pathways for autism: some of the study's patients were believed to have an excess of excitatory neurons while others showed a deficiency.

The findings, which in the future could help scientists develop personalized treatments for a disorder whose exact cause remains mysterious, mean researchers may have found two different subtypes of autism.

To carry out the research, scientists in Flora Vaccarino's lab at the Child Study Center of the Yale School of Medicine developed organoids, or clusters of cells that mimic early brain development. The first step was to collect tiny pieces of skin from the research subjects, Vaccarino said.

Vaccarino said her lab then reprogrammed the skin cells to transform them into stem cells, the raw material from which the body's specialized cells are derived.

When a fetus develops in an embryo, its stem cells differentiate into various types of specialized cells, such as those that make up the muscle, skin, blood and brain. Exposure to different concentrations of molecules determines a stem cell's future, Vaccarino said.

The stem cells developed by the lab contained the same genetic material as the patients from which the skin samples were taken, Vaccarino said. That enabled the lab to model how those patients' brains developed.

By exposing the stem cells to the correct materials, researchers guided them to develop into brain cells, said Alexandre Jourdon, an associate research scientist at the Yale Child Study Center and co-author of the study.

Given time, the cells would auto-organize into tiny structures called organoid, which consist of different types of brain cells, Jourdon said. The organoids, which Jourdon said ranged from a half-millimeter to several millimeters long, effectively functioned as miniature brain models.

It's "pretty much the blueprint of the brain that develops in a dish," said Vaccarino.

The lab analyzed the cellular makeup of the organoids, comparing the organoids derived from patients with autism with those derived from their fathers, who did not present with autism symptoms.

The father-child comparison was more meaningful because it reduced the genetic variability of unrelated individuals, according to Jourdon, who said the study included 13 patients.

The lab's analysis found two types of brain development abnormalities associated with autism. The organoids from those patients with autism who also had enlarged brains – a condition known as macrocephaly – had an excess of excitatory neurons as compared to their fathers, according to Vaccarino.

But the organoids from patients with a normal brain size developed fewer excitatory neurons compared to their fathers, Jourdon said.

Vaccarino cautioned that a drawback of their research is that it did not model brain development in individuals aged one or two, when autism typically is diagnosed. But she hopes the lab's work could be useful for treating autism in the future, noting the importance of using different treatments for different subtypes of disorders.

"When you find out that this is actually resulting in a complete opposite imbalance … then if you think of a drug that potentially could be used for correcting this, you can't put these two subtypes together," said Vaccarino.

A drug that dampens the excitability of cells might benefit patients with macrocephaly, Vaccarino said, but it might be less likely to help others.

"I'm just being hopeful that what we're doing, you know, leads to some better insight and better therapeutics," Vaccarino said. "If you don't know the cause, if you don't know the mechanism — the developmental mechanism — then it's pretty hard to find therapeutics."

In addition to Jourdon and Vaccarino, Feinan Wu and Jessica Mariano, all researchers in Vaccarino's lab, co-authored the study, which was published Aug. 10 in Nature Neuroscience. The Mayo Clinic's Alexej Abyzov, an associate professor of biomedical informatics, was a co-senior author, according to Yale News.

Should Autistic Children Be 'Trained' to Socialize?

The controversy around social skills programs.

One afternoon, I received an email from a doctor with a therapy request for a mother/daughter pair: “Self-esteem issues, anger, and resentment towards mother’s decisions she feels have adversely affected her life.” The daughter, Maya, was a beautiful, 20-something autistic college student; her mother was single, working full-time, and devoted to raising a neurodivergent daughter.

Maya’s parents had emigrated to the United States before Maya was born, and then her father left the family when she was 8. Maya's primary complaint, however, was her mother's decision to put her in social skills classes when she was young.

Maya had developmental delays as a toddler and was placed in ESL classes until she was identified as autistic. It was harder for an immigrant family to get a proper diagnosis, and her speech delays were often attributed to a language barrier. The special education system is a minefield to navigate, and it is usually highly educated white people with the resources to tackle it. Later, Maya would say she had felt discriminated against by her peers, and it took her a long time to trust anyone before she let them in.

Each session, Maya would protest, “I didn’t want to go to social skills. Why didn’t anyone leave me alone? I don’t care about being liked. I want to be understood.”

Maya hated the pressure in social skills classes to make friends with one another. It was difficult in real time to understand what others were thinking about her and expecting. She preferred to read books or watch children’s shows about making friends and then practice with her dolls on her own terms.

Her mother was remorseful and shared how listening to the experts seemed the right thing to do.

Maya’s reply was always the same,
“Did anyone ask me what I wanted?”

Years later, when my son was referred for social skills, I decided to do a deep dive into the topic. In the autism community, there are often different camps, and this was no exception.

On one side are parents of autistic children who are pained by their children’s social rejection and want to give them tools to be socially successful, as well as autistic adults who say they wished they’d had guidance to navigate the complexities of a social world they couldn’t decode.

On the other is perhaps a long overdue re-evaluation of the efficacy of social skills "training."

Most social skills programs are designed to teach neurotypical communication, thus encouraging "masking," or suppressing one's autistic traits. This modality further empowers the dominant culture to dictate the "correct" way to be. These programs make assumptions about "appropriate" and "inappropriate" behavior, often prioritizing eye contact, which can be overstimulating and even painful for autistic people and makes it difficult to take in auditory information.

One widely used social skills curriculum encourages modifying one's behavior to ensure others don't have "weird" thoughts about you. It puts the responsibility on the neurodivergent person to make others comfortable and emphasizes the importance of what non-autistic people think. Healthy relationships require authenticity.

Many traditional social skills programs also provide rote scripts that teach autistic kids what to say in given situations. Research shows that it is not the content of what autistic people say but how they present themselves that creates negative first impressions in neurotypical people (Sasson, 2017). No amount of social scripting will change how autistic people show up, and masking autistic traits comes at a significant emotional cost, leading to depression, anxiety, and suicidal ideation (Bradley et al., 2021). Passing as neurotypical should not be what determines self-worth.

The Therapist Neurodiversity Collective, an online group, talks about the dehumanizing nature of social skills training. Julie Roberts, its founder and an autistic speech pathologist, states, "The true lesson of training social skills teaches our students that unless they successfully mask their autistic traits, they are inherently less valuable members of the human race. Social skills training communicates conditional acceptance based on the conditions that non-autistic people determine" (Roberts, 2020).

Roberts does not, however, see a problem targeting perspective-taking goals, which "may include teaching children and teens to understand how and why neurotypical peers and adults act the way they do in various settings and situations" (Roberts, 2020). The autistic person can decide if they choose to use this knowledge. The key is consent and self-determination. In addition, she advises a neurodiversity acceptance educational program that targets awareness and acceptance among peers, employees, and family members.

The latter suggestion addresses the double empathy problem, a theory by autistic British researcher Damian Milton, who shows that social communication is only problematic when you put neurotypical and neurodivergent people together. Their different lived experiences make it difficult to empathize with one another. On their own, each group seems to socialize just fine. However, the onus is always on the neurodivergent group to learn the dominant paradigm rather than communication being a two-way street.

So how can we help autistic children make friends?

Many autistic therapists and parents are open to the idea that there are ways to create neurodiversity-affirming groups that are safe and sensory-friendly and teach interpersonal effectiveness, self-advocacy, conflict resolution, and problem-solving. A select few companies offer neurodiversity-affirming social skills programs created by autistic people that help children and teens understand their own communication styles and embrace who they are. Creating a positive identity and embracing their neurodiversity are some of the essential values.

A few years later, I checked in with Maya. During a college semester abroad, she interacted best with other students through a WhatsApp group chat, where she could use Google Translate to have conversations that felt more natural than in-person. However, she did say it was easier to interact with other autistic peers because she did not have to worry about how she would come across. “I’m still learning about myself. I still want to respect the (social) rules,” she told me. “But I also want to be treated fairly.”

She sent me a term paper she wrote titled “The Medicalization of Introversion.” She cited research on the importance of choice on when and how people spend time together. The research validated her experience that being forced to socialize led to the strongest "negative association with episodic (experiential) subjective well-being" (Uziel et al., 2022).

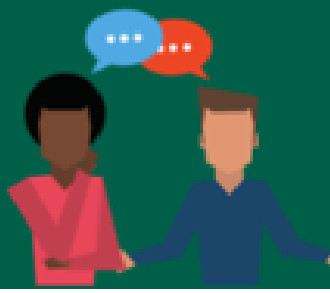
Ultimately, an equitable society is based on all sharing responsibility for mutual understanding.

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

“A people without the knowledge of their history is like a tree without roots.”

--

Marcus Garvey