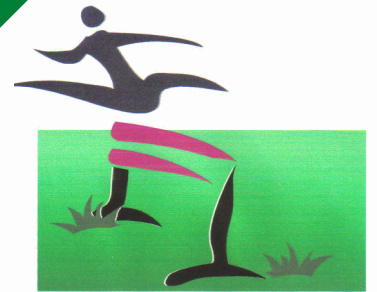


JUNE 2021 | ISSUE NO. 54

# BMC JOURNAL

The monthly newsletter of  
Behavior Management Consultants



## **'NO ONE'S EVER TALKED TO ME ABOUT THIS BEFORE'**

Social media creators are helping women and people of color identify possible symptoms of A.D.H.D., a disorder most often diagnosed in white boys.

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“When I was a kid, I had the sense things were more difficult for me,” Tiffany Bui recalled. It was hard for her to focus in school, and she was often forgetful. Throughout her life, she said, members of her family criticized these traits as faults.

In the fall of 2020, when she was a senior at the University of Minnesota, Ms. Bui, 21, was struggling with anxiety and depression. She visited the school’s health clinic, where she was prescribed an antidepressant, but her attention troubles persisted. When she later returned to the clinic, the doctor asked if she had considered that she might have attention deficit hyperactivity disorder, or A.D.H.D.

“I started reading up, just doing some self research about what A.D.H.D. looks like in women, and it was like, ‘Wow, no one’s ever talked to me about this before,’” Ms. Bui said. She wasn’t exclusively consulting medical websites; on social media, she saw posts from women talking about their experiences with A.D.H.D., which she said were “incredibly specific and so relatable.”

Ms. Bui was referred to a psychologist in Bloomington, Minn., where she sat for a neurological assessment sometimes used for diagnostic purposes, most often in children; it included word association tests, math problems and pattern-recognition exercises. Finally, following a lifetime of symptoms, Ms. Bui was diagnosed with inattentive A.D.H.D. (A.D.H.D. falls on a spectrum of three “types”: inattentive, hyperactive or combined type. Inattentive is used to describe symptoms like forgetfulness and other traits related to concentration.)

Ms. Bui’s story is not uncommon: Many women and people of color are only now learning, after years or even decades of difficulty, that they may meet the diagnostic criteria for A.D.H.D., thanks in part to a wave of creators on social media trying to spread awareness.

These creators are sharing webcomics (like Pina Varnel, 31, who is known as the A.D.H.D. Alien on Twitter), videos (Dani Donovan, 30, does so on TikTok, and Jessica McCabe, 38, on YouTube), newsletters (like 26-year-old Rach Idowu’s *Adulting With A.D.H.D.*), blogs (such as 36-year-old René Brooks’s *Black Girl Lost Keys*) and memes (“tell me you have A.D.H.D. without telling me you have A.D.H.D.”) that aim to help people identify symptoms and find community.

Dr. Lidia Zyłowska, a psychiatrist and the author of *“Mindfulness Prescription for Adult A.D.H.D.”*, said that she had not observed an uptick in women of color being diagnosed with A.D.H.D. However, she noted, “there is an increasing trend in awareness in the A.D.H.D. field and the general public that people of color, and especially girls and women of color, may be overlooked and not given the A.D.H.D. diagnosis and treatment.”

Though medical researchers found, in a recent review of more than 300 studies, that A.D.H.D. was overdiagnosed (and overmedicated) in children under the age of 18, those diagnoses skewed toward certain demographics. White children are more likely to receive diagnoses and treatment for A.D.H.D. than children of color, as diagnostic models have long been based on research focused on young white boys.

Symptoms of the disorder may present differently in girls, and the emotional toll can be intense; one longitudinal study focused on girls and young women found that subjects who had been diagnosed with A.D.H.D. as children showed marked impairment 10 years after their diagnoses, including a high risk of self-harm.

“Eventually you hit a wall academically or professionally, and then you need to address all of these layers of built-up failed coping strategies,” said Leah Islam, 28. Mx. Islam had struggled with depression since age 13 but did not receive an A.D.H.D. diagnosis until turning 21. Their parents hadn’t supported their search for mental health care; it wasn’t until recently that Mx. Islam began discussing medication with their mother.

For some people, A.D.H.D. content represents a step toward identifying or explaining the ways they have felt different. It has also helped them advocate for their own evaluations; because A.D.H.D. is thought to be diagnosed in childhood, getting evaluated as an adult can be challenging (especially for people of color, who face implicit bias when seeking health care). People with A.D.H.D. are also more likely to be unemployed and therefore uninsured.

When Ms. Idowu, who lives in England, sought a referral for an evaluation through the U.K.’s National Health Service, her family’s general practitioner said that she didn’t match the profile of a person with A.D.H.D.



**Pina ✨ ADHD Alien Comic**  
@ADHD\_Alien



I used to think I can't have ADHD because I wasn't hyperactive.

Not everyone can allow themselves to act on their hyperactivity, so we find ways to redirect or hide the understimulation.

(Sneak introduction to the new inattentive Alien! A homage to a collab I did with René ❤️)

Ms. Idowu had read on Reddit about the difficulties of getting an evaluation and had come prepared with anecdotes from her childhood, as well as more recent workplace examples. She was given a referral, and nine months later she was able to see a specialist. Her most popular newsletter edition details this process; some subscribers told her it helped them navigate their own diagnostic processes.

A.D.H.D. has been diagnosed in 9.4 percent of children in the United States, according to a 2016 study from the Centers for Disease Control and Prevention, with rates rising in the past two decades. It is debated whether children grow out of it in adulthood, an attitude that is evolving as recent research shows diagnostic rates growing rapidly among white adults.

By adulthood, many without a diagnosis or treatment have spent years feeling isolated or different. Dr. Courtney Pflieger, a private-practice psychologist who herself has A.D.H.D., said that people with the disorder often experience negative feedback as adults. “It really feeds: ‘What’s wrong with me, I must just be broken,’” she said.

Ms. Bui’s own symptoms went unnoticed for years because she was able to do fine in school. Like many others who aren’t diagnosed until adulthood, she was “masking” her symptoms — adapting to neurotypical behaviors and standards in order to fit in. (Masking forgetfulness, for example, might mean privately relying on a bulwark of organizational strategies — like setting phone alarms for every step of doing laundry.) She still doesn’t feel comfortable telling her family about her diagnosis.

Though the internet has been a tool for visibility and education, it is also full of dubious information — young adults who attribute abilities like being able to “unfocus” their eyes to A.D.H.D., for example — and people engaging in self-serving performance. The A.D.H.D. hashtag has over 2.7 billion views on TikTok, and the popularity of the genre incentivizes creators to churn out content, with some people adding the hashtag to unrelated videos to boost their visibility. This is part of the platform’s broader issue of unmoderated mental health content, where videos can gain popularity regardless of accuracy.

All of which is to say: No one should decide they have A.D.H.D. after watching a TikTok video, as the symptoms mentioned may be inaccurate or imprecise.

“I am hesitant about self-diagnosis, because there are so many things that overlap with A.D.H.D. that can look like A.D.H.D.,” Dr. Pflieger said. “I want people to feel free to develop suspicions. I want people to have that space to be able to hold the question and not be penalized for it.”

“You have to be very careful about looking it up on the internet, because there’s no quality control,” said Dr. Sandra Loo, an associate professor in residence at U.C.L.A.’s Center for Neurobehavioral Genetics

Some content creators’ work has been embraced by advocacy groups and medical professionals



**René Brooks | Black Girl, Lost Keys | ADHD**  
@blkgirllostkeys



Being diagnosed with ADHD as an adult is equal parts relief and regret.

11:49 AM · Jan 14, 2021



as a form of outreach. Ms. Donovan’s comics have been shared on the website for the A.D.H.D. nonprofit Children and Adults with Attention-Deficit/Hyperactivity Disorder, as well as in the organization’s magazine and on its social media pages. Psychiatrists and clinical psychologists have asked if they can use her comics in presentations for staff or as part of training for schoolteachers about A.D.H.D. in children.

The creators say they take fact-checking seriously, though they are quick to note that people seeking help should consult professionals. “I feel very responsible to make sure the experiences I share are correct, and that the knowledge I share is backed by science,” Ms. Varnel said, adding that her Twitter account is making the information “easy to digest.” “I see my work more as a

first step and an encouragement to seek a professional opinion or further education.”

“If you’re going to be an A.D.H.D. creator, you have to be devoted to being accurate and ethical,” Ms. Brooks said. “People place a huge amount of faith in us.”



## WHAT TO KNOW ABOUT EXERCISE AND ADHD

Attention deficit hyperactivity disorder (ADHD) is a mental health condition that can cause a range of symptoms, including difficulty concentrating and impulsive behaviors. Regular exercise may be beneficial for managing behavior and improving cognitive function.

A person with untreated ADHD may find it hard to maintain attention, control their impulses, and manage their energy levels. Doctors may give people with ADHD various treatments, including medication, behavioral management techniques, and other strategies, which may involve exercise.

Mental health practitioners may recommend physical exercise alongside medical or therapeutic treatment options. Both cardiovascular and noncardiovascular exercise show some promise as treatments for ADHD symptoms. However, regular exercise does not automatically mean that a person will see improvements in all aspects of the condition.

In this article, we look at whether exercise can help with ADHD. We also explain how often people should exercise and suggest some activities for people to try.



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# Does exercise help with ADHD?

Regular exercise is important for everyone, as it helps keep the body healthy, boost mood, and improve quality of life. However, a 2020 article notes that a growing body of research suggests that exercise may be especially helpful for people with ADHD. It may offer these individuals several benefits, including:

- reduced impulsivity
- reduced hyperactivity
- improved attention control
- enhanced executive functioning

A 2017 meta-analysis researching the link between ADHD and exercise found helpful effects for both cardiovascular and noncardiovascular exercise.

Cardiovascular exercises, such as jogging, cycling, and swimming, raise the heart rate for the duration of the exercise to increase the breathing rate and make the body sweat. Conversely, while noncardiovascular exercises still engage the body, they do not consistently raise the heart and breathing rate and make the person sweat. Examples include strength training, tai chi, and yoga.

The researchers conclude that moderate intensity cardiovascular exercise may help reduce ADHD symptoms in both children and adults. They also note that although noncardiovascular exercise may improve cognitive and motor functions in children, there is not yet enough strong evidence to confirm these benefits.



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# How does it help with ADHD?

While multiple factors may contribute to ADHD, research suggests that people with ADHD have structural differences in certain areas of the brain. These differences may cause the brain to respond differently to neurotransmitters, such as dopamine and norepinephrine. Both of these brain chemicals play vital roles in thinking and attention.

Some medications that doctors may prescribe to treat ADHD can help increase the supply of these neurotransmitters in the brain. Exercise has a similar effect to stimulant medication, in that it can boost neurotransmitter levels in the brain, which may help relieve ADHD symptoms.

A 2020 article notes that in animal models of ADHD, both single bouts of exercise and longer phases of regular exercise cause changes in neurotransmitters in the brain. In humans, the results seem to vary more, with the type and duration of exercise both having an effect.

A 2017 meta-analysis notes that exercise influences various factors in the brain that may bring about these beneficial effects. In addition to decreasing the levels of stress hormones, it may increase:

- vagal nerve stimulation
- neurotransmitters, such as serotonin and dopamine
- brain-derived neurotrophic factor
- neuroplasticity
- blood flow to the brain

The research also notes that many of these effects may be cumulative. If this is the case, it means that the longer a person exercises over time, the more the brain will adapt to these changes to produce better results.

# What exercises are good for ADHD?

Doctors may recommend doing particularly engaging or stimulating cardiovascular activities. These activities may help engage the person's brain more, keep them from getting bored, and increase the cognitive benefits they get from the activity. Depending on the person's interests, both team and individual sports might fall into this category. For example, some people may enjoy sports in which they must constantly follow a ball and judge where it will go and how they should move it. Examples include soccer, basketball, and tennis.

Many other complex team sports may engage the brain and body in a similar way. A person could try:

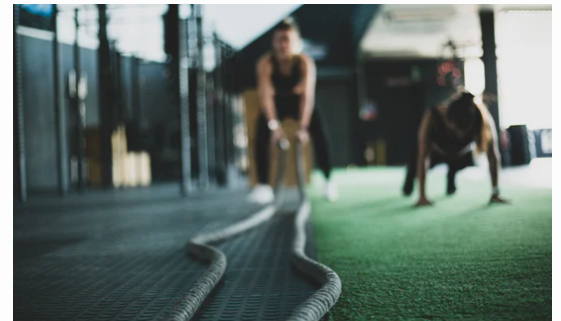
- football
- rugby
- lacrosse
- hockey
- rowing
- volleyball
- water polo



For others, individual workouts or routines that are stimulating may help minimize symptoms. For example, martial arts may provide cardiovascular exercise while adding the stimulation of trying to outthink an opponent or remember a set of moves. Dance routines or dance-based exercises that give the person choreographed steps to follow while working out may be both entertaining and engaging.

Many individual workouts can fit this description, including:

- gymnastics
- rock climbing or bouldering
- mountain biking
- hiking
- high intensity interval training (HIIT)
- board sports, such as skateboarding or snowboarding



Personalizing the type of cardiovascular exercise to suit an individual's tastes may help them stick to their exercise regimen.



# ADHD from Childhood to Adulthood: Can You Grow Out of It?

For many children, symptoms of ADHD evolve as they grow older.

Hyperactivity and inattention can be normal parts of childhood. When those symptoms are persistent and interfere with daily life, your child may be living with ADHD.

Attention deficit hyperactivity disorder (ADHD) affects approximately 6.1 million U.S. children from ages 2 to 17 years. It's a mental health condition with symptoms of impulsivity, hyperactivity, and inattention.

ADHD begins at an early age. If you've been diagnosed with ADHD as an adult, you've most likely lived with it since you were a child.

ADHD also changes with age. For some children, this means they may "grow out" of ADHD as primary symptoms decrease.

Most children with ADHD will no longer meet the diagnostic criteria as adults, but just under one-third of them do. Meanwhile, research reports that around 1 in 50 adults live with ADHD, though the number could be higher.

How ADHD changes: From childhood to adulthood

ADHD symptoms can be different during the various stages of your life. What you experience as a child can change when you hit your teens and adulthood.

## ADHD in children

In very young children, hyperactivity and impulsivity are the most common symptoms of ADHD.

Young children are more likely to be active — even while learning — and this can make action-based ADHD behaviors more obvious than those of inattention.

Children with symptoms related to hyperactivity and impulsiveness may be those that:

- fidget
- talk nonstop
- have difficulty waiting

If your child lives with ADHD, you may feel like they never stop moving. They "go a mile a minute" and may seem like they have endless energy.

Symptoms of ADHD in young children may be interpreted as misbehavior if a child is always interrupting or seems impatient.

If you have more questions about what ADHD might mean for your child, here are 12 FAQs that could help.

## ADHD in teens

As children grow older, inattentiveness often replaces hyperactivity related to ADHD.

The teenage years can bring on more responsibility. Kids start planning ahead for assignments, preparing for exams, or shouldering more chores at home.

They often feel pressure to focus more and show more self-control. This may bring out symptoms of inattention, such as forgetfulness. Impulsiveness may also influence risky behavior. Research suggests teens with ADHD are more likely to be involved in substance use.

Those with untreated ADHD also have higher rates of alcohol-related driving accidents, license suspensions, and traffic violations, according to one study.

## ADHD in adults

Living with ADHD as an adult may be very different from living with this condition as a child.

You may find your ADHD symptoms become less severe or noticeable once you reach adulthood.

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# ADHD from Childhood to Adulthood: Can You Grow Out of It?

What started off as a need to run around the classroom as a child may now mean you're easily distracted and forgetful as an adult. Just because your ADHD symptoms as an adult might not be as obvious to those around you doesn't mean they have less of an impact on your life.

ADHD may affect your outlook on life, your career, and your personal relationships.

## What ADHD symptoms change in adulthood?

In adults with ADHD, symptoms are often less severe than they were during childhood.

Hyperactivity is the main symptom that declines with age. Behaviors tend to become less extreme and more manageable. Instead of jumping off furniture, you might be more inclined to pace the room.

Adults living with ADHD often experience more subtle [ADHD symptoms](#), such as:

- disorganization
- forgetfulness
- trouble with time management
- procrastination
- distraction
- impulsive decision making

What does growing out of ADHD really mean?

When symptoms of ADHD become more manageable, you may feel as though you've grown out of the condition.

In fact, most adults who were diagnosed with ADHD as children don't meet the diagnostic criteria once they hit adulthood.

As far as symptoms go, this may mean you've "outgrown" ADHD.

But the physical evidence of this condition might not be something you can leave behind with childhood.

According to research, ADHD causes differences in the caudate nucleus of the brain. These changes persist as you age, even when ADHD symptoms aren't present.

The caudate nucleus is associated with learning, memory, and communication. Abnormalities in this region of the brain could continue to cause long-term effects.

While it might be possible to outgrow certain symptoms of ADHD, the brain differences associated with ADHD will likely remain.

Getting an ADHD diagnosis as an adult

ADHD emerges in childhood, so getting a diagnosis as an adult may come as a surprise.

This doesn't mean you suddenly developed ADHD, but it does mean early symptoms likely went unnoticed.

Not all children have obvious behaviors related to hyperactivity and impulsiveness. Some children are quieter and may experience more symptoms of inattentiveness.

As a parent or supervising adult, noticing inattention in a preschooler may not be as easy as noticing excessive talking or boundless energy.

Now, as an adult, you might be wondering if your feelings of restlessness and absentmindedness are something more than stress.

A licensed mental health professional can help you determine if symptoms you're experiencing may be ADHD.

# ADHD from Childhood to Adulthood: Can You Grow Out of It?

While there's no single test to determine if you're living with adult ADHD, a series of questions can help explore your symptoms.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a guide used by professionals to help diagnose mental health conditions, sets guidelines for adult ADHD diagnosis.

According to the DSM-5, receiving an ADHD diagnosis as an adult means you must:

- have symptoms that interfere with day-to-day life
- have symptoms in two or more settings, like your home, office, or school
- have at least five symptoms of either inattention, hyperactivity-impulsivity, or both
- have at least three symptoms show up before age 12

ADHD may share symptoms with other health conditions. Your doctor can help you rule out physical and mental conditions, such as thyroid problems, depression, or anxiety disorders.

You can also get a deeper dive on adult ADHD here if you'd like to learn more.

## Let's recap

ADHD affects people of all ages.

While it's possible to outgrow symptoms related to this condition, any brain differences may persist into adulthood.

Living with ADHD doesn't mean you have to accept unwanted symptoms. Treatment is possible with options like medication, behavioral therapy, or a combination.

In addition to professional care, you can help manage the symptoms of ADHD by:

- creating a routine
- keeping choices simple
- focusing on positive rewards
- maintaining a healthy lifestyle
- finding helpful ways to stay organized
- eliminating distractions before starting a task
- joining a support community

You don't have to feel like ADHD controls your life. Understanding the condition and seeking care from a trusted professional can help make a difference.



# ODD in Children: A Parent's Behavior Management Guide

A central but often overlooked feature of ODD in children is the drive to thwart and defeat anyone in a perceived position of authority. This can make ODD a devastating illness for families. ODD treatment does exist, but it's neither quick nor easy.

Oppositional defiant disorder (ODD) is characterized by persistent patterns of anger and irritability, argumentative behaviors, and vindictiveness toward others. ODD is listed as a childhood disorder but it commonly persists into adult life and continues to be highly impairing with symptoms impacting a person's functioning and causing significant distress to family, friends, and educators. ODD is also commonly associated with other disorders, especially ADHD.

Families impacted by ODD can often feel alone and unsupported in their struggles. They might even wonder if treating the disorder and other existing conditions is possible under the circumstances of extreme defiance. Interventions are indeed available for ODD in children, but it is critical for families to understand the facets of the disorder, including how disruptive behaviors actually play out in daily life, and their potential impact on family dynamics and even quality of treatment and care.

## What is ODD?

ODD is listed under the DSM-5's disruptive behavior disorders category. To merit a diagnosis, a patient must exhibit at least four of the symptoms outlined below that demonstrate a pattern of angry or irritable mood, argumentative or defiant behavior, or vindictiveness for at least six months with at least one individual who is not a sibling:

### Anger or Irritable Mood

1. Often loses temper
2. Is often touchy or easily annoyed

### Argumentative or Defiant Behavior

4. Often argues with authority figures or, for children and adolescents, with adults
  5. Often actively defies or refuses to comply with requests from authority figures or with rules
  6. Often deliberately annoys others
  7. Often blames others for his or her mistakes or misbehavior
- ed
3. Is often angry and resentful

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# ODD in Children: A Parent's Behavior Management Guide

## Vindictiveness

8. Has been spiteful or vindictive at least twice within the past 6 months

These behaviors are associated with distress in others but the individual usually does not see their behaviors as wrong, unjustified, and harmful to others. The behaviors can also severely impact social, educational, and familial areas of functioning.

While ODD has an estimated prevalence of 10 percent, it occurs in about half of children with ADHD, making it one of the most common disorders occurring with ADHD.

## ODD in Children: The Reality

The DSM-5's description of ODD (as with many other disorders) fails to truly capture its breadth. It effectively ignores a central feature of ODD: that the person is genetically and neurologically hardwired to thwart, frustrate, antagonize, and defeat anyone whom they perceive in a position of authority. This is the feature that destroys the individual's ability to create or sustain relationships, that alienates them, that makes treatment difficult, and that can ultimately crush families.

The person with ODD is also willing to suffer severe consequences for their disruptive behaviors. The goal is not so much to score a "win" over the authority figure, but to bring them down, defeat, thwart, and humiliate the authority figure. The mere perception of authority can, therefore, change the behavior of an individual with ODD from agreeable and mild-mannered to hostile.

Even then, ODD doesn't always manifest in overt displays of negative behaviors. Disruptive behaviors, especially thwarting an authority figure's efforts, can be covert. People with ODD are not always "up in your face." They may be disguised, for example, as pseudo-compliance. For example, they may agree to do something but have no intention of ever doing it. They may agree to take their medication only to cheek the pill and spit it out later.

What's more, people with ODD typically do not regard themselves as oppositional or defiant. They often justify their behaviors as a response to unreasonable demands or provocation from the person in authority. As such, there is often no remorse or discomfort involved with these disruptive behaviors.

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# ODD in Children: A Parent's Behavior Management Guide

## Dealing with ODD: Behavior Management and Medication

Can ODD in Children be Managed?

Parents often assume that ODD can be wholly reined in. But the uncomfortable truth is that ODD doesn't work like this. The reality is that the individual with ODD often has the upper hand. Even in treatment, they might sabotage parent and clinician efforts by feigning compliance ("I agreed to give it a try, but it doesn't work for me"), by diverting attention away from the topic, by picking fights, and other methods. Showing enthusiasm for any intervention often triggers the patient's urge to defeat it. (Children and adolescents with ODD are not the only ones who may thwart treatment; given ODD's heritability, it's possible that one parent or family member also has the disorder and secretly sabotages everything the other parent tries to do.. The oppositional behaviors, therefore, may even come from them!)

And while ODD symptoms do improve over time for the majority children, the disorder is a strong predictor for conduct disorder<sup>1</sup>, characterized by behaviors that can include aggression toward people and animals, destruction of property, deceitfulness and theft, and rule breaking. ODD's genetic aspect<sup>2</sup> also means that the condition is unlikely to resolve on its own, and psychotherapy alone is typically only so effective.

Early intervention and treatment in the form of behavior therapy and medication, therefore, are critical for addressing ODD and managing its impact on the individual and others.

## Medications for ODD

While there are currently no FDA-approved medications to treat ODD, clinicians commonly prescribe a series of medications off-label that can dramatically impact symptoms. Which medications are prescribed often depend on co-existing conditions.

## Behavior Management Therapy for ODD

Behavior therapy and psychosocial treatment are essential components of ODD treatment. Medication can work to minimize symptoms, but patients and families still need to learn techniques and strategies to manage behaviors. Some effective programs for children and adolescents with ODD include:

- Defiant Children: A Clinician's Manual for Assessment and Parent Training (3rd Edition) (#CommissionsEarned). Created by Russell Barkley, Ph.D.,
- The Real Economy System for Teens – R.E.S.T. (#CommissionsEarned) by David B. Stein, Ph.D. and Edward Smith.

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# ODD in Children: A Parent's Behavior Management Guide

## Dealing with ODD in Children: The Bottom Line

The very nature of ODD can make patients fight against and even sabotage any plan to address symptoms. Even if they seem in compliance, patients may lie about actually taking medication; report intolerable, impossible side effects; or otherwise try to thwart interventions. After all, people with ODD seldom see themselves as even having a disorder at all.

With ODD, families and clinicians must understand that good patients are made – not born. It can take years to see adherence and progress, and improvement requires enormous amounts of patience. The process can be aided by reflecting back to the patient the unavoidable consequences of their behaviors over time until they can begin to see patterns and their own role in negative situations.

It is also important for families to remember that ODD is an illness. Focusing on blame and fault will certainly discourage adolescents and adults with ODD from participating in treatment, and it may even fuel symptoms. Rather than framing behaviors as right or wrong, it can help to question the individual on whether their behaviors are actually working for them (the answer, of course, is no). These questions can eventually get the person to at least try an intervention in earnest – for themselves.



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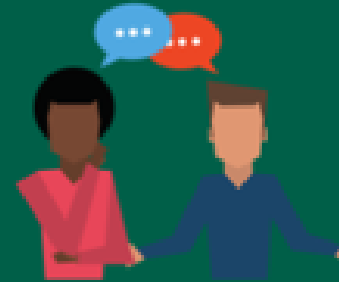
IF YOU NEED  
HELP, PLEASE  
MAKE THE CALL



GET THE SUPPORT  
YOU NEED



YOU ARE NOT  
ALONE



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1-800-799-7233

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



Coalition for the  
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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
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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**

“Truth is powerful and  
it prevails.”  
Sojourner Truth



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