

Teaching Children with Bipolar Disorder

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What is Pediatric Bipolar Disorder (PEA-BD)?

Early onset Pediatric Bipolar disorder (in the past known as manic-depressive disorder) is a serious but treatable medical illness. It is a complex disorder that reflects a complex interplay between biological agents (dopamine in the brain), psychological agents (expectations and perceptions) and stress agents (changes, transitions, conflicts). It is marked by extreme changes in mood, energy, thinking and behavior. Symptoms may be present since infancy or early childhood, or may suddenly emerge in adolescence or adulthood. The lifetime mortality rate for bipolar disorder is higher than some childhood cancers.

Until recently, this disorder was rarely diagnosed for children. Many psychiatrists today still believe it cannot be diagnosed in children. This is one reason that limited information exists in how this disorder manifests itself in children. In addition, there have been limited empirical studies identifying what is most effective when treating children. However, a growing number of doctors and professionals can now recognize and treat bipolar disorder in young children and more research has been conducted to help us help these children.

How common is bipolar disorder in children?

The exact number of children who are suffering with this disorder is not known, because epidemiological studies have been lacking. However, it is estimated that bipolar disorder affects an estimated 1-2 percent of adults worldwide. It is suspected that a significant number of children diagnosed in the United States with ADHD have early-onset bipolar disorder instead of, or along with ADHD. A significant portion of the 3.4 million children and adolescents with depression in the United States may actually be experiencing early onset of bipolar disorder, but have not yet experienced the manic phase of the illness.

What are the symptoms of bipolar disorder in children?

Bipolar disorder involves marked changes in mood and energy. A child may exhibit extreme elation or agitation accompanied by high energy levels and possible destructive tantrums, which is called mania (unlike adults who may be overly happy and elated when in a manic state). Persistent states of extreme sadness or irritability, being whineier, hard on oneself, swearing, disrespectful, threatening, and accompanied by low energy levels, is called depression. Children can experience severe and sudden mood changes many times a day.

Symptoms of mania and depression can also occur simultaneously. Children with this disorder are frequently anxious and have very low frustration tolerance.

It is important to note that the illness may look very different in children than it does in adults. Children usually have an ongoing, continuous mood swings that are a mix of mania and depression. These swings can happen within an hour, day or week, unlike in adults where the cycles tend to be much longer. This rapid cycling between moods produces chronic irritability and limited times of wellness between episodes. Over time a child may suffer more frequent (more rapid cycling) and more severe manic and depressive episodes than those experienced when the illness first appeared. Proper treatment can help reduce the frequency and severity of episodes and can help people with bipolar disorder maintain good quality of life.

Some specific symptoms that parents with bipolar children report are:

- ❑ Elevated or irritable mood
- ❑ Extreme sadness or lack of interest in play or others
- ❑ Crying for no reason
- ❑ Rapidly changing moods lasting a few hours to a few days
- ❑ Explosive, lengthy and often destructive rages
- ❑ Separation anxiety
- ❑ Defiance of authority
- ❑ Hyperactivity, agitation, and distractibility
- ❑ Sleeping little or alternatively sleeping too much
- ❑ Bed wetting and night terrors
- ❑ Impaired judgment, impulsivity, racing thoughts, and pressure to keep talking
- ❑ High risk behaviors (jumping off roofs, out of cars)
- ❑ Inappropriate or precocious sexual behavior
- ❑ Grandiose belief in own abilities that defy the laws of logic

Treatment

Bipolar disorder is a chronic, lifetime condition that can be managed, but not cured, with medication and lifestyle changes. Because the symptoms come and go, and children's bodies change as they grow, managing medication to ensure continued stability is a complex and ongoing challenge.

A good treatment plan includes medication, close monitoring of symptoms, education about the illness, psychotherapy for the child and family, stress reduction, good nutrition, regular sleep and exercise, and participation in a network of support.

Educational needs

A child diagnosed with bipolar disorder means the child has a significant health impairment (such as diabetes, epilepsy or leukemia) that requires ongoing medical management. The disorder and medications used to treat it can affect a child's attendance, alertness and concentration. They may have greater sensitivity to light, noise and stress. Children may also have changes in motivation and energy available for learning. The child's functioning can vary greatly at different times throughout the day, season, and school year.

The Child and Adolescent Bipolar Foundation suggest the following strategies for teaching a child with Bipolar Disorder:

- ❑ Flexibility to adapt assignments, curriculum and presentation style as needed.
- ❑ Patience to ignore minor negative behaviors, encourage positive behaviors, and provide positive behavioral choices. Most important is the ability to stay calm and be a model of desired behavior.
- ❑ Good conflict management skills to resolve conflict in a non-confrontational, non-combative, safe, and positive manner.
- ❑ Receptivity to change and to working collaboratively with the child's parents, doctors, and other professionals to best meet the needs of the child.
- ❑ The ability to laugh at oneself and at situations. Teachers who can laugh at their own mistakes, and bring fun and humor into the classroom reduce the level of stress that students feel.

The most important factor in these children's success is the way adults respond to and work with them. The teachers who work best with these students are resourceful, caring, calm and know how to work positively with children's shifting moods and cognitive weaknesses. Praise, encouragement, and key words elicit positive behaviors, while negativity helps the child spin out of control.

Accommodations

Suggested accommodations for children with bipolar disorder include:

- ❑ Small class size
- ❑ Seating with few distractions, providing a buffer space and model children.
- ❑ Prior notice of transitions or changes in routine.
- ❑ Back and forth communication between home and school
- ❑ Consistent scheduling that includes planned and unplanned breaks.
- ❑ Scheduling the student's most challenging task at a time of day when the child is best able to perform, allowing for medication related tiredness, hunger etc.

- ❑ Homework reduced or excused and deadlines extended when energy is low
- ❑ A safe place at school where the child can retreat when overwhelmed.
- ❑ A designated staff member to whom the child can go as needed
- ❑ Unlimited access to the bathroom
- ❑ Unlimited access to drinking water
- ❑ Annual in-service training for teachers by child's treatment professionals

Specifics recommendations for some children:

1. Find the child's strengths and point them out to him. This disorder takes a toll on a child's self esteem.
2. Notice when the child has low energy levels or high ones and communicate these observations to parents and therapist. Sometimes a cycle may be beginning and we miss the early warning signs.
3. Notice when the child seems more irritable or giddy and communicate to parents and therapist. Again, this is critical to identifying any potential patterns of behavior in order to monitor his condition.
4. Defiance and aggression are probably the most challenging moods to manage. The best strategy for addressing these behaviors is to not take it personally. Keep your composure and do not get involved in power struggles. Remain a positive model. If the child says something rude, do not threaten to punish him or her. Try to hear this kind of response as a request for help. The child just cannot verbalize that they can't handle what is happening.
5. Be firm and consistent when possible.
6. Give the child choices and have him participate in problem solving. For example, the child might say, "I don't want to go to gym today." Let him know you heard him (empathy) and reassure him that you are not going to say "no." You can then ask him simply "What's up?" He may say he just doesn't want to go to gym and that's final. You then can tell him what your concern is i.e. the class is going to gym and you don't want to leave him alone. Ask him how both of your concerns could be addressed. When you find a mutually agreeable solution to both of your concerns, go for it! Please note, asking a child if he wants to sit in the class or go to gym is not collaborative problem solving. You are giving him your choices and not hearing his concern.

7. Do not give ultimatums or threats. This can easily force a child to make poor choices.
8. When he seems to want more attention, greet him as he enters the room, give him opportunities to work with other students and acknowledge him when he stays on task.
9. If the child is becoming more irritable, allow him to go to a predefined safe place. This should be done in a discrete way so as to not disrupt the class or make a scene.
10. Note that situations involving physical contact, competition, and perception of fairness, are triggers for many children to get aggressive.
11. Limit those classes that are triggers, i.e. gym, music, recess.
12. Notify the parents of any changes in routines, class projects, etc.
13. Continue to monitor the child closely at recess.

Contact Information

Resources

Books:

Parenting a Bipolar Child: What to do and Why Gianni L Faedda MD and Nancy B. Austin PsyD

The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder (3rd edition) Demetri Papolos, MD and Janice Papolos

The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children Ross W. Greene, PhD

Understanding the Mind of Your Bipolar Child: The Complete Guide to the Development, Treatment and Parenting of Children with Bipolar Disorder Gregory T. Lombardo, MD PhD

Websites:

Child & Adolescent Bipolar Foundation www.bpkids.org

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National Institute of Mental Health
Bipolar information
Dr. Papolos' web site

www.nimh.nih.gov/publicat/bipolar.cfm
www.bpinfo.net
www.thebipolarchild.com

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