

Evidence Based Practices in School Mental Health: Bipolar Disorder

Background Information

It was once believed that Bipolar Disorder only existed in adult populations; however Bipolar Disorder also exists among children (Papolos & Papolos, 1999).

Bipolar Disorders (DSM-IV)

- Bipolar I Disorder is characterized by one or more Manic or Mixed episodes, usually accompanied by Major Depressive Episodes
- Bipolar II Disorder is characterized by one or more Major Depressive Episodes accompanied by at least one Hypomanic Episode. Hypomania is a more mild to moderate form of mania
- Bipolar Disorder Not Otherwise Specified includes disorders with bipolar features that do not meet criteria for any of the specific Bipolar Disorders defined above

A Manic Episode may include the following symptoms:

1. inflated self-esteem or grandiosity
2. decreased need for sleep
3. more talkative than usual or pressure to keep talking
4. flight of ideas or subjective experience that thoughts are racing
5. distractibility
6. increase in goal-directed activity or psychomotor agitation
7. excessive involvement in pleasurable activities that have a high potential for painful consequences

Other symptoms include:

1. Extreme elevated moods alternating with depressed or irritable moods
2. Unusual or erratic sleep patterns

3. Difficulty settling as babies
4. Suicidal ideation
5. Oppositional or defiant behavior and extreme irritability.

Sometimes Manic or Depressive Episodes are so severe that they are accompanied by psychotic symptoms. (Adapted from the Children's Mental Health Facts: Helping Children and Youth with Bipolar Disorder: Systems of Care (2005). Distributed by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.)

Characteristics of Childhood Bipolar Disorders

Childhood Bipolar Disorder, also known as early-onset bipolar disorder, presents differently in children than how it presents in adults. While adults tend to exhibit a classic pattern of mood swings, children tend to have a more chronic course of illness with varying cycles of mania and depression. Changes in mood tend to cycle much more rapidly in children. Children with Bipolar Disorders often share common characteristics including irritability, oppositionality, and explosive rage (Papolos & Papolos, 1999). Childhood Bipolar Disorder may coexist or overlap with several other disorders such as ADHD, Oppositional Defiant Disorder (ODD), anxiety disorders, and Tourette's among others (Papolos & Papolos, 1999). Ideally a qualified mental health professional should diagnose and treat children with bipolar disorders (Papolos & Papolos, 1999).

Disclaimer

The information gathered for this evidence-based practice sheet is a summary of common practices and/or programs with a strong research base and definitions found in recent literature. This summary is by no means a comprehensive representation of all information, definitions, programs, and standards to be found. In addition this information is not intended to provide any type of professional advice nor diagnostic service. The listing of a specific program within this sheet does not constitute as an endorsement from the CDE for the program.

What can Schools do Regarding Bipolar Disorders?

A literature review revealed that a limited amount of formal research has been conducted with students with Bipolar in the classroom. Therefore, this Fast Fact handout lists challenges, supported by research, that students with Bipolar face and suggested strategies for the identified challenges.

Interventions for students with Bipolar Disorders should be highly individualized to address specific symptoms the student is experiencing (Grier, Wilkins, & Szadek, 2005). Interventions should be developed with input from family members and in collaboration with educators, medical providers, and community providers. Schools are encouraged to use a systemic, consultative, problem-solving approach to plan successful interventions for students with Bipolar Disorders (Grier, Wilkins, & Szadek, 2005).

Accommodations will depend on the specific symptoms the student is experiencing. For example, if a student is highly distractible, he or she might benefit from access to a low distraction environment, including preferential seating, and a pass to a quiet study room. Students that exhibit oppositional or raging behavior should be taught in a highly structured environment with clear boundaries and consequences (Papolos & Papolos, 1999) and have access to a “safe zone” (Grier, Wilkins, & Szadek, 2005).

Treatment for children with Bipolar Disorder often includes prescription of psychotropic medications. Educators should become familiar with common side effects of these medications so that they can plan appropriately and so they can determine when a medical consult is necessary (Grier, Wilkins, & Szadek, 2005).

Direct services may include individual counseling, social skills training, class-wide interventions, and group counseling (Grier, Wilkins, & Szadek, 2005). Students diagnosed with Bipolar Disorder can be served with a formal plan diagnosed under Section 504 of the Rehabilitation Act if the disorder substantially limits the student’s education. Students might also be eligible for an Individual Education Plan under IDEA if the disorder adversely impacts the student’s learning. Children with Bipolar Disorder are often identified with an “Emotional Disability” or “Other Health Impaired”

in order to receive services under IDEA. (Grier, Wilkins, & Szadek, 2005).

Resources

U.S. Department of Education. (2003). *Identifying and Implementing Educational Practices Supported by Rigorous Evidence: A User Friendly Guide*. [Brochure]. Washington, D.C.: <http://www.ed.gov/rschstat/research/pubs/rigorousevid/rigorousevid.pdf>

Promising Practices Network:

The Promising Practices Network (PPN) is a group of individuals and organizations that are dedicated to providing quality evidence-based information about what works to improve the lives of children, families, and communities. <http://www.promisingpractices.net/>

What Works Clearinghouse: <http://www.w-w-c.org/>

National Institute of Mental Health:
2001 Executive Boulevard, Room 8184, 12th floor
Bethesda, MD 20892-9663
866-615-6464
<http://www.nimh.nih.gov/publicat/bipolar.cfm>

Child and Adolescent Bipolar Foundation
1000 Skokie Blvd., Suite 570
Wilmette, IL 60091
<http://www.bpkids.org/site/PageServer>

Educational Issues of Pediatric Bipolar Disorder
http://www.bpkids.org/site/PageServer?pagename=lrn_default

National Mental Health Information Center
Substance Abuse and Mental Health Services Administration
www.mentalhealth.samhsa.gov
Tel: 1.800.789.2647 (toll-free; English/Spanish)
TDD: 1.866.889.2647

BPSO (Bipolar Significant Others)
<http://www.BPSO.org> (click on Child and Adolescent Icon)
Internet support group for people in relationships with someone who has bipolar disorder.

National Depressive and Manic-Depressive Association (NDMDA)
730 N. Franklin Street, Suite 501
Chicago IL 60610
800 82-NDMDA
<http://ndmda.org>

References

Gellar, B. & DelBello, M.P., (Ed.s) (2003). *Bipolar Disorder in Childhood and Early Adolescence*. New York: Guilford. ISBN: 1-59385-293-2

Papolos, D. & Papolos, J. (1999). *The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder*. New York: Broadway Books. ISBN: 0-7679-0316-1

Grier, E.C., Wilkins, M.L., Szadek, L. (2005, November). Bipolar Disorder in Children: Treatment and Intervention, Part II. *NASP Communique*, 34(3).

Children's Mental Health Facts- Helping Children and Youth With Bipolar Disorder: Systems of Care (2005). Distributed by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.

