Macomb Intermediate School District;
Compliments of the Integrating Mental Health in Schools Federal Grant

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This publication was partially funded by the Office of Safe and Drug Free Schools (OSDFS) at the US Department of Education (ED). The content does not necessarily reflect the views of or imply endorsement by OSFDS nor ED.

An Information Booklet for
Macomb Intermediate School District Educators

Quick Facts: Bipolar Disorder

This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

What is Pediatric Bipolar Disorder?

Bipolar Disorder, previously called manic depression, is a biological brain disorder that causes intense vacillation in mood, energy, thinking, and behavior. Children and adolescents with Bipolar Disorder—whose symptoms manifest very differently than in adults—can experience severe and rapid mood changes many times each day. Although environmental and/or social conditions may exacerbate symptoms, people with this disorder do not have control over their mood swings.

Types of Bipolar Disorder

Researchers have identified varying subtypes of Bipolar Disorder. These subtypes differ in frequency, intensity, number and duration of mood episodes. In most subtypes, a person's mood shifts in well-defined phases that can last for hours, days, or even years, These phases are often less defined in children. Below are common sub-types.

Bipolar I: Fluctuates between periods of *intense* mania and *major* depression

Bipolar II: Fluctuates between periods of *mild* mania and *major* depression

Bipolar Mixed Type: *Simultaneous* symptoms of mania and depression

Bipolar Rapid Cycling: *Quickly switching* periods of mania and depression, sometimes many times in a single hour

Cyclothymic Disorder: Periods of *mild* mania and *mild* depression

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Getting Linked

Macomb County Community Mental Health
http://macombcountymi.gov/communitymentalhealth/
Access Center: 586.948.0222

Macomb County Crisis Center
http://www.macombcountymi.gov/volunteer/center.htm
24/7 Crisis Line: 586.307.9100

CARE of Southeastern Michigan
http://www.careofmacomb.com/
Main Office: 586.541.CARE (2273)

Child/Adolescent Psychiatric Hospitals

Harbor Oaks Hospital
35031 23 Mile Road
New Baltimore, MI 48047
(586) 725-5777

Henry Ford Kingswood Hospital
10300 West Eight Mile Road
Ferndale, MI 48220
Phone: (248) 398-3200
must be medically cleared through another hospital's ER prior to admission)

Havenwyck Hospital
1525 University Drive
Auburn Hills, MI 48326
248-373-9200 (Main Line), 1-800-401-2727 (Toll-Free), 248-377-8160 (TTY)
(must be medically cleared through another hospital's ER prior to admission)

Additional Resources

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

Child and Adolescent Bipolar Foundation
www.bpkids.org

Depression and Bipolar Support Alliance
www.dbsalliance.org

Juvenile Bipolar Support Alliance
www.bpchildresearch.org

National Alliance on Mental Illness
www.nami.org

American Academy of Child and Adolescent Psychiatry
www.aacap.org

The Life of a Bipolar Child: What Every Parent and Professional Needs to Know. 2000. T. Carlson

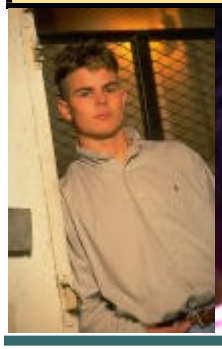
Understanding and Educating Children and Adolescents with Bipolar Disorder: A Guide for Educators. 2003. M. Andersen, J. Boyd-Kubisak, R. Field, S. Vogelstein



Cultural Considerations

Existing research suggests that Bipolar Disorder affects all races and genders equally. Pediatric Bipolar Disorder has gained great attention in the research world, however, most of the research studies are occurring in the United States and may not take into account norms from other cultures. As always, culture needs to be a central consideration when diagnosing and treating students with any mental health concern. Schools must become familiar with the health and mental health beliefs of the students and their families in their care and must be culturally responsive when talking with students and their families about their mental health related concerns.





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Prevalent Signs & Symptoms of Bipolar Disorder

Symptoms of mania may include:

- Mood lability (switching between euphoria and irritability), rages and explosive temper tantrums that last a long time, oppositional or aggressive behavior
- Incessant and indiscriminate enthusiasm for interpersonal interactions
- Inflated self-esteem ranging from slightly elevated self-confidence to delusional grandiosity (i.e. thinking one has super powers)
- Decreased need for sleep that may allow the person to go days without sleeping and not feeling tired
- Manic speech that is typically pressured, loud, fast, and difficult to interrupt; a person may speak for hours non-stop without regard for the people around them
- Flight of ideas or a sense that thoughts are racing; a person's thinking and speaking may switch rapidly and without logic between topics
- Increased distractibility, hyperactivity, and impulsivity; restlessness and fidgetiness
- Excessive increase in goal-directed activity
- Excessive involvement in high risk pleasurable activities, impaired judgment

Symptoms of depression may include:

- Depressed or irritable mood; oversensitivity to emotional or environmental triggers
- Psychomotor restlessness or retardation, fatigue and/or loss of energy
- Increase and/or decrease in appetite or sleep patterns
- Indecisiveness and diminished concentration
- Feelings of worthlessness or guilt
- Diminished interest in usual activities, social withdrawal
- Recurrent thoughts of death or suicide, risky behavior

Developmental Variations

Early Childhood (@3-6 years old)

Bipolar Disorder is rarely diagnosed in this age group. Early symptoms of emerging Bipolar Disorder may resemble symptoms of other childhood disorders such as ADHD. Though very young children are less likely to have clearly defined "episodes" of this illness, some early symptoms in this age group may include tantrum like rages that last for a long time, destructiveness, impulsive and/or hyperactive behavior, and mood swings that are triggered by limit setting.

Middle Childhood (@7-12 years old)

During this developmental stage, Bipolar Disorder continues to resemble other disruptive behavior and mood disorders making accurate diagnosis challenging even for well seasoned clinicians. Along with the mood dysregulation and behavioral problems seen in early childhood, interpersonal relationships with peers may begin to be negatively affected. It is not uncommon for children of this age group to begin finding vocabulary for the symptoms they experience and may complain of such things as "racing thoughts."

Adolescence (@13-18 years old)

Bipolar Disorder becomes easier to diagnose in adolescence as its presentation becomes more consistent and similar to adult Bipolar Disorder. Puberty is a time of heightened symptoms and risk for adolescents with Bipolar Disorder. Adolescents with this disorder may increasingly engage in high risk behaviors such as substance abuse, self-injury (i.e. cutting), and reckless sexuality.

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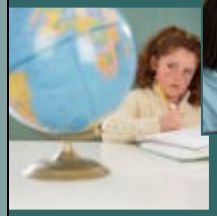
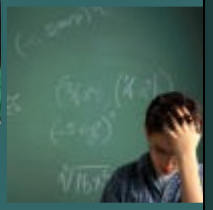
Educational Implications

Pediatric Bipolar Disorder is a chronic illness that may cause major disruption in schooling for both young children and adolescents. At school, students with Bipolar Disorder may experience symptoms of mania and/or depression, sometimes in a very short time period.

During a manic episode, a student may be excessively happy and cause disruption, exhibiting such behaviors as inappropriate humor or laughing hysterically for no reason. They may also be grossly irritable, short-tempered, and frustrated or may talk incessantly, interfering with learning for themselves and those around them. They may be disorganized in their thinking and have difficulty paying attention and sitting still. Hours or days later, in a depressive episode, this same student may experience a loss of energy, feel worthless and guilty, and have persistent thoughts of death or suicide.

Each student with Bipolar Disorder comes with unique symptoms that may have major negative consequences within the learning environment, creating a high risk for school failure.





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School and Classroom Strategies: Bipolar Disorder

This Quick Fact Sheet contains strategies designed to address potential symptoms of student Bipolar Disorder and should be used in consultation and collaboration with your school's mental health personnel or as part of a larger intervention approach. These pages contain only a portion of many possible strategies available to address symptoms of Bipolar Disorder in the classroom. Strategies should always be individualized and implemented with careful consideration of the differences of each child and the context of their individual circumstances. Additionally, this information should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

If you notice a significant change in behavior or mood in any child that lasts for more than a week, share your observations with the child's parent and/or guardian and with your school's mental health support team

Strategies for Mood Lability (Switching Between Euphoria and Irritability)

- Identify one teacher or other staff member to act as the student's advocate, a check in person, and as a point person for communicating with parents
- Provide built-in opportunities for the student to talk with a supportive adult who has the time and ability to listen attentively
- Do not take the student's mood or related behavior personally
- Stay calm; address the student with short, clear responses in a calm, soft tone
- Validate the student's experience and feelings ("I know that things are really hard for you right now")
- Provide the student with opportunities for "self time out" to regroup when they are feelings excessively sad or irritable
- Teach the student to identify their mood patterns and appropriate ways to communicate anger, frustration, sadness, etc.
- Help the student to identify automatic negative thoughts and strategies for reframing these negative thoughts; encourage positive self talk

Strategies for Psycho-Motor Changes

- Design daily lessons so that the student has to actively respond to an assignment (i.e. write on the board)
- Integrate physical activity (i.e. walking on the track, shooting hoops) throughout the school day, not just contingent upon achievement
- Provide the student with an in-class outlet for physical restlessness, such as a stress ball or allowing the student to stand when completing certain assignments
- Provide the student with written copies of class notes and/or assignments
- Allow flexible deadlines for work completion
- Avoid lowering grades for non-academic reasons such as messy work
- Allow the student more time to respond to requests or questions

Strategies for Feelings of Worthlessness and/or Excessive Guilt

- Model that it is okay to make mistakes; point out and make light of your own mistakes
- Model how to reframe mistakes into opportunities
- Provide the student with additional, meaningful responsibilities
- Discourage the student from participating in activities that result in increased negative feelings about themselves
- Demonstrate unconditional acceptance of the student (although not his or her behavior if it is inappropriate)
- Separate the student from peers who are negative or who frequently point out the failings of others

Strategies for Changes in Appetite or Eating

- Collaborate closely with the school nurse
- Monitor the student's eating, but do not become a food gatekeeper
- Allow healthy "grazing" throughout the school day
- Provide opportunities for physical activity throughout the school day

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Strategies for Fatigue or Loss of Energy

- Coordinate with the school nurse to allow healthy grazing on foods that may increase the student's energy
- Place the student in a brightly lit area in close proximity to instruction
- Provide the student with sensory-stimulating tools such as a stress ball to use throughout the day and offer frequent motor breaks
- Incorporate physical activity throughout the day (i.e. urge the student to walk with a friend or teacher during recess or breaks, have the student deliver notes to the office)
- Allow the student to self-select a classroom job/role of high interest (i.e. running errands, setting up computer)
- Reduce homework or extend deadlines as necessary and appropriate
- Provide the student with an opportunity for a short rest or nap period if s/he is struggling to stay awake in class and if it does not interfere with the student's ability to sleep at night
- Plan testing and other "high stakes" activities for times of day when the student is most alert

Strategies for Diminished Interest in Usual Activities

- Identify the student's typical interests and/or favorite activities; integrate them into the student's school day
- Gently encourage the student to participate in activities with peers who have been a positive part of their life; do not force social interaction or participation in activities
- Encourage peers to invite the student to participate in extra-curricular activities
- Allow the student to attend group activities without requiring active participation
- Give the student opportunities to help their peers in areas in which they excel or to make important decisions about class activities
- Initiate conversations with the student when they arrive, leave, and/or take a break

Strategies for Impaired Concentration, Focus, or Memory

- Deliver assignments in writing
- Prompt the student throughout the day to use a day planner to keep track of assignments; provide support at the end of each day to make sure the student has all assignments documented and all necessary materials
- Provide the student with an extra set of books to keep at home
- Help student organize projects and break down assignments into manageable parts
- Help student to develop short term goals, even one period or day at a time, to help them feel that life is more manageable
- Provide preferential seating—based on the student's academic and emotional needs

Strategies for Side Effects of Medication

- Collaborate with school nurse and/or the students' physician
- Allow the student to keep a water bottle on hand
- Allow unlimited access to the bathroom
- Schedule frequent breaks
- Decrease workload and homework
- Provide the student with a place to nap briefly through the day

Suicidal Ideation

Some signs and symptoms may indicate overt suicidal crisis and should be acted upon **immediately** by calling the Macomb Crisis Center @ 586.307.9100 or dialing 9-1-1. These include:

- Threats or attempts to hurt or kill oneself
- Looking for the means (e.g. gun, pills, rope) to kill oneself
- Making final arrangements such as writing a will or a farewell letter or giving away cherished belongings
- Pre-occupation with suicide or dying (often expressed through writing, art, music, online chat spaces) in conjunction with depression symptoms or high risk behavior
- Showing sudden improvement after a period of extreme sadness and/or withdrawal