It is as if my life were magically run by two electric currents: joyous positive and despairing negative - whichever is running at the moment dominates my life, floods it.

Sylvia Plath (2000)
The Unabridged Journals of Sylvia Plath, 1950-1962
New York: Anchor Books

Presentation Outline
- Diagnosis
- Best Practices for School Psychologists
- Classroom Accommodations

DSM-IV-TR Diagnosis
- Diagnostic Classifications
  1. Bipolar I Disorder
     - One or more Manic Episode or Mixed Manic Episode
     - Minor or Major Depressive Episodes often present
     - May have psychotic symptoms
  2. Bipolar II Disorder
     - One or more Major Depressive Episode
     - One or more Hypomanic Episode
     - No full Manic or Mixed Manic Episodes

APA (2000)
### DSM-IV-TR Diagnosis

**Manic Episode Criteria**
- A distinct period of abnormally and persistently elevated, expansive, or irritable mood.
- Lasting at least 1 week.
- Three or more (four if the mood is only irritable) of the following symptoms:
  1. Inflated self-esteem or grandiosity
  2. Decreased need for sleep
  3. Pressured speech or more talkative than usual
  4. Flight of ideas or racing thoughts
  5. Distractibility
  6. Psychomotor agitation or increase in goal-directed activity
  7. Hedonistic interests

**Manic Episode Criteria (cont.)**
- Causes marked impairment in occupational functioning in usual social activities or relationships, or
- Necessitates hospitalization to prevent harm to self or others, or
- Has psychotic features
- Not due to substance use or abuse (e.g., drug abuse, medication, other treatment), or a general medical condition (e.g., hyperthyroidism).

### Diagnosis: Manic Symptoms at School

<table>
<thead>
<tr>
<th>Symptom/Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Euphoria: Elevated (too happy, silly, giddy) and expansive (about everything) mood, &quot;out of the blue&quot; or as an inappropriate reaction to external events for an extended period of time.</td>
<td>A child laughs hysterically for 30 minutes after a mildly funny comment by a peer and despite other students staring at him.</td>
</tr>
<tr>
<td>Irritability: Energized, angry, raging, or intensely irritable mood, &quot;out of the blue&quot; or as an inappropriate reaction to external events for an extended period of time.</td>
<td>In reaction to meeting a substitute teacher, a child flies into a violent 20-minute rage.</td>
</tr>
<tr>
<td>Inflated Self-Esteem or Grandiosity: Believing, talking or acting as if he is considerably better at something or has special powers or abilities despite clear evidence to the contrary</td>
<td>A child believes and tells others she is able to fly from the top of the school building.</td>
</tr>
</tbody>
</table>

*From Lofthouse & Fristad (2006, p. 215)*

### DSM-IV-TR Diagnosis

**Hypomanic Criteria**
- Similarities with Manic Episode
  - Same symptoms
- Differences from Manic Episode
  - Length of time
  - Impairment not as severe
  - May not be viewed by the individual as pathological
  - However, others may be troubled by erratic behavior

*APA (2000)*
**DSM-IV-TR Diagnosis**

- **Major Depressive Episode Criteria**
  - A period of depressed mood or loss of interest or pleasure in nearly all activities
  - In children and adolescents, the mood may be irritable rather than sad.
  - Lasting consistently for at least 2 weeks.
  - Represents a significant change from previous functioning.


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**Diagnosis: Major Depressive Symptoms at School**

<table>
<thead>
<tr>
<th>Symptom/Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depressed Mood:</strong> Feels or looks sad or irritable (low energy) for an extended period of time.</td>
<td>A child appears down or flat or is cranky or grouchy in class and on the playground.</td>
</tr>
<tr>
<td><strong>Markedly Diminished Interest or Pleasure in All Activities:</strong> Complains of feeling bored or finding nothing fun anymore.</td>
<td>A child reports feeling empty or bored and shows no interest in previously enjoyable school or peer activities.</td>
</tr>
<tr>
<td><strong>Significant Weight Loss/Gain or Appetite Increase/Decrease:</strong> Weight change of &gt;5% in 1 month or significant change in appetite.</td>
<td>A child looks much thinner and drawn, or a great deal heavier, or has no appetite or an excessive appetite at lunch time.</td>
</tr>
</tbody>
</table>

*From Lofthouse & Fristad (2006, p. 216)*

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**Diagnosis: Major Depressive Symptoms at School**

<table>
<thead>
<tr>
<th>Symptom/Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diminished Ability to Think or Concentrate/Indecisiveness:</strong> Increase inattentiveness, beyond child's baseline attentional capacity; difficulty stringing thoughts together or making choices.</td>
<td>A child can't seem to focus in class, complete work, or choose unstructured class activities.</td>
</tr>
<tr>
<td><strong>Low Self-Esteem, Feelings of Worthlessness or Excessive Guilt:</strong> Thinking and saying more negative than positive things about self or feeling extremely bad about things one has done or not done.</td>
<td>A child frequently tells herself or others &quot;I'm no good, I hate myself, no one likes me, I can't do anything.&quot; She feels bad about and dwells on accidentally bumping into someone in the corridor or having not said hello to a friend.</td>
</tr>
</tbody>
</table>

*From Lofthouse & Fristad (2006, p. 216)*

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**DSM-IV-TR Diagnosis (cont.)**

- Causes marked impairment in occupational functioning or in usual social activities or relationships
- Not due to substance use or abuse, or a general medical condition
- Not better accounted for by bereavement
  - After the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation
Diagnosis: Major Depressive Symptoms at School

<table>
<thead>
<tr>
<th>Symptom/Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent Thoughts of Death or Suicidality: Obsession with morbid thoughts or events, or suicidal ideation, planning, or attempts to kill self.</td>
<td>A child talks or draws pictures about death, war casualties, natural disasters, or famine. He reports wanting to be dead, not wanting to live anymore, wishing he’d never been born; he draws pictures of someone shooting or stabbing him, writes a suicide note, gives possessions away or tries to kill self.</td>
</tr>
<tr>
<td>Hopelessness: Negative thoughts or statements about the future.</td>
<td>A child frequently thinks or says “nothing will change or will ever be good for me.”</td>
</tr>
</tbody>
</table>

From Lofthouse & Fristad (2006, p. 216)

DSM-IV-TR Diagnosis

- **Mixed Episode Criteria**
  - Both Manic and Major Depressive Episode criteria are met nearly every day for a least a 1 week period.
  - Rapidly alternating moods (sadness, irritability, euphoria) accompanied by symptoms of a Manic and Depressive episode.
  - Causes marked impairment in occupational functioning or in usual social activities or relationships, or
  - Necessitates hospitalization to prevent harm to self or others, or
  - Has psychotic features
  - Not due to substance use or abuse, or a general medical condition

APA (2000)

Diagnosis: Juvenile Bipolar Disorder

- **Terms used to define juvenile bipolar disorder.**
  - Ultrarapid cycling = 5 to 364 episodes/year
    - Brief frequent manic episodes lasting hours to days, but less than the 4-days required under Hypomania criteria (10%).
  - Ultradian cycling = >365 episodes/year
    - Repeated brief cycles lasting minutes to hours (77%).
    - Chronic baseline mania (Wozniak et al., 1995).
    - Ultradian is Latin for “many times per day.”

AAPC (2007); Geller et al. (2000)

Diagnosis: Juvenile Bipolar Disorder

- **Adults**
  - Discrete episodes of mania or depression lasting 2 to 9 months.
  - Clear onset and offset.
  - Significant departures from baseline functioning.
- **Juveniles**
  - Longer duration of episodes
  - Higher rates of rapid cycling
  - Lower rates of inter-episode recovery
    - Chronic and continuous.

AAPC (2007); NIMH (2001)

Diagnosis: Juvenile Bipolar Disorder

- **Adults**
  - Mania includes marked euphoria, grandiosity, and irritability
  - Racing thoughts, increased psychomotor activity, and mood lability.
- **Adolescents**
  - Mania is frequently associated with psychosis, mood lability, and depression.
  - Tends to be more chronic and difficult to treat than adult BPD.
  - Prognosis similar to worse than adult BPD
- **Prepubertal Children**
  - Mania involves markedly labile/erratic changes in mood, energy levels, and behavior.
  - Predominant mood is VERY severe irritability (often associated with violence) rather than euphoria.
  - Irritability, anger, belligerence, depression, and mixed features are more common.
  - Mania is commonly mixed with depression.

AAPC (2007); NIMH (2001); Wozniak et al. (1995)
 Diagnosis: Juvenile Bipolar Disorder

- Unique Features of Pediatric Bipolar Disorder
  - Chronic with long episodes
  - Predominantly mixed episodes (20% to 84%) and/or rapid cycling (46% to 87%)
  - Prominent irritability (77% to 98%)
  - High rate of comorbid ADHD (75% to 98%) and anxiety disorders (5% to 50%)

Pavuluri et al. (2005)

 Diagnosis: Juvenile Bipolar Disorder

- Bipolar Disorder in childhood and adolescence appear to be the same clinical entity.
- However, there are significant developmental variations in illness expression.

<table>
<thead>
<tr>
<th>Bipolar Disorder Onset</th>
<th>Childhood</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Gender</td>
<td>67.5%</td>
<td>48.2%</td>
</tr>
<tr>
<td>Chronic Course</td>
<td>57.5%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Episodic Course</td>
<td>42.5%</td>
<td>76.8%</td>
</tr>
<tr>
<td>Attention-deficit/Hyperactivity Disorder</td>
<td>38.7%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>35.9%</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

Masi et al. (2006)

 Treatment

**Psychopharmacology**

**DEPRESSION**
- Mood Stabilizers
  - Lamictal
- Anti-Obsessional
  - Paxil
- Anti-Depressant
  - Wellbutrin
- Atypical Antipsychotics
  - Zyprexa

**MANIA**
- Mood Stabilizers
  - Lithium, Depakote, Depacon, Tegretol
- Atypical Antipsychotics
  - Zyprexa, Seroquel, Risperdal, Geodon, Abilify
- Anti-Anxiety
  - Benzodiazepines
  - Klonopin, Ativan

**Psychopharmacology Cont.**

- Lithium:
  - Side effects/drawbacks
    - Blood levels drawn frequently
    - Weight gain
    - Increased thirst, increased urination, water retention
    - Nausea, diarrhea
    - Tremor
    - Cognitive dulling (mental sluggishness)
    - Adverse skin conditions
    - Hypothyroidism
    - Birth defects
  - Benefits & protective qualities
    - Brain-Derived Neurotropic Factor (BDNF) & Apoptosis
    - Suicide

 Treatment

**Therapy**

- Psycho-Education
- Family Interventions
- Multifamily Psycho-education Groups (MFPG)
- Cognitive-Behavioral Therapy (CBT)
- RAINBOW Program
- Interpersonal and Social Rhythm Therapy (IPSRT)
- Schema-focused Therapy

 Treatment

**Alternative Treatments**

- Light Therapy
- Electro-Convulsive Therapy (ECT) & Repeated Transcranial Magnetic Stimulation (r-TMS)
- Circadian Rhythm
  - Melatonin
- Nutritional Approaches
  - Omega-3 Fatty Acids
Presentation Outline

- Diagnosis
- Best Practices for School Psychologists
- Classroom Accommodations

Recognize Educational Implications

- Grade retention
- Learning disabilities
- Special Education
- Required tutoring

Adolescent onset = significant disruptions
- Before onset
  - 71% good to excellent work effort
  - 58% specific academic strengths
  - 83% college prep classes
- After onset
  - 67% significant difficulties in math
  - 38% graduated from high school

Lofthouse & Fristad (2006)

Psycho-Educational Assessment

- Identification and Evaluation
  - Recognize warning signs
  - Develop the Psycho-Educational Assessment Plan
  - Conduct the Assessment

Psycho-Educational Assessment

- Testing Considerations
- Who are the involved parties?
  - Student
  - Teachers
  - Parents
  - Others?
    - Release of Information
- Referral Question
  - Understand the focus of the assessment
  - Eligibility Category?

Psycho-Educational Assessment

- Special Education Eligibility Categories
  - Emotionally Disturbed (ED)
  - Other Health Impaired (OHI)

Psycho-Educational Assessment

- ED Criteria
  - An inability to learn that cannot be explained by other factors.
  - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
  - Inappropriate types of behavior or feelings under normal circumstances.
  - A general pervasive mood of unhappiness or depression.
  - A tendency to develop physical symptoms or fears associated with personal or school problems.
### Psycho-Educational Assessment

#### OHI Criteria
- Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that:
  - is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and
  - adversely affects a child’s educational performance.

#### ED vs OHI

<table>
<thead>
<tr>
<th>ED</th>
<th>OHI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely more opportunity to access special programs.</td>
<td>Label less stigmatizing.</td>
</tr>
<tr>
<td>Can be an accurate representation.</td>
<td>Also an accurate representation.</td>
</tr>
<tr>
<td>Draws attention to mood issues.</td>
<td>Implies a medical condition that is outside of the student’s control.</td>
</tr>
<tr>
<td>Represents the presentation of the disorder.</td>
<td>Represents the origin of the disorder.</td>
</tr>
</tbody>
</table>

#### Health & Developmental
- Family History
- Health History
- Medical History

#### Current Medical Status
- Vision/Hearing
- Any medical conditions that may be impacting presentation?
- Medications

#### Observations
- What do you want to know?
- Where do you want to see the child?
- What type of information will you be collecting?

#### Interviews
- Who?
- Questionnaires, phone calls, or face-to-face?

#### Socio-Emotional Functioning
- Rating Scales
  - General
    - Child-Behavior Checklist (CBCL)
    - Behavior Assessment System for Children (BASC-II)
    - Devereux Scales of Mental Disorders (DSMD)
  - Mania
    - Washington University in St. Louis Kiddie Schedule for Affective Disorders and Schizophrenia (WASH-U KSADS)
    - Young Mania Rating Scale
    - General Behavior Inventory (GBI)
  - Depression
    - Beck Depression Inventory (BDI)
    - Hamilton Rating Scale for Depression
    - Reynolds Adolescent Depression Scale (RADS-2)
Psycho-Educational Assessment

### Socio-Emotional Functioning, cont.

- Rating Scales
  - Comorbid conditions
    - Attention
      - Conners’ Rating Scales
    - Brown Attention-Deficit Disorder Scales for Children and Adolescents
    - Conduct
      - Scale for Assessing Emotional Disturbance (SAED)
    - Anxiety
      - Revised Children’s Manifest Anxiety Scale (RCMAS)
  - Informal Measures
    - Sentence Completions
    - Guess Why Game?

### Psychological Processing Areas

- Memory
  - Wide Range Assessment of Memory & Learning (WRAML-2)
- Auditory
  - Comprehensive Test of Phonological Processing (CTOPP)
  - Tests of Auditory Processing (TAPS-3)
- Visual
  - Motor-Free Visual Perception Test (MVPT-3)
- Visual-Motor Integration
  - Beery Buktenica Developmental Test of Visual Motor-Integration (VMI)
  - Bender Visual-Motor Gestalt Test (Bender-Gestalt II)

### Executive Functions

- Rating Scales
  - Behavior Rating Inventory of Executive Functions (BRIEF)
  - Comprehensive Behavior Rating Scale for Children
  - Assessment Tools
    - NEPSY
    - Delis-Kaplan Executive Function Scale
    - Cognitive Assessment System (CAS)
    - Conners Continuous Performance Test
    - Wisconsin Card Sorting Test
    - Trailmaking Tests

### The Report

- Who is the intended audience?
- What is included?
  - Referral Question
  - Background (e.g., developmental, health, family, educational)
  - Socio-Emotional Functioning (including rating scales, observations, interviews, and narrative descriptions)
  - Cognitive Functioning (including Executive Functions & Processing Areas)
  - Academic Achievement
  - Summary
  - Recommendations
  - Eligibility Statement
- Delivery of information

### Special Education & Programming Issues

- Special Education or 504?
Special Education & Programming Issues

- Consider referral options
  - Mental Health
  - Medi-Cal/Access to mental health services
  - SSI

- Developing a Plan
  - IEP
  - 504

Special Education & Programming Issues

- Questions to ask when developing a plan:
  - What are the student’s strengths?
  - What are the student’s particular challenges?
  - What does the student need in order to get through his/her day successfully?
  - Accommodations/Considerations
  - Is student’s behavior impeding access to his/her education?
    - Behavior Support Plan (BSP) needed?

School-Based Interventions

- Counseling
  - Individual or group?
  - Will it be part of the IEP as a Designated Instructional Service (DIS)?
    - Goal(s)...
  - Crisis Intervention
    - Will it be written into the BSP?

School-Based Interventions

- Possible elements of a counseling program
  - Education
  - Coping skills
  - Social skills
  - Suicidal ideation/behaviors
  - Substance use

- Specific Recommendations
  1. Build, maintain, and educate the school-based team.
  2. Prioritize IEP goals.
  3. Provide a predictable, positive, and flexible classroom environment.
  4. Be aware of and manage medication side effects.
  5. Develop social skills.
  7. Consider alternatives to regular classroom.

Lothhouse & Fristad (2006, pp. 220-221)
Presentation Outline
- Diagnosis
- Best Practices for School Psychologists

Classroom Accommodations

Address Medication Side Effects
- Excessive thirst
  - Ensure access to water at all times
- Diarrhea and frequent urination
  - Ensure access to the restroom
- Cognitive dulling and visual blurring
  - Provide books on tape and/or reading partners
  - Reduce reading requirements
- Fatigue or sleepiness
  - Don’t punish or single out for sleepiness

Account for Sleep Disturbances
- Allow late school arrival.
- Shorten school day.
- Provide assistance for missed assignments

Account for Impaired Concentration, Focus, and Memory
- Provide lesson outlines
- Break assignments down to small parts
- Preferential seating (front of class)
- Task organizers include breaks

Account for Mood Swings
- Mania
  1. Allow students to work in calm environments
  2. Reduce work load, increase breaks
  3. Don’t allow student to be the focus of attention
  4. Provide “escape” opportunities
  5. Consider sending the student home.

- Depression
  1. Provide time out opportunities
  2. Journaling and self monitoring
  3. Positive encouragement
  4. Validate feelings
  5. Home school communication

Massachusetts General Hospital
Adjust the Environment

- Lighting
- Noise
- Temperature

Resources

- The Storm in my Brain. A publication from the Child & Adolescent Bipolar Foundation (CABF). Artwork for this booklet was created by young people living with depression or bipolar disorder. These works were selected from over 100 entries to a national contest sponsored by DBSA and CABF. This is an easy to understand, colorful booklet that speaks to children about how it feels to have a mood disorder.
  
  http://www.bpkids.org/site/PageServer?pagename=tn_books_child

Resources (cont.)

- DVD for teens, parents and educators
  
  http://www.bpkids.org/site/PageServer?pagename=lrn_books_AV

- Educational brochure: Educating the Child with Bipolar Disorder
  

Resources (cont.)

- The Bipolar Child by Demitri Papolos, M.D. and Janice Papolos (Broadway Books, 2006). All rights reserved.
  
  http://www.bipolarchild.com/iep.html

  Includes a list of accommodations, modifications, and special services and a sample IEP.

References


With effective treatment, you can live an enjoyable and productive life despite bipolar disorder.

- Abraham Lincoln
- Winston Churchill
- Theodore Roosevelt
- Goethe
- Balzac
- Handel
- Schumann

- Berlioz
- Tolstoy
- Virginia Woolf
- Hemingway
- Robert Lowell
- Anne Sexton
- Patty Duke

The biographies of Beethoven, Newton, and Dickens, in particular, reveal severe and debilitating recurrent mood swings beginning in childhood.
References


