

Bipolar Disorder

Background Information

It was once believed that Bipolar Disorder only existed in adult populations; however Bipolar Disorder does exist among children and can impact their daily life in and outside of school significantly (Papolos & Papolos, 2007). Bipolar disorder is a brain disorder that causes unusual shifts in a person's mood, energy, and ability to function. Like diabetes or heart disease, bipolar disorder is a long-term illness that must be carefully managed throughout a person's life. Bipolar disorder in children and adolescents can be hard to tell apart from other problems. Students with bipolar disorder may be prone to drug use, which can aggravate symptoms. If untreated, adolescents with bipolar disorder are at a higher risk for suicide than their peers.

Bipolar Disorders (DSM-V):

- Bipolar I Disorder is characterized by one or more Manic or, usually accompanied by Major Depressive Episodes or Hypomanic Episodes.
- Bipolar II Disorder is characterized by one or more Major Depressive Episodes accompanied by at least one Hypomanic Episode. Hypomania is a milder form of mania, as episodes do not last as long as a Manic Episode.
- Cyclothymic Disorder is given to children who experience a full year of Hypomanic and Major Depressive periods without meeting criteria for Manic, Hypomania or Major Depressive Episodes.
- Other Specified Bipolar and Related Disorder and Unspecified Bipolar and Related Disorder include 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 (DSM-V):

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

A **Major Depressive Episode** may include the following symptoms (DSM-V):

1. depressed (or irritable) mood
2. markedly diminished interest or pleasure in activities
3. significant weight loss
4. insomnia or hyposomnia
5. psychomotor agitation or retardation
6. fatigue or loss of energy

Resources

[*National Institute of Mental Health For Children and Youth*](#)
[*National Mental Health Information Center*](#)
[*National Depressive and Manic-Depressive Association \(NMDA\)*](#)
[*Depression and Bipolar Support Alliance*](#)
[*Juvenile Bipolar Research Foundation*](#)
[*EMPOWER Colorado*](#)
[*Parent Education and Assistance for Kids \(PEAK\)*](#)



7. feelings of worthlessness or excessive or inappropriate guilt
8. diminished ability to think or concentrate, or indecisiveness
9. recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt or specific plan

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, 2007). Childhood Bipolar Disorder may coexist or overlap with several other disorders such as Attention Deficit Hyperactive Disorder (ADHD), Oppositional Defiant Disorder (ODD), anxiety disorders, and Tourette syndrome (Papolos & Papolos, 2007). A qualified mental health professional should diagnose and treat children with bipolar disorders (Papolos & Papolos, 2007).

What can Schools do Regarding Bipolar Disorders?

Much of the treatment a student with Bipolar Disorder will receive will be outside of the school setting. Students diagnosed with Bipolar Disorder can be served with a formal plan under Section 504 of the Rehabilitation Act of 1973 if the disorder substantially limits one or more major life activities. Students might also be eligible for an Individual Education Program under the Individuals with Disabilities Education Act (IDEA) if the disorder adversely impacts the child's ability to receive reasonable benefit from general education or significantly interferes with the child's social development. Children with Bipolar Disorder are often identified with a Serious Emotional Disability (SED) or Other Health Impaired (OHI) in order to receive services under IDEA. (Grier, Wilkins, & Szadek, 2005).

Direct services may include individual counseling, social skills training, class-wide interventions, and group counseling (Grier, Wilkins, & Szadek, 2005). In general, 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 (Papolos & Papolos, 2007) 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).



Some general steps schools can take in order to support students with Bipolar Disorders should include (Lofthouse, Mackinaw-Koons & Fristad, 2004):

- Maintain flexibility with the student as symptoms, moods and episodes shift,
- Be prepared for periods of intense, fluctuating emotional expression, and
- Be prepared to accommodate for social skills difficulties and provide teaching of appropriate social behaviors and assistance in connecting with peers.

Proactive Instructional Strategies and Classroom Accommodations

- Provide the student with recorded books as an alternative to self-reading when the student's concentration is low.
- Break assigned reading into manageable segments, monitor the student's progress, and check comprehension periodically.
- Devise a flexible curriculum that accommodates the sometimes rapid changes in the student's ability to perform consistently in school.
- Reduce academic demands when energy is low. Increase opportunities for achievement when energy is high.
- Identify a place where the student can go for privacy until he or she regains self-control.
- Set up a procedure of a late start at school if needed.
- Communicate successful strategies or triggers between home and school.

These suggestions are from the Child and Adolescent Bipolar Foundation.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.).
- Gellar, B. & DelBello, M.P., (Ed.s) (2003). *Bipolar disorder in childhood and early adolescence*. New York: Guilford. ISBN: 1-59385-293-2.
- Grier, E.C., Wilkins, M.L., Szadek, L. (2005, November). *Bipolar disorder in children: Treatment and intervention, Part II*. *NASP Communique*, 34(3).
- Lofthouse, N., Mackinaw-Koons, B., Fristad, M. (2004). *Bipolar spectrum disorders: Early onset*. Helping Children at Home and School II: Handouts for Families and Educators, National Association of School Psychologists.
- Papolos, D. & Papolos, J. (2007). *The bipolar child: The definitive and reassuring guide to childhood's most misunderstood disorder* (3rd ed.). New York: Broadway Books. ISBN: 0767928601.

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