

Mood Disorders: Reshaping Best Practices for the Clinician and the Classroom

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DISCLAIMER

The information presented today represents the opinions and beliefs of the presenters and is not considered to be absolute and definitive due to the nature of the topic and the continuing controversy in research of mood disorders and youth.

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OUTCOMES

- Participants will be able to recognize mood disorders and anxiety as a 'medical illness' that may affect a student's learning capacities
- Participants will be able to understand the collaboration process needed with schools to effectively provide support for children with mood disorders
- Participants will understand their role to maximize students' strengths by assisting students to work to overcome their difficulties as best as possible

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LET US TALK A MINUTE

"Mood disorders renders a student's academic and emotional availability variable and often unpredictable"

(Papalos & Papalos, 2002)


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WHERE DO WE BEGIN?



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THE HUMOR OF NIGHTLY MED TIME ROUTINE



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"Over 50% of students with a mental health condition age 14 and older who are served by special education drop out – The highest drop out rate of any disability group"

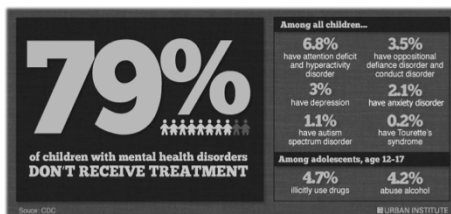
"Suicide is the third leading cause of death for ages 15-24. More than 90% of those who die by suicide suffered 1 or more mental disorders"

Treat mental illness early



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Teachers are often the first professionals that parents bring their concerns to, over emerging mental health conditions that are affecting their child.



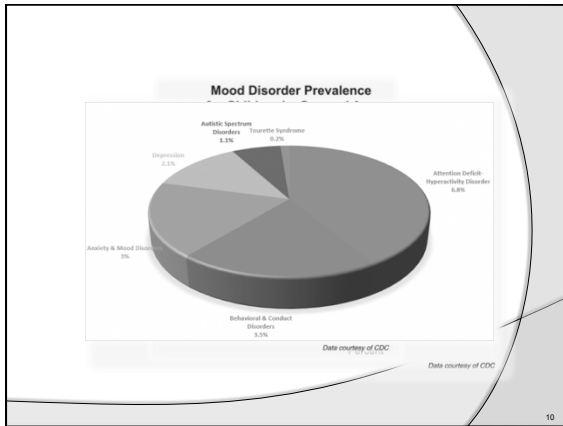
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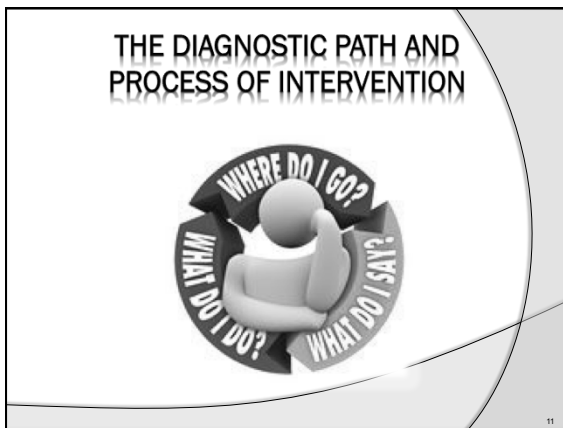
"To improve the school experience of children with mood disorders through empowerment, education, and promote the collaboration of professionals who serve them, while facilitating acceptance of the child, and creating an environment that accommodates them"

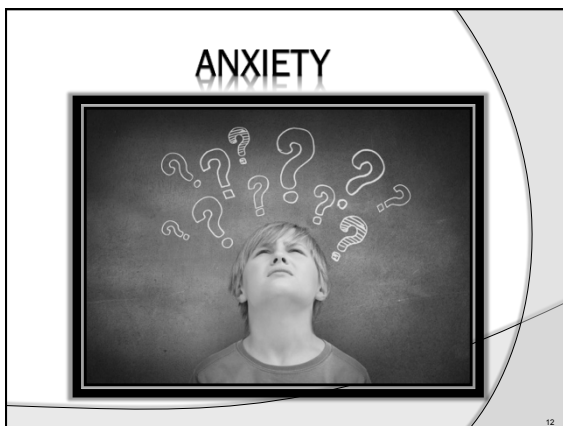
I thought I would have to teach my child about the world. It turns out I have to teach the world about my child.



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Children with anxiety and impaired self esteem may not verbalize their inner turmoil

Take a deeper look

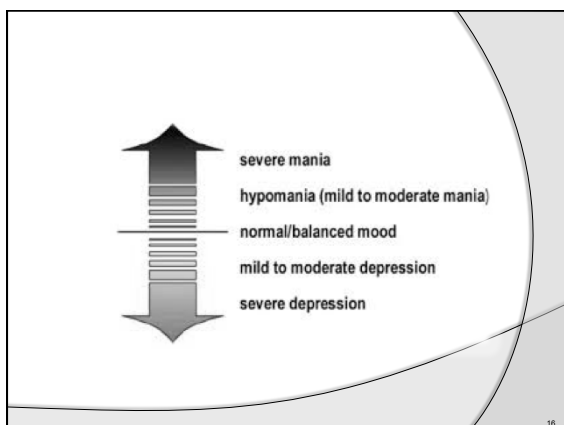
Breaking Down
FAT
Loser
No ONE UNDERSTAND
Ugly
STUCK SOMEWHERE YOU HATE
NERD
WELCOME TO MY LIFE
NOT ACCEPTED
DORK
HURT
LEFT OUT
KICKED YOUR WHEN DOWN
IDiot
StUPID
POKE SMILES

MOOD LABILITY



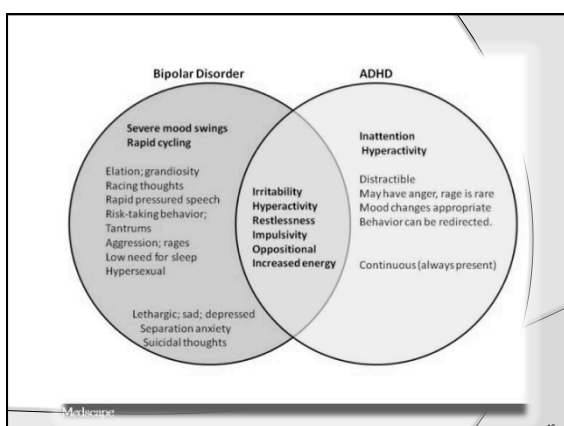
A 4x5 grid of 20 cartoon faces, each with a different expression and a label below it. The emotions are: Row 1: ANGRY, WORRY, BORED, CONFUSED, GUILTY; Row 2: DISGUST, FRUSTRATED, HAPPY, SAD, JEALOUS; Row 3: MEAN, RAGE, CONTENT, SCARED, SHY; Row 4: SORRY, SURPRISE, SUSPICIOUS, TIRED, ANNOYED.

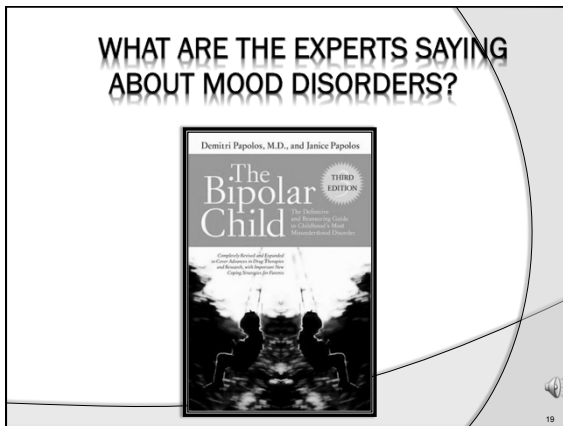
ANGRY	WORRY	BORED	CONFUSED	GUILTY
DISGUST	FRUSTRATED	HAPPY	SAD	JEALOUS
MEAN	RAGE	CONTENT	SCARED	SHY
SORRY	SURPRISE	SUSPICIOUS	TIRED	ANNOYED



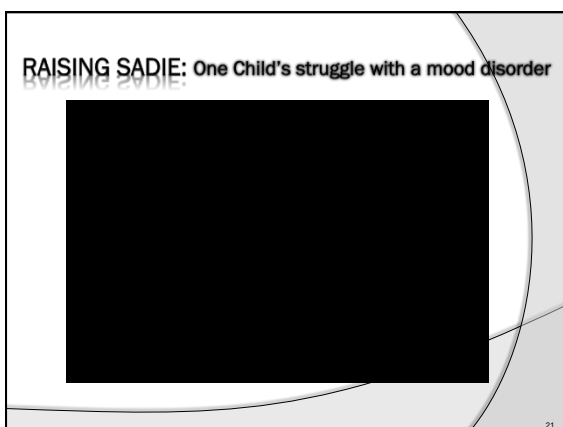
The natural course of bipolar disorder in pediatric cases tends to be chronic, complex/rapid cycling, and continuous (and mixed with depression) rather than episodic and acute. This is due in part to the complex and continuous cycling of mania and depression (with switches in polarity and the melancholy and lower level irritability of depression and the euphoria and extreme irritability of mania) as well as the interplay of bipolar disorder with its co morbid conditions, notably ADHD. Thus, children with co morbid bipolar disorder and ADHD are rarely "well."

(Wozniak, 2011)









MANIC/HYPO MANIC EPISODES

Manic or Hypomanic episodes in children are associated with elated/euphoric (silly-goofy-giddy) and/or angry/irritable mood states



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DEPRESSION

Depressive episodes are associated with dysphoric/sad/irritable and/or anxious/fearful mood states and four or more of the following symptoms and behaviors, (These are accompanied with loss of interest/pleasure in previously enjoyed activities often resulting in expression of boredom and excessive stimulus seeking behaviors)



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www.spdconnect.com/facebook

A meltdown is not the same as a tantrum.
A meltdown means our sensory kids are having a hard time - not giving a hard time. They need our help & understanding.

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ADJUST THE ENVIRONMENT TO ACCOMMODATE THE CHILD



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DEMANDS OF SCHOOL


- Concentration/alertness
- Proper behavior/controlling emotions
- Getting up in the morning/ Separation
- Individual/group effort
- Ability to consolidate information and build on this information and reproduce it on quizzes, exams, projects
- Flexibility to changes in routines/transitions



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STUDENT WITH A MOOD DISORDER

- Difficulty shifting set
- Distractible/ inattentive / anxious
- Perfectionist
- Tiredness from medication
- Frustration
- Learning difficulties
- School refusal social ineptness



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MULTIDISCIPLINARY APPROACH



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BEYOND GENERAL EDUCATION



- Section 504 mandates that *individuals with impairments that substantially limit a major life activity, such as learning, are entitled to academic adjustments and auxiliary aids and services, so that courses, examinations, and services will be accessible to them*

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BEYOND SECTION 504



- Federal mandate; provides a framework that all states must work within to establish their own criteria of eligibility for services
- Mood Disorder: Other Health Impaired (OHI) or Emotional Disturbance (ED)
- IDEA requires students be in the least restrictive environment and receive a free and appropriate education (FAPE)
- All school staff should be prepared to meet the needs of these students

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WHAT ROLE CAN WE PLAY ?

Bridging the Gap

Review history from allied professionals

Call multidisciplinary meeting to compare experiences and tactics

Commit to self education, seek outside expertise to recognize symptoms

Communication

Ongoing communication with parent

Obtain detailed history from parent

Compare child's presentation within environments

➡ **RESPECT OPINIONS** ⬅

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DIAGNOSING BIPOLAR VS. ADHD

Symptom	Bipolar Disorder	ADHD
Euphoria/giddiness	Excessive	Appropriate to situations
Irritability	Severe and intense, accompanied by tantrums	Occasional, may be caused by medication "wear-off"
Self-esteem	Grandiose/Self Reproach	Demoralized
Sleep patterns	Decreased need for sleep	Difficulty settling at night
Speech patterns	Pressured, fragmented, with flight of ideas	Energetic and quick
Thought processes	Racing thoughts; psychosis can occur	Patients do not report racing thoughts
Attention	Distractible	Distractible
Activity level	High energy, on-the-go, multiple projects, creative High risk behaviors, impulsive	Hyperactive, multiple projects; impulsive
Disruptive behaviors	Can become aggressive	Intrusive and active

Dr. Charles Popper

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IS IT ADHD BIPOLAR OR BOTH?

Early Onset Bipolar

- ✓ child is able to focus/attend when mood is stable/euthymic
- ✓ when depressed the child may have difficulty concentrating, slowing in motor skills, diminished ability to think straight/clear
- ✓ Tantrums are protracted and often triggered by limit setting
- ✓ symptoms are cyclical or intermittent in nature

ADHD

- ✓ continuous/non remitting inability to focus - needs novelty
- ✓ not depressive, no diminished cognition
- ✓ Tantrums are shorter in duration and often a result of overstimulation
- ✓ symptoms are continuous and non remitting

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IS IT ADHD BIPOLAR OR BOTH?

Early onset Bipolar	ADHD
<ul style="list-style-type: none"> ✓ difficult time sitting still, "wired", full of energy, (agitated) increased creativity or goal direction ✓ Intentionally challenges authority (i.e. bossy, argues with adults, grandiose) ✓ destructive, breaks things in anger ✓ Hypersexual or sexual precocity 	<ul style="list-style-type: none"> ✓ excess energy, constant movement, and being on the go, (not agitated) ✓ Does not typically challenge authority, responds to redirection, apologetic ✓ break things, but <u>NOT</u> purposeful ✓ Not present, age appropriate

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Resources

- Balanced Mind Institute www.thebalancedmind.org
- California Department of Education www.cde.ca.gov/sp/se
- Center for Disease Control www.cdc.gov
- Child and Adolescent Bipolar Foundation (CABF) cabf@bpkids.org www.bpkids.org
- Each Mind Matters www.eachmindmatters.org
- Juvenile Bipolar Research Foundation www.jbrf.org
- Ryan Licht Sang Foundation
<http://www.ryanlichtsangbipolarfoundation.org/site/c/1ZJ8MMIsE/h/2107311/k/BCD3/Home.htm>
- The Storm in my Brain: A publication from the Child & Adolescent Bipolar Foundation (CABF).
http://www.bpkids.org/site/pageserver2/pagename=im_books_children
- The Student with Bipolar Disorder: An Educator's Guide (2002). www.bpchilren.com

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Lead the way to a better tomorrow



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