COMMUNITY PSYCHIATRIC CENTERS

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E-PAMPHLET

Bipolar Disorder in Children and Teenagers

Helping Children who have trouble controlling their mood and temper

cpcwecare.com

This e-pamphlet will explore a important and compelling topic: childhood mood disorders and, more specifically, Bipolar Disorder. We'll examine, at length, the differences between Bipolar and Depression in children, how Bipolar tends to manifest, and treatment options. If your child is demonstrating pronounced outbursts, regardless of the diagnosis, this e-pamphlet is for you.

Can children have a mood disorder?

We are often asked, do children become depressed? Do children experience the highs and lows of Bipolar Disorder? Historically, it was believed that only adults experienced such disorders but we now know that children can, in fact, become depressed and that, too, children can experience the highs of a manic episode. However, for children, these disorders can present far differently when compared to adults. We'll first describe the difference between Depression and Bipolar Disorder.

Bipolar Disorder in children

Bipolar Disorder in children and teens is relatively rare, less then 2% rate of incidence. The disorder is more frequently diagnosed in teenagers and adults, but is diagnosed in children as well. Bipolar Disorder is considered more severe than depression. In the latter, a child feels sad, has less energy, usually experiences sleep problems (has trouble falling asleep, is a restless sleeper, or sometimes sleeps too much), has problems with their appetite (eat too much or too little), may have suicidal thoughts, has less interest in activities, may present as angry, do poorly in school and be more oppositional. The primary difference between depression in children, compared to adults, is that children may present predominately as irritated and behaviorally challenging, as opposed to overtly 'down" in mood or depressed.

Bipolar Disorder in children involves swings in mood from one 'pole' to the other, thus "Bi"polar Disorder. This condition was formerly called a Manic Depressive Disorder. Children with this condition are often quite angry and agitated. If the child becomes 'manic', they may become quite elated in mood, giddy, talk to fast, and believe they have unlimited energy and can take-on any endeavor without fear of injury or harm. They're very easily irritated, get into trouble at school and home, may be hyper-sexualized, have little need for sleep. However, as with depression, children with Bipolar often present differently than adults; rather than overtly manic episodes (euphoric mood…), children more often tend to present with severe outbursts and can be quite destructive. The emotional displays of a child with Bipolar go well beyond typical childhood tantrums and may include

destruction of property or self-injurious behavior. In that regard, the hallmark features, in children, is severe mood swings, temper outbursts, sleep difficulties, and being highly emotionally reactive.

Differences in Bipolar between children and teenagers:

Teenager who presents with Bipolar Disorder typically presents the way the adult might appear. They may have a first episode in which they are quite manic and seem grandiose; in more severe cases the teen may also be paranoid or psychotic (hear voices…). As with adults, there may be risky behavior including spending a lot of money, driving in a reckless manner, using drugs or alcohol, and doing other things which put them at risk for harm. Suicidal thinking in Bipolar adolescence is serious; if the teen expresses such thoughts, it's vital to seek immediate professional help.

How do I know if it's Bipolar?

Parent's often ask; how do I know if my child's moodiness and temper outbursts is 'just what kids do' or whether it's something more significant and crosses the line into a mood disorder. Of course, this is a challenging question.

The severity of the condition is the primary determinant. It's difficult to diagnose Bipolar Disorder in young children but it's quite compelling if a child, for days or weeks at a time, is extremely angry, irritable, having explosive outbursts, and not sleeping. The hallmark feature is 'explosiveness' and outbursts that go well-above what is typically evidenced in childhood tantrums. In that respect, we assess the child's age, and the subsequent severity, duration, and frequency of the condition. It's not much to worry about if a toddler is having a tantrum once or twice a day and 'bouncing back' in a few seconds with distraction and redirection. However, if the tantrums are severe, with breaking of objects, head-banging, and aggression, and occurring three to four times per day, for 30 minutes or more, that's when it's crossing the line. However, even then, we assess for other potential causes that may include a child who has been traumatized in some way.

In the event of an older child, we expect more self-control and for the child to bounce back quicker and, frankly, to not have tantrums in the first place. In that regard, by five or six years of age, it's expected that tantrums are rare or short-lived. Sometimes children will become emotional for manipulative purposes (want their own way) but, again, that type of outburst is typically far less extreme than what is evidenced in a child with Bipolar Disorder. In that respect, that's one of the keys in the evaluation

process: is the child genuinely losing control of their emotions? If the answer is 'yes,' and the episodes are lengthy, then there is a rationale for professional intervention.

Journaling

We'll often ask parents to keep a journal of the child's behavior, to assist in identifying triggers, and frequency, duration, intensity, and outcome of each episode. It's especially troubling if a minor event results in a severe tantrum that continues for hours. It's also important to note effective calming strategies. Consequently, we ask parents to journal their response to an outburst, which helps in ascertaining factors that may be contributing to the length of the child's outburst.

Interventions

What are you supposed to do? Well, the most important thing is for a parent to remain calm, in-control of their emotions, and speak in a low tone. It's vital the parent remain in-control of their emotions and not argue or 'tantrum", so to speak, back at the child. Don't yell at the child, and don't criticize or berate. It's unwise to remind of harsh punishments in the midst of your child's tantrum (only worsens the emotion). Praise your child when he or she is able to demonstrate self-control, and reward accordingly. Behavior charts are wonderful; kids love to earn stickers and subsequently often demonstrate increased motivation to remain in control. It's important recognize triggers and avoid repeating them. It's often beneficial to remove the child from the scene, distracting them by some other method, and relying on consequences rather than threats. Encourage your child to talk and appropriately express their feelings as opposed to acting-out. It's also important to 'pick your battles.' In that regard, sometimes it's better to simply pick-up the toy yourself rather than trigger an hour-long tantrum.

Medication:

There are a number of very effective medications to treat Bipolar Disorder, resulting in a child being far more in-control of their emotions. Thesewould include a class of medications known as mood stabilizers such as Lithium and Depakote. We also use other medications such as Abilify and Seroquel. There may be subsequent use of an antidepressant, to a lesser degree, to treat both the depressive and the manic symptoms of Bipolar Disorder.

Counseling

We also engage the families in individual and family therapy. It's important for the parents to be involved in the treatment process to be educated about the disorder, how to identify symptoms when they occur, and to intervene effectively. In that regard, it's vital that the family environment be rather low in drama, low-key, structured, consistent, predictable, and that family members maintain good boundaries. We also engage the child in individual therapy to help them cope better, improve insight, recognize and anticipate triggers, and target the best ways to manage difficult situations. We rely on behavioral approaches that target a comprehensive behavioral plan to help parents better-manage their child's behavior, and cognitive interventions to help children cope better with stress and challenging situations.

To isolate or not to isolate?

For kids who show more severe emotion, banishing to the room may not be entirely effective. In some cases the child, in their room, may become destructive or self-injurious. Moreover, sometimes these kiddos refuse to go to their room, leaving parents in a quandary.

What to do?

Here are a number of helpful tips for success:

Remain Calm

Do not lose your cool, raise your voice, or become overly emotional, it only worsens the situation. Two out-of- control people certainly doesn't help. Rely on the softer and closer approach (see Dr. Carosso's Blog at cpcwecare.com).

Pick your Battles Carefully

Some battles simply aren't worth it. You may have to decide whether your child picking-up their toys is worth a three hour battle that may ensue.

Accessing Antecedents

It's often possible to predict emotionally volatile situations before they occur. If the problem can be predicted, it can often be avoided. For example, if your child tends to tantrum soon after returning home from school in response to contact with a sibling; you may keep the two apart for 30 minutes after the return from school, and provide a structured routine of after-school activities to slowly bring them back together on your terms, not theirs.

The Struggle for Power

Some kids are especially strong-willed and looking for a fight. If you butt heads, you may win the battle but find yourself losing the war if your home is turning into

a battle-zone. Instead, avoid power-struggles by providing choices, using humor, starting the chore with your child, making a race of the chore (who can get done faster…), using hand-over-hand, utilizing the softer-and-closer approach, tag-teaming with your spouse (take a break and let your spouse intervene), reminding of good consequences for compliance, walking away and dealing with it later, giving a choice between a quick ten-minute time-out or losing TV for the rest of the night, and a host of other options. The larger your tool box is, the better-prepared you will be.

The safety zone

It's sometimes necessary to turn the child's bedroom in a safe and secure place for your child to calm. Otherwise, parents may find themselves restraining their child for extended periods of time, which often leads to someone getting hurt. If you find yourself in this situation, contact this psychologist, for guidance, at jcarosso@cpcwecare.com.

The Beauty of Behavior Charts

Yes, sticker charts can be a pain, but they sure can provide children with extra motivation to control themselves. When they don't work it's often because they're being used incorrectly. It can be more complicated than people think to figure-out how often, how much, and for what should stickers and rewards be given. For example, it's all for naught if you give a 4 year-old stickers once per day, and extra rewards once per week (a four year-old often needs reinforcement far more frequently). I've found it best that parents seek professional guidance to devise a chart but, in the meantime, see Dr. Carosso's earlier post, at cpcwecare.com, explaining behavior charts.

What About Autism?

Many of these strategies also pertain to children with autism. However, we would also want to target sensory issues, language difficulties, and socialization deficits that can quickly lead to heightened emotion. It's vital that we avoid sensory overload, find ways for children with autism to communicate their needs and wants, and avoid social situations that we know will likely contribute to frustration.

The Spiritual Connection

Get your child involved in activities that enhance spiritual development (church services, Sunday School, Children's Ministries, Youth Group, Retreats, listening to KLOVE (98.3FM), playing with Spiritually-Minded friends…). It is comforting to be reminded that God loves, cares, is a protector, comforter, helper during times of frustration, and that He's only a prayer away (see Dr. Carosso's prior post, at cpcwecare.com: "*the argument squelcher*").

Praise without Ceasing

Always be on the look-out for good behavior, self-control, and cooperation. Praise whatever you want to see more of. Don't miss an opportunity to praise your child for handling a situation without excess emotion, or for calming-down quicker than usual. Big hugs, high-fives, a big smile, and words of praise go a long way to increase your child's motivation for next time.

Causes

It's generally accepted that Bipolar Disorder is caused by a genetic inheritance. In fact, a diagnostic consideration is a child's relative having been diagnosed with Bipolar.

Depression, on the other hand, is far more diverse in cause. There can be a primary genetic component, but environmental factors, especially a loss, can also strongly contribute to a child becoming depressed.

Parent email question:

"My ten year old has tantrums upwards of three times per day. He may throw things and scream and it lasts for up to 30 minutes. This just started to get bad this past year. There is no Bipolar Disorder that I know of in my family. What do you think?"

Response: It's important that Bipolar is not in the family history; this issue only recently began this year, and the child is ten years of age. Of course, one wonders if there are environmental factors going on; family issues that may be contributing to this problem. Of course, a full evaluation would be needed. However, thirty minutes is a long time for a ten year-old to tantrum. The child should be calming much sooner that that. Consequently, this clearly is a situation we want to take a look at further.

CPC is here to help

Here at Community Psychiatric Centers, we specialize in working with children with significant emotional or behavioral issues. We have developed an effective behavioral protocol to which most children respond favorably. Feel free to call for an appointment at 1-877-899-6500 and see our website at cpcwecare.com. God bless.