

# The Bipolar Child

One out of 100 kids is now diagnosed with bipolar disorder.  
What you need to know to reach that child. By Samantha Cleaver

**Excited**

*Playful*

**angry**

*Worried*

**AGITATED**

Hopeful

Distracted

*shy*

**mad**

**Moody**

*Confused*

peaceful

**Nervous**

**Sad**

Pleased

**lonely**

**Hyper**

Happy



## tough topic

Carrie always knew something was different about her son, Liam. One moment he'd be affectionate and talkative, and the next, irritable and sulking in the corner. He was moody, violent, and, at times, unrecognizable even to her. "Every day I would wake up and think, 'Oh my God, another day with this kid,'" she remembers.

When it came time for Liam to start kindergarten, Carrie was apprehensive about how he'd adjust to a new environment. What if he had daily tantrums like he did at home? Carrie was sure his teacher, Mrs. Taylor, would also be challenged, and by the end of his first month, sure enough, the teacher was at her wits' end. Liam was bright and compassionate, she reported, but there were times when he became severely disruptive. Liam was sent to a child psychiatrist and was diagnosed with ADHD, but the medication he was prescribed only exacerbated the problem. On a return trip, the doctor suggested juvenile bipolar disorder might be behind the boy's behavior. Carrie and Mrs. Taylor were speechless. Since when could a child be bipolar? Liam was put on medication and, within days, remembers Carrie, Liam—who hadn't smiled in years—was cracking a grin, even laughing. "We were floored," she says.

Now in fifth grade, Liam is succeeding. He follows an individual education plan designed by his teacher, the principal, a social worker, and a psychologist, which helps him thrive in a regular classroom. The plan allows him to use a computer for writing assignments, provides daily occupational therapy sessions to help him with sensory integration, and gives him permission to eat lunch away from the busy, often stressful cafeteria. The school, says Carrie, "has been a dream to work with."

### What Teachers Need to Know

Not all cases of juvenile bipolar disorder are this easily managed, but there are ways to ensure every child is helped. Today, one in 100 kids has juvenile bipolar disorder, according to Mark Olfson, professor of clinical psychiatry at Columbia University. The numbers are on the rise: Researchers report that diagnoses have increased forty-fold from 1994 to 2003. Although most children with bipolar disorder aren't identified until late elementary school, Dr. Demetri Papolos, associate professor of psychiatry at Yeshiva University in New York and Juvenile Bipolar Research Foundation board member, has seen symptoms in children as young as 3. In his groundbreaking book, *The Bipolar Child*, Papolos claims that while the disorder expresses itself differently in every child, in general, kids with bipolar cycle through periods of mania and depression. In other words, a child with bipolar may tear through your math center one moment and slouch silently the next—or experience longer highs followed by equally long lows.

**“Some people think it's over-diagnosed and some don't believe it's a legitimate diagnosis for children.”** —Jim Prince, Director, Manville School

The definition of juvenile bipolar disorder is still in flux—and may not be settled for some time. But here's what we do know: Bipolar disorder affects the prefrontal lobe in the brain, a region that's associated with personality and social behaviors; the hippocampus, which helps with episodic and contextual learning; and the amygdala, involved with emotional learning and memory.

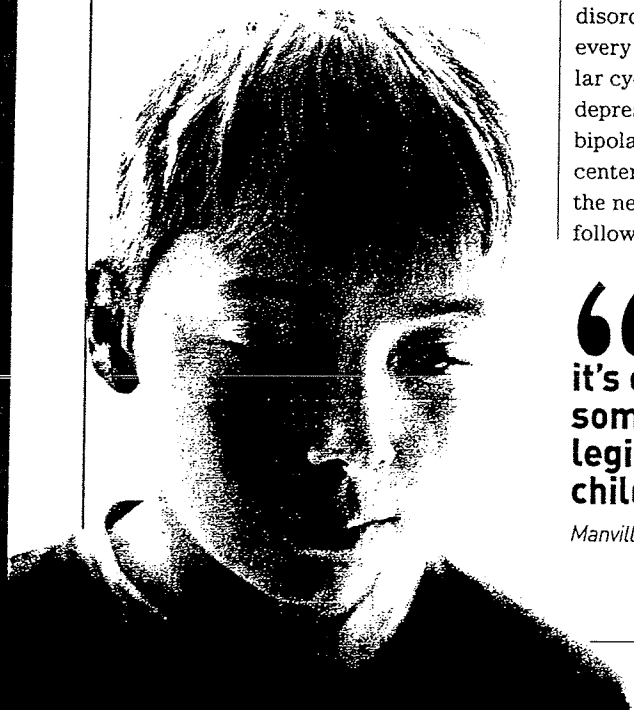
These brain structures have not adequately matured in children, says Tony Meyer, medical director of the Milwaukee Psychiatric Hospital, which can make juvenile bipolar disorder a controversial diagnosis.

"Some people think it's over-diagnosed and some don't believe it's a legitimate diagnosis for kids," agrees Jim Prince, director of the Manville School of the Judge Baker Children's Center in Cambridge, Massachusetts.

### What Bipolar Disorder Looks Like

Experts name seven symptoms of juvenile bipolar disorder in addition to the major one, elevated irritability: distractibility, indiscretion, grandiosity, flight of ideas, activity decrease, sleep deficit, and talkativeness. But any child can exhibit these symptoms on any given day. How can you differentiate between a distracted or talkative child and one who may be seriously suffering? At its onset, bipolar may look like ADHD, and that's often the original diagnosis. In the classroom, says Papolos, "teachers will see a kid who's fidgety and distractible and suggest the parents take the kid to the pediatrician, [but] those symptoms overlap with bipolar." If a child is mistakenly diagnosed with ADHD, stimulant medication can make the bipolar disorder much worse, as with Liam, producing depression or psychosis, which can disrupt learning even more.

So what to look for? The major warning sign is extreme difficulty regulating emotions, says Prince. "The feeling of being excited or upset is so big that they can't dampen themselves down." Once overwhelmed, children with bipolar disorder take a long time to return to a stable emotional state.



When episodes like this occur, there is no easy solution, but there are techniques you can use to help.

### Listen to Parental Concerns

If a parent comes to you with concerns, even if you haven't seen the child act out, take them seriously. Children with bipolar disorder are capable of concealing their symptoms, and even if the child is manageable at school, this may not be the case at home. When Alissa Bronsteen's son was in elementary school, she remembers, he would hold himself together all day, and his teachers never suspected a thing. But once at home, he'd lash out. When Bronsteen finally went in and talked to his teachers, they were surprised. The effort of reining his emotions in all day must have taken an enormous toll on the boy. Of course, the same goes in reverse—if you're witnessing behavior the parents

don't see at home, reach out to the family and share your observations.


### Watch for Signs

Stress looks different in each child, says Prince, so know the warning signs. You'll see some kids' expressions change or their cheeks flush. Other children will have a hard time sitting still or keeping their voices down. Recognizing these symptoms comes with practice. Cindy North, a teacher at Parkville Middle School in Baltimore County, Maryland, has worked with children with emotional disabilities for years and can detect right away if one of her students is having an off day. If she notices a change in behavior, she makes sure the child has taken his or her medication and offers a short break. You can ask parents what kids do at home to calm or soothe themselves, and come up with a signal that they can give you to let you

know that they need a time out. "Getting up and walking around and changing the setting can help the child come back refreshed," says Prince.

### Modify Teaching Strategies

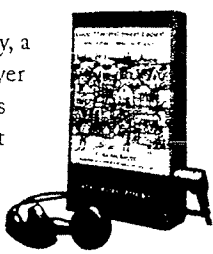
When it comes to learning, children with bipolar disorder often have trouble with critical thinking, organization, and fine motor coordination. They may also struggle with bilateral or motor sequencing and have poor handwriting and grammar. Rosalie Greenberg, MD, author of *Bipolar Kids: Helping Your Child Find Calm in the Mood Storm*, adds that many kids with bipolar disorder have problems with multiplication tables. "They'll learn it and forget it," she says. And, there's often a difference between verbal and performance IQ. So, while children can talk about any subject and are incredibly creative, their test scores won't match. Some of the



# But is it really reading?

**Yes!** Pairing audio with text can help bridge the gap for unmotivated or struggling readers.

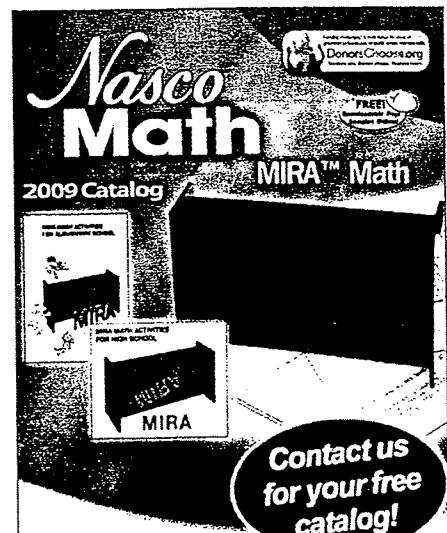
Check out our titles on Playaway, a handheld device that's both player and audiobook in one. Students enjoy them so much they won't even realize they're building comprehension and reading skills. (So why tell them?)



## Recorded Books K-12

1-800-638-1304 [www.recordedbooks.com/school](http://www.recordedbooks.com/school)

CIRCLE NO. 26 ON TEACHER ACTION CARD



# Nasco Math

2009 Catalog

MIRA™ Math

FREE!

Contact us for your free catalog!

Nasco is committed to offering quality products at competitive prices.

# Nasco

1-800-558-9595  
[www.eNasco.com](http://www.eNasco.com)

CIRCLE NO. 22 ON TEACHER ACTION CARD

## tough topic

strategies you use with students with ADHD will work with kids with bipolar disorder: Divide tasks into smaller chunks, be flexible, assign them a seat at the front of the room, and use visual cues to help them remember tasks and expectations.

### Focus on Safety

Kids with bipolar disorder have an overwhelming fear of harm, and the more you can do to alleviate that the better. "Safety is the thing that [teachers] should be striving for," says Bronsteen, "more than routine or predictability." That includes safety from ridicule, embarrassment, and failure, as well as from physical harm. But make sure your focus on a child with bipolar disorder doesn't detract from the classroom experience of other students. Their safety is also a priority; routinely check in with them to answer any questions they may have.

### Build Trust

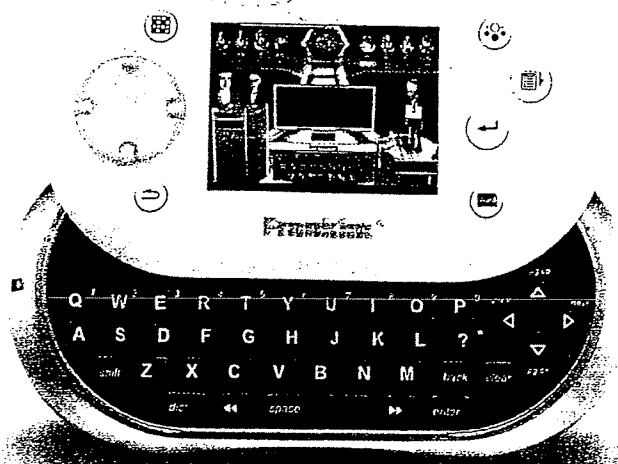
Try focusing on the positive attributes and strengths of your student with bipolar disorder, and use those to help you build a rapport with him or her that will help if the child is in crisis. If the child is depressed, avoid writing a negative report but instead encourage self-esteem by giving the student real praise. Some children with bipolar are sensitive to rejection and easily misinterpret verbal or visual cues, hearing a neutral tone as negative, for example. Conversely, one of teacher Mary Helen Schulte's students at the Kradwell School in Wauwatosa, Wisconsin, which serves students who don't function well in a traditional environment, reacts poorly to praise. So she handles all of his feedback in a matter-of-fact, business-like tone. Once you have the child's trust, you can forge a relationship that carries through the mood swings, irritability, and depression. Of course, building trust with all

students in your class is essential. Talk about what they struggle with, from math to emotions, and help them support each other. This can help to build a sense of community and an understanding that everyone is going to work to make sure everyone else does well.

### Take It in Stride

If a child does have a rapport with you, she may lash out at you when she's upset, says Schulte. If she feels safe enough to be upset and "have a moment" in front of you, don't take it personally—instead help her work through it. Parkville's North likes to talk through problems with her students, though she makes sure they know that whatever their diagnosis, they're still responsible for their behavior. Learning to work with kids with bipolar takes time. Do whatever you can to help them understand they have the power to help themselves. □

## Help your students become spelling bee champions with the Speaking Spelling Bee™!



Experience the challenge and excitement of a spelling bee in the palm of your hand!

- Clear speech and great sound effects
- Connects easily to most TVs for classroom use

#### ALSO CONTAINS

- The Merriam-Webster's® Intermediate Dictionary, the Merriam-Webster's® Intermediate Thesaurus and the Merriam-Webster's® Rhyming Dictionary

For more information visit  
[www.franklin.com/education](http://www.franklin.com/education)  
 or call 1-800-525-9678, option #2.

## Franklin®

PROUD SUPPORTER OF  
 SCRIPPS NATIONAL  
 SPELLING BEE

Does your  
 school do  
 spelling bees?

© 2006 FRANKLIN ELECTRONIC PUBLISHERS, INC. Burlington, NJ 08016-4907. All rights reserved.  
 © 2004-2007 The Franklin Institute. All rights reserved. Screenplays are excluded. Prices, terms, and conditions may vary.  
 Due to technical or other requirements, the right to use the image of the product is not granted.