



Building Bridges For Children's Mental Health

Behavioral Health Facts and Classroom Tips*

For use with Positive Behavior Supports & Response to Intervention

Bipolar Disorder

Symptoms or Behaviors

According to the Child and Adolescent Bipolar Foundation, symptoms may include:

- Rapidly changing moods lasting a few hours to a few days
- Depression
- Explosive, lengthy, and often destructive rages
- Separation anxiety
- Defiance of authority
- Hyperactivity and distractibility
- Strong and frequent cravings, often for carbohydrates and sweets
- Excessive involvement in multiple projects and activities
- Impaired judgment, impulsivity, racing thoughts, and pressure to keep talking
- Dare-devil behaviors
- Inappropriate or precocious sexual behavior
- Delusions and hallucinations
- Grandiose belief in own abilities that defy the laws of logic (becoming a rock star overnight, for example)

Information for Parents & Teachers

All mental health concerns are treatable, and more treatment progress can be made by a coordinated partnership between schools and home. It is recommended that with family consent, all community partners involved and the family work together.

Bipolar disorder is also known as manic-depressive illness. The normal ups and downs that everyone goes through are more severe for students experiencing symptoms of bipolar disorder.

Children and adolescents may experience mood swings between depression and mania many times within a day. Working together to track patterns and reactions may help to decrease swings at home and school.

Benefits of early intervention

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.

Effective treatment depends on appropriate diagnosis. The school counselor, psychologist, or social worker can provide an evaluation and/or assessment, or refer you to a community resource.

Early partnership between school and home to coordinate how medication and/or symptoms may play at school is essential.

Support from family, school, friends, and peers can be an important part of recovery. With sensitivity, support, and help from mental health professionals, a child can lead a healthy and productive life.

Questions? Request an in-service at your school.

Possible Educational Implications

A student with bipolar disorder may have difficulty concentrating and understanding assignments with long directions, or reading and comprehending written passages of text.

Watch for:

- Episodes of overwhelming emotion
- Poor social skills and difficulty with peers
- Frequent tardiness
- Over involvement in activities or tasks
- Poor judgment and defiance

The partnership between school professionals and the student and family will enhance student success in both home and school.

* Behavioral Health refers to mental health and substance use disorders



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Additional Building Bridges project information available at www.cde.state.co.us/cdesped/BuildingBridges.asp and www.csi-policy.org/buildingbridges/index.html



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Pro-Active 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. For more suggestions, consult the Foundation web site at www.bokids.org. This site is a rich resource for teachers.

Resources

Building Bridges for Children's Mental Health,
www.cde.state.co.us/cdesped/BuildingBridges.asp

Child & Adolescent Bipolar Foundation (CABF), www.bpkids.org, 847-256-8525, *Educates families, professionals, and the public about early-onset bipolar disorders*

Colorado Department of Education: Fast Facts,
http://www.cde.state.co.us/cdesped/download/pdf/FF-EBP_MH_ADHD.pdf

Empower Colorado, www.empowercolorado.com, *Support, education, advocacy and resources for families with children and youth with challenges*

Federation of Families for Children's Mental Health ~ Colorado Chapter,
<http://www.coloradofederation.org/>

National Alliance for the Mentally Ill (NAMI), www.nami.org, 800-950-6264, *Medical and legal information, helpline, research, publications*

National Alliance on Mental Illness Colorado,
www.namicolorado.org/illnesses.shtml *Resources, news, warning signs and information*

National Institute on Drug Abuse,
<http://teens.drugabuse.gov/facts/index.php>

National Institute of Mental Health (NIMH), www.nimh.nih.gov, 866-615-6464, *Free educational materials for professionals and the public*

Parent Education and Assistance for Kids (PEAK), www.peakparent.org

SAMHSA'S National Mental Health Information Center,
www.mentalhealth.samhsa.gov, 800-789-2647

Publications

The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder, by Demitri Papolos and Janice Papolos, Broadway, 2002. Available from www.bipolarchild.com

The Explosive Child: A New Approach for Understanding Easily Frustrated, Chronically Inflexible Children, by Ross W. Greene, HarperCollins, 2001.

In addition to these publications, many of these websites also recommend publications and have information with current research.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. According to CDE Guidelines, if you suspect possible abuse you are legally required to report your suspicions to the designated agencies immediately. This legal responsibility is not satisfied by merely reporting your suspicion to other school personnel.

In the case of a suicidal concern, confidentiality is waived if the student is a danger to self or others and an immediate response is needed.

Both a verbal and a written report are required. Please see a standard form for a written report in "Preventing and Reporting Child Abuse and Neglect", available at: <http://www.cde.state.co.us/cdeprevention/pichildabuse.htm>

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.