

# BIPOLAR DISORDER (MANIC-DEPRESSIVE ILLNESS)

## SYMPTOMS OR BEHAVIORS

- An expansive or irritable mood
- Depression
- Rapidly changing moods lasting a few hours to a few days
- Explosive, lengthy, and often destructive rages
- Separation anxiety
- Defiance of authority
- Hyperactivity, agitation, 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 (become a rock star overnight, for example)

*From the Child and Adolescent  
Bipolar Foundation*

## ABOUT THE DISORDER

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in a person's mood, energy, and ability to function. Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. They can result in damaged relationships, poor job or school performance, and even suicide.

More than 2 million American adults, or about 1 percent of the population age 18 and older in any given year, have bipolar disorder. Children and adolescents can also develop bipolar disorder. It is more likely to affect the children of parents who have the illness. Like diabetes or heart disease, bipolar disorder is a long-term illness that must be carefully managed throughout a person's life.

Unlike many adults with bipolar disorder (whose episodes tend to be more clearly defined), children and young adolescents with the illness often experience very fast mood swings between depression and mania many times within a day. Children with mania are more likely to be irritable and prone to destructive tantrums than to be overly happy and elated. Mixed symptoms also are common in youths with bipolar disorder. Older adolescents who develop the illness may have more classic, adult-type episodes and symptoms.

Bipolar disorder in children and adolescents can be hard to tell apart from other problems that may occur in these age groups. For example, while irritability and aggressiveness can indicate bipolar disorder, they also can be symptoms of attention-deficit/hyperactivity disorder, conduct disorder, oppositional defiant disorder, or other types of mental disorders more common among adults such as schizophrenia. Students with bipolar disorder may be prone to drug use, which can aggravate symptoms. Furthermore, drug use alone can mock many of the symptoms of bipolar disorder, making an accurate diagnosis difficult.

For any illness, however, effective treatment depends on appropriate diagnosis. Children or adolescents with emotional and behavioral symptoms should be carefully evaluated by a mental health professional. In addition, adolescents with bipolar disorder are at a higher risk for suicide. Any child or adolescent who has suicidal feelings, talks about suicide, or attempts suicide should be taken seriously and should receive immediate help from a mental health professional.

## EDUCATIONAL IMPLICATIONS

Students may experience fluctuations in mood, energy, and motivation. These fluctuations may occur hourly, daily, in specific cycles, or seasonally. As a result, a student with bipolar disorder may have difficulty concentrating and remembering assignments, understanding assignments with complex directions, or reading and comprehending long, written passages of text. Students may experience episodes of overwhelming emotion such as sadness, embarrassment, or rage. They may also have poor social skills and have difficulty getting along with their peers.

Students may have fluctuations in cognitive abilities. They often have an impaired ability to plan, organize, concentrate, and use abstract reasoning. These students may experience heightened sensitivity to perceived criticism, are easily frustrated and may cry for no apparent reason, or they may be seemingly inconsolable when distressed. Teachers may notice how "irrational" these students seem to be, and that trying to reason with them often doesn't work. Most of the students with bipolar disorder experience extremely high levels of anxiety that interfere with their ability to logically assess a situation. Medications can cause a child to not be able to think clearly or they can lead to physically uncomfortable side effects that interfere with school performance.

## 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 and monitor the student's progress, checking comprehension periodically.
- Devise a flexible curriculum that accommodates the sometimes rapid changes in the student's ability to perform consistently in school.
- When energy is low, reduce academic demands; when energy is high, increase opportunities for achievement.
- Identify a place where the student can go for privacy until he or she regains self-control.
- Create a plan for students to help them calm themselves, such as listening to soothing music, drawing, or walking. Be sure to practice the plan with the student in advance.
- Accommodate late arrival due to inability to awaken—this may be a medication side effect or a seasonal problem.
- Because transitions may be particularly difficult for a child with an FASD, allow extra time for moving from one activity to another.
- Adjust the homework load to prevent the child from becoming overwhelmed.
- Allow children to discreetly attend to physical discomforts caused by medication side effects, for example a child's excessive thirst may lead to the need for frequent bathroom breaks.
- Ask parents or the student's physician about the student's mood cycles and adapt curriculum, activities, or classroom supports as needed.

—Some of these suggestions are from the Child and Adolescent Bipolar Foundation. For additional suggestions on classroom strategies and modifications, see *An Educator's Guide to Children's Mental Health* pages 18–24.

## RESOURCES

### Child & Adolescent Bipolar Foundation (CABF)

820 Davis Street, Suite 520  
Evanston, IL 60201  
847-492-8519 • [www.bpkids.org](http://www.bpkids.org)  
*Educates families, professionals, and the public about early-onset bipolar disorders*

### Depression and Bipolar Support Alliance (DBSA)

730 North Franklin Street, Suite 501  
Chicago, IL 60610  
312-642-0049 • 800-826-3632  
[www.dbsalliance.org](http://www.dbsalliance.org)  
*Support groups, patient support, patient assistance programs, advocacy, publications, referrals, book catalog*

### NAMI (National Alliance for the Mentally Ill)

3803 North Fairfax Drive Suite 100  
Arlington, VA 22203  
800-950-6264 • [www.nami.org](http://www.nami.org)  
*Medical and legal information, helpline, research, publications*

### National Institute of Mental Health (NIMH)

Office of Communications  
6001 Executive Boulevard  
Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
866-615-6464 • [www.nimh.nih.gov](http://www.nimh.nih.gov)  
*Free educational materials for professionals and the public*

### SAMHSA'S National Mental Health Information Center

PO Box 2345  
Rockville, MD 20847  
800-789-2647 • [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)  
*Resources about child and adolescent mental health and links to other web-based materials for educators*

### Publications

*The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder*, by Demetri Papolos and Janice Papolos, Broadway, 2002.  
[www.bipolarchild.com](http://www.bipolarchild.com)

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