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PSYCHOLOGY PRACTICE

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childPSYCH News

A newsletter for professionals and parents

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www.childpsych.net.au

Special points of interest:

- At *childpsych only* psychologists who are registered teachers will write the report on learning difficulties
- All *childpsych* psychologists have a minimum of masters level training in psychology
- To unsubscribe from this newsletter at any time, either email or call *childpsych*

Childhood Bipolar Disorder

Feature article by Philip Gosschalk MAPS, Director & Psychologist of *childpsych*

Childhood bipolar disorder is a rare condition where the true prevalence is unclear. In one study of 14-18 year olds, 1% met the criteria for bipolar disorder with a further 5% showing early warning signs of the disorder. Bipolar disorder is commonly known as "manic-depression" where the individual can go through periods of quite depressed moods followed by periods of high mood (mania or manic phases) characterised by racing thoughts, little need for sleep and feelings of power. These periods can last from weeks to months.

A diagnostic challenge

Until recently, many professionals believed children could not suffer from bipolar disorder. This was because how bipolar disorder "looked" in children was quite different to how adults with bipolar behave. In general, childhood bipolar is similar in presentation to adult bipolar disorder when the child is in mid to late adolescence. A common argument is that bipolar disorder is incorrectly diagnosed as AD/HD in some children. This is because children with bipolar disorder tend to exhibit problems such as irritability, strong "mood swings", severe temper outbursts, anxiety and depressive symptoms as well as poor concentration and impulsivity. As can be seen many of these symptoms overlap with AD/HD.

Complicating the identification of bipolar disorder in childhood then is that the diagnostic criteria to diagnose it seems more suited to adult forms of the disorder.

Until recently, many professionals believed children could not suffer from bipolar disorder.

It is not uncommon for children with Bipolar Disorder to also have symptoms of Oppositional Defiant Disorder, AD/HD, Conduct Disorder and anxiety problems. Whether they in fact have one or more of these disorders *in addition* to Bipolar Disorder is another area of contention. However, given that it is common in psychiatric diagnoses for individuals to have more than one mental health issue, it is likely that children with Bipolar Disorder will meet the diagnostic criteria of at least one other disorder. For example, Some researchers claim that 11-75% of children with Bipolar Disorder will also have AD/HD.

Causes

Children of parents with Bipolar Disorder have been found to be 2.7 times more likely to be later diagnosed with the disorder. Certainly, children in families with bipolar disorder have been found to have a higher risk for other mental health problems also such as depression, anxiety and AD/HD. Neurologically, individuals with bipolar disorder tended to have problems with parts of the brain involved in attention and emotional regulation. As can be hypothesised then, a child who presents with temper outbursts, irritability and so on may not have bipolar disorder yet, but if there is a family history, then they may be showing the warning signs that they are biologically at risk of this disorder.

Treatment

Medication is commonly used to help children regulate their emotions. Sometimes the use of medication used to treat AD/HD, such as Dexamphetamine and Ritalin, can worsen things in those children who have psychotic symptoms as part of their bipolar disorder. Also antidepressants could worsen the "manic" symptoms in bipolar disorder. In general antipsychotic medication has been used quite effectively in children with bipolar disorder.

Often however, medication on its own is usually not enough. Those children with bipolar disorder and AD/HD have been shown to benefit from the use of psychological interventions in addition to the use of medication. Psychological interventions such as cognitive-behavioural therapy, which aim to control the AD/HD symptoms and help children cope with their symptoms, seem to be effective.

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Childhood Bipolar Disorder con't

Preventative strategies

In our practice we do see children who present with the early warning signs of being at risk for developing such a disorder.

The research suggests that poor social skills, few friends, conflict with parents and peers, poor problem solving skills and a weakened bond with parents are some of the risk factors that place children with a family history of bipolar disorder at further risk. Our interventions aim to address these risk factors. We believe that by intervening early we can assist with reducing the chances of the child developing such a disorder. Resilience training is something that we at *childpsych* do quite frequently as it teaches the child to manage their emotions and helps reduce stress (a factor in the disorder developing in at risk individuals).

"The research suggests that poor social skills, few friends, conflict with parents and peers, poor problem solving skills ...are some of the risk factors that place children with a family history of bipolar disorder at further risk."

Suggestions for concerned parents

1. Try and maintain a calm family environment where conflict is resolved
2. Use consistent discipline
3. Coach the child in how to mange their emotions (e.g., how to calm down by breathing)

The Alert Program

How Does Your Engine Run?

By Tina Wurth, Ready Set Go! Occupational Therapy

As adults, we use a range of strategies to help ourselves stay alert throughout our day (whether it be drinking a coffee first thing in the morning, clicking our pen during a staff meeting, or checking our pigeon hole for the third time in a day). In most circumstances, we are able to alter our level of alertness so that it is appropriate to the task at hand. Alternatively, when a child attempts to keep themselves alert by rocking on their chair, rolling on the carpet or tapping their pencil on the desk, they are often met by glares from their teacher.

The Alert Program: How Does Your Engine Run? (created by Shellenberger & Williams, 1998) is aimed at improving a child's ability to self-regulate their level of alertness or attention. The program uses the analogy that our bodies are like car engines – sometimes they run on 'high' (excited, anxious, 'ants in their pants'), sometimes on 'low' (tired, worn out) and sometimes they run 'just right'. If a child is in the 'just right' engine speed they are able to concentrate with little effort.

In this program, children work in combination with an occupational therapist to explore a range of sensory input (whether that be things for the eyes, mouth, nose, body, ears etc) which can be used to alter their engine speed. At the end of this process, a child is equipped with a range of individualized strategies for use at home and school, which helps them keep their engine running at the 'just right' engine speed.

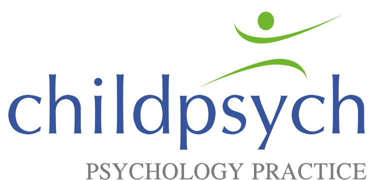
Psychologists also work with children with attention problems, not only to diagnose the condition, but to help the child manage themselves better (see article below). Approaches taken by psychologists and occupational therapists are often complementary and most children benefit from both.

If you'd like to find out more information about achieving a 'just right' engine speed, contact Tina Wurth (90 Juliette St, Greenslopes) on 0403 194 111, or tinawurth@hotmail.com

How Psychologists Can Treat Attention Problems

Attention problems are commonly diagnosed by psychologists using neuropsychological and cognitive tests. These tests examine such things as memory functioning, processing speed and ability to sustain visual and auditory attention. See story 2 in the Term 1 2006 edition of childPSYCH News for more information about assessing attention problems. For psychologists, attention problems, or problems with self regulation, arise from difficulties with self awareness as a result of such things as poor short term memory, problems with speed of information processing and so on. Sensory integration problems are also another explanation—often children with attention problems have difficulties because of sensory processing problems *as well as* problems with neurological functioning. At *childpsych* we consider the range of possible reasons when determining suitable treatment approaches.

We have had good success with Self Management Training (see story 3 in the Term 4 2006 childPSYCH News edition). Self Management Training is a cognitive behavioural approach to helping children develop greater control over their behaviour. In the research literature, Self Management Training is considered an "evidence-based" intervention meaning that research over the years has shown that it can help children who have problems with controlling their impulses and sustaining attention.



They're the most **important** thing in your life and sometimes they need our help

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