Interventions for bipolar disorder

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This paper is designated to offer an understanding of bipolar disorder. To write this paper, I divided my thoughts into two parts; the first one is an overview of bipolar disorders that explains the definition of bipolar disorder, the signs and symptoms, etiology and the comorbid disorder with bipolar disorder; the second part is the intervention part which states how some interventions may help school psychologists and other professionals to deal with school age students having bipolar disorder.

Overview of bipolar disorder

“ Bipolar disorder refers to distinct periods of manic and depressive episodes leading to severe impairment in functioning” (American Psychiatric Association, 2000). Bipolar disorder is a manic-depressive disease. It is a brain malfunction that grounds unusual shifts in mood, energy, activity

levels, and the ability to deal with the day's tasks. Symptoms of bipolar disorder are severe for children who are school age, and it can impact negatively their relationships with peers, siblings and other members, school performance especially poor grades and behavioral and academic problems, and even cause suicide. However, bipolar disorder can be treated, and the student can gain a productive study process and live productive lives. Bipolar disorder in children often demolishes family life, school functioning, and peer relationships. If left unprocessed, it may have a highly negative impact; be less receptive to treatment; and direct to legal complexities, hospitalizations, and augmented rates of substance abuse and suicide (Lofthouse, Fristad, 2006)

According to the Diagnostic Criteria from DSM-IV-TR. There are five diagnostic classifications: Bipolar I Disorders, Bipolar II Disorder, Cyclothymic Disorder, Bipolar Disorder, and Not Otherwise Specified.

In the area of symptoms and signs of bipolar disorders; children experience powerful emotional conditions, tremendous changes in energy, action, sleep, and behavior related with the changes of the mood. In most cases, students with bipolar disorder cannot function normally at school, home and other areas. Within the changes of mood stages, students will probably feel high or markedly content or in a sociable mood for a long period of time. Three or more of the following has to present to label the children with Manic Episode Criteria " 1) inflated self- esteem or grandiosity, 2) decreased need for sleep, 3) more talkative than usual or pressure to keep talking, 4) flight of ideas or subjective experience that thought are racing, 5) distractibility, 6) increase in

goal directed activity or psychomotor agitation, 7) excessive involvement in pleasurable activities that have a high potential for painful consequences.

In terms of behavioral symptoms, children are more likely to talk very fast, leap from one idea to another, easily distracted, restless, sleep very little, and have a realistic belief in one`s abilities. Mood changes, symptoms of depression or a depressive episode are a long period of feeling anxious or empty, defeat of attention in activities enjoyed. In the area of behavioral symptoms, children feel exhausted or slowdown, having problem being restless or irritable, shifting eating, sleeping or other habits and thinking of death and suicide.

Bipolar disorder is more often comorbid with substance abuse; some younger aged children may try to treat their symptoms by using alcohol or drugs. Anxiety disorder such as post-traumatic stress disorder (PTSD) and social phobia co-occur often with children with bipolar disorder. It is also comorbid with ADHD which has some symptoms that overlap with bipolar disorder such as restless and being easily distracted, as well as, oppositional defiant disorder, and conduct disorders

There are genetic factors that lead to bipolar disorder; children with parents or siblings with bipolar disorder are four to six times more likely to develop the disorder. It is noted genes are not the only risk factor; psychosocial stressors is another factor of the etiology of the disorder.

Interventions for Bipolar Disorder

Medication

Many types of medications are used. People respond to medications in different ways, sometimes a person needs to try different medications to see which are best. Generally speaking medication is a last choice while talking with children. It is better to try first the interventions that are mentioned below if does not work. The child may need to use medications for the management of bipolar disorders such as: Lithium, Anticonvulsants, Antipsychotics, Antidepressants, and Benzodiazepines.

Family-Focused Therapy

Steinkuller, and Rheineck, (2009) " Family-focused treatment is an approach characterized by modules consisting of psychoeducation, communication skills training, and problem-solving skills for illness management". Christner, and Mennuti (2009) stated that it is enormously practical intervention for treatment of bipolar disorder, if there is an involvement of family members. These involvements can lead to instruct the family member about bipolar disorder and offer some support.

Family involvement may be something much more detailed and connected to the particular problem area selected for interpersonal intervention. It is important to educate families about what comprises bipolar disorder. It is essential that family members and significant others come to understand that no one chooses to be depressed. There can still be challenges in relationships between family members-" conflict resolution", and it can increase supportive family relationships. Finally it is good to note that family

members can sometimes play an important role in helping a patient with limited insight to see what is happening.

Psychosocial intervention

Family-focused therapy involves all accessible family members in weekly psychoeducation, communication it aimed at increase medication compliance, helps with progressing the quality of life of children, and to help them enhance coping mechanisms for stress. Psychosocial interventions for bipolar disorder include psychoeducation, individual psychotherapy, and self help and support groups. The assumption for this theory is to provide the children, parents and any member concerned with the tools needed to cope with circumstances to live a normal life. Social surroundings are implemented as learning environments, where individuals can better gain experiences, understand and control the symptoms of their condition. These interventions are organized by treatment professionals who work in teams.

Psychosocial intervention is focused not just on the children having bipolar disorders but includes individual, family and group psychotherapies which aim to educate about the disorders, increase acceptance of disease, improve checking of changes in mood, sleep and attention for caution signs of relapse and set up skills for managing and limiting stress, and dealing of the impact of the disorders on the family life (Steinkuller, & Rheineck, 2009).

Interpersonal and Social Rhythm Theory

Interpersonal and social rhythm therapy was progressed by merging standard elements of interpersonal therapy with social rhythm therapy (Steinkuller, & Rheineck, 2009).

Interpersonal and Social Rhythm Theory sprang from the hypothesis that traumatic living circumstances influence the disease by troublemaking every day routines and social rhythms. Disruption in social rhythms dislocate the circadian cycles. Social Rhythm leads to encourage clients to be aware of the impact of interpersonal proceedings on social and circadian rhythms.

To help clients understand the impact of interpersonal events interpersonal and social rhythm theory elaborated that it is vital to regulate rhythms to develop control over mood cycling, and to discover and comprehend interpersonal problem areas-grief over the less of their healthy self, interpersonal disputes and deficits, and role transitions.

If this intervention is used it implements to children who deal with bipolar disorder and leads to learning to gain a balance in daily patterns of social activity, social stimulation and sleep cycles.

Cognitive Behavior Therapy

“ Cognitive behavior therapy (CBT) has been demonstrated to be effective with bipolar” Christner, & Mennuti, 2009). CBT focused on four staged which are first psychoeducation, second is to initiate cognitive behavioral skills to handle mood episodes. The goal of cognitive behavioral therapy is to “ target cognitive, behavioral, and affective changes in depression and mania and help the patient manage the disorder by stopping the progression of episodes” (Steinkuller, & Rheineck, 2009)

Many clients and children specifically come across it hard to tell apart between mood episodes and prodromes. By employing techniques like the mood chart and self-monitoring, children are able to diminish goal heading

for behavior during mania and immobile behavior during depression. Third; meaningful of schedule sleep, it is important to mention in this area that disturbance in sleep may lead to more episodes. Children with sleep disturbance are exposed to behavioral skills such as activity scheduling as a helpful earnings of elaborating systematic routines. The fourth stage focused on dealing with long term vulnerabilities-carefully evaluate precedent causes allow school age children to discover themes possibly will help in future deterioration

Psychoeducation intervention

Psychoeducation interventions are designated to instruct children about the symptoms of the bipolar disorder and understanding the nature of bipolar disorders. Psychoeducation has exposed efficacy in developing patients' attitudes toward and fulfillment with medication routines (Steinkuller, & Rheineck, 2009)

Psychoeducational goals focus on assisting children to regulate and approach to terms with having a chronic disease. Improving treatment fulfillment, offer information and emotional support to patients and their families are other key goals for psychoeducational intervention (Vieta, & Colom, 2004)

Children can better recognize when alters occur, and how to deal with them. Throughout the episode of mania, children can display wild, or unpredictable, behaviors and while every child has own individual symptoms, being able to recognize signs can aid in keep away from possible hospitalization. Children

are also educated on how their medication treatment helps to adjust the signs and the symptoms of bipolar disorder. (Griffiths, & Smith, 2010)

Group psychoeducation functions within a more medical frame than other forms of psychoeducation, which may assist children to understand what causes their illness. Recognizing the psychoeducational interventions is an important area for research.

Group Therapy

Group therapy is another intervention may help children with bipolar disorder understanding their illnesses and trying to deal with it. There are ranges of group programs presented while working with group therapy intervention, and they have common features which focus on starting with psycho-education-usually within five sessions, merge techniques from CBT and IPSRT-usually sex to ten sessions, center on relapse prevention, and be aware of triggers.

Conclusion

Bipolar disorder is well researched and established diagnostic category, and as a future school psychologist, it is vital to know about many disorders. Typically school psychologists do not make diagnosis, but we can offer data by using multiple assessments like observations, interviews and collaborating with professionals and parents to assist in the area of completing the diagnostic evaluation of children. Above I stated some data about bipolar disorders and the interventions that may used to assist those students who have this disorder. There are other interventions that can be used such as self help and support groups which are made up of children

themselves and other individuals and, have the aim to understand the disorder and try to find out ways to deal with it.