



The Student with Bipolar Disorder

An Educator's Guide

Tis' noble to teach
To touch and to reach.
Ah' but to step much higher
Is to mold and inspire.
Cheryl Dunham

As an educator, you have the opportunity to touch the lives of young people in a unique way. Would you like to inspire one of your students to become an astronaut like Buzz Aldrin? Could there be a writer, like Virginia Woolf, hidden in the back row of your classroom? Will one of your students become a musician like Charlie Pride? Do you have a future actress in your room who could rival the performances of Vivian Leigh or Patty Duke? It would probably not surprise you to learn that the famous people mentioned above all have something in common. However, it may surprise you that one of your students shares this common bond with them. That bond is bipolar disorder. Teaching a child with bipolar disorder can be both rewarding and challenging. It is important for you as an educator to meet this challenge. The following information will help you prepare for the upcoming year.



What is Bipolar Disorder?

To effectively teach your student with bipolar disorder you need to have a basic understanding of this illness. Bipolar disorder is an illness that affects the most complex part of the body – the brain. This disorder involves both abnormal structure and functioning of the brain. Additionally, researchers have found abnormal levels of chemical neurotransmitters and abnormal cellular activity in the brain. Genetic studies have linked multiple genes to bipolar disorder including two that are responsible for building the calcium and sodium channels in the brain. Bipolar disorder affects a person's energy levels, thoughts, moods and behaviors. The person suffering from bipolar disorder experiences extreme shifts in mood ranging from depression to mania.

Decreased energy levels, pervasive sadness, lack of motivation, irritability, anger, feelings of worthlessness, disregard for personal safety and suicidal feelings are some of the symptoms that can mark a period of depression. Increased energy levels, elated mood, poor impulse control, grandiose thinking, racing thoughts, and agitation are some of the symptoms that can mark a period of mania. Children who manifest bipolar disorder often experience these extreme mood shifts several times in one day. They can also experience a “mixed” state in which they exhibit symptoms of depression and mania at the same time. During different phases of the illness, the child may appear sluggish, irritable, angry, oppositional, sullen, tearful, hyperactive, inattentive, distractible, talkative, overbearing or controlling. This represents the illness in its “raw” or untreated state. Because of the chronic nature of this condition, ongoing medication and treatment is required. When treated with the appropriate medication different children will achieve various levels of stability. This stability can vary greatly throughout the school year. It can be affected by growth spurts, seasonal changes, and increased stress, among other things. At one point in the year a student with bipolar disorder may be at the top of your class. In the same year this student may find it difficult if not impossible even to attend school.



Affects in the Classroom

Bipolar disorder impacts a child’s ability to function in the classroom and benefit from educational instruction. First, the wide range of symptoms associated with bipolar disorder in children has a large impact on their education. These symptoms will directly affect the child’s behavior in the classroom. Children who are newly diagnosed and just beginning treatment or those unstable on their current dosage of medication will experience the most problems in the classroom. Those who are currently stable through a proper medication regime may function much better in the classroom. The following is a list of difficulties that may be experienced in the classroom setting due to this illness.

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|-------------------------------|--|
| ▪ lack of concentration | ▪ sleepy or slowed down |
| ▪ lack of focus | ▪ crying spells |
| ▪ uninhibited actions | ▪ problems with peers |
| ▪ difficulty remaining seated | ▪ angry outbursts |
| ▪ disorganization | ▪ difficulty with change |
| ▪ performing below potential | ▪ difficulty with stress |
| ▪ loud talking | ▪ frequent absenteeism |
| ▪ unable to be still or wait | ▪ frequent tardes |
| ▪ lack of motivation | ▪ frequent headaches/
stomach/leg aches |
| ▪ difficulty completing tasks | |

Secondly, bipolar disorder may interfere with a child’s ability to function in the classroom by causing impaired cognitive functioning especially in the areas of executive functioning, memory, attention and information processing. Studies also show that children with bipolar disorder frequently misinterpret facial expression and the emotional meaning of language. A third interference comes in the form of high rates of co-morbid conditions including anxiety, learning disabilities and attention disorders. Finally, medication side effects can also have an impact on a student’s ability to access their education and function in the classroom.



Medication

Bipolar disorder is an illness requiring treatment with prescription medications. A child suffering from this illness commonly needs multiple medications to achieve stability. Several medication trials may take place before finding the appropriate medication combination. Along with the needed medications there come unavoidable side effects. These can have an impact on classroom activity. Medication side effects are usually more intense while initiating a new medication, discontinuing a medication or increasing the dosage of a medication. Most side effects will subside after a few weeks. Other side effects will remain for the duration of the medication regime. Drowsiness, stomach upset, increased thirst, frequent urination, weight gain, dizziness, blurred vision, headache, hand tremor and cognitive dulling are a few possible side effects associated with medications given for bipolar disorder. Due to these side effects, your student may require special considerations such as unlimited access to drinking water and bathroom facilities. Complaints in the classroom should be communicated to the child's parents. Likewise teachers should be notified during medication changes. Thus working together the difficulties involved in medication trials can be addressed with compassion.

Appropriate Classroom Placement

Aa	Bb	Cc
1	2	3

In light of the symptoms of this illness it is important to consider what classroom situation will best fit the needs of your student. The answer to this will depend largely on the current health condition of the child. A regular classroom may be suitable if the child is currently stable on medication and has shown previous success in this situation. Before placement, it would be advisable to get the input of those who work closely with the student such as the parents, previous teacher, or even the child's physician. Most students with bipolar disorder will require special modifications to be successful in the regular classroom. Bipolar disorder is a significant health impairment that typically qualifies the child for these special considerations and or modifications. These modifications may fall under the Individuals with Disabilities Education Act (IDEA) or under the civil rights Rehabilitation Act of 1973 Section 504. Modifications will vary according to the specific needs of the student. Illness severity and stability will vary from student to student. If a regular classroom is chosen for your student, it may be necessary to avoid one that is overcrowded or excessively noisy. Because children with bipolar disorder often have much difficulty processing sensory information, a classroom that is overly stimulating can have a very negative effect. To put the child in such a classroom would be similar to asking an asthmatic child to sit in a smoke filled room day after day. It simply would be inappropriate in the light of the child's physical condition. The ideal classroom would be small in size yet appropriate for the child's intellectual level. In many cases children with bipolar disorder are very bright but have difficulty performing to their full potential. What if the nature of the child's illness is severe and medication has yet to control it successfully? Alternative placement should then be considered even if such a placement is temporary until a greater level of stability can be achieved. The student may need to spend part of the day in a resource or special education room. Self-contained special classrooms, homebound instruction, a day treatment or residential treatment program may be necessary, especially after a hospitalization.



Appropriate Teacher

Once the decision is made as to what kind of classroom is appropriate for the student the next logical question is what teacher would be best suited to fill the needs of this student. The ideal teacher would be consistent in classroom routine and rules yet flexible to accommodate for the cyclical nature of this illness. Empathy, compassion and a willingness to learn about the child's condition are critical elements. A positive attitude is also essential. The student with bipolar disorder frequently experiences the disapproval of both peers and authority figures due to the inappropriate behaviors that are at times manifested as a result of this illness. Yet the student's disapproval of himself may be the greatest of all. About two out of ten people with bipolar disorder find their despair so great that they take their own life. The ideal teacher would avoid degrading or humiliating comments and focus on the child's special gifts and talents. The student with bipolar disorder will need much encouragement and praise.

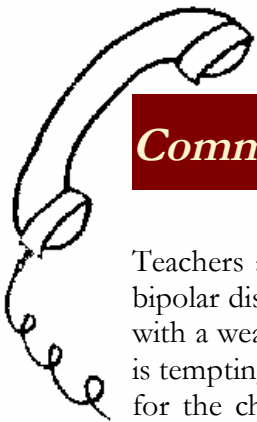
Discipline

Appropriate discipline in the classroom has been and will continue to be a sensitive subject. Most would agree that a classroom couldn't function without rules and consequences for infringement upon those rules. However a child's physical health does factor into this equation. For example, no one would ask that an epileptic child be punished for having a seizure in class thereby causing a disruption. The epileptic child may need a medication adjustment to lesson or eliminate these seizures. Children who suffer from bipolar disorder have a serious medical condition, which at times will be the cause of erratic behavior in the classroom. The child's illness must be taken into consideration when addressing such behavior. A medication adjustment may be necessary for the child to regain stability and decrease future disruptions in the classroom.



Communicate with the Family

Teachers and parents must form an alliance to meet the special needs of the student with bipolar disorder. No one knows this particular child like his parents. They can provide you with a wealth of specific information, which will be invaluable as the school year unfolds. It is tempting for some who are unfamiliar with bipolar disorder to blame parenting techniques for the child's behaviors. However, it is important to realize the parents are no more to blame than if their child was suffering from hypothyroidism, diabetes, or any other physical imbalance in the body. Placing blame inhibits a good parent/teacher relationship. The following is a list of important questions to ask the parents of your student with bipolar disorder.

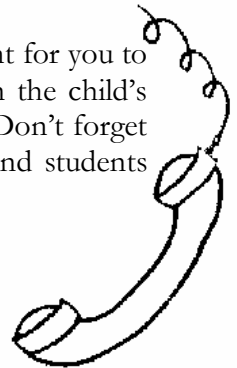


1. Does the child have a co-occurring condition? (tics, obsessive compulsive disorder, ADHD, etc) If so, you may ask the parent to provide you with extra information regarding this condition.
2. Is the child experiencing any specific medication side effects? (dry mouth, frequent urination, dizziness, stomach upset, cognitive dulling, etc)
3. What are his/her specific stressors or triggers? (crowds, excess noise level, etc)
4. What helps him/her stay calm or focus better? (breathing exercises, quiet place, seating position, etc)
5. Does the child have a special gift or area of interest? (music, art, hobbies, etc)
6. How does this illness specifically affect him/her academically? (difficulty concentrating, specific impairment, etc.)

Communication should continue throughout the school year. It will be important for you to advise the parents if you observe any unusual behavior or a marked change in the child's behavior. These may be an indication that a medication adjustment is needed. Don't forget to send home positive reports also. It can be very disheartening to parents and students alike if every communication is a negative one.



Get To Know Your Student



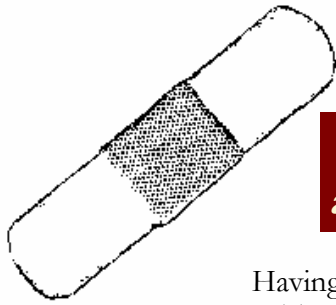
Showing a warm interest in the student with bipolar disorder will create a feeling of security in the school setting. By being observant and interested in your student you will discover how the child reacts in various situations. After gathering this information, choose a pro-active course. Try to minimize negative situations. Even seemingly small considerations can help in big ways. For instance, you may have observed that your student becomes overwhelmed, agitated, hyper or distressed if the classroom becomes excessively noisy. As mentioned earlier, a hypersensitivity to outside stimuli is common in children with bipolar disorder. Armed with this information you can choose several pro-active courses. 1) Reduce classroom noise level or 2) Allow the child to retreat to a quiet place such as the library or 3) Allow the child to work on the computer with headphones to minimize the noise level. These are just a few options. The same pro-active technique can be applied to any situation that may distress the child. In order for this approach to be effective you must get to know your student and stay tuned into his needs. In the end this will allow your entire classroom to run more smoothly. It will also help your student with bipolar disorder to be successful in the classroom.

What Accommodations May Help

Here is a quick referral chart for a variety of possible interventions in the classroom. Successful accommodations will be crafted with the individual student in mind and also with input from the student and his parents.

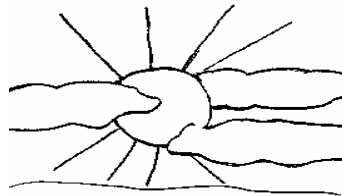
Common Difficulty	Possible Accommodations
Trouble paying attention in class due to external stimulation/noise.	Reduced class size Seating near the front Headphones to block out noise
Easily overwhelmed and frustrated. Shuts down when presented with large amounts of work.	Present worksheets one at a time vs. large packets of work. Reduce the amount of work.
Frequent mood swings which cause both slow and lethargic or loud and energetic behaviors.	Ignore minor behaviors during mood swings. Allow Johnny to run outside in order to expend energy. Extended time on assignments.
Numerous physical complaints such as headaches, stomach aches and back aches.	Allowed to go to the nurse when he feels ill. The nurse will have instructions from child's doctor regarding what interventions are necessary (ibuprofen, Tylenol, crackers, ginger ale, 5 minute rest, etc)
Dry mouth and increased thirst due to medication.	Allowed to have a water bottle in class.
Medication causes frequent urination.	Allowed to use the bathroom as needed.
Significant writing disability and hand tremors from medication.	Allowed to dictate answers to the teacher. Reduced writing assignments. Receive a copy of all classroom notes. Occupational therapy for handwriting issues. Use word processor to type.
Obsesses over the safety of family members.	Allowed to call home
Difficulty with social interaction.	Involved in a social skills group with the behavioral specialist

(This chart is an excerpt from The Childhood Bipolar Disorder Answer Book from Sourcebooks, Inc. Copyright 2008, Tracy Anglada and Dr. Sheryl Hakala Reprinted with permission.)



Contact Individual and Safe Place

Having a contact individual and a safe place is another important accommodation. There are certain situations in which it is advisable for the child with bipolar disorder to have a reprieve from the classroom. Perhaps your student has become overwhelmed, anxious, or feels the need to escape. Maybe the child has become tearful or angry and needs to regain composure. Allow the student to maintain dignity by providing a private place where he feels safe. There should be a “contact” person designated ahead of time to help the child during a period of distress. This could be a school nurse, counselor, psychologist, or special aide. The “contact” person should be educated in advance regarding bipolar disorder and the needs of this child in particular. An emergency pass or secret signal between student and teacher can be used when the child needs to leave. The goal of this reprieve is for the child to regain stability and rejoin the classroom.



In Conclusion

Teaching a student with bipolar disorder will bring more than its share of joys and frustrations. Through knowledge, understanding, communication and cooperation the parent/teacher team will ensure the best year possible. Perhaps you will touch and inspire this student in ways that will be fondly remembered throughout a lifetime. And perhaps you will find that your own life has been enriched along the way.

