

Helping School Leaders Accommodate Students Diagnosed with Bipolar Disorder

Study Guide

By Alexa Catanzarite

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I. Annotated Bibliography

Families for Depression Awareness (2007, June). Depression and bipolar wellness guide for parents of children and teens with depression or bipolar disorder (Version 2). Waltham, MA: Author.

This resource was compiled by a non-profit organization known as Families for Depression Awareness, which strives to educate families about mood disorders and how to cope with them. It provides parents with information about how to monitor their child's treatment, be an active member of their child's treatment team, monitor progress, symptoms, and treatment goals, and most importantly keep their child safe in distressing times. It also offers a great deal of facts about bipolar disorder specifically.

Forness, S. R. (2005). The pursuit of evidence-based practice in special education for children with emotional or behavioral disorders. *Behavioral Disorders*, 30(4), 311-330. doi: 916890381

Dr. Steven Forness is a Distinguished Professor Emeritus of Psychiatry and Biobehavioral Sciences at the University of California, Los Angeles (UCLA). Aside from his extensive experience in the classroom working with special needs children, Dr. Forness has co-authored many publications about the diagnosis and treatment of children with emotional disorders. Lastly, he has been involved in government initiatives that helped to shape special education policy. The purpose of this particular article of his was to consider issues pertinent to evidence-based practice in the field of special education specific to children with emotional and behavioral disorders. In order to maintain academic gains from year to year, the author stresses the need for sustaining evidence-based practices in schools as students advance by grade level. Such practices would require that school leaders not only ensure that these approaches meet the needs of each student, but also devise a team of fellow consultants who assist school practitioners in the implementation. Positive Behavioral Intervention and Support (PBIS) is drawn on as just one example of how such practices can be applied within the field. Using this evidence, the author concludes that needs of children with emotional and behavioral disorders can best be met through three-tiered intervention methods. In a building a resource for school leaders as related to accommodation of students with bipolar disorder, this article demonstrates the evermore apparent interconnectedness of special education interventions and the mental health field.

Gaudiano, B.A., Weinstock, L.M., & Miller, I.W. (2008). Improving treatment adherence in bipolar disorder. *Behavior Modification*, 32(3), 267.

Dr. Brandon Gaudiano is currently the Assistant Professor of Research Psychiatry at Brown Medical School in Providence, Rhode Island. He completed his fellowship under the guise

of Dr. Ivan Miller, Professor of Psychiatry and Human Behavior at Brown University. Dr. Miller has experience in the assessment and treatment of mood disorders, particularly bipolar disorder, through family-centered approaches. Dr. Lauren Weinstock also completed her postdoctoral fellowship under Dr. Ivan Miller. Since 2008, Dr. Weinstock has been part of the faculty at Brown University, whose research is focused on the treatment of bipolar and other mood disorders. The following review recognizes that treatment compliance among individuals diagnosed with bipolar disorder is a serious issue, with 60% of those at least partially noncompliant. Recommendations for improving bipolar treatment compliance include cognitive behavioral interventions, medication, psychoeducational therapy, family-focused therapy, and interpersonal and social rhythm therapy. This article informs school leaders as to how treatment compliance for bipolar disorder can be improved and the suitable treatment options that students with bipolar disorder may require access to.

Mayer, M., Lochman, J., & Van Acker, R. (2005). Introduction to the special issue: cognitive-behavioral interventions with students with EBD. *Behavioral Disorders, 30*(3), 197-212.
doi: 938654351

Dr. Matthew Mayer is a faculty member of the Special Education Department at Michigan State University whose areas of interest include positive behavioral supports and discipline issues in special education. Dr. Mayer's research has been cited by the American Educational Research Association's review of research in education in 2002. Dr. John Lochman is the Chair of Clinical Psychology at the University of Alabama as well as the editor of the *Journal of Abnormal Child Psychology*. His research focuses on cognitive-behavioral, problem solving, and social skill building interventions for high-risk aggressive children as

well as those with externalizing disorders. Lastly, Dr. Richard Van Acker, is a Professor of Special Education at the University of Illinois at Chicago. He served as the President of the Council for Children with Behavioral Disorders. This source focuses on the benefits gained by students with emotional and behavioral disorders from cognitive behavioral interventions and how schools can implement such techniques to meet their needs. The authors draw on several school-based approaches to cognitive behavioral modification in which there has been much success. One particular approach is self-monitoring, defined as being attuned to one's thoughts, feelings, and behaviors. Benefits of self-monitoring include increased peer reinforcement, a greater number of students served in the most efficient manner, and "...improved cost-benefit ratios." The authors also present the on-going debate among education professionals as to whether psychological intervention such as cognitive behavioral modification should be expanded in the school setting.

Papolos, J., Hatton, M.J., Norelli, S., C.E. Garcia, & A.M. Smith. (2002). The educational issues of students with bipolar disorder. Retrieved from Juvenile Bipolar Research Foundation website: http://www.jbrf.org/edu_forums/issues.html

Janice Papolos is the co-founder of the Child and Adolescent Bipolar Foundation as well as author of *The Bipolar Child* which won the National Institute of Mental Illness (NAMI) Ken Award. This portion of the Juvenile Bipolar Research Foundation's website addresses educational considerations for children with bipolar disorder such as typical symptoms and characteristics of diagnosed students, eligibility for specialized services under federal legislation, individual education plan preparation and implementation, functional behavior plans and behavior intervention plans, how to advocate for a child, and alternative options to traditional in-class instruction.

Vannest, K. J., Temple-Harvey, K. K., & Mason, B. A. (2009). Adequate yearly progress for students with emotional and behavioral disorders through research-based practices.

Preventing School Failure, 53(2), 73-84. doi:10.3200/PSFL.53.2.73-84

Dr. Kimberly J. Vannest is an Assistant Professor of Educational Psychology at Texas A&M University credited with making significant contributions to the Council for Exceptional Children and the American Educational Research Association. Along with the other authors of this work, Dr. Vannest states that the need for effective practices to help students with emotional and behavioral disorders is driven by legislation such as the No Child Left Behind Act as well as other methods of academic accountability and achievement. To demonstrate the direness of this issue, the authors cite that that students with EBD tend to perform 1 to 3 years below grade level on standardized assessments. It is therefore argued that teachers must use evidence-based data when making instructional decisions in order to improve student academic achievement and manage behavioral concerns in the classroom. Overall, evidence-based practices are credited as being the most effective in engaging both the teacher and students.

Wagner, M., Kutash, K. Duchnowski, A.J., Epstein, M.H., & Sumi, W.C. (2005). The children and youth we serve: a national picture of the characteristics of students with emotional disturbances receiving special education. *Journal of Emotional and Behavioral Disorders, 13(2), 79-96. doi:866722741*

Researcher Dr. Mary Wagner has 31 years at Stanford Research Institute as Principal Scientist for their Center for Education and Human Services department. She specializes in studies of youth with disabilities and subsequent intervention strategies. Dr. Krista Kutash has over 25

years experience as co-director of the prestigious Research and Training Center for Children's Mental Health while Dr. Albert Duchnowski has dedicated his time not only to the research field but also as Principal Investigator during which time he examined cases involving children with emotional disorders, school policy, and evidence-based practices. The current article indicates the immediate need for school programs that meet the behavioral and academic needs of children with emotional and behavioral disorders. It states that the key to serving children with emotional and behavioral disorders is to understand their behaviors, which thereby strengthens policies and programs designed to service them. The article finds that the most successful school-based programs are multi-faceted and also address the social and economic factors that may impact the student's family and further intensify behavioral issues observed in the classroom. The authors' findings provide ways in which communities can provide incentives to promote more comprehensive and collaborative services for children with EBD and their families.

Weist, M.D., Ambrose, M. G., & Lewis, C. P. (2006). Expanded school mental health: a collaborative community-school example. *Children & Schools*, 28, 45-50.
doi:10.1093/cs/28.1.45

Dr. Mark D. Weist is a professor within the Center of School Mental Health Assistance, Department of Psychiatry at the University of Maryland School of Medicine. Melissa Grady Ambrose works as a licensed clinical social worker, while Charla P. Lewis is a school-based therapist. Collectively, they authored this article that focuses on the inadequacy of mental health services within schools. The main objectives to this approach include forming a collaborative effort among school and community workers in an effort to increase access and outreach to students as well as staff efficiency.

II. Glossary

This glossary defines key terms related to bipolar disorder.

Bipolar Disorder – “...A brain disorder that causes unusual shifts in a person’s mood, energy, and ability to function” (Families for Depression Awareness, 2007).

Depression – A state characterized by “...lasting sad, anxious, or empty mood, feelings of hopelessness or pessimism, guilt, worthlessness, helplessness, loss of interest or pleasure in activities once enjoyed...decreased energy, a feeling of fatigue or of being “slowed down”, difficulty concentrating, remembering, making decisions, restlessness or irritability, sleeping too much or [not sleeping], change in appetite and/or unintended weight gain or loss, chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury, thoughts of death or suicide...” (Families for Depression Awareness, 2007).

Hypomania – A moderate level of mania in which a person may report increased productivity and improved functioning (Families for Depression Awareness, 2007).

Mania – A period of “increased energy, activity, restlessness, excessively “high,” overly good, euphoric mood, extreme irritability, racing thoughts...”, hyper verbal speech, tangential thought content,...distractibility...little sleep...unrealistic beliefs in one’s abilities and powers, poor judgment...provocative, intrusive, or aggressive behavior. A manic episode is diagnosed if elevated mood occurs with 3 or more of the other symptoms most of the day, nearly every day, for 1 week or longer. If the mood is irritable, 4 additional symptoms must be present” (Families for Depression Awareness, 2007).

Mixed bipolar state – Co-occurring states of depression and mania (Families for Depression Awareness, 2007).

Mood disorders – Refer to medical conditions that evoke extreme feelings of sadness and pain as well as suicidal thoughts or behaviors. “Mood disorders affect thoughts, feelings, behavior, and overall physical health” (Families for Depression Awareness, 2007).

III. Case Study: Maura

This case was written by Alexa Catanzarite and it is true. *Maura is a 13-year-old girl currently in 7th grade at a public school diagnosed with bipolar disorder and symptoms of attention deficit hyperactivity disorder and obsessive-compulsive disorder. According to Maura’s mother, she has an Individual Education Plan, which categorizes her as otherwise health impaired.*

It was in kindergarten that Maura was first diagnosed and qualified for teacher consultant services in the classroom. Throughout most of her time in elementary school, she worked with a teacher consultant 3 times a week for 30 minutes. During this time, Maura's parents reported satisfaction with the services provided.

When Maura reached 4th grade, her school principal determined that she was eligible for certain accommodations in math based on the results of an adaptive computer math test that he administered to her. It was also during this year that Maura's classroom teacher failed to follow her IEP, prompting Maura's psychiatrist to seek action and advocate for the services of another teacher consultant. That summer, her parents sought testing at a major research university with the hopes that they could better understand their daughter's condition. This effort was to no avail, and Maura transitioned to the upper school for 5th and 6th grade students. She continued to struggle throughout 5th grade despite the accommodations that her principal had advocated for the previous year.

Once again, her mother got the impression that Maura's classroom teacher simply ignored her daughter's IEP. Maura remained in the "mainstream" math class despite her mother's constant phone calls and e-mails stating that her daughter didn't comprehend the information. It wasn't until halfway through the school year that Maura was placed into a specialized math class, where she was seated in the back of the classroom at a table meant for holding photocopies. Maura's IEP stipulated that she sit in the front of the class, yet her teacher consultant ignored this. As a result, Maura also began being bullied and teased by fellow classmates.

Maura advanced to 6th grade and seemed to improve, no longer needing the services of the teacher consultant. Her classroom teacher helped her with her anxiety, reminded her to turn in her work, and checked her planner. At the beginning of this year, Maura was placed with the same teacher consultant who sat her in the back of the classroom. Maura's mother requested a new IEP for her daughter in October, and she was placed with a different teacher consultant as a result.

Maura's mother states that most of her frustration stems from the fact that very few school personnel follow through with the services and accommodations that her daughter needs to succeed. She also reports that there hasn't been any guidance as far as how to seek help outside of school and a lot of teacher consultants who have worked individually with her daughter don't seem very knowledgeable about children with bipolar disorder.

IV. Discussion Questions

1. Why do children diagnosed with bipolar disorder seem to struggle with treatment compliance?
2. Does a diagnosis of bipolar disorder help or hurt a child?
3. What are the success rates of interventions for children with bipolar disorder?

4. How do social and economic factors influence access to treatment for children with bipolar disorder?

5. Why are federal mandates such as behavioral intervention plans (BIPs) important for children with bipolar disorder?

V. FAQs

Q: What is the prevalence of bipolar disorder among children?

A: It is estimated that roughly 1 million children and teens are diagnosed with the disorder in the United States. Typically the disorder is not diagnosed in children younger than 6 years of age.

Q: Is there a link between expanded school mental health and achievement among children with bipolar disorder?

A: Expanded school mental health reduces stress as schools have additional personnel and financial means to therefore better serve youths with bipolar disorder. It involves close communication and relations between school mental health professionals, school administrators, classroom teachers, and families in order to provide appropriate assistance to students. Staff members who have a strong background in mental health are also on-site to provide recommendations and feedback as far as how each child's needs are being met.

Q: What does the "504 plan" refer to?

A: Section 504 of the Rehabilitation Act of 1973 states that students diagnosed with bipolar disorder are entitled to certain accommodations that extend beyond the classroom setting.

Through expanded school mental health, community agencies would be accessible to youth who otherwise may be unreachable.

VI. Resources

Websites

National Institute of Mental Health (NIHM) – <http://www.nimh.nih.gov>

Child & Adolescent Bipolar Foundation – <http://www.bpkids.org>

Families for Depression Awareness – <http://www.familyaware.org>

Juvenile Bipolar Research Foundation – <http://www.jbrf.org>

Books

Andersen, M., Kubisak, J. B., Field, R., & Vogelstein, S. (2003). *Understanding and educating children and adolescents with bipolar disorder: a guide for educators*. Northfield, IL: The Josselyn Center.

Anglada, T. (2011). *SWIVEL to success – bipolar disorder in the classroom: a teacher's guide to helping students succeed*. Murdock, FL: BP Children.

Papolos, D. & Papolos, J. (2006). *The bipolar child: the definitive and reassuring guide to childhood's most misunderstood disorder*. New York, NY: Broadway Books.