Psychoeducational Intervention with Families of Children with Bipolar Disorder

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Childhood Bipolar Disorder—On the Rise?
Lofthouse & Fristad, 2004, Clinical Child & Family Psychology Review

• Literature review—174 articles/chapters
  – 26 before 1980
  – 36 during the 1980s
  – 66 during the 1990s
  – 46 from 2000-2002
• Amazon search—18 books
  – 15 from 2000 to 2003
• Websites—5 since 1999
• Time—cover article, Aug 19, 2002
# 2005 Google Internet Search
Leffler & Fristad (2005)

<table>
<thead>
<tr>
<th>Topic</th>
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<tr>
<td>childhood mood disorders</td>
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<td>adolescent mood disorders</td>
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<td>adolescent mania</td>
<td>645,000</td>
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Presentation Goals

1. Describe assessment of bipolar disorder in children
2. Describe rationale for using psychoeducation with children who have bipolar disorder
3. Share results from two OSU clinical trials—Multi-Family Psychoeducation Groups (MFPG) and Individual Family Psychoeducation (IFP)
4. Review specific therapeutic techniques to use with children diagnosed with bipolar disorder
Assessing Bipolar Disorder in Youth

1. Create a **timeline** to determine **episodic nature** of symptoms and their **relationship to relevant developmental issues**
2. Conduct a **structured interview** to determine **differential diagnosis and/or comorbidities**
3. Generate a **3-generation genogram** to determine **family history & family dynamic information**
4. Administer a **symptom severity rating scale** to **monitor treatment over time**
5. Complete a **global rating scale** to track **outcome**
6. Generate a **mood log** so the family can **monitor treatment** and **share results** with treatment providers
Lifeline—Document

Above line: pregnancy, labor and delivery, age in yrs, calendar yrs, moves, life stressors, child care arrangements, school placement

Below line: physical health (onset, offset) & treatment, mental health (onset, offset, mood & co-morbid diagnosis) & treatment, current functioning (home, school, peers)

Pregnancy
L &D
Child Care
School History
Moves
SLE

DOB____________________________________________________DOI
Sx Hx
Tx Hx

Home: School: Peers:
Early Development

• Date of birth and age
• Pregnancy
  – Drug/alcohol abuse, stressors during pregnancy?
  – Pregnancy/Labor/Delivery complications
• Developmental milestones
  – Walking, talking, potty training (On time? Delays? Age reached?)
• Temperament/Early development
• Child care
  – Birth to school – If parent(s) employed who took care?
  – After school care?
Home Environment

• Who lives in the household? Any changes in caregivers? Why?
• Moves
  – What age(s)? From where/to where?
• Major life events
  – Family - deaths, domestic violence, jail, alcohol/drug abuse, physical/sexual abuse, accidents, major health issues
  – Parents - divorce or separation
School Functioning

• Preschool
• Age at kindergarten?
• Grades completed. Any Repeated? Why?
• School district(s)/school name(s)
• School transitions? Why?
• Problems in school – academic? behavioral?
• Grades and general functioning in school
• Services (IEP, 504, etc)
Physical & Mental Health

• Physical health
  – Major or chronic illnesses, hospitalizations, surgeries, injuries, etc.
  – Medications for above

• Mental health
  – Symptom onset (offset?)
    • Mood
    • All comorbid conditions
  – Treatment history

- Does NOT assess
  - personality
  - cognitive capacity (mental retardation, learning disabilities)
  - tic/Tourette, autistic spectrum, panic disorders
- Does NOT replace a clinician
- DOES provide a standardized initial assessment procedure for clinical and research purposes
  - Brief
  - Thorough coverage--20 disorders & stressors
  - Psychometrics available for 6-18 year olds
  - Easy to administer, score, interpret
  - Storage requirements are minimal
Comorbidities & Differential Diagnosis

• Differential Diagnosis
  – ADHD
  – Acute/post-traumatic stress disorder
  – Psychosis
  – Substance use/abuse

• Comorbidities
  – Very common, children > adolescents
  – Behavior
  – Anxiety
  – Developmental disorders
  – Eating disorders
  – Speech/language, learning disorders
Paper-and-Pencil Measures

  – Parent report: best source of information
  – Child report: doesn’t provide incremental data
  – Teacher report: not validated

• Recent option: **Child Mania Rating Scale**
Global Functioning

• School (as described)

• Peer relationships
  – Number of friends, best/closest friends?
  – Quality of friendship, activities, frequency

• Family relationship
  – Mother, father, siblings, other household members/important adults

• Work (adolescents)/chores
How is _________ feeling today?
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How to Conceptualize Family-Based Intervention

• Historically, families
  – Have been blamed
  – Have not gotten useful information/support/skill building

• This can result in families being “skittish” or “defensive” about family-based intervention
Causes of Caregiver Stress

Hellander, Sisson, Fristad, in Geller & DelBello, 2003

- Care of a high-needs child
- Need to advocate in schools
- Worry about the future
- Exhaustion
- Physical illnesses
- Financial strain
- Isolation
- Stigma
- Guilt and blame
Impact of EOBPD on Family Functioning

• “…we were a functioning family until you turn in the mix and add Jason into our family; we become dysfunctional…”

• “…logic and education helps us to a point [parents are both college grads], but then again we are human beings and it is just really tough living with Jason. It affects our whole relationship. It affects our marriage…”

Mother of a 11 year old boy with BPD-NOS
Relationships In and Out of the Family Suffer

• “I also find it very difficult to facilitate relationships within our household between the siblings and...neighbors or his teacher or other people. I feel like I’m always having to facilitate when his moods are switching very rapidly or he’s highly anxious.”

Mother of an 11 yr old boy w/ BPD-Mixed
Siblings Suffer

• “My husband and I sometimes will argue over what to do with Maria, and the older child believes that she’s not getting enough attention because Maria’s sucking all of it up”

Mother, 11 yr old girl w/ BPD-NOS
• Describe how your mask reflects your personality!
• The black eye represents all the mental punches I get from people. The stars circling above my head represents how I’m confused. My searching eyes represent that I’m trying to find the right path, but I’m lost so I can’t find it. My broken face represents that I’m a broken person. The hair across my face shows that I can be whipped around easily. The tears are of loneliness. The crystals= dreamer/pretender. Claw and hand = outcast.
MFPG—Treatment Goal

• If you give a man a fish, he will eat for a day. If you teach a man to fish, he will eat for a lifetime.
The OSU Psychoeducation Program

- Orientation
  - Nonblaming/growth-oriented
  - Biopsychosocial—uses systems and cognitive-behavioral techniques

- Education + Support + Skill Building ➔ Better Understanding ➔ Better Treatment + Less Family Conflict ➔ Better Outcome

- Two formats
  - groups of families (MFPG)
  - single families (IFP)
Goals of Psychoeducation

• Teach parents and children about
  – The child’s illness & its treatment

• Provide support
  – Peers (“I’m not the only one”)
  – Professionals - understand the disorder

• Build skills
  – problem-solving
  – communication
  – symptom management
MFPG Session Format

• Children aged 8-11 (any mood disorder)
• 8 sessions, 90 minutes each
  – Begin/end with parents/children together
  – Middle (largest) portion-separate groups
    • Children receive *in vivo* social skills training (in gym) after formal “lesson” is completed
  – Therapists: 1-parents; 2-children
  – Families receive projects to do between sessions
8 Session Outline--Parents

1. Welcome, symptoms & disorders
2. Medications
3. “Systems”: school/treatment team
4. Negative family cycle, WRAP-UP 1st ½
5. Problem solving
6. Communication
7. Symptom management
8. WRAP-UP 2nd ½ of program & graduate
8 Session Outline--Children

1. Welcome, symptoms & disorders
2. Medications
3. “Tool kit” to manage emotions
4. Connection between thoughts, feelings and actions (responsibility/choices)
5. Problem solving
6. Nonverbal communication
7. Verbal communication
8. Review & GRADUATE!
Our Mottos

- The CAUSE of mood disorders is fundamentally *biological*, their COURSE can be greatly affected by *psychosocial events*
- We don’t get to pick the genes we get or the genes we pass on
- “It’s not your fault but it’s your challenge”
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Prototypic Medication Trial

- Benefical medicine
  - Works while being taken
  - Does not accrue benefit when d/c’d
  - Most child trials are acute (ie, < 12 wks)
Prototypic Psychotherapy Trial

• Benefical psychotx
  – Begins to work as skills take hold
  – Continues to work after tx ends, but decrement occurs
  – Most child trials are acute (ie, < 6 mos)
Empirically Supported Psychosocial Adjunctive Treatments for Childhood Bipolar Disorder

• Fristad, Goldberg-Arnold & Gavazzi, 1999
  *Bipolar Disorders*
  - None

• Past 5 years
  - Pavuluri et al, youth aged 5-18
  - Miklowitz et al, adolescents, 13-18
  - Fristad et al, children aged 8-12

  - All have psychoeducation in common
Psychoeducation: Adults w/ BPD

*Miklowitz et al, Arch Gen Psychiat 2003*

- Colorado study, $N=101$
  - Delays relapse: 74 vs 53 weeks
  - Reduces mood symptoms: gain begins at 6 mos, continue through 24 mos
Adults—BPD *Rea et al, JCCP, 2003*

- UCLA study, *N*=53: delays rehospitalization
Adolescents w/ BPD

*Miklowitz et al, 2003*

- $N=20$, open trial
- Improved mood and behavior following treatment—ratings every 3 mos (0-12)
  - K-SADS Depression, 2.1 → 1.7
  - K-SADS Mania, 2.4 → 1.8
  - CBCL Behavior Problems, 86 → 46
- Randomized trial planned
Children & Adolescents w/ BPD *Pavuluri et al, 2004, JAACAP*

- $N=34$, aged 5-18, nonrandomized trial
- Children on medication and in RAINBOW program had decreased scale scores for:
  - mania
  - depression
  - aggression
ODMH Study

*Fristad, Goldberg-Arnold & Gavazzi, JMFT, 2003*

- 35 children and their parents
  - 54% depressive; 46% bipolar disorders
  - M=3.6 comorbid diagnoses/child (range, 1-7)
  - C-GAS=51 at baseline
  - 29/35 (83%) on meds
  - 8-11 years old (average, 10.1 yrs)
  - 77% boys

- 6 month wait-list design
- 6 sessions, 75 minutes/session, manual-driven
ODMH Findings
Fristad, Goldberg-Arnold & Gavazzi, JMFT, 2003

• Parents
  – *Increased* knowledge of mood disorders
  – *Increased* positive family interactions
  – *Increased* efficacy in seeking treatment
  – *Improved* coping skills
  – *Increased* social support
  – *Improved* attitude toward child/treatment

• Children
  – *Increased* social support from parents
  – *Increased* social support from peers (trend)
Many Contributors…

• **Parent Group Therapists**
  – Jill S. Goldberg-Arnold, PhD*
  – Catherine Malkin, PhD
  – Kitty W. Soldano, PhD, LISW

• **Child Group Therapists**
  – Barb Mackinaw-Koons, PhD
  – Nicholas Lofthouse, PhD
  – Colleen Quinn, MS
  – Jarrod Leffler, PhD

• **Graduate Student Interviewers/Co-Therapists/Lab Members**
  – Kate Davies Smith, PhD
  – Kristen Holderle Davidson, PhD
  – Dory Phillips Sisson, PhD
  – Nicole Klaus, MA
  – Jenny Nielsen, MA
  – Matthew Young, BA
  – Ben Fields, MEd
  – Colleen Cummings, BA
  – Radha Nadkarni-DeAngelis, BA

• **Data Analysis/Management**
  – Joseph S. Verducci, PhD
  – Cheryl Dingus, MS
  – Kimberly Walters, MS
  – Elizabeth Scheer, BS
  – Hillary Stewart, BA
  – Christina Theodore-Oklata, BA
  – 693 Students

• **Graduate Student Interviewers/Co-Therapists**
  – Kristy Harai, PhD
  – Anya Ho, PhD
  – Rita Kahng, MA
  – Becky Hazen, PhD
  – Kari Jibotian, MA
  – Lauren Ayr, MA

• **165 Families**
  – 693 Students

*Consensus Conference Reviewer
NIMH Study Design, N=165

<table>
<thead>
<tr>
<th>Group</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
<th>Time 4</th>
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<td></td>
<td>Month 0</td>
<td>Month 6</td>
<td>Month 12</td>
<td>Month 18</td>
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<td>MFPG + TAU&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Baseline: Pre-treatment</td>
<td>Follow-up</td>
<td>Follow-up</td>
<td>Follow-up</td>
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<tr>
<td>WLC + TAU&lt;sup&gt;c&lt;/sup&gt;</td>
<td>Baseline</td>
<td>Follow-up</td>
<td>Pre-treatment</td>
<td>Follow-up</td>
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<sup>a</sup>Families were enrolled in 11 sets of 15 (7-MFPG/8-WLC) = 165 families

<sup>b</sup>Multifamily Psychoeducation Group + Treatment As Usual

<sup>c</sup>Wait-List Control + Treatment As Usual
MFPG Recruitment—N=165

- 225 families screened
- 203 (90%) passed the screen
- 171 (84%) arrived at baseline assessment
- 165 (96%) met study criteria

Referral sources:
- 62% health care providers
- 19% media
- 19% other

Rural/geographically remote, 22% (round trip, $56 \pm 64$ mi; range=2-344 mi)
# Study Sample - Family Characteristics

<table>
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<tr>
<th>Variable</th>
<th>MFPG+TAU U (n=78)</th>
<th>WLC+TAU (n=87)</th>
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<tr>
<td>Family Structure</td>
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<tr>
<td>Married bio par</td>
<td>46%</td>
<td>40%</td>
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<tr>
<td>Step-family</td>
<td>17%</td>
<td>23%</td>
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<tr>
<td>Married adop par</td>
<td>5%</td>
<td>7%</td>
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<tr>
<td>Single bio par</td>
<td>21%</td>
<td>17%</td>
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<tr>
<td>Single adop par</td>
<td>1%</td>
<td>1%</td>
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<tr>
<td>Other</td>
<td>10%</td>
<td>12%</td>
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<tr>
<td>Income</td>
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<tr>
<td>&lt;20K to &gt;100K</td>
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<td>&lt;20K to &gt;100K</td>
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<tr>
<td>M=40-59K</td>
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<td>M=40-59K</td>
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Demographics: MFPG Total Sample & BPD Sub-Sample

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<th>Variable</th>
<th>TOTAL</th>
<th>BPD</th>
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<tr>
<td></td>
<td><em>N</em>=165</td>
<td><em>N</em>=115</td>
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<tr>
<td>Comorbid D/O</td>
<td></td>
<td></td>
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<tr>
<td>Anxiety</td>
<td>67%</td>
<td>70%</td>
</tr>
<tr>
<td>Behavior</td>
<td>97%</td>
<td>95%</td>
</tr>
<tr>
<td>ADHD</td>
<td>87%</td>
<td>80%</td>
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<tr>
<td>Two-parent families</td>
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<td></td>
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<tr>
<td>(includes step-families)</td>
<td>74%</td>
<td>65%</td>
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<tr>
<td>Average round trip</td>
<td>56 mi</td>
<td>70 mi</td>
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<tr>
<td></td>
<td>(range: 2-344)</td>
<td>(range: 14-344)</td>
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## Demographics—Various Samples

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<th>Variable</th>
<th>BPD-ITT n=115</th>
<th>Treated BPD n=89</th>
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<tr>
<td>Age</td>
<td>9.8</td>
<td>9.7</td>
</tr>
<tr>
<td>% Male</td>
<td>72</td>
<td>69</td>
</tr>
<tr>
<td>% White</td>
<td>91</td>
<td>94</td>
</tr>
<tr>
<td>% Fam Hx-Mania</td>
<td>53</td>
<td>55</td>
</tr>
<tr>
<td>% Fam Hx-Depression</td>
<td>73</td>
<td>72</td>
</tr>
<tr>
<td>% Fam Hx-Either</td>
<td>84</td>
<td>83</td>
</tr>
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Questions

1. Does MFPG work? (intent-to-treat analyses)
   IMM=55       WLC=60

2. How does MFPG work for treatment completers?
   IMM=54       WLC=35
Outcome Measures

• MSI=Mood Severity Index
  – CDRS-R + MRS (equal contributions)
  – <10: minimal symptoms
  – 11-20: mild symptoms
  – 21-35: moderate symptoms
  – >35: severe symptoms
Outcome Measures

• Rage Index
  – MRS irritability + disruptive-aggressive items
  – <3: minimal symptoms
  – 4-8: mild symptoms
  – 9-12: moderate symptoms
  – 13-16: severe symptoms
Mood Severity Index (Parent, Current)  
MFPBG BPD Sample  

- N=115, all BPD  
  - n=55 Immediate  
  - n=60 Wait List  
- Pre-post Imm=WLC
Mood Severity Index (Parent, Current)  
MFPG  Treated BPD Sample

- N=89
  - n=54 Immediate
  - n=35 Wait List
- Pre-Post Imm=WLC
Rage Index (Parent, Current)  
MFPG BPD Sample

- \( N=115 \)
  - \( n=55 \) Immediate
  - \( n=60 \) Wait List
- Pre-post Imm=WLC

![Graph showing baseline, 6 months, 12 months, and 18 months data for Immediate and Wait List groups.](image_url)
Rage Index (Parent, Current) MFPG Treated BPD Sample

- N=89
  - n=54 Immediate
  - n=35 Wait List
- Pre-post Imm=WLC

![Graph showing trend over time for immediate and wait list conditions.]
Anecdotal Evaluations--Parents

• No matter how bad the situation is...there is hope and treatment. Don’t give up. This program was an eye opener for me. I also was encouraged and relieved to find out that I was not alone.

• Listen to what they are saying. They can really help you. Learn what is going on with your child. Stay focused on what is going with your child and do not give up on your child.
Anecdotal Evaluations--Children

• You get to meet new people you never knew before. They help you with your symptoms.

• They’re nice and they’re helpful. And you guys support us and give us snacks. You’ve been nice to us and treated us with respect.

• It really helps out if you let it.
Individual-Family Psychoeducation:

IFP  OH Dept Mental Health, 2002-2004
Fristad (in press)  Development & Psychopathology

• N=20

• 16 sessions
  – Alternate child and parent with parent
  – Same content + Healthy Habits
    • diet, exercise, sleep

• Comparable design to MFPG
IFP Primary Outcome: MSI-Parent-Cur—Power Analyses

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<tr>
<th>Variable</th>
<th>N per Condition</th>
<th>Effect Size</th>
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<tr>
<td>MSI-Parent-CUR T1-T2</td>
<td>64</td>
<td>.45</td>
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<tr>
<td>MSI-Parent-CUR T1-T3</td>
<td>36</td>
<td>.60</td>
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</table>

![Graph showing effect size over time for MSI-Parent-CUR T1-T2 and T1-T3]
IFP: Parent Evaluations

• Anonymous evaluations completed after treatment
• Parents report (1-5 rating, overall 1.6)
  – ↑ knowledge re: symptoms, medication, accessing treatment
  – ↑ skills re: working with schools and treatment team, managing symptoms at home
  – Feeling supported/not blamed
IFP: Children’s Evaluations

• 1-5 Rating Scale
  – Overall rating, 1.7
  – Item Range: 1.3 (therapist) to 2.2 (learned about medications)

• ↑ knowledge re: mood symptoms, medication
• ↑ ability to get along with family, friends and at school
• ↑ skill re: symptom management
• ↑ support/ ↓ isolated, “not the only one”
• parents’ behavior toward them better
Books for Children

- Brandon & the Bipolar Bear -- T. Anglada
- My Bipolar, Roller Coaster, Feelings Book & Workbook—B. Hebert
- Kid Power Tactics for Dealing with Depression -- N. & S. Dubuque
- Matt, The Moody Hermit Crab -- C. McGee
- Anger Mountain—B. Hebert
Books for Adolescents

• When Nothing Matters Anymore: A Survival Guide for Depressed Teens -- B. Cobain

• Recovering from Depression: A Workbook for Teens -- M. E. Copeland & S. Copans

• Conquering the Beast Within: How I Fought Depression & Won…& How You Can, Too -- C. Irwin

• Everything You Need to Know about Bipolar Disorder & Manic Depressive Illness -- M. A. Summers
Books for Parents

- Raising a Moody Child: How to Cope with Depression and Bipolar Disorder -- Fristad & Goldberg-Arnold
- New Hope for Children & Teens with Bipolar Disorder—Birmaher
- The Ups and Downs of Raising a Bipolar Child -- Lederman & Fink
- If Your Child is Bipolar – The Parent-to-Parent Guide to Living with and Loving a Bipolar Child -- Singer & Gurrentz
- Parenting a Bipolar Child-- Faedda & Austin
- The Bipolar Child –Papalos & Papalos
- Intense Minds – Anglada
Books for Adults

• Out of the Darkened Room: Protecting the Children and Strengthening the Family When a Parent is Depressed --Beardslee

• Living Without Depression & Manic Depression --Copeland

• An Unquiet Mind -- Jamison

• Thoughts & Feelings: Taking Control of Your Moods & Your Life --McKay, Davis & Fannin

• The Bipolar Survival Guide: What You and Your Family Need to Know -- Miklowitz

• Winter Blues: Seasonal Affective Disorder- What it is and How to Overcome it -- Rosenthal
More Books to Read

• **General Parenting**
  – How to Talk So Kids Will Listen & Listen So Kids Will Talk -- *Faber & Mazlish*
  – The Explosive Child -- *Greene*
  – The Optimistic Child -- *Seligman*

• **Sibling Issues**
  – Siblings Without Rivalry -- *Faber & Mazlish*
  – Turbo Max: A Story For Siblings of Bipolar Children -- *Anglada*

• **Understanding Psychiatric Disorders**
  – It's Nobody's Fault -- *Koplewicz*

• **Understanding Psychiatric Medications**
  – Straight Talk About Psychiatric Medications for Kids --- *Wilens*

• **Miscellaneous**
  – I Am Not Sick, I Don’t Need a Help!--*Amador & Johanson*
  – The Thyroid Sourcebook -- *Rosenthal*
Educational Websites

• Information re: BPD for Parents, Children and Educators
  – www.bpchildren.com
  – www.schoolbehavior.com
  – www.bpkids.org
  – www.josselyn.org/Store.htm
  – www.steppingstonesmentalhealth.com

• Special Education Advocacy--
  www.wrightslaw.com

• National Association of Therapeutic Schools and Programs—www.natsap.org

• Internet Special Education Resources (ISER)
Groups/Webistes – Adults, Families & Children

• National Alliance for the Mentally Ill (NAMI) – 1-800-950-6264  [www.nami.org](http://www.nami.org)
• National Mental Health Association (NMHA) – 703-684-7722 [www.nmha.org](http://www.nmha.org)
• Depressive & Bipolar Support Alliance (DBSA) 800-826-3632 [www.dbsalliance.org](http://www.dbsalliance.org)
• Child & Adolescent Bipolar Foundation (CABF) [www.bpkids.org](http://www.bpkids.org)
• Juvenile Bipolar Research Foundation (JBRF) [www.bpchildresearch.org](http://www.bpchildresearch.org)
• BP Children [www.bpchildren.com](http://www.bpchildren.com)
Additional Resources

• **Light Therapy:**
  – Circadian Solutions
    • 1-800-545-9667 [www.circadiansolutions.com](http://www.circadiansolutions.com)

• **Nutritional Intervention:**
  – EMpower Plus
    • 1-888-878-3467 [www.truehope.com](http://www.truehope.com)
  – Eat Wild – Provides nutritional information about food sources
    • [www.eatwild.com](http://www.eatwild.com)
  – Omega-Brite
    • 1-800 383 2030 [www.omegabrite.com](http://www.omegabrite.com)
Thank You, The End

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Session 2 Family Project - “Naming the Enemy”

The Symptom-Self Exercise

Name ___________________________ Subject # __________

**Jenny’s Symptoms**

<table>
<thead>
<tr>
<th>Caring</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good helper</td>
<td>Low energy</td>
</tr>
<tr>
<td>Good swimmer</td>
<td>Irritable, disrespectful</td>
</tr>
<tr>
<td>Very loving</td>
<td>Cries</td>
</tr>
<tr>
<td>Good student</td>
<td>Hate myself</td>
</tr>
<tr>
<td>Likes computers</td>
<td><strong>Mania</strong></td>
</tr>
<tr>
<td>Good at basketball</td>
<td>Talks too fast</td>
</tr>
<tr>
<td>Smart</td>
<td>Sleeps much less</td>
</tr>
<tr>
<td>Shares well with siblings and</td>
<td>Aggressive</td>
</tr>
<tr>
<td>friends</td>
<td>Acts wild, silly and inappropriately</td>
</tr>
</tbody>
</table>

**ADHD**

Unorganized
Homework struggles
Can’t concentrate

**Other**

Hears voices
Session 3 Child Project – Taking Charge of the Mad, Bad, Sad Feelings

My Tool Kit

Creative
- Coloring
- Drawing pictures

Social
- Going outside to play with friends. Talk to mom

Physical
- Playing soccer. Do jumping jacks

R&R
- Read a book in my room. Take a shower

Name ___________________________  Subject # __________

Coloring. Going outside to play with friends. Talk to mom

I felt mad/sad/bad when...
- When my sister took my toy without asking

My body felt… (Signals)

How I remembered to use my tool kit...
- Parent reminded me by...
- Telling me to think of my tool kit
- or I remembered by...
- Putting it on my bedroom door

From my tool kit I used...
- I did 10 jumping jacks to calm myself down
Session 4 Child Project Example – Thinking, Feeling, Doing

THINKING

“Even when I have a hard day things always get better”, “Sometimes things do go my way”, “I know that my parents love me”

“Even when I have a hard day things always get better”, “Sometimes things do go my way”, “I know that my parents love me”

“I hate my life”, “Nothing ever goes the way I want”, “This isn’t fair”, “I’m a loser”, “No one cares”

DOING

Talk to someone about how I’m feeling, ride my bike, listen to music, take deep breaths

Talk to someone about how I’m feeling, ride my bike, listen to music, take deep breaths

Yell at my parents, kick my dog, throw things, stay by myself

Yell at my parents, kick my dog, throw things, stay by myself

SOMETHING HAPPENS!

The kids at school teased me!

Happy, Relaxed

Sad, Angry

Helpful

Hurtful

Name ___________________________________  Subject # __________
I used this tool to calm down: I took deep breaths

What can I do to solve my problem?
1. Never do my homework!
2. Ask my mom for help
3. Ask the teacher for help
4. Copy friend’s homework

Which solution seems the best?
# 3

Did it work? Yes
Next time I will Ask the teacher more often
Taking Charge of the Mad, Sad, Bad Feelings

My Tool Kit

Creative

Social

Physical

R&R

I felt mad/sad/bad when... (Trigger)

My body felt... (Signals)

How I remembered to use my tool kit...

From my tool kit I used...

Parent reminded me by...
or
I remembered by...
Thinking, Feeling, Doing

THINKING

HELPFUL

HURTFUL

FEELING

DOING

SOMETHING HAPPENS!
Session 5 Child Project- Problem Solving

THINK!!

This is what happened:
I used this tool to calm down:
What can I do to solve my problem?
1.
2.
3.
4.

PLAN

Which solution seems the best?

DO

Check

Did it work? Yes No
Next time I will