

# Adolescents with Bipolar Disorder: Tips on Coping for Families

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Increased energy and activity

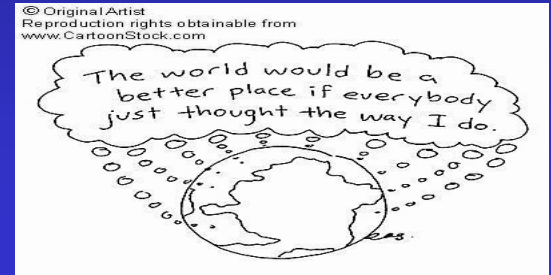


Decreased need for sleep



Elated mood

## Symptoms of Mania



Being overconfident or unrealistic



Increased sexual thoughts

IRRITABILITY!



Loss of self-control



Easily distracted, Racing Thoughts, Lots of ideas



Talking fast



**Low self-esteem**



**Low mood or sadness**



**Tearfulness**

# Symptoms of Depression

**Some people also:**

- feel really tired or low in energy
- wish they weren't alive
- feel worthless or guilty
- talk or move slowly
- lack of thoughts



**Trouble concentrating**



**Sleeping too much or too little**



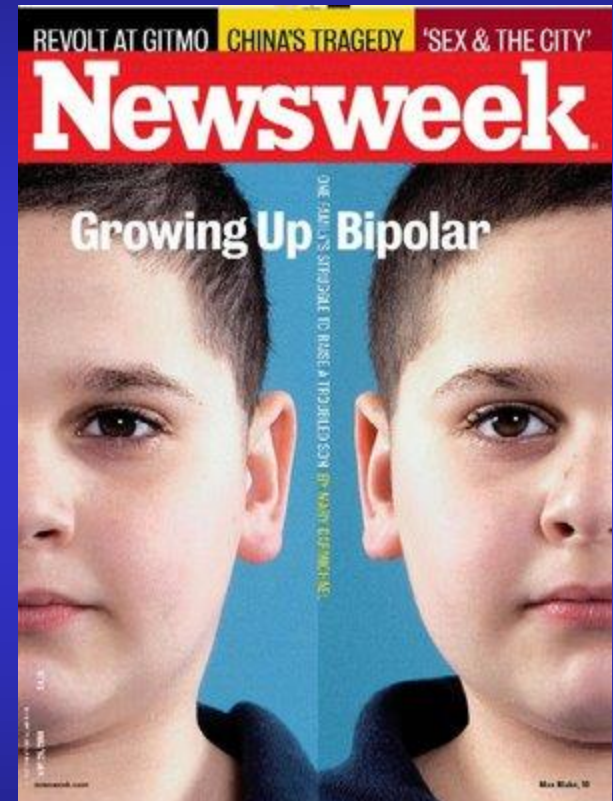
**Increase or Decrease in Appetite  
Crave Sweets or Carbohydrates**



**Loss of interest in activities/boredom**

# Pediatric-Onset Bipolar Disorder

- ◆ 2.5% of adolescents (13 -18 yrs)<sup>1</sup>
- ◆ At risk for the 4 **S**'s<sup>2</sup>:
  - ◆ **S**chool problems
  - ◆ **S**ubstance abuse
  - ◆ **S**uicide
  - ◆ **S**ocial dysfunction
- ◆ High rate of familial transmission<sup>3</sup>
- ◆ High comorbidity rates
- ◆ Long delays until treated
- ◆ Stronger genetic load in youth than in adults<sup>4</sup>
- ◆ Poorer prognosis, less time well<sup>5</sup>



<sup>1</sup> Van Meter et al, 2011, *J Clin Psychiatry*; Merikangas et al., 2012, *Arch Gen Psychiatry*; <sup>2</sup>Goldberg et al., *J Nerv Ment Dis.*, 2004;

<sup>3</sup>Goodwin and Jamison, *Manic-Depressive Illness*, 2007; <sup>4</sup>Faraone et al., *Biological Psychiatry*, 2003;

<sup>5</sup>Leverich GS et al. (2007), *J Pediatr* 150(5):485-490

# Convergent Age-of-Onset Findings from Adults with Bipolar Disorder

	Onset <13yo	Onset <18yo
<b>Epidemiologic</b>		
<b>NESARC</b>	<b>8%</b>	<b>32%</b>
<b>NCS-R</b>	<b>~10%</b>	<b>~32%</b>
<b>Clinical</b>		
<b>STEP-BD</b>	<b>28%</b>	<b>65%</b>
<b>Stanley Network (BCN)</b>	<b>14%</b>	<b>50%</b>

Goldstein & Levitt, *Am J Psychiatry* 2006; Merikangas KR, et al. *Arch Gen Psychiatry* 2007; Perlis et al. *Biol Psychiatry* 2004;

# Bipolar Versus “Being a Normal Teenager”

## Healthy Teen:

- ◆ Increases in risk taking, mood instability, family conflict
- ◆ Excitement appropriate to context (e.g., Christmas)
- ◆ Sexual experimentation
- ◆ Has bad days or occasional isolated mood symptoms but functioning is stable
- ◆ Occasional has an isolated mood symptom
- ◆ Occasional sleep irregularities
- ◆ Argumentative, rebellious

## Bipolar Teen:

- ◆ Same three factors but severe and impairing
- ◆ Excitement/elation inappropriate to context
- ◆ Unsafe or risky sex
- ◆ Sudden deterioration in functioning
- ◆ Clusters of manic or depressed symptoms that cycle together
- ◆ Up most of the night for several nights in a row, sleeps most of the day
- ◆ Overtly hostile and irritable across contexts





A mother's  
perspective....

“That’s me on that string...my son is like a big baby puppeteer, keeping us all on a string with his vicious mood swings. Worst of all he seems delighted that he can do it.”

# 8 Principles for Managing Bipolar Disorder in Adolescents



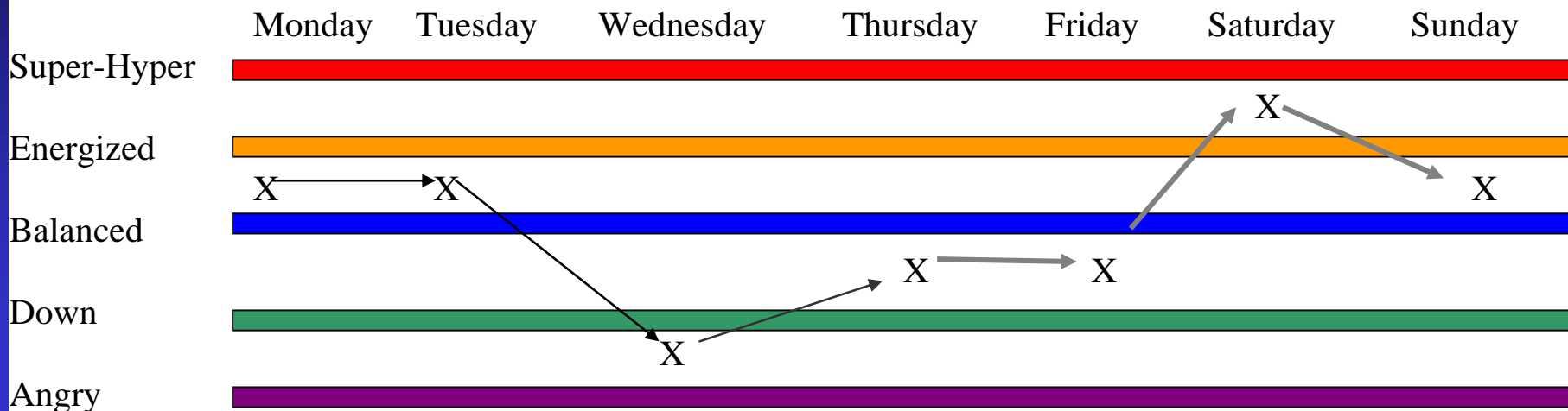
# Principle #1

Monitor your child's moods and know  
his/her early warning signs

# Daily monitoring of mood symptoms

- ◆ Encourage teen to keep a daily mood chart
- ◆ Keep one yourself alongside of him/her, compare results
- ◆ “This is one of the things you can do (other than take medications) to gain more control of your moods”
- ◆ How are his/her moods affected by family conflict, school stress, peer relations, medications?

# HOW I FEEL



I woke up at:	7	7	6	6	6	8	11
I went to bed at:	10	11	10:30	10:30	12	12	10

Examples of:

- Super-Hyper
- Feel good about myself
- Talk faster
- Like being high
- Lots of ideas
- Need less sleep

- Down
- Suicidal
- Don't want to go to school
- Short-tempered
- Stop eating or eat more
- Want to be alone
- Want to live in a bubble

- Angry
- Pissed off
- Hate everyone
- Irritable
- Snap easily

# Good Mood Tracking Apps

- ◆ SmartMood Tracker
- ◆ iMoodJournal
- ◆ eMoods
- ◆ T2 Mood Tracker
- ◆ Moody Me
- ◆ iMind & Mood
- ◆ MoodTrack

# Principle #2

- ◆ Recognize your teen's stress triggers

# Examples of Stress that May Elicit Mood Symptoms

- ◆ Peer relationships/relational aggression
- ◆ Loss of romantic partner
- ◆ Intense family conflicts
- ◆ High parent-to-offspring criticism
- ◆ Events that change sleep/wake cycles
- ◆ Goal attainment events
- ◆ Sexual, physical or emotional abuse



# How Should We Handle Irritability, Provocations, Oppositionality? (I)

- ◆ Is irritability masking anxiety/depression? Cognitive confusion?
- ◆ Keep in mind the mantra: “Don’t let your child’s mood determine everyone else’s mood in the family”
- ◆ Introduce collaborative problem-solving early in the escalation
- ◆ Use Ross Greene’s “basket” approach: What are the issues I can let go, which do I strongly enforce, and which should be negotiated?

## How Do I Handle Irritability, Provocations, Oppositionality? (II)

- ◆ Try to use “self-soothing” techniques: self-talk, breathing, giving yourself a time out
- ◆ Communication training and “three volley rule” – your part of the argument ends after 3 volleys
- ◆ Exit confrontations that are getting destructive
- ◆ Impose consequences (only if effective!)
- ◆ “Creative consequences” – taking a ride, bringing over other relatives
- ◆ Call police if child or others are in danger

# Principle #3

- ◆ Stabilize sleep/wake rhythms

# Good Sleep Hygiene

- ◆ Track sleep patterns with online app.
- ◆ Establish a regular bedtime and wake time
  - ◆ Vary a maximum of 1 hour/day
  - ◆ Avoid “sleep bingeing” on weekends
- ◆ One hour before bed, separate kid from screens
- ◆ Avoid caffeine and other stimulants at night (when was last stimulant dosage)?
- ◆ Avoid alcohol and marijuana
- ◆ Encourage exercise early in day, not right before bed
- ◆ Avoid homework in bedroom right before bed
- ◆ “Sleepio” – an online sleep regulation program ([www.sleepio.com](http://www.sleepio.com))

# Principle #4

- ◆ Know your position on medications

# Medications With Bipolar Disorder Indications

	Bipolar Mania	Bipolar Depression	Maintenance	Relapse Prevention
<b>Lithium</b>	Yes	No	Yes	Yes
<b>Carbamazepine (Tegretol)</b>	Yes	No	No	No
<b>Divalproex (Depakote)</b>	Yes	No	No	No
<b>Lamotrigine (Lamictal)</b>	No	No	Yes	No
<b>Aripiprazole (Abilify)</b>	Yes	No	Yes	No
<b>Olanzapine (Zyprexa)</b>	Yes	No	Yes	Yes
<b>Olanzapine+fluoxetine (OFC)</b>	No	Yes	No	No
<b>Quetiapine (Seroquel)</b>	Yes	Yes	No	No
<b>Risperidone (Risperdal)</b>	Yes	No	No	No
<b>Ziprasidone (Geodon)</b>	Yes	No	No	No
<b>Asenapine (Saphris)</b>	Yes	No	No	No



# Troubleshooting Medication Adherence

- ◆ Discuss side effects with doctor
- ◆ Develop strategies for pill storage and use
- ◆ Role of medications in family:
  - ◆ Does kid feel she's taking meds for herself or others?
  - ◆ Pressures from family members to discontinue medications?
- ◆ What is the symbolic significance of taking medications (loss of creativity? Giving up emotions)?
- ◆ “Grieving over the lost healthy self”

<sup>1</sup>Miklowitz DJ & Goldstein MJ. *Bipolar Disorder: A Family-Focused Treatment Approach*. NY: Guilford Press, 1997.

<sup>2</sup>Frank E, et al. *Biol Psychiatry* 48(6):593-604, 2000.

# Principle #5

- ◆ Develop a mania prevention plan

# The Mania Prevention Contract

- ◆ List prodromal signs of past episodes
- ◆ List stressors or other circumstances in which, historically, these have occurred
- ◆ Coping strategies: What can you do?
- ◆ What can your spouse/parents/siblings do?
- ◆ The psychiatrist? Therapist?
- ◆ What are the obstacles?
- ◆ Have all emergency contact info in one place

# Handout #11

## Prevention Action Plan

	<b>Stressors or Triggers</b>	<b>Early Warning Signs</b>	<b>Coping Skills</b>	<b>Overcoming Obstacles</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



# Things to do to reduce chances of mania (when hypomanic)

- ◆ Contact physician for medication change
- ◆ Avoid driving
- ◆ leave credit cards at home
- ◆ Take someone they trust along when going out at night
- ◆ For life decisions: use the 2-person rule and the 48 hr rule

# Handout #11

## Prevention Action Plan: Phil

	Stressors or Triggers	Early Warning Signs	Coping Skills	Overcoming Obstacles
1	Arguments with dad, brother	Sleeps less, gets up during night	Contact Dr. Stevens for medication check	Find best phone number
2	Fired from after-school job	Irritable, picks fights	Try to keep regular bedtime	Computer games may involve other people
3		Obsessed with video games	Agree on hours for computer usage	
4		Talks loudly about ways to make money	Stay away from friends who make me want to smoke weed	
5				
6				
7				
8				





# Principle #6

- ◆ Work on communication and problem-solving

## How Can The Family Help?

- Help child get treatment and support services (e.g., IEP)
- Support use of medication
- Maintain tolerant and calm home atmosphere  
*(What behavior is controllable and what isn't?)*  
*(Think of A-B-C distinction (R. Greene))*
- Have fair expectations for performance after an episode
- Make sure the needs of healthy siblings are recognized
- Keep regular family routines
- Maintain “substance-free homes”
- Know your own limits



# Five Basic Communication Skills

- 1) Expressing Positive Feelings
- 2) Active Listening
- 3) Making Positive Requests for Change
- 4) Communication Clarity
- 5) Expressing Negative Feelings about Specific Behaviors



## Active Listening

- **Look at the Speaker**
- **Attend to What is Said**
- **Nod Head, Say “Uh-Huh”**
- **Ask Clarifying Questions**
- **Check Out What You Heard**



# Principle #7

- ◆ Obtain “reasonable accommodations” at school

# Parental Advocacy in the School Setting

- ◆ Develop an IEP (plus monitor follow-up)
- ◆ Help teachers distinguish bipolar disorder from ADHD
- ◆ Develop plan to manage behavioral problems at school
  - ◆ Allow later starts to the school day
  - ◆ Allow more frequent breaks, time outs
  - ◆ Have “escape hatches” for child during periods of escalation (e.g., in-school counseling)
  - ◆ Reducing overstimulation in classroom
- ◆ Excused absences for medical appointments
- ◆ Alternative school environments

**Note: make sure kid is on board with changes!**

# How Much Should We Tell Others About What's Going On?

- ◆ What's the purpose of the disclosure? What do you expect to achieve? Are others affected by the kid's behavior?
- ◆ Who should be told - teacher? Parents' friends? What do you want them to do with the information?
- ◆ Is purpose primarily to alleviate parents' own distress? If so, consider support group as setting for disclosure
- ◆ Involve adolescent in this discussion so that he/she doesn't feel that confidentiality was violated

# Principle #8

- ◆ For caregivers: attend regular family intervention sessions or peer support groups
  - ◆ Should have a “psychoeducational” focus
  - ◆ Weekly or biweekly is optimal
  - ◆ Best context for self-disclosure
  - ◆ Other parents/caregivers may have unique recommendations
    - ◆ Examples: DBSA, NAMI, International BP Foundation





## **Family-Focused Therapy (FFT)**

# Family-Focused Treatment (FFT) of Bipolar Disorder

- ◆ 12 – 21 outpatient sessions over 4-9 months
- ◆ Assessment of patient and family
- ◆ Engagement phase
- ◆ Psychoeducation about bipolar disorder (*symptoms, early recognition, etiology, treatment, self-management*)
- ◆ Communication enhancement training (*behavioral rehearsal of effective speaking and listening strategies*)
- ◆ Problem-solving skills training

# Results of Nine Randomized Trials of FFT plus Medications

- ◆ Total 840 patients
  - ◆ Five trials with bipolar adults
  - ◆ two with bipolar adolescents
  - ◆ one with youth at high familial risk for BD
  - ◆ One for adolescents/young adults at risk for psychosis
  
  - ◆ Comparisons have included brief psychoeducation or individual therapy (with medications)
- ◆ Patients in FFT had greater benefits over 1-2 years in:
  - ◆ Symptom trajectories/time to recovery
  - ◆ Time to recurrence
  - ◆ Psychosocial functioning

## Summary: The 8 Self-Care Principles

1. Monitor moods daily – know about early warning signs
2. Recognize and manage stress triggers
3. Stabilize sleep/wake rhythms
4. Know your position on medications
5. Develop a mania prevention plan
6. Work on family communication and problem-solving
7. Obtain reasonable accommodations at school
8. Get regular family sessions or join a support group

From: Miklowitz DJ (2011). The Bipolar Disorder Survival Guide, 2<sup>nd</sup> Ed

# Future Directions in the Care of Adolescents with Bipolar Disorder

- ◆ Integrated systems of care: collaboration across agencies, schools, families, and kids to improve access and expand the array of therapy, medication, educational and support services for youth with mood disturbances
- ◆ Personalized medicine: what treatments work best for what kids in what settings?
- ◆ Technology-assisted care: use of computers, smartphones, tablets to exchange symptom, treatment and progress information

I cannot imagine leading a normal life without both taking lithium and having had the benefits of psychotherapy...ineffably, psychotherapy heals. It makes some sense of the confusion, reigns in the terrifying thoughts and feelings, returns some control and hope and possibility of learning from it all...It is where I have believed – or have learned to believe – that I might someday be able to contend with all of this.”

-Kay Jamison, Ph.D., *An Unquiet Mind*, 1995

The  
**BIPOLAR  
TEEN**

**What You Can Do  
to Help Your Child and Your Family**

- Get an accurate diagnosis
- Find the right medications and therapy
- Head off—and manage—mood swings
- Know who your teen is—and when it's bipolar talking
- Solve school problems and restore peace at home

**DAVID J. MIKLOWITZ, PhD**  
*Author of the bestselling Bipolar Disorder Survival Guide*  
and **ELIZABETH I. GEORGE, PhD**

**CLINICIAN'S  
GUIDE TO  
BIPOLAR  
DISORDER**



**DAVID J. MIKLOWITZ  
MICHAEL J. GITLIN**



# UCLA Child and Adolescent Mood Disorders Program ([www.semel.ucla.edu/champ](http://www.semel.ucla.edu/champ))



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