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"Just a darn minute — yesterday you said that X equals two!"

Teachers Workshop

"Information for everyday teaching"

Bipolar Disorder & Tactics to Manage It!

By Esther Williams M.Ed.

(Please feel free to copy these teaching tips for your faculty)

Bipolar disorder (also known as manic-depression) is a serious, treatable medical illness. This disorder is marked by severe changes in mood, energy, thinking and behavior. Until recently, bipolar disorder (BD) in children was thought to be extremely rare or nonexistent. BD was thought to only affect people in their early twenties or older. It is now known that symptoms may be present in infancy or early childhood as well as suddenly manifesting in late adolescence or adulthood. Now we recognize and treat BD in children and teens. BD significantly impairs functioning in school, with peers, and at home with family. A study by the National Institute for Mental Health, indicated that one percent of adolescents were found to have met criteria for BD.

There is evidence to indicate that Early-onset BD may be a more severe form of the illness than Adult-onset BD. Parents of BD children report that their children were difficult from early infancy. They reported *erratic sleep patterns, irritability, and difficulty being soothed and settled*. Some mothers even reported their babies were more active in-utero than their other children. Another trait that is often manifested with Early-onset BD is extreme *separation anxiety* from the mother. Some mothers reported that they could not put their babies down without the infant screaming and crying until they were picked up again. Many infants who later develop BD are very precocious and bright. They often meet developmental milestones early and are extremely creative.

Early-onset BD is difficult to recognize and diagnose in children and teens because it does not fit the symptom criteria established for adults. The symptoms of BD in children and adolescents may appear through a variety of behaviors. When **manic**, children and adolescents are more likely to be *irritable and prone to destructive outbursts* than to be elated or euphoric. When **depressed**, they may exhibit many *physical complaints such as headaches, muscle aches, stomachaches or tiredness, frequent absences from school or poor performance in school, talk of running away from home, irritability, crying, social isolation, lack of communication, and sensitivity to rejection or failure*. In teens, you may also see *alcohol or substance abuse* and relationship conflicts.



Esther Williams, M.Ed. is an internationally known Educator, Author, and Licensed Professional Counselor who brings her unique style and humor to professional development seminars and keynote speeches. She presents a wide variety of topics that have broad appeal for those in the helping professions. In all her programs, it is her goal to motivate her audiences to gain insight, make positive changes in their lives, and to look for humor in difficult situations.

Esther received a Bachelors of Science degree and Masters of Counseling degree from Auburn University. She has 25 years experience in public education as a teacher and counselor. In 1999, after retiring from the public school system, she founded Positive Paths Inc. She is a Licensed Professional Counselor and has a private practice as well as presenting seminars and keynote speeches. Esther has published two books, *Breaking Down the Wall of Anger* and *The Bully, The Bullied and Beyond*.

Esther has been making presentations for over fifteen years. She has the ability to establish rapport with her audiences and her presentations are high energy, educational, entertaining and inspiring.

No, she is not the Esther Williams that made movies in the 1950's.

Yes, she does swim.

To arrange for Esther Williams to present at your school or to order her book please contact the Teachers Workshop at 800-991-1114

The symptoms of Early-onset BD can resemble or co-occur with those of other common childhood onset disorders. The vast majority of children with BD also meet the criteria for ADHD and many meet the diagnostic criteria for Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). BD in children can also occur with Anxiety Disorders, Obsessive-Compulsive Disorder, Tourette's Syndrome and depression. It is estimated that a third of the children who are being diagnosed with ADHD with hyperactivity are actually suffering from the early symptoms of BD. It becomes critical that adults who deal with these children become aware of the often subtle differences between ADHD and Bipolar Disorder so children can receive the appropriate diagnosis and treatment. Early diagnosis and treatment results in the most positive prognosis for a stable life for these children and their families.

When you realize that students with BD have difficulty concentrating, making transitions, accepting limits and are easily distracted, is it any wonder that they have difficulty in the traditional school setting? In addition, BD students may be sleepy from medication, may have a learning disability, usually have poor executive functioning skills, and their illness moves them from excessive energy to depression several times a day. Students with BD *need special accommodations and teachers need to be very flexible* with their academic demands.

The BD student may be given an IEP if he/she also qualifies for special education or a 504 plan under the IDEA act. The plan that is developed must be based on the student's specific needs and difficulties. Because BD is a disorder with wide variations in behavior, modifications that work well for a while may become ineffective or insufficient with little or no warning. The educational plan for a student with BD must be fluid and may need to be adjusted many times especially when new medications are being tried. Parents are a great source of information for the school and every effort should be made to encourage the parents of the BD child to share information openly. Some parents become defensive if they feel they are being blamed for their child's behavior or that they are not believed when they report behavior they see at home. Parents of children with BD have a tremendous burden, they need the help and support of the school system. It is critical that all staff who works with a BD student be given sufficient training on the disorder, how to identify difficulties, and appropriate responses for the BD student.

Some students with BD can be served full time in the regular classroom. Others students may need some regularly scheduled resource time. A few students may be more appropriately served in a self-contained resource classroom on a full time basis. The least restrictive environment for a BD student may need to be changed several times during the year if their behavior becomes more or less volatile. It is seldom appropriate to place a BD student in an alternative program that is designed to deal with students with delinquent behaviors. While BD students may be committing similar acts as the other students in the alternative program, they are very vulnerable. This type of placement could be extremely harmful to them. There are times when a BD student cannot be effectively managed at home or in a traditional school even with numerous accommodations. Placement of the BD student in a 24 hour group home may be required at especially difficult times. After several months of residential placement, the student is often able to return home and attend school again.

Brain Teaser...

What do Miga, Quatchi and Sumi have in common?

(See page 4 for the answer.)

It Saves on Alimony

A Japanese man recently married his virtual girlfriend from a dating simulation game, complete with a wedding reception. The good news: If he fails to make her happy, the game restarts in 100 days.

Good Guidelines

Need a copy of a birth, death, marriage or divorce certificate? Use the tool and guidelines provided by the National Center For Health Statistics. Go to www.cdc.gov/nchs and look for "Where To Write For Vital Records."

Most Watched TV Episodes Of The 2000s

- 2004: The "Friends" finale, 52.5 million viewers
- 2000: Richard Hatch wins "Survivor," 51.7 million
- 2003: "Joe Millionaire" finale, 40 million
- 2000: Dr. Carter fights for his life on "ER," 39.4 million
- 2007: "American Idol" kicks off sixth season, 38.1 million

Too True

When my friend's printer wasn't working, he called a repair shop and the clerk told him it probably just needed to be cleaned, which would cost \$60. "But you might try to do the job yourself," he added. "Does your boss know you're sending business away?" asked my friend. "It's his idea," the clerk admitted. "Most of the time we make more money on repairs if we tell people to try to fix things themselves first."

Have A Laugh

A little girl walked up to the library counter to check out a book entitled *Comprehensive Guide for Mothers*. "Are you getting this for your mother?" asked the librarian. "No," said the girl. "So why are you checking it out?" asked the librarian. "Because I started collecting moths last week."

Differentiated Instruction and Interventions for Students with Bipolar Disorder

EMOTIONAL NEEDS

- ⇒ Have the student keep a daily mood chart. Encourage the student to monitor his own emotional state and learn to ask to go to a safe place before an outburst occurs.
- ⇒ Be understanding and help the other classmates understand when the student has emotional outbursts or overreacts to a situation.
- ⇒ Help to protect the student from peers who want to exploit the trauma.
- ⇒ Realize that it is important for some students to appear "normal" and that you may not always see many of the emotional aspects of their disorder at school.
- ⇒ Realize that at times it is more important for students with BD to deal with their mental and emotional problems than it is for them to complete their schoolwork. Prioritize your battles. Ignore less disruptive aspects of the students behavior.
- ⇒ Avoid putting the student in an uncomfortable situation that she may not be ready to handle.
- ⇒ Teach and practice relaxation exercises.
- ⇒ Provide anger management options and emotional skill training. Help the student to develop a safety plan to contain rages and have an emergency plan for mania.

MODIFICATIONS AND ACCOMMODATIONS

- ⇒ Develop an IEP that addresses the student's difficulties and weaknesses.
- ⇒ Provide a teacher who is calm, warm, and accepting.
- ⇒ Be flexible when the student is having a "bad day". Do not pressure the student to complete assignments, but instead provide some alternative activities to work on. These may include drawing, or writing a journal.
- ⇒ Identify another adult in the school (nurse, counselor, principal) who can act as a resource for the student and provide encouragement and support.
- ⇒ Provide a safe place and a safe adult for the student when emotions are becoming extreme.

Brain Teaser Answer:

They were the official mascots of the Vancouver 2010 Winter Olympics.

Raise Smart Consumers

Want to teach your kids to be smarter consumers? Check out www.ftc.gov/youarehere/. Aimed at students in 5th through 8th grade, the site uses a virtual mall to teach them about advertising techniques, supply and demand and how to spot scams.

For back issues go to our website at www.teachersworkshop.com

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CLASSROOM MODIFICATIONS

- ⇒ Provide small classes and/or small groups.
- ⇒ Reduce school hours if needed. (Come in late or leave early.)
- ⇒ Realize that an aide may be needed at times for direct help with the student.
- ⇒ Do not insist that the student go to a certain assembly or on a field trip if he or she is apprehensive.
- ⇒ Provide alternative activities for the student when needed. Do not insist that the child with BD participate in regular PE classes or always go to the lunchroom with the other students.
- ⇒ Give the student choices while also giving clear directions. Allow the student to turn in assignments late or decrease the amount of work you expect.
- ⇒ Communicate with the parents on a regular basis (phone, email, behavior notebook, homework notebook, etc.)

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