The Differential Diagnosis of Bipolar Disorder and ADHD

Educational and Counseling Strategies for Bipolar and ADHD Disorder Students

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Bipolar Disorder

General Information

- Bipolar disorder can occur in children and adolescents and has been investigated by federally funded teams in children as young as age 6.
- Approximately 7% of children seen at psychiatric facilities fit bipolar disorder using research standards.
- Over 80% of children with a bipolar disorder will meet full criteria for attention-deficit disorder with hyperactivity, ADHD should be diagnosed only after bipolar disorder is ruled out.
- While these two conditions seem highly co-morbid, stimulants unopposed by a mood stabilizer can have an adverse effect on the bipolar condition.
- 65% of the children in a study done by Papolos had hypomanic, manic and aggressive reactions to stimulant medications.

- According to the Child & Adolescent Bipolar Foundation (CABF), 15% of U.S. children diagnosed with ADHD may actually be suffering early-onset bipolar disorder instead.
- Decreased white matter connections may be the core of abnormalities in STG, which is an important region for speech, language and communication, and could possibly underlie neurocognitive deficits present in bipolar patients (Chen).
- According to the American Academy of Child and Adolescent Psychiatry up to 33% of the 3.4 million children and adolescents with depression in the United States may actually be experiencing early-onset Bipolar Disorder.
- Bipolar Disorder appears to be genetic.
- If one parent has the disorder the risk to each child is 15-30%.

- If both parents have the disorder the risk increases to 50-75%.
- Approximately 70% of the children with Bipolar disorder have mood and energy shifts several times a day.
- If untreated, the suicide rate can be as high as 20%.
- Dr Miklowitz tailored his therapy to address the special needs of kids, including learning to understand changes in school functions and recognizing normal adolescence from pathological behavior, working at regulating sleeping, and addressing mood disturbances in other family members.
- A 2016 study published in the *Journal of the American Academy of Child and Adolescent Psychiatry* found that 34 bipolar kids (mean age 11) on 12 sessions of combination family focused therapy and cognitive behavioral therapy with their meds significantly reduced their symptoms and improved their functioning, with high levels of treatment adherence.

Bipolar I

Bipolar I has the following mood states:

- Severe Depression: At least two weeks of hopelessness, apathy, decreased appetite, and insomnia.
- Mild/Moderate Depression: Similar to severe depression but not as long lasting or debilitating.
- Normal: Moods may change from day to day, but not in a way that interferes with life.
- Hypomania: Four days of unusually elevated mood, less need for sleep, distractibility, inflated self-esteem.
- Mania or Mixed mania: At least a week of even greater mania; mixed states show signs of both mania and depression.

Bipolar II

Bipolar II has the following mood states:

- Severe Depression: At least two weeks of hopelessness, apathy, decreased appetite, and insomnia.
- Mild/Moderate Depression: Similar to severe depression but not as long lasting or debilitating.
- Normal: Moods may change from day to day, but not in a way that interferes with life.
- Hypomania: Four days of unusually elevated mood, less need for sleep, distractibility, inflated self-esteem.

NOTE: There is an absence of the more severe mania.

Cyclothymia

Cyclothymia has the following mood states:

- Mild/Moderate Depression: Similar to severe depression, but not as long lasting or debilitating.
- Normal: Moods may change from day to day, but not in a way that interferes with life.
- Hypomania: Four days of unusually elevated mood, less need for sleep, distractibility, inflated self-esteem.

NOTE: There is an absence of the more severe mania and the more severe depression.

Bipolar Disorder Mixed Type

- Both Depression Mania occur at the same time
- May be manic on outside (happy, agitated, laughing hysterically) while internally suicidal, frustrated, etc.

Cycles According to Geller

- Child ultrarapid: mood cycles every few days
- Child ultradian: multiple daily mood cycles (switches)

Definitions of rapid, ultrarapid, and ultradian cycling and of episode duration in pediatric and adult bipolar disorders: a proposal to distinguish episodes from cycles. *J Child Adolesc Psychopharmacol.* 2003 Fall;13(3):267-71 Tillman R, Geller B.

Bipolar Disorder and Children

- Geller's group found that the **children** involved in her study had a more severe, chronic course of illness than the typical bipolar adult. "Many children will be both manic and depressed at the same time, will often stay ill for years without intervening well periods, and will frequently have multiple daily cycles of highs and lows."
- When the illness begins **before or soon after puberty,** it is often characterized by a continuous, rapid-cycling, irritable, and mixed symptom state that may co-occur with disruptive behavior disorders, particularly attention deficit hyperactivity disorder (ADHD) or conduct disorder (CD), or may have features of these disorders as initial symptoms.

- **Teens** with bipolar disorder and those with subclinical symptoms had **greater functional impairment and higher rates of co-occurring illnesses** (especially anxiety and disruptive behavior disorders), suicide attempts, and mental health services utilization
- In contrast, **later adolescent- or adult-onset** bipolar disorder **tends to begin suddenly, often with a classic manic episode, and to have a more episodic pattern with relatively stable periods between episodes.** There is also less co-occurring ADHD or CD among those with later onset illness.

Manic Symptoms

- Severe changes in mood– either extremely irritable or overly silly and elated.
- Overly-inflated self-esteem; grandiosity.
- Increased energy.
- Decreased need for sleep—ability to go with very little or not sleep for days without tiring.
- Increased talking—talks too much, too fast; changes topics too quickly; cannot be interrupted.
- Distractibility—attention moves constantly form one thing to the next.
- Hyper-sexuality—increased sexual thoughts, feelings, or behaviors; use of explicit sexual language.
- Increased goal-directed activity or physical agitation.
- Disregard of risk—excessive involvement in risky behavior or activities.

Depressive Symptoms

- Persistent sad or irritable mood
- Loss of interest in activities once enjoyed
- Significant change in appetite or body weight
- Difficulty sleeping or oversleeping
- Physical agitation or slowing
- Loss of energy
- Feelings of worthlessness or inappropriate guilt
- Difficulty concentrating
- Recurrent thoughts of death or suicide

ADHD

ADHD Diagnostic Criteria

- Six or more symptoms of inattention for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level.

ADHD Diagnostic Criteria
Inattention

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).

ADHD Diagnostic Criteria
Inattention Continued

- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities.

ADHD Diagnostic Criteria
Hyperactivity-Impulsivity

- Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:

ADHD Diagnostic Criteria
Hyperactivity-Impulsivity

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.

ADHD Diagnostic Criteria
Hyperactivity-Impulsivity

- Is often "on the go" acting as if "driven by a motor".
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting his/her turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

Changes in the DSM-5

The fifth edition of the DSM has been released and replaces the previous version, the text revision of the fourth edition (DSM-IV-TR). There were some changes in the DSM-5 for the diagnosis of ADHD:

- Symptoms can now occur by age 12 rather than by age 6;
- Several symptoms now need to be present in more than one setting rather than just some impairment in more than one setting;
- New descriptions were added to show what symptoms might look like at older ages;
- For adults and adolescents age 17 or older, only 5 symptoms are needed instead of the 6 needed for younger children.

Bipolar or ADHD

Bipolar Disability	Shared Characteristics	ADHD
Severe Mood Swings		Inattention
Rapid Cycling		Hyperactivity
Elation; Grandiosity		Distractible
Racing Thoughts		May have anger, rage is rare
Rapid Pressured Speech		Mood changes appropriate
Risk Taking Behavior		Behavior can be redirected
Tantrums; Aggressive Rages		
Low Need for Sleep		
Hyper-sexuality		
	Irritability	
	Hyperactivity	
	Restlessness	
	Impulsivity	
	Oppositional	
	Increased Energy	
Lethargic; sad; depressed		
Separation Anxiety		
Suicidal thoughts		
Sporadic based on mood		Continuous (always present)

Key Characteristics of Bipolar Disorder

- Mood Swings
- Elation
- Grandiosity
- Flight of ideas/racing thoughts
- Decreased need for sleep
- Hypersexuality (in the in absence of sexual abuse or overstimulation)

Mood Swings

- Mood swings can happen to anyone. However, 'normal' mood swings usually do not interfere with your life.
- Mood swings that are part of the bipolar condition can be profoundly destructive. On the down side depression can make you isolate yourself from your friends and loved ones. You may find it impossible to get out of bed, let alone keep your job. During manic periods, you may be reckless and volatile.

Elation

- Guideline: The guideline for pathological elated mood was 1) inappropriateness to context and 2) association with impairment.
- Example Elation: A child who was elated and giggling in the classroom, when others were not, and who got sent to the principal and suspended from school for this behavior.

Grandiosity

- Guideline: Normal children can be expansive and grandiose when playing in appropriate settings. Pathological grandiosity is 1) inappropriate to context and 2) functionally impairing.
- Example of Grandiosity: A child gets up during the class and begins instructing the teacher on how to educate her students, thus disrupting the class.

Flight of Ideas
Racing Thoughts

- Expressed by a nearly continuous flow of rapid speech that jumps from topic to topic, usually based on discernible associations, distractions, or plays on words, but in severe cases so rapid as to be disorganized and incoherent. For example, "I don't know what I'm going to do about math class. Well John's talking with another girl. Did you realize there are three weeks left until the end of school? Man it's hot in here. There's a sale down at the mall I just can't miss."

Hypersexual

- Normal: A 7-year-old child played doctor with a same-aged friend. A 12-year-old boy looked at his father's pornographic magazines.
- Hypersexual Examples: A 9-year-old boy drew pictures of naked ladies in public, stating they were drawings of his future wife. A 14-year-old girl passed notes to boys in class asking them to f ____ her. Another girl faxed a similar note to the local police station. A 7-year-old girl touched the teacher's breasts and propositioned boys in class. A 10-year-old boy used explicit sexual act language in restaurants and other public places. Another child called "1–900" sex lines, which his parents discovered when the phone bill arrived at the end of the month.

Decreased Need for Sleep

- Normal: May stay up late or all night, but would feel tired or exhausted the next day.
- Examples of Decreased need for sleep: An 8-year-old boy chronically stayed up until 2 a.m. rearranging the furniture or playing games. Then he awoke at 6 a.m. for school and was energetic during the day without evidence of tiredness or fatigue. A 7-year-old girl daily knocked on a friend's door at 6 a.m. ready to play.

Treatment and Strategies for Bipolar Disorder

See Bipolar or ADHD for a multitude of strategies for Bipolar Disorder and other Co-Existing Conditions by Crites

Treatment Focus

Bipolar

- Bipolar Disorder is a Mood phenomenon requiring strategies to help modulate mood and channel mood based-behavior

Long Term Goals for Children with Bipolar Disorder

- Reduce the manic and depressive episodes.
- Develop sleep patters that allow for adequate rest and activity.
- Improve psychosocial functioning between episodes.
- The family/school will develop practical methods or strategies to better cope with both manic and depressive swings.
- Improve nutritional habits.
- Those working with the individual should learn how to identify signs and symptoms of approaching episodes and develop strategies to avert or minimize the effects of episode.
- Student will be able to identify early warning signs and develop skills that will help avert or minimize the effects of the episode.

Minimizing Mania

Look for Patterns or Signs

- Body Signals
- A shift in mood
- A greater use of Alcohol or drugs
- Sleep patterns
- Change in Energy level
- Self-esteem
- Concentration
- Sex drive (more or less)

See Bipolar or ADHD Worksheet

Comorbid Disorders

- Alcohol and drug abuse are very common among people with bipolar disorder. Research findings suggest that many factors may contribute to these substance abuse problems, including self-medication of symptoms, mood symptoms either brought on or perpetuated by substance abuse, and risk factors that may influence the occurrence of both bipolar disorder and substance use disorders.
- Treatment for co-occurring substance abuse, when present, is an important part of the overall treatment plan.
- Anxiety disorders, such as post-traumatic stress disorder and obsessive-compulsive disorder, also may be common in people with bipolar disorder.
- Co-occurring anxiety disorders may respond to the treatments used for bipolar disorder, or they may require separate treatment.

Signs of Stress

There are a number of signs of stress that in turn leads to anxiety and numerous body symptoms. Here are a few.

1. Feeling scared, jumpy
2. Headaches, twitchy eyes, face blushes or feels hot.
3. Neck or shoulder tightness
4. Cold hands, fingers are tight.
5. Gassiness, burping, cramping sensation, burping, acid stomach, stomach ache.
6. Shallow raid breathing, racing feelings in your chest, shortness of breath.
7. Fidgity, restless feelings, cant' sit still.
8. Jaw clenching, tight lips, teeth grinding.
9. Sweaty hands, hands that shake.

Often what the person is thinking is triggering the anxiety!

Fun Relaxation Technique

- Step One: Recognize worry, anxiety, tension.
- Step two: Do a body scan. Start with the top of your head. Relax your eyes, open your mouth a little, relax your shoulders, arms, back, stomach. Relax your hips, legs, wiggle your toes and let them relax.
- Step Three: Breath through your feet. Feel the air as it rises up your legs and centers in your stomach. Sense the air as it moves.
- Step Four: Exhale slowly and feel the air go back down your legs and out your feet. Focus on how the air feels as it goes down your leg and out the bottom of your feet.
- Step Five: Repeat three and four until you feel more relaxed and calm.

Thought Stopping

- This is a method for shutting off unpleasant thoughts and images. You can use this approach when you keep having an unpleasant thought or image over and over. For example, if you keep thinking about a place where someone died and you can't seem to turn the thought off, then you might find this method helpful. Let's try it.
- While you are thinking of your unpleasant thought or image, pinch yourself lightly on the arm and think the word STOP! Take a deep breath and, as you slowly let it out, think the word CALM and imagine yourself in the most peaceful scene you can think of (for example, lying on the beach, at the mountains or the lake, or relaxing in your backyard). For at least 20 seconds imagine your peaceful scene in as much detail as you can. Concentrate on imagining the scene of beauty about you. Let your body develop a sense of relaxation as you breathe slowly and deeply.
- For this method to work, you must use it every time, repeat: *every* time you start to experience the unwanted thought or image. The method works by interrupting the unpleasant thoughts or images and by replacing them with positive images.

General Guidelines for Stress Reduction in School

- To reduce stress you must redirect the child's energy and allow time for de-escalation.
- You must separate the child from the stressful situation. If it is in a classroom you must either get the student out or do a room clear.
- Direct him to a positive, enjoyable pastime. Preferably one that involves exercise of some kind. Predetermine some easy stress reducing exercises that can be done in the office or other appropriate location (Rag Doll, Flight of the Phoenix, the Crane, Windmill, Stretching to the Sun, Etc.).
- Give the student water to drink. Water is essential to the body's ability to detoxify. The more toxins in the body the greater the likelihood that depression and dysphoric mood will be present.
- Avoid sugar and caffeine. They contribute to depressive affect and Bipolar rage.

Quick Stress Busters

- Head Rolls: Roll your head around your shoulder stretching the neck muscles in every direction as you move.
- Push Downs: Push down on your chair and try to push yourself up.
- Eye Time out: Turn away from teacher…look at clock, window, down at desk and close your eyes for a moment. Take a deep breath, do a body check, relax and then open your eyes again.
- Side to Side: Lean over and try to touch the floor on each side of your desk stretching your side as you do (drop a pencil if necessary).
- Iron Man: Tense your whole body from the tips of your toes to your fingertips (make a fist and squeeze) and to the top of your head for 2-3 seconds and they let it go. Do this two or three times as often as needed.
- Vacation: During lunch, between classes, find a place where you can close your eyes for just a minute and visualize yourself relaxing at a favorite vacation spot.

Rage and Bipolar Students

One theory suggests that something akin to seizure activity occurs when a Bipolar child goes into a rage state. The effects include:

- A loss of awareness that may be severe enough to stop a child in his tracks. The child may not know who he is or what he is doing.
- There may be dilation of the pupils as the rage state begins.
- He may have amnesia about what happened during the rage event.

Time Out

- Time out for hypomania, anger, rage states, anxiety, etc. can help a student calm down.
- Time out can be restrictive (in a location outside of the classroom).
- Time out can be non-restrictive (inside the classroom).
- Just make sure he is in a safe place for himself and others.

Peaceful Heart Technique

- When a Bipolar student loses control, rages, screams, etc. you may want to use the Peaceful Heart Technique. This often occurs when something has set the child off. In other words, there is an antecedent that leads to the out of control behavior.
- Make sure there is nothing around him that he can use to hurt himself or others.
- Sit as closely as is safe and listen to his anger or frustration.
- Speak only when you are convinced that you should say something…be supportive, not punitive (punitive will only exacerbate the problem).
- Let him calm. When he is relatively calm speak to him of how he can start over…begin again….start the day over, etc., that everything will be alright. Be calm.
- Encourage him to pick up where he left off.
- However, when a student has been in a severe bipolar rage it may take him hours or even days to get over it. He may need medical help.

Medication Issues

Modifications

- Make sure that medication is taken privately, not in front of other students or staff.
- Provide teachers/staff with the necessary information about how stomach pain, vomiting, and dehydration can be serious side effects for a student taking lithium, valproate medications, and some of the other medications used in the treatment of bipolar disorder.
- Allow this student to have unlimited access to water.

Overheated and Dehydrated from Physical Exertion

Modifications

- Because of medication issues you should allow this student to excuse himself from gym class on hot days if it becomes a problem for him.
- If heat and dehydration become a problem you may want to replace gym class with individual private workouts, another healthful activity, or study hall.
- Allow for individualized workouts, weight lifting, aerobic exercises, etc. in a cooler area so the student can exercise at a pace that does not cause problems for him.

Embarrassment When Participating in Team Sports

Modifications

- Excuse the student from participating in team sports until the anxiety is treated.
- Provide the student with one-on-one coaching in sports rules and techniques.
- Permit the student to substitute individual physical activities, such as aerobic workouts or swimming laps, that do not involve competing in groups.

Structure and Bipolar Disorder

- **Structure is very important for the Bipolar student.**
- **Having a routine will help the student with bipolar disorder maintain stability. This includes sleep schedules.**
- **A posted daily schedule at home can help.**
- **Reminders of any change that might occur the next day at home or school reduces anxiety.**
- **Too much change can produce anxiety.**

Treatment and Strategies for ADHD

Treatment Focus

ADHD

- ADHD is an Attention phenomenon requiring strategies to structure behavior and channel attention.

Three Aspects of ADHD

- Inattention can be addressed utilizing strategies specific to Executive Functions.
- Hyperactivity
- Impulsivity

Inattention & Executive Functions

- Planning
- Prioritizing
- Time Management
- Organizing Materials
- Organizing Space
- Activating to Work
- Focusing or Sustaining Attention
- Processing Speed
- Self Monitoring
- Shift or Transitioning
- Emotional Control
- Working Memory

Note: Many Bipolar Children have problems with Executive Functions. Many of these modifications and strategies are helpful for them.

See Executive Function Disorder by Crites for a multitude of Strategies

Planning

- Use the Planning Backwards Worksheet to help with breaking down longer assignments into segments.
- Have the student predict how well he believes he will do when he completes the task or activity. This makes him think about end result, and what may need to be done to complete the task.

Prioritizing

- Teach the student to create and use "To Do" lists. This will help in prioritizing and planning.
- Teach the student how to use the Prioritizing Worksheet.

Time Management

- Teach the student to avoid procrastination. Every time he hesitates to do a task when it is supposed to be done have him say over and over, “Do it now." Put it on a card and place it on his desk.
- Set timers to go off at fifteen minute increments to help the child see how fast time can go by. It also helps him monitor how much time he has left to complete a task.

Organizing Materials

- Have this student keep everything in a specific place. If his desk area becomes untidy have him clean it up before he leaves that day.
- This student will need assistance in developing and maintaining an organizational system.

Organizing Space

- Help the student with general organizational skills. For example, you may want to teach him how to organize his desk/locker organizer, etc.
- This student will need to have clean out times for his desk, backpack and locker.

Activating to Work

- Make sure the student understands teacher instructions.
- When there are too many problems, etc. on a worksheet the student can easily become distracted and not activate. When you give the student work to do, it would be best if you added space between questions/tasks.

Focusing or Sustaining Attention

- Develop a prearranged cue to assist in redirection. The teacher may give a visual signal, e.g., touching he nose, ear, etc. or utilize a verbal phrase, e.g., "I'm watching for those who are on task."
- Use a variable signal that will remind the student to go back to task or refocus…a sound, word, etc.

Processing Speed

- Computerized learning is very effective with a student who has processing speed difficulties.
- Have the student write down brief notes--not extensive. Allow him to turn in his notes for teacher notes at the end of class.

Self-Monitoring

- The student who has problems with self-monitoring may not understand the impact of his behavior on those around him. Discuss the behavior and how it impacts others in a private setting away from his peers.
- Have the student do Self-Monitoring for specific behaviors that need to be adjusted or removed. This is most effective with those who are more self-motivated to do well.

Shift or Transitioning

- Use cue cards that can be placed on the desk to aid in transition. The card would have the specific steps the student could follow. For instance, the title might be, 'How to Make Transitions' The three steps to transition efficiently might be:
- 1. Begin transition as soon as you are told to do so.
- 2. Put away unnecessary materials so you can focus on shifting to the next activity.
- 3. Get what you need for the next activity as soon as your teacher asks you to do so.

Emotional Control

- Increase this student's awareness of situations that may promote emotional reactivity. Discuss the probable consequences that may follow in order to reduce the degree of emotional outbursts.
- Reduce antecedents that produce emotional frustration or outbursts. This student may need to avoid certain peers, situations, or tasks until he can experience more success in managing his emotions.

Working Memory

- Due to working memory issues this student has difficulty keeping track of more than one or two steps at a time. He should be provided with a written checklist of steps required to complete a task.
- Use the Working Memory Worksheet to help you identify things that you need to ask the teacher about.

Hyperactivity

- Redirect overactive students by using a silent signal. Practice it in advance.
- Give the student brief 'movement' breaks. Envelope Technique!
- Have the student monitor his own hyperactive behaviors. Use an easy frequency chart where he can check each time he is being hyperactive.
- Put him in the back of the classroom and allow him to stand and move around. Consider putting tape down to show where his boundary is located.

Impulsivity

- Provide more structure both at home and school.
- Pre-teach appropriate responses where he is often impulsive (social skill). The more practice the sooner the brain figures it out.
- Develop predictable daily schedules….it gives him less time to think and get into trouble.

So……

- **Why is it important to address these students needs?**
- **Why is important to channel these students energies?**
- **Why is important to do what we can to give them the best chance for success?**

BECAUSE……..

Untreated ADHD and Bipolar Disorder

RESEARCH SUGGESTS

- 35% never finish high school.
- 43% of hyperactive boys are arrested for a felony by age 16.
- Have significantly higher motor vehicle accidents and speeding tickets.
- They are five times more likely to die in adolescence, secondary to their impulsive behavior.
- 52% abuse alcohol and drugs.
- 19% smoke at near twice the rate of the general population.
- Studies suggest that at least 50% of prison inmates are ADHD.
- Individuals with Bipolar disorder have the highest suicide rate.

That's All Folks!