

Kids and Teens with Mood Disorders: How the Family Can Help

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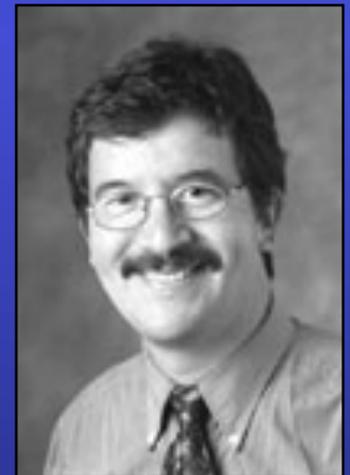
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Myths About Moods in Teens and Kids

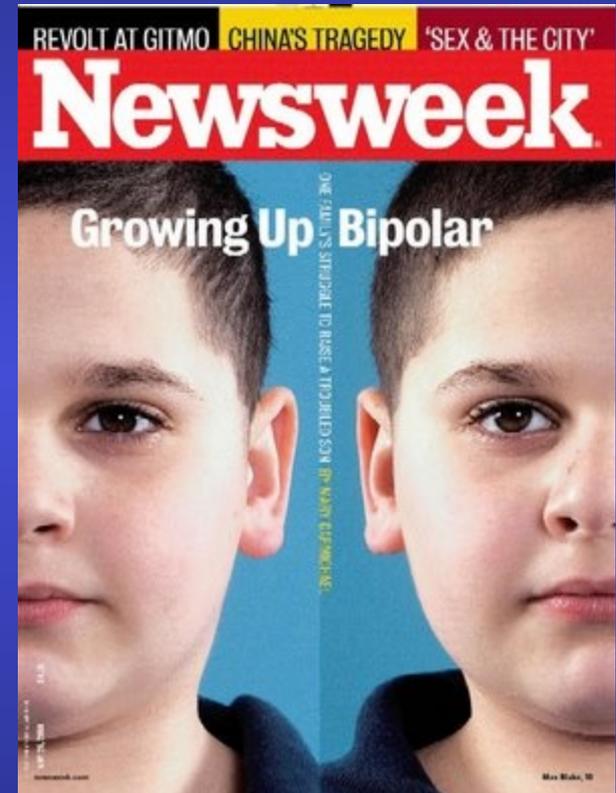
- ◆ It will go away (soon) on its own
- ◆ “It’s a phase”: everybody gets this way
- ◆ You ought to “just snap out of it!”
- ◆ Getting treatment is a sign of weakness
- ◆ People who talk about suicide are just trying to get attention
- ◆ It’s just teenage laziness
- ◆ Teenagers are “just moody”

How Common is Depression in Teens?

- ◆ Episodes of major depression: 9%
- ◆ Bipolar disorder: 2% (worldwide)
- ◆ Depression more common in girls, especially after puberty
- ◆ 30% of college students report depression with functional impairment

Pediatric Bipolar Disorder (BD)

- ◆ About 2% prevalence across nations¹
- ◆ At risk for the 4 **S**'s²:
 - ◆ **S**chool problems
 - ◆ **S**ubstance abuse
 - ◆ **S**uicide
 - ◆ **S**ocial dysfunction
- ◆ High rate of familial transmission³
- ◆ Stronger genetic load in youth than in adults⁴
- ◆ Early onset = poor prognosis⁵



¹ Van Meter et al., *J Clin Psychiatry* 2011; ²Goldberg et al., *J Nerv Ment Dis.*, 2004; ³Goodwin and Jamison, *Manic-Depressive Illness*, 1990

⁴Faraone et al., *Biological Psychiatry*, 2003; ⁵Leverich GS et al. (2007), *J Pediatr* 150(5):485-490

Mood Disorders and School Dysfunction

- ◆ Poor/failing grades
- ◆ Distractible (lack of motivation/interest)
- ◆ Harass teachers (oppositional / grandiose)
- ◆ Unrealistic career/recreational strivings
- ◆ Frequent fights or explosive outbursts
- ◆ Inability to concentrate (racing thoughts)
- ◆ Frequent changes in activities and subjects

Mood Disorders Affect the Whole Family

- Child isolates in room or has explosive outbursts
- Kid becomes mean or abusive to siblings
- Argumentative and oppositional
- Family learns to "walk on eggshells"
- Negative behavior appears to be on purpose
- Parents develop depression, health problems
- Phone and credit card charges
- Social embarrassment, stigma

Seven Research-Based Principles of Good Parenting

- ◆ Attend to and praise good behaviors (more specific is better)
- ◆ Ignore misbehaviors (if safe)
- ◆ Learn about developmental pathways
- ◆ Use time outs – be calm and follow with praise
- ◆ Plan and structure activities to prevent meltdowns
- ◆ Special one-on-one time child
- ◆ Take care of yourself first (exercise, hobbies, relationship with partner)

Why the 7 Principles are Harder with Kids with Mood Disorders

- ◆ Kid may do little that warrants praise
- ◆ Misbehaviors are impossible to ignore
- ◆ Not much is written for parents on development of mood disorders
- ◆ Time-outs can become combative and kid may injure self
- ◆ Hard to anticipate meltdowns before they occur
- ◆ Child may reject one-on-one time
- ◆ Take care of yourself? When?



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.”

When to Seek Professional Help

- ◆ When your teen asks for it
- ◆ When you notice interference at home, school, with peers and you/your teen are stuck on how to improve things
- ◆ If you and your teen see things very differently—you are concerned and he/ she denies a problem

Self-Care Principles for Coping with Mood Disorders

1. Get a good diagnostic evaluation
2. Monitor moods daily/know about early warning signs
3. Recognize and manage stress triggers
4. Stabilize sleep/wake rhythms
5. Know your position on medications
6. Develop a mood episode prevention plan
7. Work on communication with your family
8. Obtain reasonable accommodations at work or school
9. Get regular therapy or join a support group

From: Miklowitz DJ (2010). The Bipolar Disorder Survival Guide, 2nd Ed

Principle #1: Get a Good Diagnostic Evaluation

UCLA Child and Adolescent Mood Disorders Program (CHAMP)

Telephone evaluation

4 hr. psychologist interview with kid and you
1-2 hour Psychiatrist medical evaluation

Diagnostic feedback and treatment planning session

www.semel.ucla.edu/champ

(310) 825-2836

Family-Focused Treatment (FFT) of Bipolar Disorder

- ◆ 21 outpatient sessions over 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

Diagnosis of Childhood Mood Disorders by DSM-IV-TR

- ◆ Major depressive disorder

At least one 2-week period with intensely sad mood, loss of interests, insomnia, fatigue, feelings of worthlessness

- ◆ Bipolar I Disorder:

At least one lifetime episode of manic or mixed disorder (note: depression not a requirement)

- ◆ Bipolar II disorder

At least one lifetime episode of hypomanic disorder

At least one lifetime episode of major depressive disorder



Increased energy and activity

Handout # 2



Decreased need for sleep

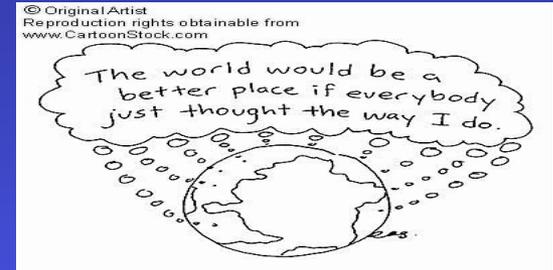


Elated mood



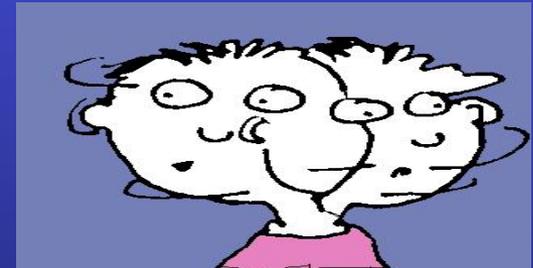
Increased sexual thoughts

Symptoms of Mania



Being overconfident or unrealistic

IRRITABILITY!



Easily distracted, Racing Thoughts, Lots of ideas



Talking fast



Loss of self-control

Handout # 2b



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

A 10-year Old Girl's Description of Bipolar Disorder

“When I feel happy, I get real bouncy... I'm hopping all over the place, and my mind seems to be focused on one thing for a short time. Sometimes, I don't necessarily feel bouncy, just kind of light and airy, like a butterfly. I sort of flit and float from place to place, physically and in my mind.

When I feel depressed, I'm like...dead. I just sit there lifelessly, and my body just sort of flops around, like a Beanie Baby. Also, my mind just sort of drifts away and wonders aimlessly into space.”

Bipolar NOS (DSM-IV)

- ◆ Manic or hypomanic episodes of insufficient duration (including very rapid cycling)
- ◆ Manic symptoms, but insufficient number co-occurring
- ◆ Repeated hypomania without a depressive episode
- ◆ Major depressive episodes with subthreshold manic features

Warning Signs of Bipolar or Normal Teen Behavior?

Typical Teen

- ◆ Risk taking, mood instability, family conflict 
- ◆ Excitement appropriate to context 
- ◆ Has “bad days” but functioning generally stable 
- ◆ Occasional mood symptoms 
- ◆ Occasionally stays up too late, wakes up late, or has problems sleeping 

Bipolar Teen

- ◆ Same, but these cause some impairment across settings
- ◆ Excitement inappropriate to context
- ◆ Sudden deterioration in functioning
- ◆ Clusters of manic or depressed symptoms that cycle together
- ◆ States of needing less sleep, or staying up all night and sleeping during the day

Co-occurring Disorders

- ◆ Behavior Disorders
 - ◆ attention deficit hyperactivity disorder (ADHD), oppositional-defiant, conduct, tic/Tourette
- ◆ Anxiety Disorders
 - ◆ separation anxiety, generalized anxiety, phobias, post-traumatic stress, obsessive-compulsive, social phobia, panic disorder
- ◆ Eating Disorders
 - ◆ anorexia, bulimia, obesity
- ◆ Learning Disorders
 - ◆ reading, writing, math, language

BPD vs ADHD: Symptoms that Differ

Geller et al. (2002)

Symptom	EOBD	ADHD
Elated Mood	89%	13%
Grandiosity	86%	5%
↓ Sleep	40%	6%
Flight of ideas	71%	10%
Hypersexuality	43%	6%
Suicidality	25%	0%
Psychosis	60%	0%

Note that the “ADHD” group excludes any with mood disorder

BPD vs ADHD: Symptoms that Overlap

Geller et al. (2002)

Symptoms	EOBD	ADHD
Irritability	98%	72%
↑ Speech	97%	81%
Distractability	93%	96%
↑ Energy (cf. change in energy)	100%	95%

Because not making “episodic” distinction

Note that the “ADHD” group excludes any with mood disorder

Upon Hearing the Diagnosis of Bipolar Disorder...

“The endless questioning finally ended. My psychiatrist looked at me, there was no uncertainty in his voice. “Manic-depressive illness.” I admired his bluntness. I wished him locusts on his lands and a pox upon his house. Silent, unbelievable rage. I smiled pleasantly. He smiled back. The war had just begun.”

--Kay Redfield Jamison
“An Unquiet Mind” (1993)

Managing a mood disorder is
more than just taking
medicines.....

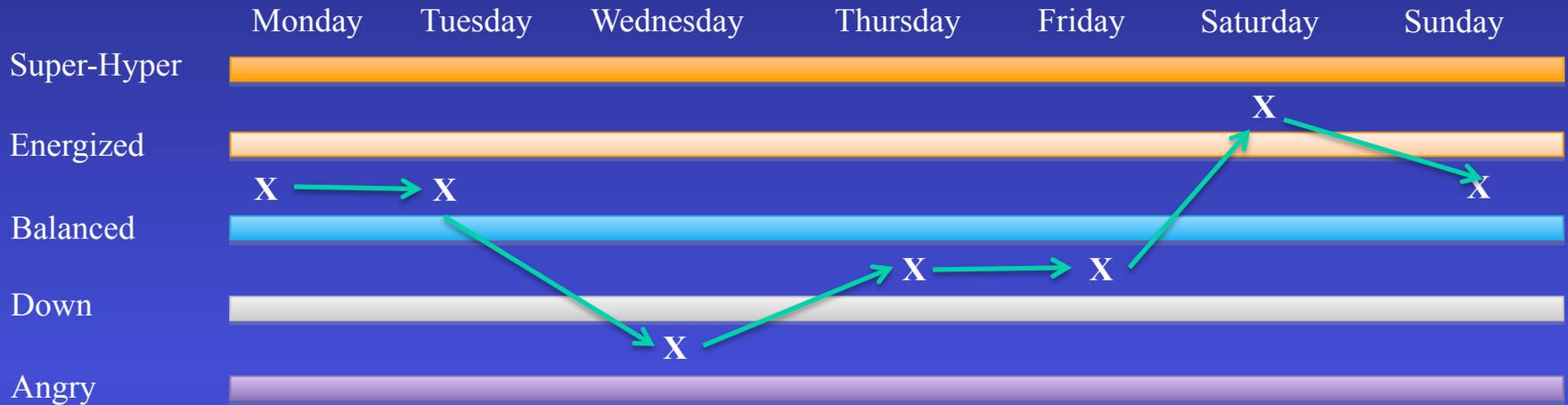
Principle #2

- ◆ Help your child monitor his/her moods
- ◆ Know about early warning signs

Daily monitoring of mood symptoms

- ◆ Keep a daily mood chart
- ◆ This is one of the things s/he can do in addition to taking medications to gain more control of mood illness
- ◆ How is child's mood affected by stress, alcohol, 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

Principle #3

- ◆ Recognize your child's stress triggers

Examples of Stress

- ◆ Conflict with a parent
- ◆ Peer conflicts (huge for teens)
- ◆ Academic difficulties
- ◆ Health problems
- ◆ High levels of criticism from others
- ◆ Loss of a relationship/loved one
- ◆ Increased school demands
- ◆ Financial problems
- ◆ Legal issues

Handout # 3

STRESS Thermometer

Things that have stressed you out lately:

Argument with brother

Problems with teacher

Argument with friend

Angry – Not really thinking about friends or family

Irritable, Cranky, snappy...

RAGE



Red Zone: No Control

should tell family that something isn't right

Normal: regular ups and downs...

AWESOME

Things you did to help you feel better:

Self-talk

Isolating myself

Getting something to eat

Use listening skills

Managing Your Own Stress: The 3-Minute Breathing Space

- ◆ Sit in comfortable chair with your back upright
- ◆ Close eyes or stare at an object. For 60 seconds, be aware of noises in the room – acknowledge each sensation, thought, or feeling, whether pleasant or unpleasant
- ◆ For 60 seconds, focus on in-breath and out-breath; if attention shifts, gently escort yourself back to your breathing
- ◆ For 60 seconds, shift your attention to your entire body – notice posture and sensations in different parts of the body as you breathe in and out
- ◆ Slowly open your eyes and come back in contact with the room

Source: Segal, Williams, & Teasdale, 2001; *Mindfulness-based cognitive therapy for depression*. NY: Guilford

What Should I Do if My Teen Reveals that S/he is Suicidal?

- ◆ Remove all weapons or large pill dosages from house
- ◆ Show awareness that s/he is feeling badly
- ◆ Don't be afraid to communicate directly and openly about suicidal thoughts and plans
- ◆ Be available to talk as much (or as little) as they want
- ◆ Help him/her understand that some of these feelings have a biological origin
- ◆ Call physician to discuss medication options; call therapist
- ◆ Notify his or her close friends (if they can help!)
- ◆ Hospitalization if needed
- ◆ Call the police if necessary

Principle #4

- ◆ Stabilize sleep/wake rhythms

Start with the question...

- ◆ Does the family have regular eating and sleeping routines?

Promoting Good Sleep Hygiene

Help your child/teen to:

- ◆ Establish a regular bedtime and wake time
- ◆ Avoid caffeine and other stimulants at night
- ◆ Avoid alcohol, illicit drugs, or activating over-the-counter medications
- ◆ Exercise early in the day, not right before bed
- ◆ Avoid working in bedroom
- ◆ Avoid highly stimulating activities before bed
- ◆ Anticipate and work around changes that could destabilize daily routines (for example, school starting)

Principle #5

- ◆ Know your (and your teen' s) position on medications

FDA-Approved Bipolar Disorder Treatments in Adults

Agents	Manic	Mixed	Maintenance	Depression
ATYPICALS				
Aripiprazole (Abilify®)	+	+	+	—
Olanzapine (Zyprexa®)	+	+	+	—
Quetiapine (SEROQUEL®)	+	—	—	+
Risperidone (Risperdal®)	+	+	—	—
Ziprasidone (Geodon®)	+	+	—	—
OTHER				
Carbamazepine ER (Equetro™)	+	+	—	—
Divalproex DR (Depakote®)	+	—	—	—
Divalproex ER (Depakote® ER)	+	+	—	—
Lamotrigine (Lamictal®)	—	—	+	—
Lithium (Lithobid®, Eskalith®)	+	—	+	—
Olanzapine/fluoxetine (Symbyax®)	—	—	—	+

New Medications Being Tested

Antipsychotics:

- ◆ Lurasidone (Latuda)
- ◆ Asenapine (Saphris)
- ◆ Paliperidone (Invega)
- ◆ Iloperidone (Fanapt)

Anti-ADHD:

Guanfacine (Intuniv, Tenex)

Plus: Omega-3 fatty acids
(fish oil)

Troubleshooting Problems with Medication Consistency

- ◆ Discuss side effects with doctor
- ◆ Develop strategies for pill storage and use
- ◆ Role of medications in family
 - ◆ Is teen rebelling against feeling forced by one or more parents?
 - ◆ Or are there pressures from other family members to discontinue medications?
- ◆ What is the “symbolic significance” of taking medications for child (loss of creativity? Giving up emotions)?

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

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

Principle #6

- ◆ Develop a mood episode prevention plan

The Prevention Contract

- ◆ List early warning signs of depression or mania
- ◆ List circumstances in which these have been most likely to occur
- ◆ What can the kid do?
- ◆ What can parents/siblings do?
- ◆ The psychiatrist? Therapist?
- ◆ Have all emergency contact info in one place

Elements of an Early Response Plan for Escalating Mania

- ◆ Contact physician for an emergency appointment
- ◆ Have a small supply of antipsychotic medication available
- ◆ Be aware of hospital resources and admission procedures
- ◆ Keep environment structured and low key
- ◆ Help him/her stay away from alcohol and drugs
- ◆ Try to get enough sleep!

Elements of an Early Response Plan for Escalating Mania (Continued)

- ◆ For teen: bring someone you trust with you when you go out at night
- ◆ Get help managing money, give up car keys
- ◆ Avoid making major life decisions (use 2-person rule, 48-hour rule: “if it’s a good idea now, it’ll be a good idea then”)

Principle #7

- ◆ Work on communication in family

The Four Basic Communication Skills

- **Expressing Positive Feelings**
- **Active Listening**
- **Making Positive Requests for Change**
- **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**



Handout # 15

Making a Positive Request

- ◆ Look at the person
- ◆ Say exactly what you would like him or her to do
- ◆ Tell him or her how it would make you feel
- ◆ In making positive requests, use phrases like:
 - ◆ “I would like you to _____.”
 - ◆ “I would really appreciate it if you would do _____.”
 - ◆ “It’s very important to me that you help me with the _____.”

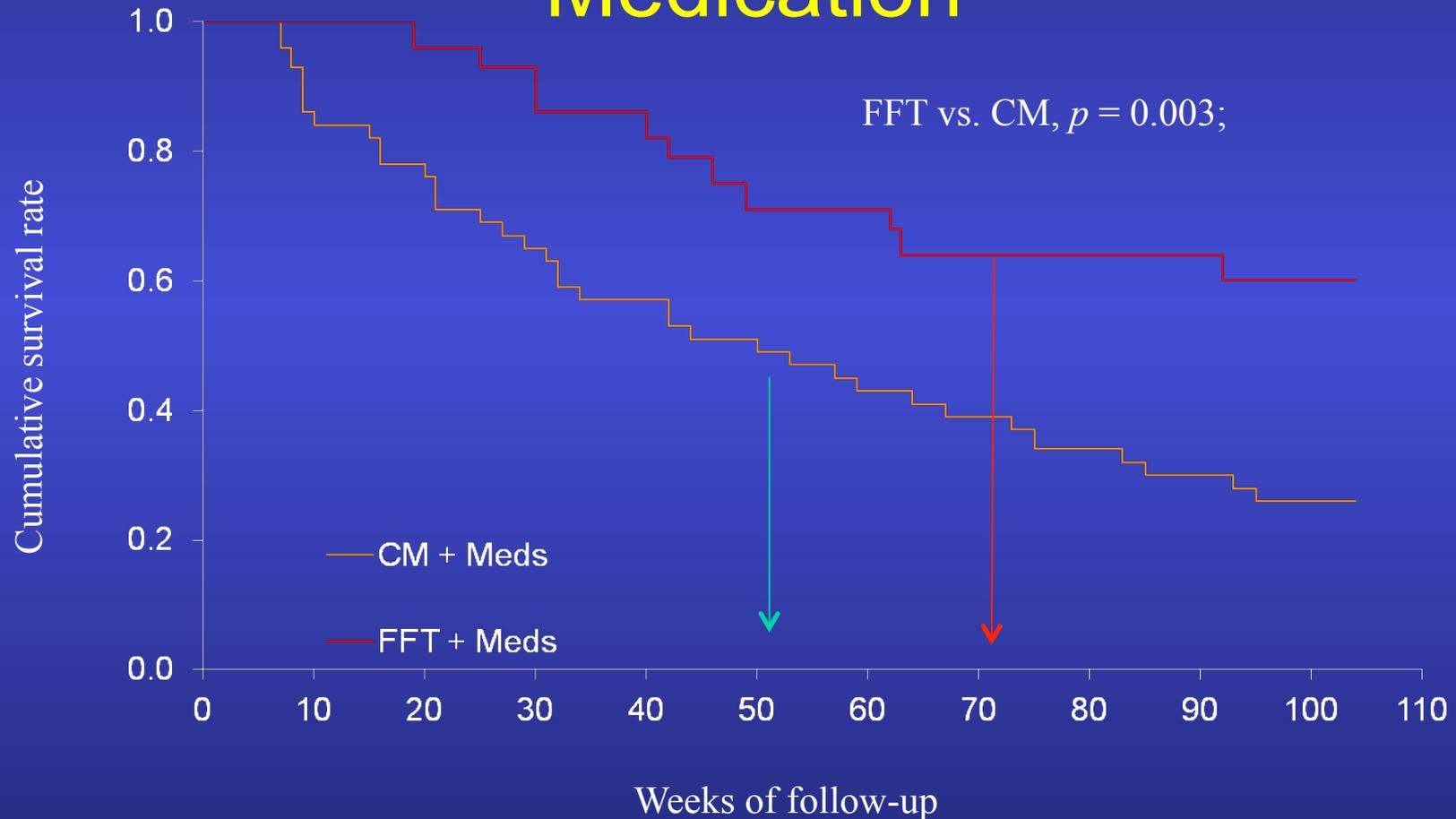
How Do I Handle Irritability, Provocations, Oppositionality? (Younger Kids)

- ◆ 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?
- ◆ Allow your kid “transition time” between activities

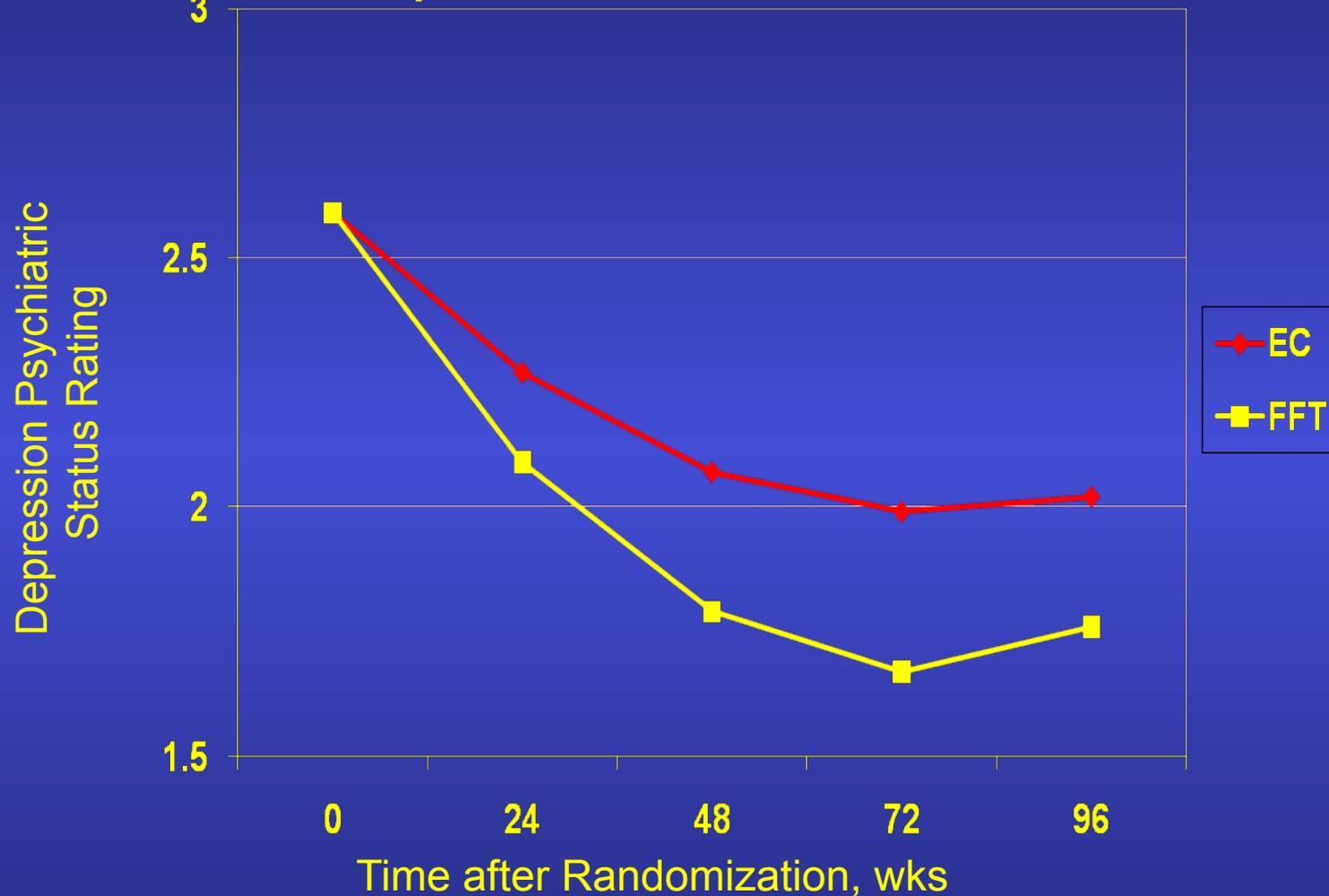
How Do I Handle Irritability, Provocations, Oppositionality? (Adolescents)

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

FFT + Medication Delays Relapse More than Crisis Management + Medication



Adolescents (mean age 14.5) with BD I or BD II: Levels of Depression in FFT or Enhanced Care



Treatment x time interaction $F [1, 5014] = 9.15, P = 0.0025$
Miklowitz et al., *Arch Gen Psychiatry*, 2008

Principle #8

- ◆ Obtain “reasonable accommodations” at school

Accommodations in the school setting

- ◆ Individualized educational plans (IEPs): look at www.jbrf.org
- ◆ Develop plan to manage behavioral problems
- ◆ Allow later starts to the day
- ◆ Allow more frequent breaks, time outs, counseling visits
- ◆ Have “escape hatches” during periods of escalation (e.g., in-school counseling)
- ◆ Excused absences for medical appointments
- ◆ Reducing overstimulation in classroom
- ◆ Help teachers distinguish bipolar disorder from other psychiatric disorders

Disclosure and Stigma: How Much Should We Tell Others About What's Going On?

- ◆ What's the purpose of the disclosure? What do you expect to achieve?
- ◆ Who should be told – boss, coworker, teacher? Friends? What do you want them to do with the information?
- ◆ Is purpose of disclosure primarily to alleviate your distress? If so, consider support group as setting for disclosure

Principle #9

- ◆ Get your child/teen into regular therapy or a support group
 - ◆ Consider family therapy first
 - ◆ Individual therapy should include an emphasis on coping with mood disorders (psychoeducation)
 - ◆ Weekly or biweekly is optimal

Types of Treatment

- ◆ ***Biological***

- ◆ Medications
- ◆ Lights

- ◆ ***Psychological***

- ◆ Individual Therapy
- ◆ Family Therapy
- ◆ Parent Training
- ◆ Group Therapy

- ◆ ***Social***

- ◆ school-based interventions
- ◆ Home-based interventions
- ◆ Respite care
- ◆ Out-of-home placement

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

Get help for siblings too...

Feelings that kids may have in response to their sibling's mood disorder (bipolar, depression):

- ◆ Trying to be the “good” kid, being very quiet
- ◆ Avoiding brother/sister
- ◆ Avoiding the family
- ◆ Anger, embarrassment
- ◆ Denying own needs
- ◆ Taking on the role of holding the family together

Help sibling figure out why s/he is coping this way

But: don't assume the sib with the mood disorder is the cause

Summary - I

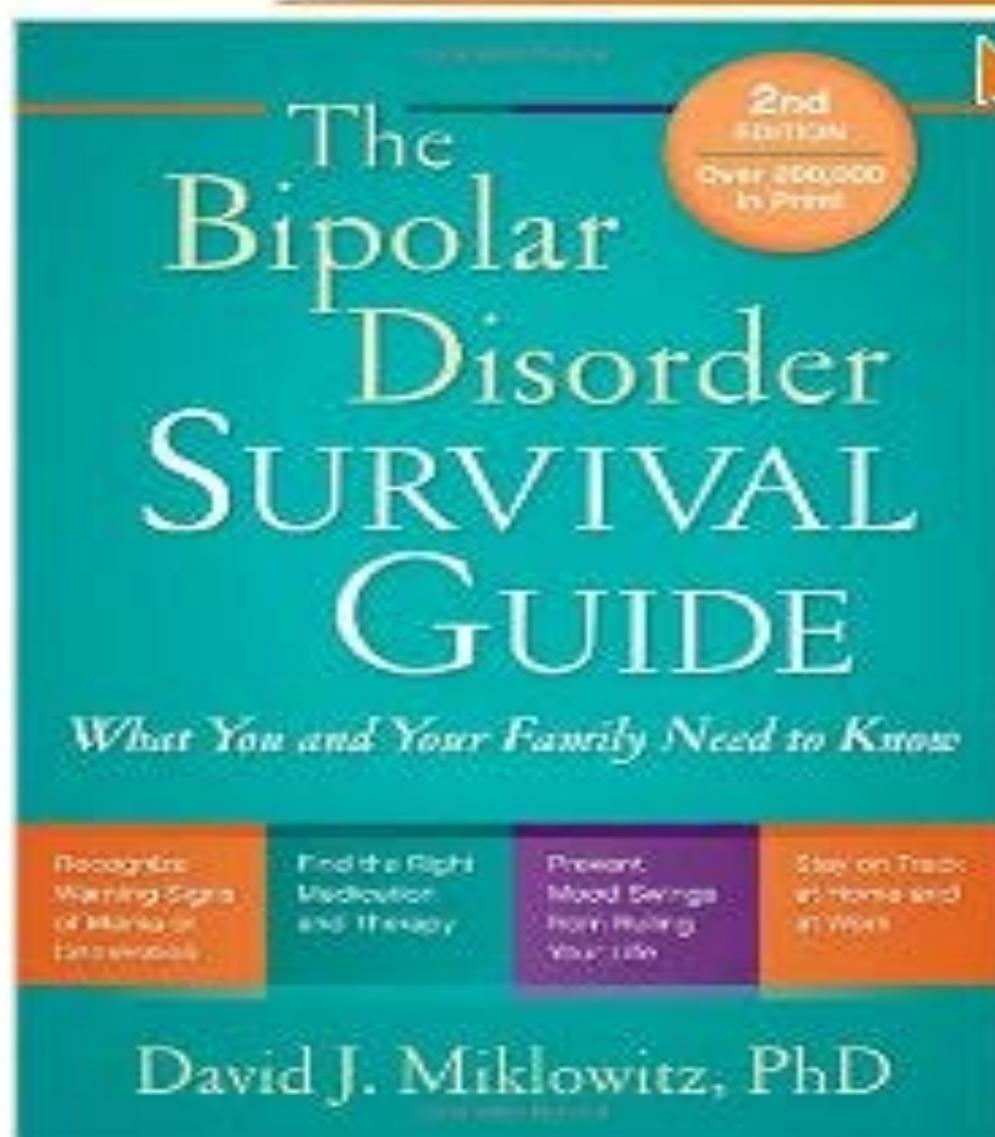
- ◆ Good treatment starts with a good diagnosis
- ◆ Optimal pharmacotherapy is essential
- ◆ Psychosocial treatment should be a key component of the outpatient plan

Self-Care Principles for Coping with Mood Disorders

1. Get a good diagnostic evaluation
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From: Miklowitz DJ (2010). The Bipolar Disorder Survival Guide, 2nd Ed

Click to **LOOK INSIDE!**



Click to **LOOK INSIDE!**

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 *How to Survive Bipolar Disorder: Survival Guide*
and **ELIZABETH L. GEORGE, PhD**

Other Books for Parents

- ◆ Raising a Moody Child: How to Cope with Depression and Bipolar Disorder -- *M.A. Fristad & J.S. Goldberg-Arnold*
- ◆ New Hope for Children and Teens with Bipolar Disorder— *B. Birmaher*
- ◆ A Parent's Survival Guide to Childhood Depression -- *S. Dubuque*
- ◆ The Bipolar Child—*Papalos & Papalos*
- ◆ The Ups and Downs of Raising a Bipolar Child --*J Lederman & C Fink*
- ◆ If Your Child is Bipolar – The Parent-to-Parent Guide to Living with and Loving a Bipolar Child -- *C. Singer & S. Gurrentz*

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