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

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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 nations\(^1\)
- At risk for the 4 S’s\(^2\):
  - School problems
  - Substance abuse
  - Suicide
  - Social dysfunction
- High rate of familial transmission\(^3\)
- Stronger genetic load in youth than in adults\(^4\)
- Early onset = poor prognosis\(^5\)

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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)

Novotney, A. (2012), Monitor on Psychology
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?
“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

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
Symptoms of Mania

- Increased energy and activity
- Decreased need for sleep
- Elated mood
- Talking fast
- Being overconfident or unrealistic
- Increased sexual thoughts
- IRRITABILITY!
- Easily distracted, Racing Thoughts, Lots of ideas
- Loss of self-control
Symptoms of Depression

Low mood or sadness
Tearfulness
Low self-esteem
Trouble concentrating
Increase or Decrease in Appetite
Crave Sweets or Carbohydrates

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

Sleeping too much or too little
Loss of interest in activities/boredom
“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.”

Birmaher, 2004
Bipolar NOS (DSM-IV)

- Manic or hypomaniac 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)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>EOBD</th>
<th>ADHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elated Mood</td>
<td>89%</td>
<td>13%</td>
</tr>
<tr>
<td>Grandiosity</td>
<td>86%</td>
<td>5%</td>
</tr>
<tr>
<td>↓ Sleep</td>
<td>40%</td>
<td>6%</td>
</tr>
<tr>
<td>Flight of ideas</td>
<td>71%</td>
<td>10%</td>
</tr>
<tr>
<td>Hypersexuality</td>
<td>43%</td>
<td>6%</td>
</tr>
<tr>
<td>Suicidality</td>
<td>25%</td>
<td>0%</td>
</tr>
<tr>
<td>Psychosis</td>
<td>60%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Note that the “ADHD” group excludes any with mood disorder.
## BPD vs ADHD: Symptoms that Overlap

Geller et al. (2002)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>EOBD</th>
<th>ADHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td>98%</td>
<td>72%</td>
</tr>
<tr>
<td>↑ Speech</td>
<td>97%</td>
<td>81%</td>
</tr>
<tr>
<td>Distractability</td>
<td>93%</td>
<td>96%</td>
</tr>
<tr>
<td>↑ Energy (cf. change in energy)</td>
<td>100%</td>
<td>95%</td>
</tr>
</tbody>
</table>

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

Because not making “episodic” distinction.
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
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

Super-Hyper
- Monday: X
- Tuesday: X
- Wednesday: X
- Thursday: X
- Friday: X
- Saturday: X
- Sunday: X

Energized
- Monday: X
- Tuesday: X
- Wednesday: X
- Thursday: 10:30
- Friday: 10:30
- Saturday: 10:30
- Sunday: 10:30

Balanced
- Monday: X
- Tuesday: X
- Wednesday: X
- Thursday: X
- Friday: X
- Saturday: X
- Sunday: X

Down
- Monday: X
- Tuesday: X
- Wednesday: X
- Thursday: X
- Friday: X
- Saturday: X
- Sunday: X

Angry
- Monday: X
- Tuesday: X
- Wednesday: X
- Thursday: X
- Friday: X
- Saturday: X
- Sunday: X

I woke up at:
- Monday: 7
- Tuesday: 7
- Wednesday: 6
- Thursday: 6
- Friday: 6
- Saturday: 8
- Sunday: 11

I went to bed at:
- Monday: 10
- Tuesday: 11
- Wednesday: 10:30
- Thursday: 10:30
- Friday: 12
- Saturday: 12
- Sunday: 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

Things that have stressed you out lately:

- Argument with brother
- Problems with teacher
- Argument with friend
- __________________________
- __________________________
- __________________________
- __________________________

Things you did to help you feel better:

- Self-talk
- Isolating myself
- Getting something to eat
- Use listening skills
- __________________________
- __________________________
- __________________________
- __________________________

Angry – Not really thinking about friends or family

Irritable, Cranky, snappy...

Red Zone: No Control

Normal: regular ups and downs...

Self-talk

Isolating myself

Getting something to eat

Use listening skills

AWESOME

STRESS Thermometer
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
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

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

This chart does not imply comparable efficacy or safety profiles. All brand names and product names used in this slide are trade names, service marks, trademarks, or registered trademarks of their respective owners.
New Medications Being Tested

Antipsychotics:
- Lurasidone (Latuda)
- Asenapine (Saphris)
- Paliperidone (Invega)
- Iloperidone (Fanapt)

Plus: Omega-3 fatty acids (fish oil)

Anti-ADHD:
- Guanfacine (Intuniv, Tenex)
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)?

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
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 _____ .”

Permission to photocopy this handout is granted to purchasers of *Bipolar Disorder* for personal use.
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

Miklowitz DJ, et al. Arch Gen Psychiatry. 2003; 60: 904-912
Mean time to relapse for FFT: 73.5 weeks; for CM, 53 weeks
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](http://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 - 1

- 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
2. Monitor moods daily/know about early warning signs
3. Recognize and manage stress triggers
4. Stabilize sleep/wake rhythms
5. Know your/your child’s 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

The Bipolar Disorder Survival Guide
What You and Your Family Need to Know

David J. Miklowitz, PhD
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 Depression 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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