



Brain Damaged & Bipolar Youth: Educational Issues

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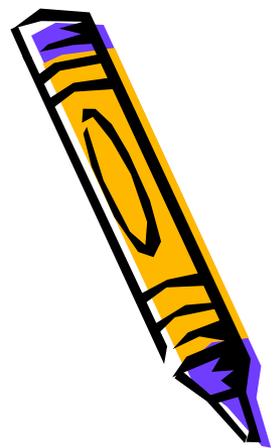
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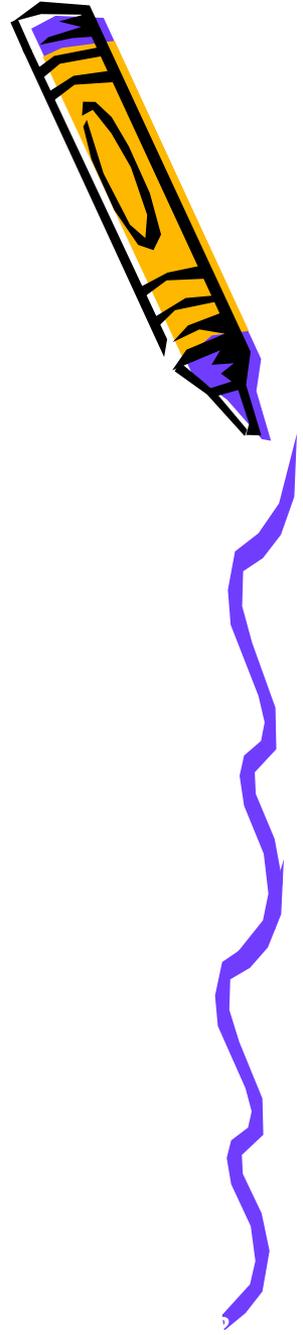
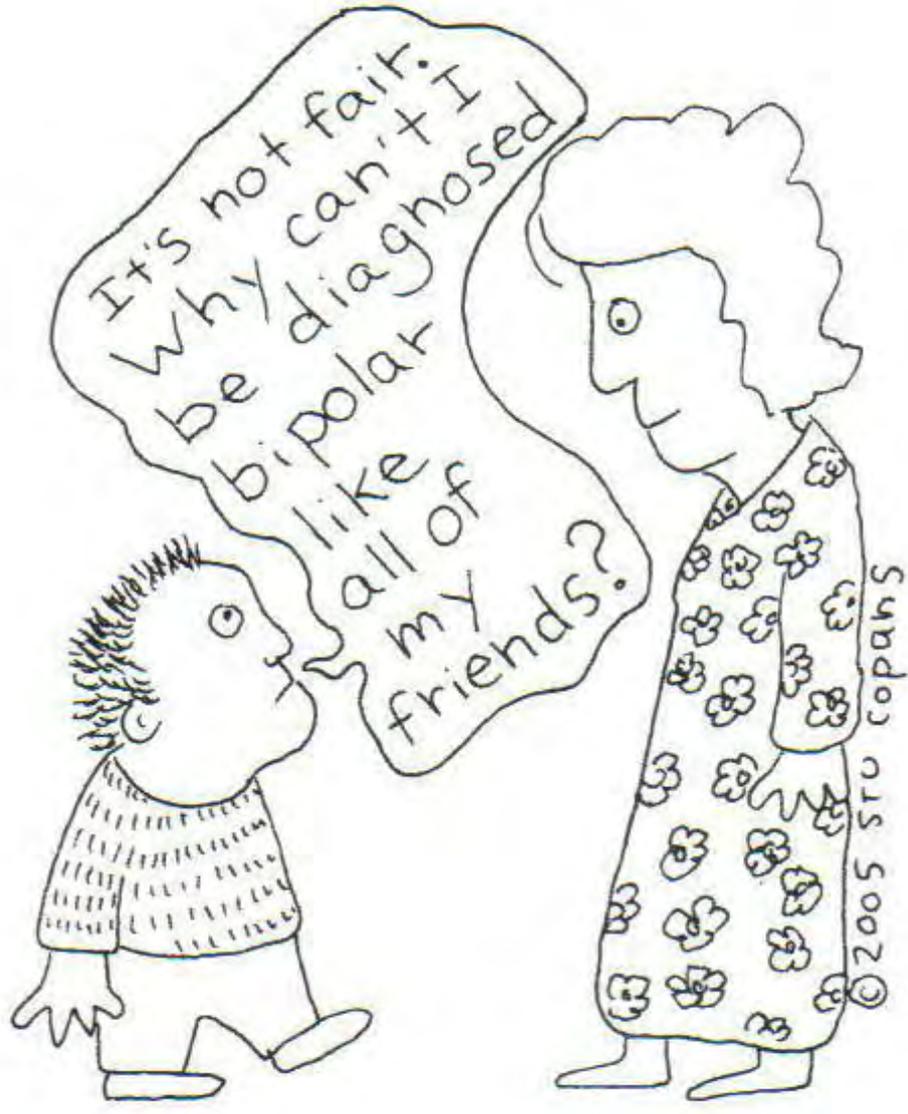


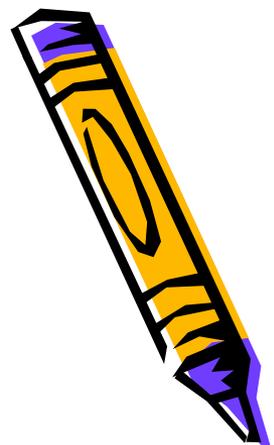
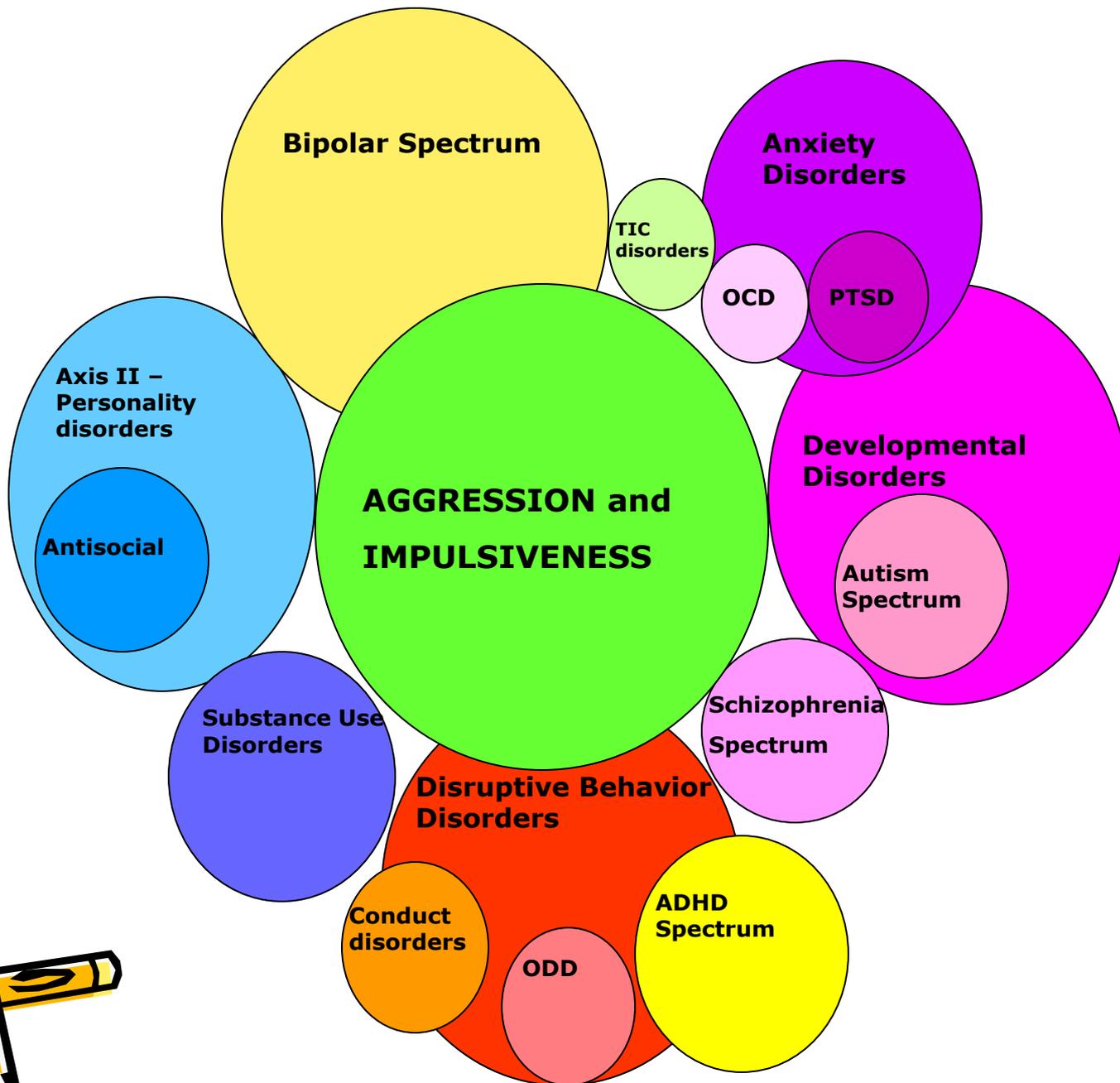
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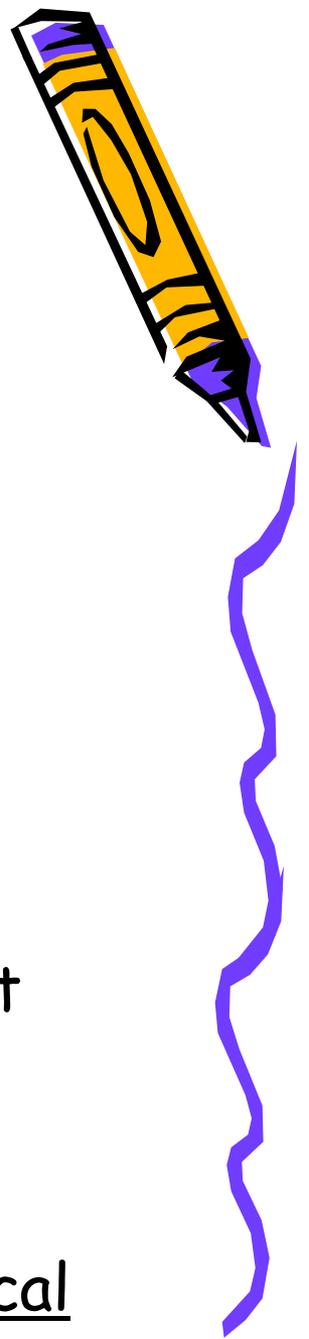




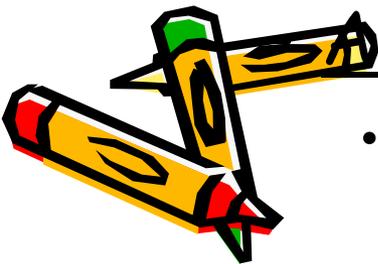
How are these kids different?

- Let me count the ways...
 - Moody: wider mood swings (highs & lows)
 - Irritable: short temper (over-reacts)
 - Inattentive: short attention span
 - Forgetful: learning may slip away
 - Impulsive: Don't think before they act
 - Rigid: Can't switch gears (poor planning)
 - Can't Stop: problems with transitions

Bipolar/Brain-damaged



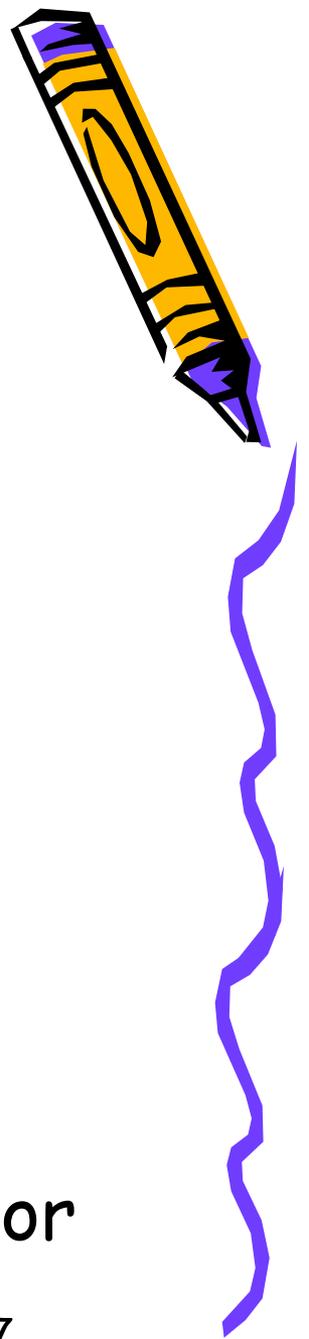
- Different? Yes! Martians? No!
- All kids need love, security, and at least one adult to depend upon; Bipolar/Brain-damaged kids too.
 - These kids act like younger kids
 - They are not martians, they are kids, but
 - Don't expect them to act their age.



All kids need positive discipline

- For these kids positive discipline is critical

Can they learn?

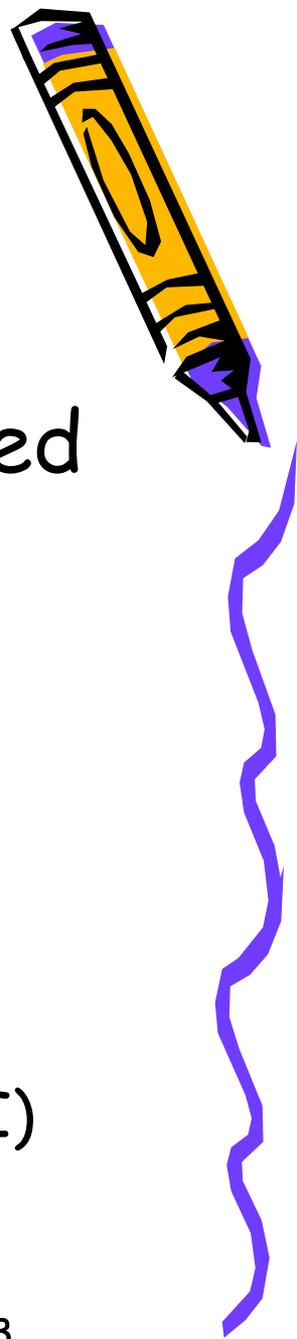
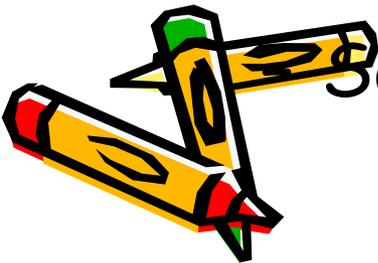


- Of course, but with modifications
 - Use positive discipline, not punitive
 - You can't punish away irritability!
- What sorts of modification?
 - Executive issues: help with planning
 - Processing speed: give more time
 - Attention/memory: get eye contact; have them repeat directives; check for retention of prior learning.



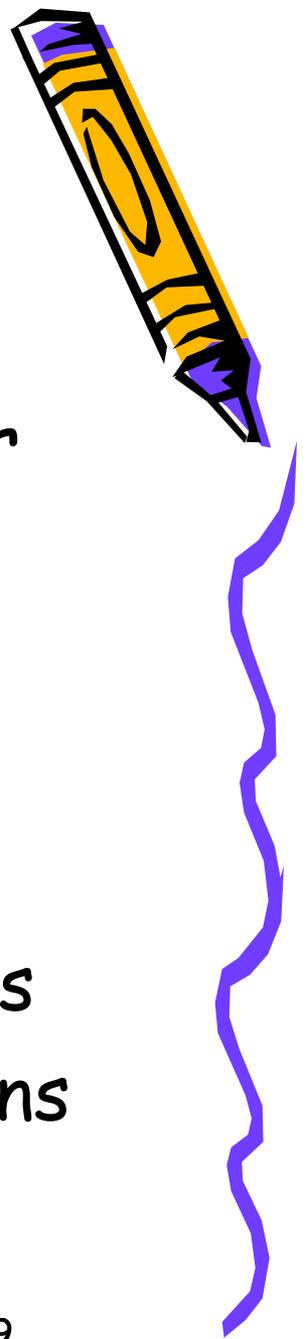
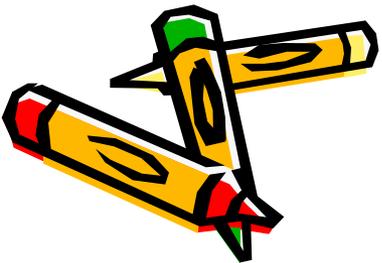
Serious Mental Illness?

- Many have been abused or neglected
 - Many have psychological problems
 - But, two disorders stand out:
 - Bipolar Disorder
 - e.g., Mood Swings (manic-depressive)
 - Brain Damage
 - e.g., mild Traumatic Brain Injury (mTBI)
- Some kids have both disorders



mTBI & Bipolar Disorder

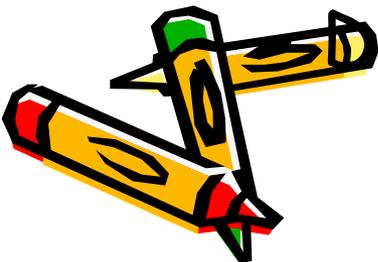
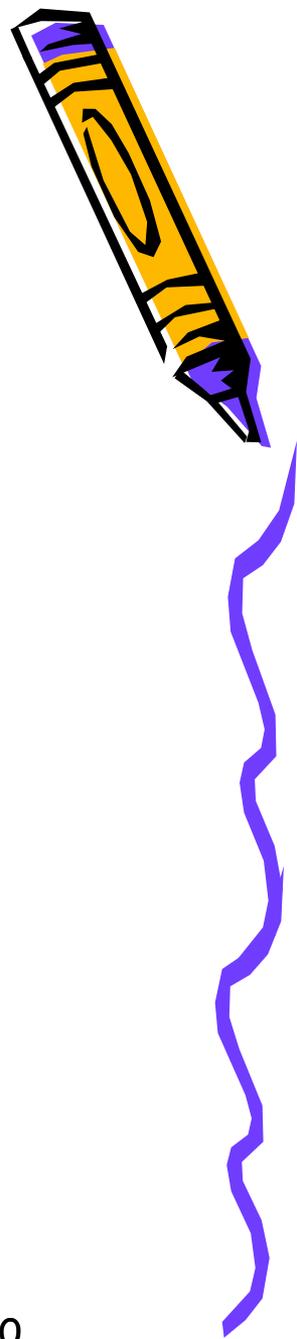
- Brain & Mood Disorders are similar
 - Both have cognitive impairments
 - memory, processing speed, attention
 - Both show poor impulsive-control
 - Both show poor emotional-control
 - Both show irritability & temper issues
 - Both have problems due to medications



Some Basic Facts

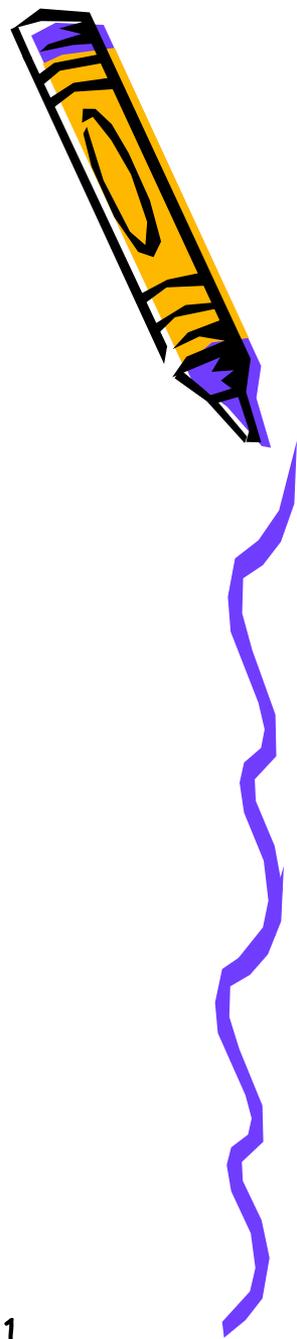
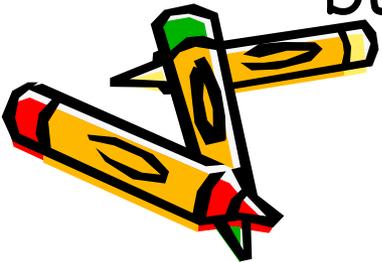
- The following slides will review:
 - Basic facts about mTBI in kids
 - Basic facts about Bipolar Disorder
 - Types of cognitive disorders
 - with classroom suggestions
 - Types of emotional disorders
 - with classroom suggestions

Discipline and crisis management



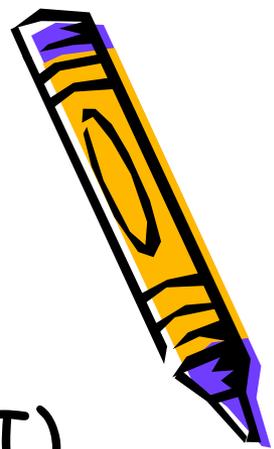
Basic facts about mTBI

- Injuries occur during pregnancy, difficult delivery, or prematurity
- Some occur from car accidents or other forms of closed head injury
- Concussions can occur in sports
- Often, mild brain injury exists
 - but has not been documented

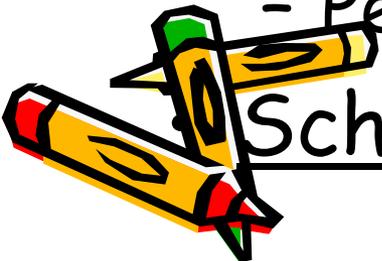


Basic facts: mTBI

Colley & Brumback (Eds.), 2006



- Vast majority of TBI is mild (mTBI)
- Concussion - symptoms 1-3 weeks
 - Multiple concussion - may be permanent
- mTBI - major symptoms 6-18 months
 - Often, symptoms are permanent
- Activities of daily living (ADL) OK
 - Personal care, eating, toilet - 90% OK
 - School activities NOT OK - 27% OK



mTBI

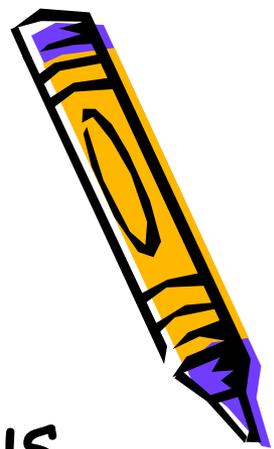
"Mild" is NOT "Trivial"

- mTBI may be mild, but mild brain injury is not at all trivial.
- Many can cope with a physical injury.
- But, in brain injury, coping is harder.
 - In mTBI, the brain is less flexible, has less stamina, cannot adapt well.
- The brain is the mechanism of coping
 - If damaged, it's harder to bounce back

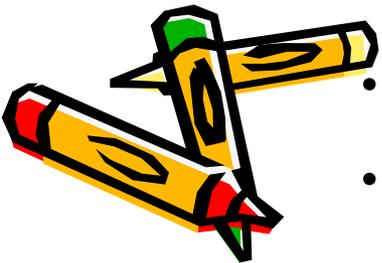


mTBI Symptoms

Frontal lobe type



- Varies with the type of injury, locus of brain damage, & time since injury.
 - Common symptoms:
 - Difficulty starting & completing tasks
 - Trouble making decisions; distractible
 - Short attention; easily overstimulated
 - Impulsive, with poor response to discipline
 - Poor language fluency (short sentences)
 - Dysnomia (word-finding; search for nouns)
 - Cognitive rigidity (planning & organization)

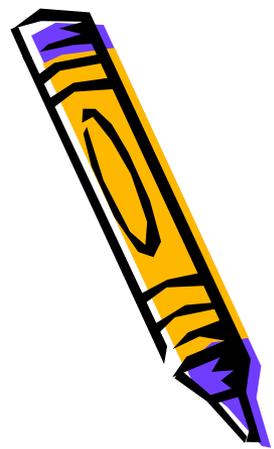


mTBI Symptoms

Temporal-Limbic type

- Limbic System: deep region from which emotions are controlled
- Temporal-Limbic Injuries:
 - Common symptoms:
 - Irritability: over-reacts to frustration
 - Fatigue: poor mental & physical stamina
 - Hyper-sensitivity: intolerant of noise
 - Memory: poor comprehension, retention
 - Can think: but needs more time to process

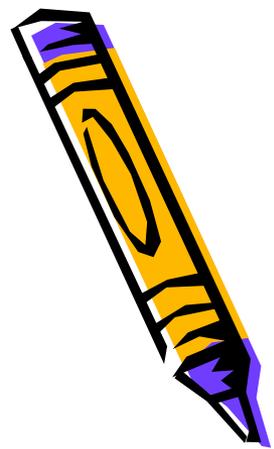
mTBI: A Few Classroom Suggestions



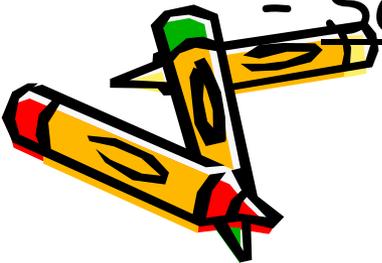
- Expect poor executive cognition
 - provide help with planning and organization
- Expect slower processing
 - give more time for tests and class-work
- Expect attention issues
 - get eye contact; avoid distractions; give breaks
- Expect memory problems
 - multiple choice tests; No fill-in the blanks.
- Expect explosive reaction to minor frustrations
 - arrange safe place to calm down if agitated



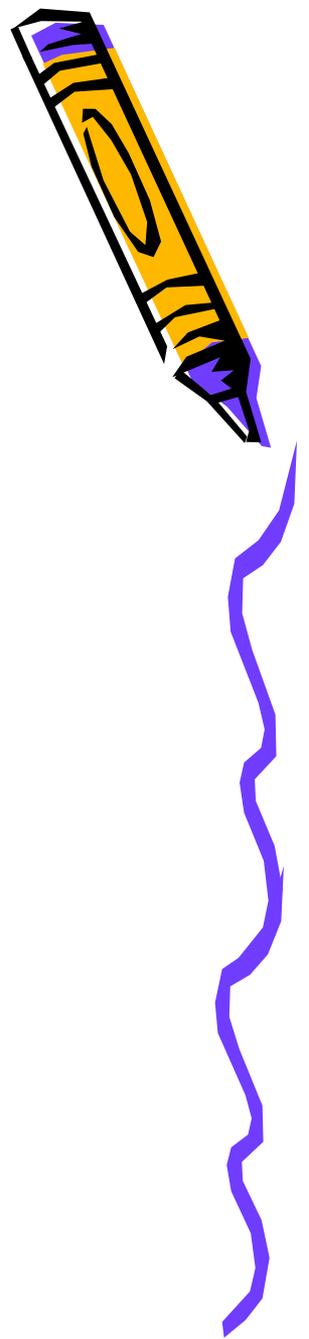
Bipolar Disorder: Basic Facts



- Bipolar (manic-depressive illness)
 - Is a mood disorder: alternating positive and negative moods (good & bad days)
 - Bipolar is a difficult diagnosis to make in children for many reasons
 - Mood disorders in children are very different than mood disorders in adults
 - Serious disorder (15% of adults suicide)



Pediatric Bipolar (Geller & Delbello, 2006)



- **Prepubertal Bipolar Disorder**
 - Often mixed, rapid cycling
 - Mania often associated with irritability and explosive outbursts
 - Often comorbid with Attention Deficit Hyperactivity Disorder (ADHD)
- **Symptoms common to ADHD & Mania**
 - hyperactivity, distractibility
 - accelerated speech, Irritability
- **Symptoms unique to Mania**
 - Elation, grandiosity, little need for sleep
 - flight of ideas/racing thoughts, hypersexuality

Structured Interview - Prepubertal Bipolar Disorder

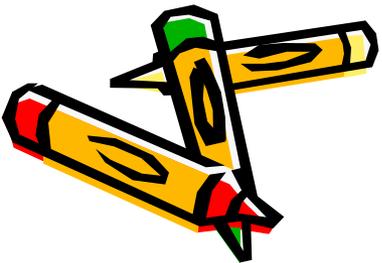
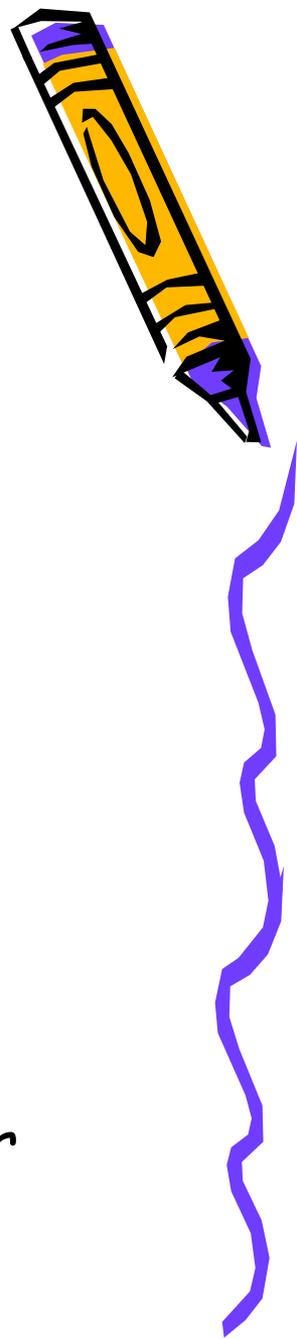
- Washington University Modification of the Kiddie Schedule for Affective Disorders and Schizophrenia (WASH-U-KSADS)



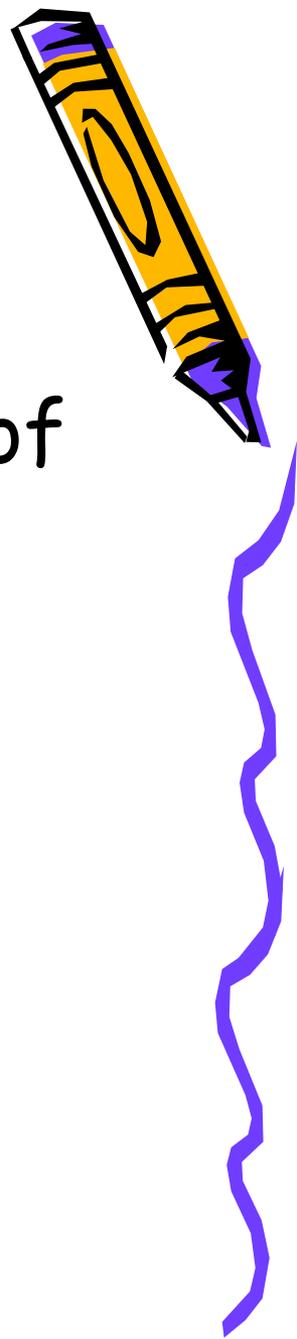
Bipolar: Academic Issues?

(Kowatch, A.R. et al., Eds., 2009)

- Bipolar kids show cognitive and learning issues + mood swings
 - Neurocognitive deficits
 - Memory problems
 - Lower verbal reasoning
 - Poor attention span
 - Slower processing speed
 - Decreased cognitive flexibility
 - Cognitive deficits may persist even after "recovery" from mania and depression.



Bipolar: School Impairment



- Bipolar kids show high prevalence of academic dysfunction:

- Reading/Writing
 - 42% (Wozniak, 1955)
 - 46% (Pavuluri, 2006)
- Math
 - 30% (Wozniak, 1955)
 - 29% (Pavuluri, 2006)

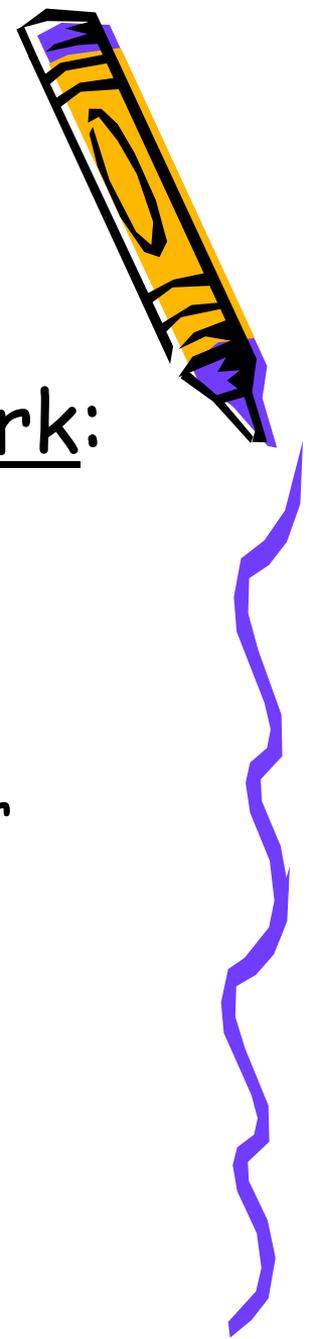
- Also, Behavior Problems in school:

- 79% (Geller, 2002)



Mania-Specific Deficits

(Wozniak, J., et al., 1955)

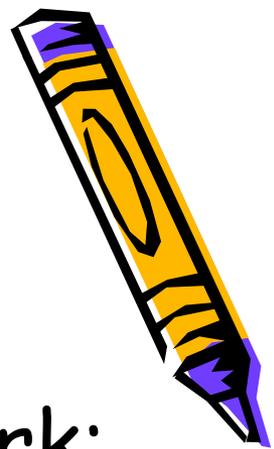


- Mania issues that affect schoolwork:
- Irritability, explosive temper
 - Uncooperative, oppositional, aggressive
- Elated mood, grandiosity
 - Giggly, reckless (euphoric), "I am smarter than my teachers" (grandiose)
- ADHD Symptoms:
 - hyperactivity, distractibility, impulsivity
 - Intense energy; Talks too much

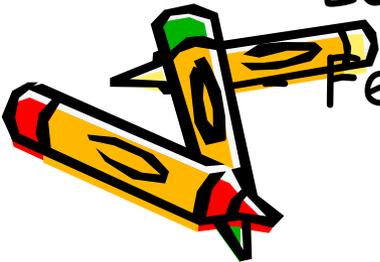


Depression-Specific Problems

(Geller, B. & Delbello, M., 2006)

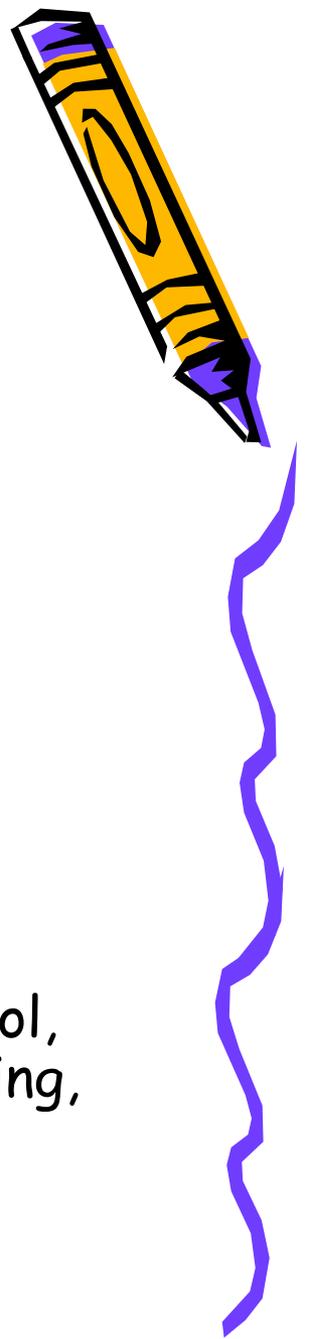


- Depression issues affect schoolwork:
- Psychomotor retardation
 - Slowness, lack of energy, no motivation
- Negativity, No Positive Thoughts
 - "I'm no good, I never will be any good"
- Poor concentration
 - Loss of interest, apathetic, flat emotions
 - Feels worthless, hopeless, helpless

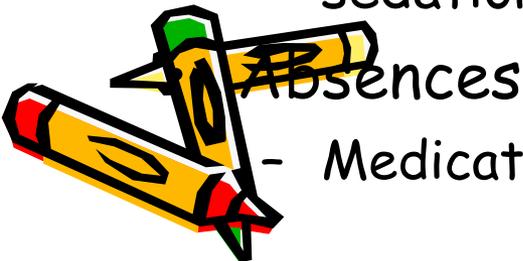


Bipolar: General deficits

(Kowatch, A.R. et al., Eds., 2009)



- General issues that can affect schoolwork:
- Social deficits
 - Misinterpretation of jokes
 - Extreme shyness, alternates with bullying
 - Peers may reject their bizarre behaviors
 - Perceived hostility in peers' neutral faces
- Medication side effects
 - Fatigue, dry mouth, dizziness, poor bladder control, constipation, weight gain, tremor, diarrhea, drooling, sedation, poor executive cognition.



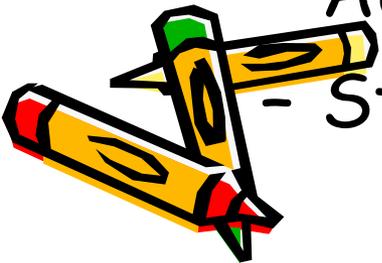
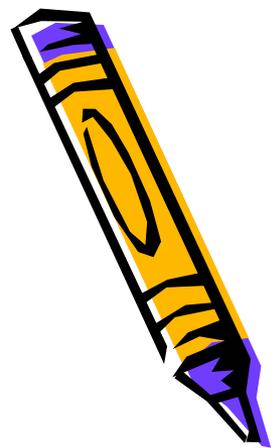
Absences

- Medication changes, may lead to absences

Interventions mTBI/Bipolar

(Kowatch, A.R. et al., Eds., 2009)

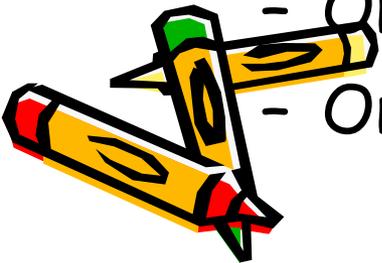
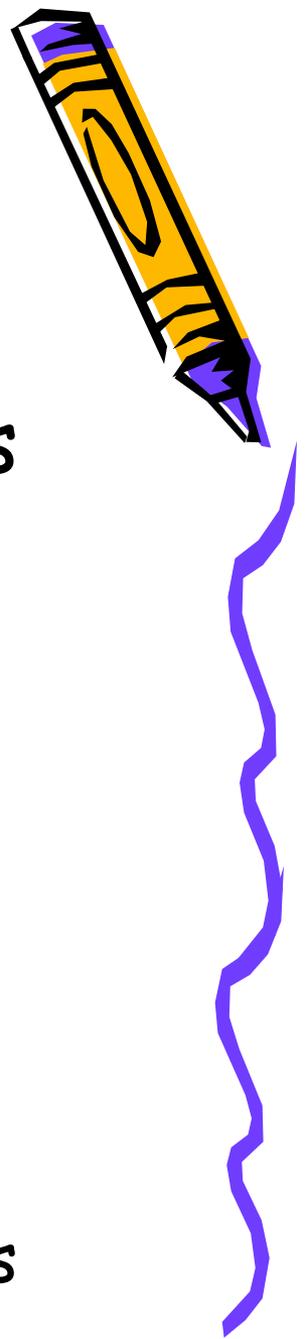
- Pharmacological interventions:
 - For mood swings, meltdowns, irritability
- Psychosocial interventions:
 - Family Therapy, Parent Training
 - Cognitive-Behavior Therapy
- School interventions:
 - Accommodations for cognitive disorders
 - Strong use of positive discipline



Bipolar Accommodations

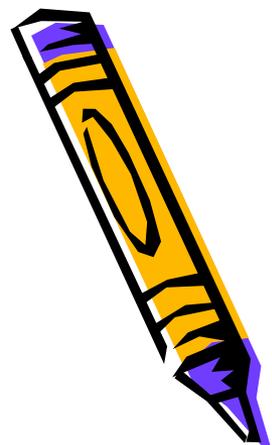
(Jensen, P., 2006)

- Bipolar kids have episodic bad days (out-of-character negativity)
 - Schedule more breaks on bad days
 - Extra time for transitions
 - Preferential seating near natural light
 - Delay start, reduce demands, ease up
 - Reduce homework, extend deadlines
 - On bad days, lighten up (work, discipline)
 - On bad days, just being there is a success



mTBI & Bipolar: Discipline

(Greene, R.W., 2005)

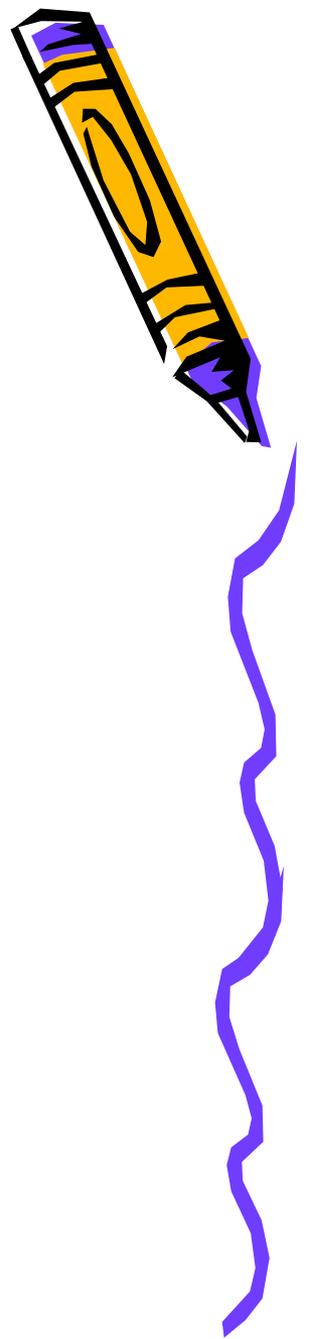


- Need for positive discipline
 - Temper outburst is not misbehavior
 - "Getting tough" never helps
- No confrontation (not in their face)
 - Redirect - tell them what to do
 - Not what to stop doing
- These kids: easy to pull, hard to push
 - Punishments: fewer, milder, shorter
 - Develop replacement behaviors

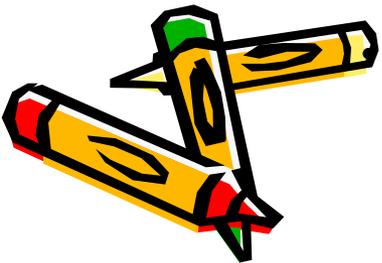


mTBI & Bipolar: Medication Issues

(Sadock, Sadock, & Ruiz, 2009)

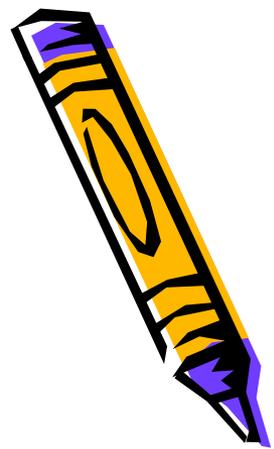


- Accommodation for Side Effects
 - Permanent bathroom pass
 - Thirst issues, gastrointestinal distress
 - Expect less until kid is "med stable"
 - May take 4-12 weeks adjusting medication
 - Reduce written assignments
 - Fatigue, hand tremor, and drowsiness issues
 - Expect somatic complaints from meds
 - Dizziness, blurring, nausea, rash issues



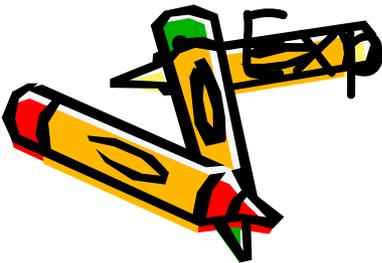
mTBI/Bipolar School Setting

(Therapeutic Environment)



- Lower stimulation (if possible)
- Structure: firm schedules, routines
- Give many warnings for transitions
- Slower pace - more time is best
- Brief rest periods helpful
- Reduced demands until "med stable"

Expect/allow fidgety movements



Common Trouble Spots

(Kowatch, A.R. et al., Eds., 2009)



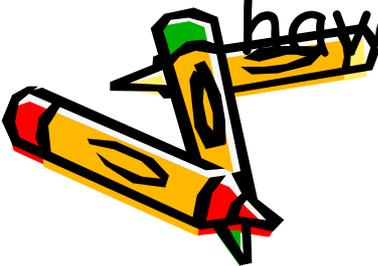
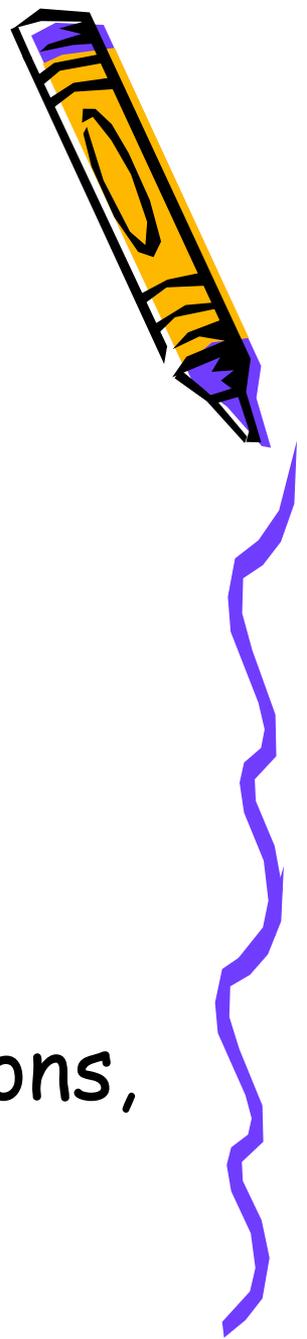
- Early Morning, Preparing for the day
- Change in class activity - give warning
- Hallways, bathrooms (any free time)
- Fire drills, storms, etc.
- New teacher, new subject
- Afternoon fatigue; meds wear out?



Schedules

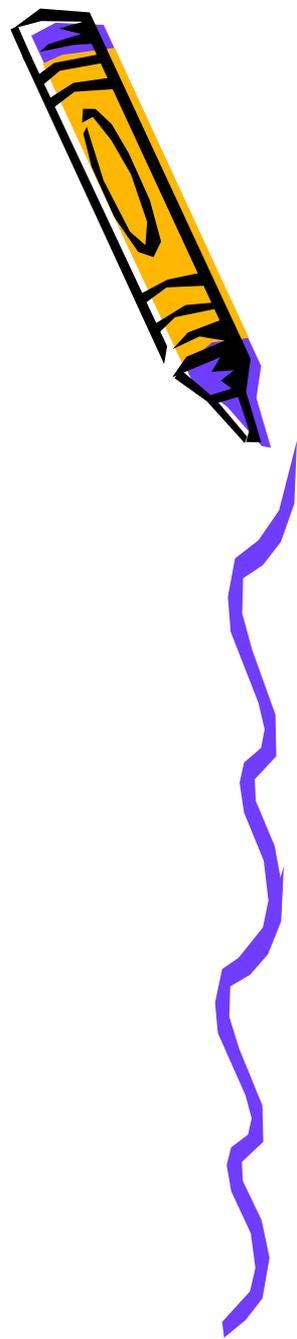
(Simon, R., & Tardiff, K. Eds., 2008)

- Highly structured is best
- Very routine, set in stone
- Every time-slot has a purpose
- No unstructured free-time
- Smaller groups, shorter sessions
- Plan for problems: control transitions, have crisis plan

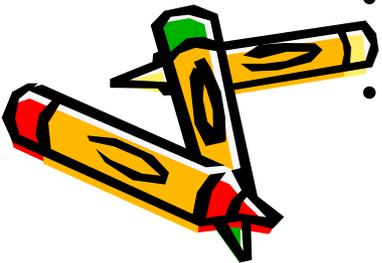


Control Transitions

(Greene, R.W., 2005)

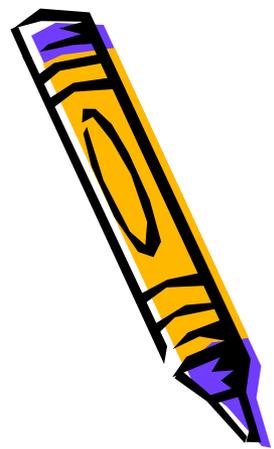


- Plan for every change
- Transition Breakdown
 - Wind down the current activity
 - Give warnings (10 min, 5 min, 1 min)
 - Prep class for next activity
 - Review expectations for next activity
 - Control movements, no chaos
 - Repeat for every transition
 - Avoid sudden changes

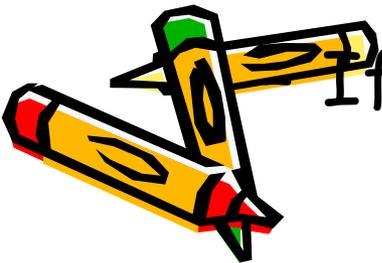


Close Supervision

(Greenberg, R., 2007)



- Monitor their emotions
 - Frequent checks on frustration
- Lots of external direction
 - Frequent interaction (proximity control, catch 'em being good, study buddy)
- Prevent explosive outburst
 - Intervene early in anger cycle & listen
If child is enraged, back off, clear room

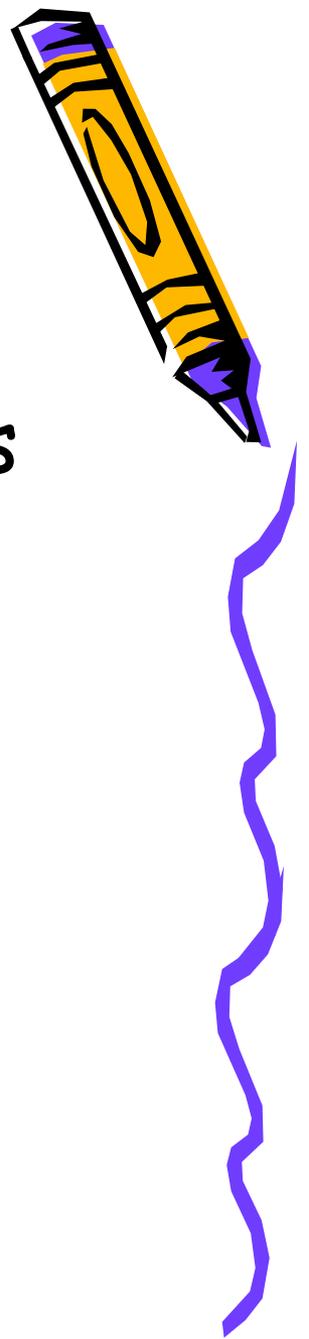


Effective Interventions

- Preferential seating near teacher
- Reduced distractions and noise
- Action oriented tasks, oral tasks
- Multi-sensory teaching
- Reduced assignments, fewer drills
- Extra supervision, individual tutoring
- Peer tutoring, study buddy
- More time on exams, allow breaks ³³

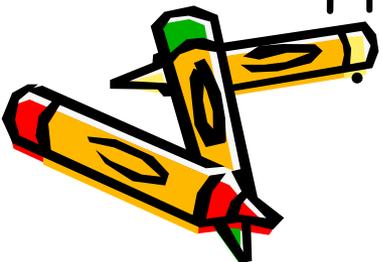
Temper Accommodations

(Kowatch, A.R., et al., Eds., 2009)



- Irritability/Aggression/Meltdowns

- Access to safe place when ready to blow (allow for a "chill-out" place)
- Seating that allows a buffer space
- Teach anger management skills
- Teach self-calming techniques
- Use less competitive activities
- Frustration leads to meltdowns



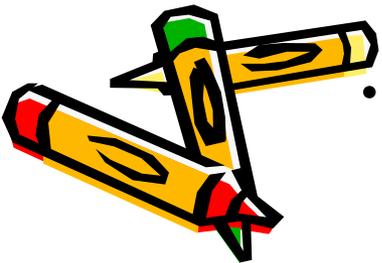
- Try to reduce frustrations

Crisis Management

(Simon, R. & Tardiff, K., Eds., 2008)

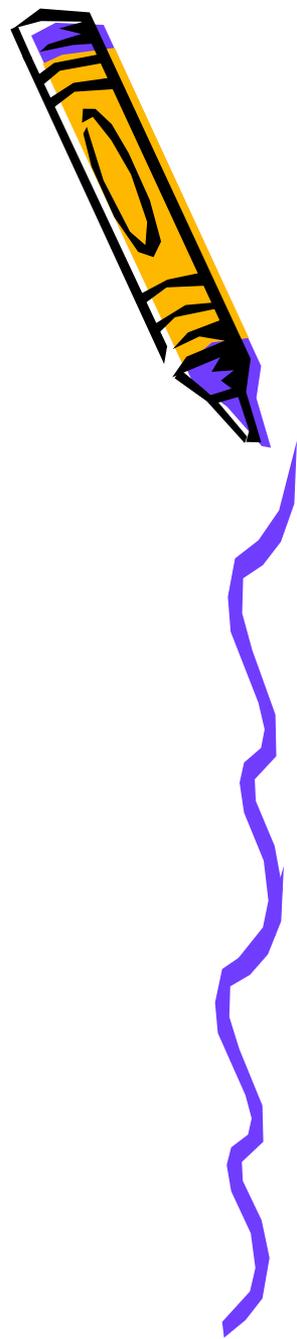


- Explosive outbursts of temper
 - Glassy eyed, jaw clenched, fists tight, high emotional charge
 - Back off, do not touch student, do not talk to student, remove others, monitor for safety until the "emotional seizure" is over (takes 5-10 minutes).
 - Treat it like an epileptic seizure; let it run its course, don't punish it.
 - Later, debrief the incident, look for triggers, problem-solve together.



mTBI/Bipolar Accommodations

(Greenberg, R., 2007)



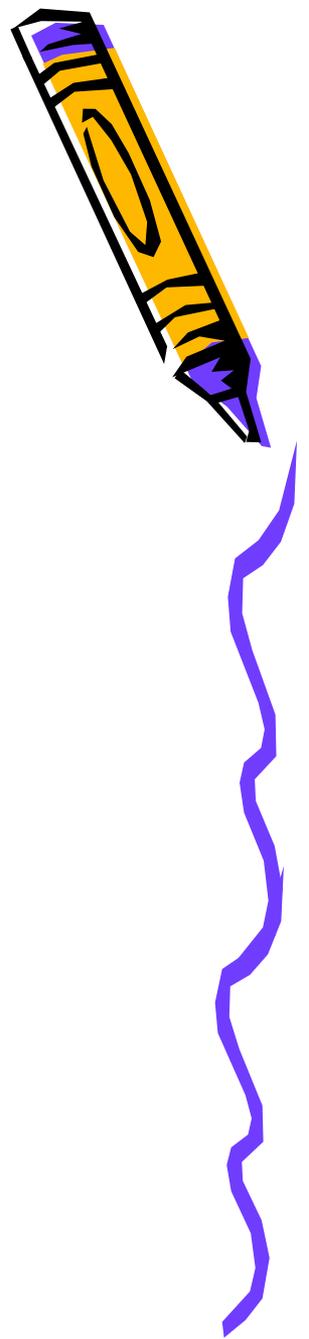
- General cognitive issues
 - More time for exams, and for class-work
 - Strong use of visual aids
 - Highlight important material
 - Simplified instructions, condensed texts
 - Use of tape recorder, calculator in class
 - Get eye contact when giving directives

Expect good days and bad days

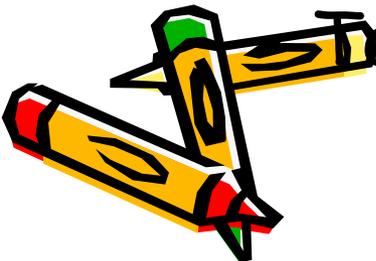
- Lighten-up on bad days



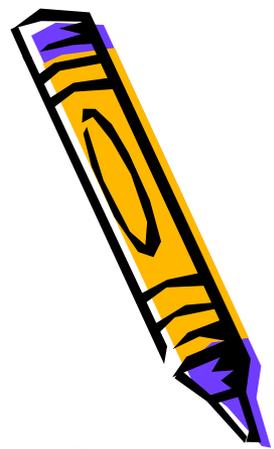
Summary



- Irritability is not misbehavior
 - Getting tough only makes it worse.
- Crisis management:
 - Avoid restraint, if at all possible.
- Classroom Modifications:
 - Cognition, emotion, medication issues.
- Positive Discipline:
 - Tell 'em what to do, not what to stop.



BOOKS



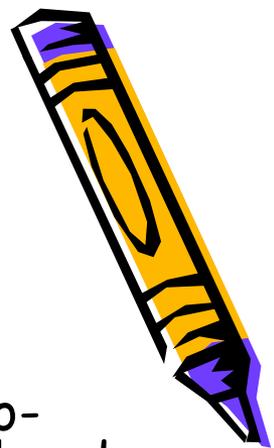
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