

Bipolar and Reactive Attachment Disorders: Dual Diagnosis and Intervention PART 2

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INTERVENTIONS

General, School-Based,
Cognitive-Behavioral, &
Resilience

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Multimodal Intervention

- Parent Education (Critical 1st Step Following Dx. To promote plan)
- Biological (Medications & Substance Abuse)
- School-Based Services
- Psychological (Cognitive, Behavioral, Individual Therapy, Resilience Approach, etc)
- Social (Out-of Home Placement)

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Intervention Planning

- Interdisciplinary & Coordination by Primary Care Physician when possible
- Treatment Decisions to address Comorbid Disorders and Conditions (e.g., ADHD, anxiety, depression, eating disorders, suicide, etc)
- Acute Tx often needed initially with Prevention Tx continued

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BPD Specific Tx (Papolos & Papolos, (2001))

- Mood Stabilizing Meds: Lithium & Anticonvulsants such as Tegretol & Depakote
- Meds for comorbid disorders used after mood is stabilized
- Careful use of stimulants if marked BPD Sxs present
- Anger Mgt. (e.g., Aggression Replacement Training)
- Relaxation Training & Behavior Mod.

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Medication Cautions

- Antidepressants and Stimulants without a mood stabilizer can trigger Manic Episode
- can increase frequency on cycling & mania
- not used early in treatment
- may cause earlier onset
- initial reaction can be positive, although deterioration can follow
- may be risky and potentially harmful with family history of bipolar

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Papolos' 6 Situations when Stimulants are Contraindicated

- Strong family history of BD
- Prolonged temper tantrums and mood swings with symptoms of ADHD
- Child is oppositional and defiant
- Child is better behaved at school
- Child is explosive and aggressive with parents and siblings
- Child has severe separation anxiety, night terrors, and a fascination with gore and mayhem

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SCHOOL-BASED INTERVENTIONS FOR BPD & RELATED MOOD DISORDERS

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Mood Disorders and Special Education Services

- Students with mood disorders are especially neglected in special education service delivery
- There is overlap between internalizing and externalizing problems, but most students served as ED are primarily "externalizers"
- "Self-contained" ED programs may be a poor choice for many students with internalizing disorders
- Consultation and special supportive services may be the preferred mode of service

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Persistent Under-Identification and Service Problems of Students With EBD

- Less than 1 % of children nationwide receive services through this service classification (but should be 3 % to 6 %)
- Compared to students with LD, those with ED tend to be identified at later ages...most are in the 12-17 year age range
- Students with ED have the highest rates of school dropout (as high as 60 % to 70 %)

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What Can Schools Do?

- Universal screening with earlier identification and intervention
- Refocus classification criteria away from general ED definition and toward an externalizing/internalizing system
- Respond effectively to bullying
- Have a continuum of services available-get away from “BD class or nothing” mentality
- Adopt prevention programs
- Develop “mentoring” programs

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What Can Schools Do? (cont.)

- Educate faculty to recognize symptoms
- Establish policy and resources for helping kids with mood disorders.
- Include unit on mental health
- Develop parent education centers/programs
- Encourage students to assist depressed and anxious peers
- Evaluate stress factor in school environment
- Build in flexibility-give kids “wobble room”

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What Can Teachers Do?

- Provide additional time for tests, homework in some cases
- Reduce classroom stress
- No put-downs...EVER
- Provide a safe haven for respite
- Respond effectively to bullying
- Build in flexibility

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Cognitive and Behavioral Interventions

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Behavioral Treatment

- Mood changes result from a disruption of positive events and normal activity level (loss of response-contingent reinforcement)
- Reset cycle by increasing positive activities: activity scheduling and goal-setting
- External reinforcement for engaging in positive activities may be initially necessary
- Activities should become self-reinforcing
- A useful approach for consultation intervention with parent and teachers

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Cognitive Therapy

- **Beck's Negative Cognitive Triad:** Depressed persons develop a negative view of themselves, the world, the future
- Depression may result from errors and distortions in thinking
- Solution: teach students to become aware of their cognitive and emotional processes, and to treat cognitions as hypotheses to be tested

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Four Steps of Cognitive Therapy

1. Develop awareness of emotional variability
 - Detect automatic thoughts, identify underlying beliefs
 - Evaluate negative automatic thoughts and maladaptive beliefs
 - Changes negative automatic thoughts and maladaptive beliefs

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Techniques in Cognitive Therapy

- Develop awareness of emotional variability
 - Emotional education
 - Emotional thermometer activity
 - Emotional pie activity

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Techniques in Cognitive Therapy

■ Detect automatic negative thoughts and identify beliefs

- Thoughts charts
- Cognitive replay techniques
- Thoughts forecasting
- Hypothesizing/guessing

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Techniques in Cognitive Therapy

■ Evaluate automatic negative thoughts and beliefs

- Types of thinking errors: binocular vision, dark glasses, black and white thinking, fortune telling, over-generalizing, beating up on yourself
- Examine the evidence : 3 Questions
 - What's the evidence?
 - Is there any alternative evidence?
 - What if?

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Techniques in Cognitive Therapy

■ Changing negative automatic thoughts and maladaptive beliefs

- Daily record of thoughts
- Triple-column technique
- Reframing and re-labeling
- Cognitive rehearsal
- Increasing positive self-statements

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Rational- Emotive (Behavior) Therapy

- Theory: mood changes often result from irrational thinking, which leads to maladaptive behavior
- ABC Model
 - A= activating event
 - B= belief (negative thought)
 - C= consequence (depresses feeling or anxious arousal)

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Common Negative/Irrational Thoughts of Children

- Nobody loves me
- It's all my fault
- What's the use?
- That was a dumb thing for me to say
- I'll never make any good friends
- There is something wrong with me
- Something bad is going to happen
- I think they are all talking about me
- I'm going to be really embarrassed

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REBT Approach to Intervention

- *Identify* irrational/negative thoughts
 - *Dispute* these thoughts
 - *Counter* irrational or negative thoughts with realistic or positive thoughts
- *(Changing the way you think can change the way you feel)

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Comprehensive Cognitive-Behavioral Treatment Program

- The most extensively researched and well validated method
- Combines primary elements from cognitive and behavioral models into a comprehensive treatment and relapse prevention package
- Uses psychoeducational approach in groups
- Have been developed for both depression and anxiety

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Adolescent Coping With Depression Course

- By Clarke, Lewinsohn, & Hops, 1990
- Highly structured (scripted) curriculum for adolescents in groups or classrooms, using sychoeducational (teaching) approach
- 16 2-hour sessions
- Excellent leader, students, and parents manuals
- Available for free download

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The Taking Action Program for Depression

- By Stark & Kendall, 1996
- Exceptionally comprehensive, detailed, program that provides flexible outlines (not scripts) for use in groups or classroom
- For use with intermediate-age children and adolescents (roughly ages 10 through 18)
- 30 1-hour sessions
- Can be combined with individual and family sessions
- Good workbooks and handouts

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The Oregon Resiliency Project (ORP)

Ken Merrell, Ph.D.
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<http://orp.uoregon.edu>

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What is ORP ?

- A research and training effort with the following major objectives:
 - Development and dissemination of the Strong Kids and Strong Teens prevention and intervention curricula
 - Development and dissemination of teacher in-service training on internalizing problems
 - Clearinghouse for information, tools, opportunities related to internalizing problems and promotion of emotional resilience in children and adolescents

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About Strong Kids/Strong Teens

- Scripted curricula aimed at prevention and intervention of internalizing problems, and promotion of emotional resilience
- Strong kids for gr. 4-8, Strong Teens for gr. 9-12
- Practical and easy to use—wide range of appropriate settings, purposes, leaders
- Brief: 12 lessons, 45-50 minutes each
- Empirically— based, built on principles of effective instruction
- Includes pre/post symptoms checklist and knowledge test

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Lesson 1: About Strong Kids/Strong Teens

- Introductory lesson
- Optional content and symptoms pre-test
- Explain purpose and rules, overview
- Make curriculum relevant to students
- Introduction of “emotional strength training”

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Lessons 2-3: Understanding Your Feelings (parts 1 & 2)

- First lesson in set focuses on identifying and understanding emotions
- Second lesson in set focuses on expressing feelings appropriately

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Lesson 4: Dealing With Anger

- Extension of emotional education, specific focus on anger
- Focuses on steps for delaying impulsive anger reactions, teaches appropriate ways to express anger

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Lesson 5: Understanding Other People's Feelings

- Based on principles of empathy training
- Helps students learn to identify feelings and perspective of other people
- Extension of emotional education

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Lesson 6-7: Clear Thinking 1 & 2

- Based on principles of cognitive restructuring cognitive therapy, RET
- Teaches students to become aware of their thinking and reasoning
- Provides techniques to challenge and change negative, irrational, maladaptive thoughts and beliefs

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Lesson 9: Solving People Problems

- Focus on teaching steps of problem-solving
- Premise: interpersonal conflict often relates to depression
- Practice problem scenarios, define, model, role play, assignments

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Lesson : 10 Letting Go of Stress

- Teaches self-awareness of stress levels and physical or cognitive symptoms
- Teaches active and passive methods of relaxation
- Includes cognitive techniques of dealing with tension

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Lesson 11: Achieving Your Goals

- How to set and attain goals
- Focus on increasing engagement in positive activities
- Education regarding connection between activity and mood

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Lesson 12: Finishing UP!

- Final lesson
- Includes review, re-teaching where needed, closure activities, and education on what to do if more help is need
- Optional content and symptoms post-testing

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Tips for Getting Started With Strong Kids

- Consider how program fits existing curricula and current needs
- Consider wide range of population and settings in which SK/ST can be used (gen. classroom, small group, at-risk program, SPED)
- Present a strong case regarding benefits of program
- Consider a team approach to leading SK/ST group: teacher counselor, psychologist, social worker, consultant, etc.
- Consider using pre-post tests to document effectiveness (get parent consent)
- OPR team members are available for training and consultation

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How to Get Strong Kids/Teens Curricula and other ORP materials

- SK/ST curricula, general information, links, and practical handouts are available for free from Oregon Resiliency Project website: www.uoregon.edu/~orp
- Interested in becoming an ORP research partner? Contact us!

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Conclusions & Discussion

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