

**MARK W. WILSON, MD**  
**330 WEST 58<sup>TH</sup> STREET, SUITE 313**  
**NEW YORK, NEW YORK 10019**

**Mood Instability and Bipolar Spectrum Disorders in Youth: Academics**

- ❑ Neuropsychological testing
  - a. Tests of intelligence: The WISC-IV
    - i. General intellectual ability
      - 1. Scores will be lower by 3-5 points on the WISC-IV than on the WISC-III due to new norms
      - 2. Emphasizes processing speed
      - 3. Gifted students may test lower as they may value accuracy over speed
      - 4. Full scale IQ score


|            |               |                       |
|------------|---------------|-----------------------|
| a. 130+    | very superior | 2% of the population  |
| b. 120-129 | superior      | 7% of the population  |
| c. 110-119 | high average  | 16% of the population |
| d. 90-109  | average       | 50% of the population |
| e. 80-89   | low average   | 16% of the population |
| f. 70-79   | borderline    | 7% of the population  |
| g. <69     | extremely low | 2% of the population  |
    - ii. Factors
      - 1. Verbal comprehension index (VCI)
      - 2. Perceptual reasoning index (PRI)
      - 3. Processing speed index (PSI)
      - 4. Working memory index (WMI)
  - b. Tests of academic achievement
  - c. Tests of language
  - d. Tests of executive function
  - e. Motor test of sequenced movement
  - f. Projective tests
- ❑ Disorders of written expression
  - a. Dysgraphia—glitch between motor memory and its connection to the fingers
  - b. Poorly formed letters
  - c. Difficulty with the spatial organization of the letters and words on a page
  - d. Heavy line pressure
  - e. Difficulties performing motor and cognitive sequences
  - f. Difficulties integrating the mechanics of writing, such as periods, commas, and capitals
  - g. Must rely heavily on working memory
  - h. May resist writing vehemently, with increasing frustration and anger
  - i. As an example, may forget the topic of the essay as they get stuck over a comma or semicolon
  - j. ~50% of youth with bipolar disorder have disorders of written expression
  - k.
- ❑ School
  - a. Therapeutic day school
    - i. Key components
      - 1. Six to eight children
      - 2. Trained special education teacher and a trained aide
      - 3. Academic subjects
      - 4. Therapy: group, individual; sometimes family therapy, art, music
      - 5. Designed to deal with children with learning impediments and a waxing and waning set of symptoms
    - ii. Reputable consultants
      - 1. Independent Educational Consultant Association ([www.iecaonline.com](http://www.iecaonline.com))
  - b. Home instruction
    - i. “General education” placement
    - ii. Restrictive in that it removes a student from the mainstream and peers
    - iii. Frequently used for a student who is too symptomatic or too emotionally fragile to attend school in the school building
    - iv. Temporary
  - c. Home schooling
    - i. Particularly beneficial for a bipolar child because it focuses the learning and helps students with attentional problems
    - ii. Curriculum/resources
      - 1. OdysseyWare from Pathway Publishers; [www.pathwaypublishers.com](http://www.pathwaypublishers.com)
      - 2. Switched-On Schoolhouse (with Christian content)
      - 3. Calvert Academy correspondence course; [www.calvertacademy.org](http://www.calvertacademy.org)
      - 4. Laurel Springs School distance learning; [www.laurelsprings.com](http://www.laurelsprings.com)
    - iii. Access to public programs (e.g., afterschool programs and sports)
      - 1. Homeschool World; [www.home-school.com](http://www.home-school.com)
      - 2. Kaleidoscopes Refugees Homeschooling Forum; [www.network54.com/Forum/180575](http://www.network54.com/Forum/180575)
  - d. Residential treatment
    - i. Educational consultants

- ii. Family Light; www.familylight.com
  - iii. Lon Woodbury's Struggling Teens; www.strugglingteens.com
- e. Education/Info
  - i. Wrights Law; www.wrightslaw.com
  - ii. LD OnLine; www.Ldonline.org
  - iii. Info on therapeutic schools or summer character building programs
    - 1. Family Light; www.familylight.com
    - 2. The National Association of Private Special Education Centers (NAPSEC); www.napsec.org
    - 3. The National Association of Therapeutic Schools and Programs; www.natsap.org
    - 4. Peterson's Private Secondary Schools; www.petersons.com/private/select/pssns.html
    - 5. Woodbury Reports Online; www.woodbury.com
- ❑ College advice
  - a. Small, nurturing school (1500-2000 students)
  - b. Active learning center
  - c. Contact the dean of freshman students and put on notice that the student needs special accommodations
  - d. Have the dean keep an eye out for the student
  - e. Send the dean a letter requesting accommodations
    - i. Untimed tests
    - ii. Note taker for certain classes
    - iii. Lighter than usual course load
    - iv. Use of "books on tape" if available
    - v. Student will fulfill the required work during summers or as a part of a fifth year
    - vi. We will arrange with the academic support center to set up a tutoring schedule
  - f. Arrange and pay for a mentor (junior or senior with good grades)
  - g. A "quiet dorm"
  - h. Youth with bipolar disorder should not have a single room
  - i. Contact and stay in touch with the senior resident assistant (RA) of the dorm
  - j. Schedule classes later in the day
  - k. Consider attending school locally

## Model IEP (Individual Education Plan)



In the first section of our chapter, "School: A Child's World Beyond Home" we cover the legal evolution of the Individual with Disabilities Educational Act (IDEA) and advise a parent how to initiate an Individual Education Plan (IEP), prepare for the IEP meeting (including rehearsal strategies), and locate educational consultants and attorneys.

But the more we talked to people in preparation for this chapter, the more we came to understand that both parents and educators were confused about the construction of an IEP for a student struggling with a bipolar disorder. A model IEP—one that specifically addresses the seasonal variations in mood, energy, attention, motivation, and behavior needed to be developed.

Therefore, we sent educational consultant, Suzanne Faustini, LSW, the director of the Ohio Protection and Advocacy Association in Cleveland a description of Elan, a young adolescent diagnosed with the disorder, and asked her to construct an IEP that might provide guidelines for educating him throughout the school year. Ms. Faustini drafted the following baseline information with a listing of goals and objectives that were designed to help Elan incrementally reach those goals within a one-year period.

With the hope that the following information is helpful to parents and educators alike, we excerpt the following from *The Bipolar Child* (pages 280-284.)



### Hypothetical Baseline Information and Draft IEP for a Bipolar Student

From *The Bipolar Child* by Demitri Papolos, M.D. and Janice Papolos (Broadway Books, 2000). All rights reserved.

(Click here for printer-friendly version.)

Elan is a personable individual who shows good attention and task orientation for very short periods of time. Elan has been diagnosed with bipolar disorder. His emotional and academic availability is variable and quite unpredictable. Physical complaints are often present both in and out of school. Presently Elan has a difficult time getting up in the morning, and he is often late, or does not come to school at all. He can appear tired, bored, irritable, and explosive and has poor judgment and decision-making skills. Other times, Elan can act extremely energetic (needs to move), he can be talkative and distractible. He can be extremely impulsive.

Elan has difficulty expressing his feelings and frustrations, and he often has negative and hopeless thoughts. When unable to do something others might consider simple, he feels a sense of failure. He does not have good problem-solving skills or stress management techniques. He often resorts to self-inflicted wounds and talks of suicide.

Elan's concentration and ability to attend and focus can be extremely impaired because of his limited alertness and attendance difficulties. His lack of interpersonal skills cause peer difficulties and limits his ability to establish healthy relationships with his peers and adults.

At other times--usually when he has high energy levels (he is becoming more manic)--he feels his understanding is superior to that of his classmates and that this negates his need to complete assignments. During these times, he can be disrespectful to adults, oppositional, and provoking to his peers.

Currently Elan is very compliant about taking his medications, and he has the desire to do what it takes to manage his disorder.

Consistent positive understanding and intervention is necessary for improving his self-esteem and allowing him to be accepted through his good and bad times. Staying calm and speaking to him in a reassuring tone is a must.

Elan is in need of a smaller, very structured setting that would be sensitive to his psychosocial needs. He presently does not do well with change or too much environmental stimulation. Counseling and support services such as a safe place and/or a person to go to when he feels overwhelmed or is having negative thoughts is necessary. A support group with like peers would be ideal if available. Flexibility in this plan is a must.

**Goal #1:**

Elan will learn and apply strategies to independently divert bad thoughts.

**Objectives:**

- A. Elan will go to the school counselor/psychologist twice a week (more frequently as needed).
- B. Elan will explore negative thoughts with counselor and develop strategies for diverting them independently.
- C. Elan will tell an appropriate adult when he has negative feelings he cannot manage.
- D. Elan will use a variety of strategies learned and document results in a journal at least two times weekly.

**Goal #2:**

Elan will develop other techniques to relieve anxiety rather than resort to harmful behaviors.

**Objectives:**

- A. When faced with a stressful situation, Elan will explore options with counselor.
- B. Elan will address anxiety-causing topics, which may be suggested by staff, in a journal at least one time per week.
- C. Elan will talk to an adult when feeling explosive or becoming out of control. He will remove himself to a safe place/person before harming self or others.
- D. Elan will identify triggers that contribute to harmful behaviors and problem solve alternatives with counselor.

**Goal #3:**

Elan will increase his time on task with only one redirective from 2-3-minutes to 10-15 minutes.

**Objectives:**

- A. Elan will comply with all redirection such as non-verbal cues, the first time.
- B. Elan will increase the number of daily assignments he completes within a specified amount of time, determined by the teacher and his ability for that day.
- C. Elan will stay focused for 10-15 minutes--or longer--on any given subject.
- D. Elan will utilize problem-solving strategies when needing a break to refresh and refocus.

**Goal #4:**

Elan will increase his communication skills in a variety of settings.

**Objectives:**

- A. Elan will seek assistance in problem solving from appropriate adults.
- B. Elan will practice using communication skills at least one time per week with staff and in his journal.
- C. Elan will ask an adult when he needs to move around and/or go to a safe place.
- D. Elan will tell an adult when he feels he may be getting out of control.
- E. Elan will converse positively with a peer three times a week. He will note any positive changes he notices as a result of these interactions.

**Goal #5:**

Elan will achieve grade-level work with a success ratio of four out of five assignments completed in all classes.

Objectives:

- A. When given an assignment, Elan will complete four out of five of them, accurately, legibly, and on time.
- B. Elan will ask for extended time, modified work, etc. when he feels overwhelmed. (Parent will have to do this initially.)
- C. Elan will accept redirection cues from the teacher when off task.
- D. Elan will use a homework notebook daily to record all assignments. Teachers will check for accuracy and sign. Parent will sign to verify homework is completed.

Modifications Necessary at This Time:

- A. Assignments will be broken down into manageable parts with clear and simple directions, given one at a time.
- B. Preparation for transitions.
- C. Ensure clarity of understanding and alertness.
- D. Allow most difficult subjects to be taken in the afternoon when he is most alert.
- E. Extra time on tests, class work, and homework.
- F. Allowances made for unpredictable mood swings and skill functioning.
- G. All staff involved with Elan will be provided with training on bipolar disorder.
- H. Awareness of potential victimization from other students.
- I. In extreme cases where Elan gets out of control and may do something impulsive or dangerous, a crisis intervention plan will be implemented.
- J. Positive praise and redirection.
- K. Report any suicidal comments to counselor/psychologist immediately.
- L. If there are ever times when Elan's mood disorder makes it impossible for him to attend school for an extended period of time, home instruction will be provided to assist him in keeping up with his academics.
- M. An aide will be placed within Elan's classroom to ensure his well-being. The aide will assist the teacher with all the students who need it also. Since Elan does not do well with unstructured times, such as lunch and recess, the aide will accompany him as a buddy during those times, without drawing undue attention to him.

Behavior Plan

Goal # 6:

- A. Elan will decrease explosive outbursts.
- B. Elan will seek adult assistance before lashing out with aggressive behaviors.
- C. Elan will remove himself and seek time out and/or safe place when feeling explosive.
- D. Elan will learn and apply strategies for anger control.
- E. Elan will postpone making important decisions during a depressive state.
- F. Elan will recognize possible early signs of an impending manic or depressive cycle and talk about them to his psychiatrist.
- G. Elan will earn points for all of the above. Points can be accumulated towards a day without homework or something special that will motivate this child.

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