

Fact Sheet

Bi-Polar

General Overview

Bi-Polar is the new name given to what was called manic depressive illness. Bi-polar affects two in every hundred of the Australian population. Both male and females are equally likely to have Bi-polar however males tends to be diagnosed earlier. Bi-polar is believed to be caused by a combination of factors including genetics, biochemistry, stress and seasons. There appears to be a chemical imbalance in the brain which can be corrected by medication. People suffering from Bi-polar can experience recurrent episodes of depressed and elated moods from mild to severe. Some people do not experience depressive episodes. As Bi-polar is normally associated with adults with the diagnosis occurring around 22 years doctors are reluctant to diagnose young children. Bipolar disorders can begin from childhood through to about 50 years of age. The average age of onset is about 30 years.

EFFECTS ON DEVELOPMENTAL AREAS

Social and Emotional

- May get angry or irritable with people who disagree or dismiss their ideas
- May withdraw from others in social situations.

Motor and Physical Development

- May have increased energy and over activity
- May have reduced need for sleep
- May have loss of appetite and thus loss of weight.

Language and Communication Development

- May speak quickly and jump from subject to subject.

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Cognitive Development

- May have rapid thinking which then can affect language
- May have grandiose concepts of themselves
- May have their attention easily drawn to irrelevant or unimportant things
- May not have the insight that their behaviour, actions are inappropriate
- May have depression triggered by a stressful/unhappy event
- May have difficulty concentrating
- May have false beliefs or feelings of guilt
- May have deep sadness and have a tendency towards suicidal thoughts
- May lose interest in activities once enjoyed before.

INCLUSION STRATEGIES

Each child diagnosed with Bi-Polar will be different and individual. It is important to gain information from the parents as to what characteristics of Bi-Polar their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes, skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social Development

- On arrival and farewell and when wanting child's attention say the child's name first to catch his attention eg. "Jack, good morning" rather than "Good morning, Jack".
- Be supportive and acknowledging the child's emotions.
- Explain what you are doing when you are doing it when presenting an activity, giving instructions or encouraging turn taking/sharing.
- Provide a quiet area with objects for child to explore independently

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- Let other children know what child is doing to reinforce the concept of him being part of the group. Do this with all children e.g. "Look Jack is doing a puzzle as well"
- Offer small group activities without the pressure for the child to participate. Do not blame or try to help by suggesting that the child "try harder".
- Try to not become over involved or withdraw from the individual.
- Positively encourage and reward any signs of improvement in behaviours and/or mood.
- Do not participate in the escalation of excitement. When child is able to take feedback provide feedback eg "You are a little high/noisy/over excited at the moment, what about listening to some music" in a gentle manner
- Positively reinforce the child when he/she has managed to use coping strategies such as self-monitoring their behaviours, adhering to proper sleep schedules, and using problem-solving skills.
- Validate and express understanding of the child's feelings. For example: "I can understand how you might feel that way"
- Be aware that you cannot "jolly" the child out of a depressive state
- Try to sit beside the child without expecting a two way conversation. Often child just needs you there.

Physical Development

- Allow child to practice his/her physical skills but reinforce the rules for turn taking, quiet times etc
- Encourage child to eat but do not push the matter however be aware of hydration and nutrition issues.

Language

- Utilise the use of large clear pictures to reinforce what you are saying and encourage child to use these as well.
- Para-phrase back what the child has said
- Clarify types of communication methods the child may use e.g. makaton
- Provide puppets/pictures as an extra prop when using finger plays and songs
- Reduce the amount of instructions in one statement to allow time for the child to gain an understanding of what is been said e.g. "Hold the puppet up high" rather than "hold the puppet up high and wave it around so that all the children can see it." Once child understands to "hold the puppet up high" you can then add "Good, now all the children can see it"

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- Ascertain from parents words that are familiar with the child e.g. family words that represent aspects of child life and use these in your program
- Keep up good levels of communication even when not reciprocated

Cognitive

- Encourage use of a bright easily recognisable bag for child to be able to recognise his hook/locker
- Gain information from parents about child's likes, interests and dislike and incorporate these in your program.
- Break tasks down to smaller steps e.g. placing one puzzle piece in a time rather than expecting the puzzle to be completed
- Allow the child time to complete tasks and practice skills at own pace.
- Attend to safety issues that poor concentration can cause
- Set realistic tasks
- Have realistic expectations
- When child's thoughts are racing reduce stimulation and loud noise

References

Mental Illness Fellowship Victoria
www.mifellowship.org/documents/understandingbipolar.pdf

Association of relatives & Friends of the mentally ill
884 Brunswick St
New Farm
www.arafmiqld.org

24hrs support line 1800351881
www.healthinsite.gov.au/topics/Bipolar_disorder

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