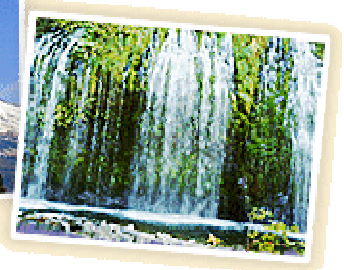


North State Parent magazine



Beyond Moody – When Emotional Swings Are More Than A Phase



Do you love a child who walks upstairs in one mood and comes down in another five minutes later? When the child is told "no," does she overreact in a way that both puzzles and infuriates you simultaneously? Does he have problems sleeping at night? Do other well-meaning parents offer information like, "He just needs stronger discipline" or "You just need tough love" or "Have you tested him for ADHD?"

Resources

National Alliance on Mental Illness.

The nation's grassroots mental health advocacy organization, dedicated to improving the lives of individuals and families affected by mental illness.

www.NAMI.org;
(800) 950-NAMI (6264).

NAMI California.

www.namicalifornia.org; (916)
567-0163.

NAMI Upper CA contacts.

(offer local resource & referral
information)

Butte County:

Mike Little (530) 321-7886.

Shasta County:

Diana Clayton (530) 605-1647.

Tehama County:

Jesse Porter (530) 200-
9020.

Siskiyou County:

Michael Pitts (530) 842-2945.

**Child and Adolescent Bipolar
Foundation.**

A parent-led, web-based
membership organization of
families raising children
diagnosed with, or at risk for,
pediatric bipolar disorder.

www.bpkids.org; (847) 492-
8519.

**Juvenile Bipolar Research
Foundation.**

Dedicated to the support of
research for the study of early-
onset bipolar disorder. Online
diagnostic tool for ages 5-12
offers children language to
express what they feel; parents
can share results with qualified
physician, psychiatrist or
psychologist. Also offers DVD
Educating and Nurturing the
Bipolar Child. www.jbrf.org;

These are lines parents of children with early-onset bipolar disorder hear frequently.

"Early-onset bipolar disorder" is a condition which causes a child to swing between "poles" of mania and depression in various increments of time. While in adults these swings take place over longer periods, children are distinguished by their quick mood and energy shifts, sometimes occurring many times throughout a day. This shifting is called rapid cycling (or ultra rapid cycling) and is often accompanied by rages. Parents of these children describe a "Jekyll and Hyde" mood pattern. In one moment the child is angry, irritable and explosive, and in the next the child can be giddy, silly and "off the wall." At other times, the child will withdraw and become depressed. The marked difference between "typical" childhood behavior and early onset bipolar disorder is the intensity and unpredictability of the child. Families describe a feeling of "walking on eggshells" around children with bipolar disorder. They consistently fear triggering a rage that will wipe out the whole family emotionally.

Early-onset bipolar disorder is a no-fault monster. It has been proven to be genetically coded and susceptible to environmental triggers that can surface at any age in any form. It is not a character flaw or the result of poor parenting. It is a chemical imbalance in the very complicated brain.

Nobody wants to believe a young child can show early signs of a serious mental illness like early-onset bipolar disorder, especially a parent. Facing this possibility can be terrifying. It can isolate parents who are afraid of the stigma mental illness carries with it. Additionally, parents wonder

(866) 333-JBRF (5273).

Local Agencies:

New Directions To Hope. Offers services in Shasta & Tehama Counties. Redding: (530) 248-3000; Red Bluff: (530) 529-0592.

Northern Valley Catholic Social Service. Offers services in Butte, Shasta, Siskiyou, Tehama & Trinity Counties; (530) 241-0552.

Butte County Department of Behavioral Health. (530) 891-2850.

Shasta County Mental Health Services.
(530) 225-5200.

Siskiyou County Behavioral Health Services.
(800) 842-8979.

Tehama County Health Partnership.
(530) 527-5631.

Sam's Cause. At age 12, Sam Sheffres created a website as a fundraiser for kids who, like himself, struggle with bipolar disorder. Purchases made at participating affiliates benefit the Juvenile Bipolar Research Foundation (may need to turn off browser ad blockers to see affiliate links).

how to distinguish between "normal moody childhood behavior" and something more serious.

"The DSM [Diagnostic and Statistical Manual of Mental Disorders] lays out criteria for diagnosis of various types of bipolar disorder, but the bottom line is that parents must look for consistent patterns of behavior like anger, hopelessness or consistent over-involvement accompanied by sleeplessness," says Licensed Clinical Social Worker Bobbie Gray, who has counseled patients in Redding since 1992.

In the last year, early-onset bipolar disorder has moved to the forefront of childhood psychiatric controversy. A sharp rise in the diagnosis of bipolar disorder in children shoved up against a long historical period of disbelief by the psychiatric community that children can even have mental illness, has laid the foundation for a hot debate. One group points to problems with rural areas using general pediatricians to diagnose and treat children due to lack of specialized psychiatric professionals, which can lead to carelessly prescribed medication. Another group, led by such researchers as Dr. Kiki Chang of Stanford University in California, proposes that early intervention saves lives. Research has shown that patients treated early in the disease are far better primed for successful recovery. Bipolar disorder carries with it a high correlation of substance abuse and suicide making stabilization crucial.

If you feel like your child is consistently showing extreme behavior, Gray suggests educating yourself as quickly as possible. With the amount of material available online, parents can use such sources as the Child Adolescent and Bipolar Foundation (cabf.org) website to anonymously talk with other parents across the country. On such sites, parents help each other through a question and answer process, as well as receive support from others who have been where they are. Parents can watch what issues others are having, or ask questions themselves, whichever matches their comfort level.

Better yet, parents can contact their local chapter of National Alliance on Mental Illness (NAMI). NAMI is a national nonprofit grassroots organization started by concerned parents, and has grown to an advocacy group 50,000 strong across the country. Run by volunteers who work to destigmatize mental illness, NAMI specializes in education across the country. Adults can attend meetings, talk to others about competent professionals in town (and equally important, warn against incompetent ones) and members can help point a lost parent in the right direction for help.

In recognition of Mental Illness Awareness Week (October 4 - 10), NAMI is hosting a series of events. Among these will be two free mental health screenings co-sponsored by National Association of Social Workers and the California Association of Marriage and Family Therapists, held on Thursday,

October 8 from 9:00 a.m. to 3:00 p.m. One location is Shasta Community College, 11555 Old Oregon Trail, Redding and the other location is the North Valley Catholic Social Services Second Home, 1250 California St., Redding.) A screening professional who specializes in children 11 and older will be on site this year.

Parents huddle with their children in the trenches of daily living. Though denial is tempting, they know in their guts when something is just not right with their child. As advocates, parents must make hard decisions in the middle of a time when doctors and researchers argue about the right way to move forward. Parents need to educate themselves. They need to network with other parents. There they will start the process of getting their child the help he or she needs. Most importantly, parents need to trust their instincts to be the best advocate for their child.

Writer Jamie Weil teaches Family-to-Family classes with her husband and formerly served as Vice President of NAMI South Bay (Southern California). Her daughter, now 22, was diagnosed with early-onset bipolar disorder at age 11.

Amanda's Story

By Amanda B. Weil

Amanda was diagnosed with early-onset bipolar disorder at age 11 though her symptoms began much earlier. She is currently 21 years old, recently graduated with honors from a Southern California University, is living independently in San Francisco, and working at a national non-profit.

I'm different. I always have been. As far back as I can remember, I never slept at night. This is partly because my mind wouldn't stop racing and partly because I was terrified of the nightmares that were constantly purging my young brain. Things would upset me, as they do with any child, but once I was upset, the overwhelming feeling of pain and dying compelled me far before I knew what "suicide" or "self-injury" even meant. This never changed; things only intensified as I grew. All I wanted was for somebody to look into my eyes and see the screaming in my head, or at least ask what was going on up there.

I felt that my only way to get help was to act out. I reasoned that the louder I was with actions and words, the more people would see me... and hopefully notice something different. It took a few trips to the principal's office, but people started to notice. Despite my long-time resistance to therapy, counseling, and medications, they are what saved my life. And just as importantly, my childhood.

