

Symptoms/Behaviors

- Irritable mood
- Very sad – lasting a long time
- Feeling worthless or guilty
- Loss of interest in activities that were previously enjoyed
- Talking a lot
- Racing thoughts
- Explosive, lengthy, and destructive rages
- Separation anxiety
- Defiance of authority
- Hyperactivity or agitation
- Difficulty concentrating or paying attention
- Overly silly or joyful mood that is unusual for the student
- Excessive involvement in multiple projects and activities
- Impaired judgment and impulsivity
- Risk-taking behaviors
- Inappropriate or precocious sexual behavior
- Delusions and hallucinations
- Thoughts of suicide
- Inflated self-esteem or grandiose belief in own abilities (become a rock star overnight, for example)
- Complaints of frequent pain, such as headaches and stomach aches

Bipolar Disorder Fact Sheet

About the Disorder

Bipolar is a brain disorder that causes clear shifts in a person's mood, activity level, and concentration. Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. Symptoms are intense cycling mood swings from extremely high energy, agitation, impulsivity, increased activity, racing thoughts, rapid tangential speech, risky behavior, and insomnia to persistent feelings of sadness, very low energy, hopelessness, feelings of low self-worth, and loss of interest and pleasure in everyday activities. Symptoms may result in damaged relationships, poor job or school performance, and even suicide.

The average (median) age of onset for bipolar is 25 years, although it can start in early childhood or as late as in the 40s or 50s. (National Institute of Mental Health). Bipolar Disorder is a chronic neurological disorder with a strong hereditary component, rather than solely a psychological condition. It is now considered a type of neurodiversity with variation in brain functioning and structure. One never fully recovers from bipolar disorder but can find relief and mood stabilization with a combination of medication, psychotherapy, psychoeducation, and support of peers and family.

Children with bipolar disorder may have much more rapid cycling of manic to depressive moods than adults. While adults may have extended periods of depression for several weeks or more followed by a longer period of manic behaviors, a child may have more severe symptoms and frequent mood changes. Teens experiencing bipolar disorder may engage in highly impulsive risky behavior. They may experience feelings of invincibility and grandiosity with an inflated sense of their own abilities. Other teen symptoms may include paranoia with persecutory delusions and distrust, thinking others are out to get them.

Bipolar disorder in students can be hard to tell apart from other disorders that may occur in these age groups. Students with bipolar disorder may be prone to self-medicating, which can aggravate symptoms. Furthermore, drug use alone can resemble many of the symptoms of bipolar disorder, making an accurate diagnosis difficult.

Students with bipolar disorder are at a higher risk for suicide. A study of over 400 children and teens with a bipolar diagnosis, reported in 2012 by the National Institute on Mental Health, found that "more than one-third of study participants made at least one serious suicide attempt." It's important to remember that any student who has suicidal feelings, talks about suicide, or attempts suicide should be taken seriously and receive immediate help from a mental health professional.

Educational Implications

Students may experience fluctuations in mood, energy, and motivation. These fluctuations may occur in specific cycles, or seasonally. As a result, a student with bipolar disorder may have difficulty concentrating and remembering assignments, understanding assignments with complex directions, or reading and comprehending long, written passages of text. Students may experience episodes of overwhelming emotion such as sadness, embarrassment, or rage. They may also have poor social skills and have difficulty getting along with their peers.

Students may have fluctuations in cognitive abilities. They may have an impaired ability to plan, organize, concentrate, and use abstract reasoning. These students may experience heightened sensitivity to perceived criticism, may be more easily frustrated and may cry for no apparent reason, or they may be seemingly inconsolable when distressed. Students may also have inflated self-esteem and may overestimate their abilities. A student might believe, for example, that they are the smartest kid in the whole school. Most of the students with bipolar disorder experience extremely high levels of anxiety that interfere with their ability to logically assess a situation.

Students with bipolar disorder may be on medications that may cloud their thinking or lead to physically uncomfortable side effects that interfere with school performance.

Instructional Strategies and Classroom Accommodations

- Provide the student with recorded books as an alternative to self-reading when the student's concentration is low.
- Break assigned reading into manageable segments and monitor the student's progress, checking comprehension periodically.
- Devise a flexible curriculum that accommodates the sometimes rapid changes in the student's ability to perform consistently in school.
- When energy is low, reduce academic demands; when energy is high, increase opportunities for achievement.
- Identify a place where the student can go for privacy until they can regain self-control.
- Create a plan for students to calm themselves, such as listening to soothing music, drawing, or walking. Be sure to practice the plan with the student in advance.
- Accommodate late arrival due to inability to awaken—this may be a medication side effect or a seasonal symptom.
- Adjust the homework load to prevent the student from becoming overwhelmed.
- Allow students to discreetly attend to physical discomforts caused by medication side effects, for example a student's excessive thirst may lead to the need for frequent bathroom breaks.
- Provide opportunities that address communication or problem-solving skills.
- Ask parents or the student's physician about the student's mood cycles, and adapt curriculum, activities, or classroom supports as needed.