Family Treatment in Child and Adolescent Psychiatry

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Session 3
Bipolar Disorder

Conducting the initial session

Discussing the presenting problem

- Ask each person:
  - Their description of the problem
  - How they respond to the problem
  - The outcome of their responses

- It is important that the doctor appreciate the validity of each person's impressions and responses, without challenging anyone
- This includes developing a sense of each person's concern and desire to be helpful
- The doctor develops a shared orientation toward the family and envisions the beginning of a collaborative family plus doctor treatment team
- At this point the doctor discourages disagreement and conflict while encouraging working together

- The doctor summarizes the problem and each person's concern and interest in being helpful
- The doctor minimizes any differences among family members in attempts to respond to the problem
- The doctor asks for feedback about the description of the problem and the family's attempts to solve the problem
- This should lead to a shared engagement in treatment and a shared orientation toward the goals of treatment

- The doctor has to recognize the difference between validating each family member's experience versus agreeing with anyone and taking anyone's side
- Everyone should feel the doctor's support and appreciate the doctor's empathy

- The doctor should recognize and appreciate the family's participation in treatment and motivation to make things better
- The doctor should have a sense of how the problem is embedded in this family and the circle of problematic responses and problem amplification
- The doctor schedules the next session
- The doctor may feel like the family wants a concrete response to the problem
- The doctor will need to decide whether that will be useful or premature

Child and Adolescent Bipolar Disorder and the Family

- Symptoms of Bipolar Disorder:
  - Irrational thinking and irritability
  - Rapid, intense pressured speech
  - Grandiosity
  - Decreased need for sleep
  - Risk taking and promiscuity
  - Delusions and erratic behavior
  - Substance abuse

- Fluctuation with depression and the symptoms of depression
- Depression or mania may occur first and be the initial symptom
- This represents a significant deviation from the child’s usual behavior
- Generally more time is spent depressed and manic episodes may be short

- What family responses do you expect?

Impact of Bipolar disorder on Family Interactions

- Parent confusion and dismay
- Failed attempts to limit or direct child's behavior
- Potentially episodes of aggression within the family
- Involvement of law enforcement and the legal system
- Concerns within the school or college about irrational behavior
- Academic failure
- Concerns about excessive spending, risk taking or promiscuity
- Similar responses to our discussion of depression

- Parents can be extremely upset and worried
- Adults can become polarized in response to how to help the child or adolescent
- Sibling relationships can be negatively affected

- Family response and the child's behavior often represents a psychiatric emergency
  - Suicidality can be a significant concern

- Accurate diagnosis is essential and is the result of a comprehensive history and evaluation of the patient
- Consideration of psychiatric hospitalization may be necesary

- Evidence based treatment for Bipolar Disorder includes:
  - Family and patient engagement
  - Anti-manic medications taken consistently
  - Psychoeducation about Bipolar Disorder for parents and patients
  - Support for education and vocational training for the patient
  - Treatment for depression including medication

- There may be a positive family history for Bipolar Disorder
  - This will need to be identified and explored in discussion with the family
  - There may be a family history of completed suicides which will need to be discussed and acknowledged
  - This may also be the source of family worry, preoccupation or denial

Family Treatment and Interventions

- Supporting parents in establishing initial diagnosis and treatment
- Responding to differences of opinion about the problem
- Resolving parent-child conflict about the problem, diagnosis and need for treatment
- Ensure family engagement in treatment of substance mis-use
- Engage the family in response to any legal difficulties or suicide attempts

- Support parental emotional responses to the problem, diagnosis and the need for treatment
- Encourage supportive connections among all family members
  - Including parents, patient and siblings
- Help parents set limits and maintain empathic relationship with the patient

- The treatment team including the doctor, the family and the patient ensures medication compliance, regular follow up and engagement in a pro-social and productive life

- Relapse and recurrence are common
- Non compliance with medication and follow up can occur
- These issues can be predicted and discussed
- A safety plan can be developed
- The doctor will need to support family acceptance and patience with these challenges
- Parents may need support independently of their child
- There are family organizations that provide this support in the US

- It is possible for a patient with Bipolar Disorder to have a full and productive life, their own family, and positive connections with their extended family