Treating Children with Bipolar Disorder

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Conflict of Interest/Funding
• Dr. Fristad receives royalties from
  – CFPSI: MF-PEP and IF-PEP Workbooks
  – Guilford Press:
    • *Raising a Moody Child: How to Cope with Depression and Bipolar Disorder*
    • *Psychotherapy for Children with Bipolar and Depressive Disorders*
  – APPI:
    • *Clinical Manual for Management of Bipolar Disorder in Children and Adolescents*
    • *Children’s Interview for Psychiatric Syndromes (ChIPS)*
Learning Objectives

List four common ingredients of psychotherapy for bipolar spectrum disorders in youth

- psychoeducation
- family-based
- emotion regulation
- symptom management
Overview

- **List several key features to diagnosing bipolar spectrum disorders in youth**
- Review evidence for psychosocial treatments for bipolar disorder in youth as part of a comprehensive treatment plan
- Outline common therapeutic “ingredients” in evidence-based treatments
- Demonstrate several therapeutic techniques and provide resources for clinicians to share with families
Rule #1: Take a video, not a snapshot

• Assess behaviors
  – over time
  – in context

• TAKE YOUR TIME!
  – If truly BPSD, this is *probably* a lifetime diagnosis and is *not* to be considered “casually” — the stakes are FAR too high

• Longitudinal review of symptoms
  – Determine symptom onset, offset, duration in relation to:
    • Social history
    • Treatment history
    • Functioning at home, school and w/ peers

• Use DSM-5 criteria
Lifeline—Document

**Above line:** pregnancy, labor and delivery, age in yrs, calendar yrs, moves, life stressors, child care arrangements, school placement

**Below line:** physical health (onset, offset) & treatment, mental health (onset, offset, mood & co-morbid diagnosis) & treatment, current functioning (home, school, peers)

<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Child Care</th>
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<tr>
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Home: School: Peers:
How to Diagnose BPSD

• Medical history
  – Allergies, asthma, chronic illnesses, staring spells, injuries (especially head trauma)
  – Treatments for the above
    • 7-10 day washout for prescription drugs
    • 2-3 week washout for steroids, fluoxetine
  – Review previous lab findings, brain imaging
  – Drug screen if ANY suspicion of illicit use
Rule #2: Decide what’s in and what’s out

• **Differential diagnosis** (what’s out): ADHD, ODD/CD, [DMDD], PTSD, OCD, ASD, etc.

• **Comorbid conditions** (what’s in): anxiety, disruptive behaviors, learning disabilities, autism spectrum disorder, etc.
Children’s Interview for Psychiatric Syndromes  

• Does NOT assess
  – personality
  – cognitive capacity (intellectual deficiency, learning disabilities)
  – tic/Tourette, autistic spectrum, panic disorders

• Does NOT replace a clinician

• DOES provide a standardized initial assessment procedure for clinical and research purposes
  – Brief
  – Thorough coverage--20 disorders & stressors
  – Psychometrics available for 6-18 year olds
  – Easy to administer, score, interpret
  – Storage requirements are minimal
Rule #3: We diagnose children, not families BUT, families give us good clues and therapeutic material
Why Do People Get Mood Disorders?

- Part of the story is genetics...
  - 1 in 3 adopted persons *with* bipolar disorder have biological parents with mood disorders (compared to 1 in 50 adopted persons *without* bipolar disorder)
  - If 1 parent has a mood disorder, 27% offspring +
  - If 2 parents have a mood disorder, 74% offspring +
  - If one twin has a mood disorder--

<table>
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<th>The Other Twin…</th>
<th>Identical</th>
<th>Non-identical</th>
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<tr>
<td>Depression</td>
<td>54%</td>
<td>19%</td>
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<tr>
<td>Bipolar Disorder</td>
<td>67-79%</td>
<td>15-20%</td>
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FH – RDC GENOGRAM—”Jenna”

- **Alc dx**
- **Drug dx**
- **J**
- **BP dx – L,C**
- **PTSD dx – L,C**
- **BP dx**
- **OCD dx**
- **Pho dx**
- **GAD dx**
- **PTSD sxs**
- **Pan sxs**
- **Alc dx**
- **Drug dx**
- **AsP sxs – legal probs**

- **d. ’93**
- **brain tumor**
- **rape**

- **untxd BP**
Rule #4: Measure progress
Paper-and-Pencil Measures

  - Parent report: best source of information
  - Child report: doesn’t provide incremental data
  - Teacher report: not validated
How is _________ feeling today?

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FIND Criteria: Treatment Guidelines for Children and Adolescents with Bipolar Disorder  


• **Frequency:** Symptoms occur most days of the week

• **Intensity:** Symptoms cause
  – extreme disturbance in one domain
  – Moderate disturbance in two or more domains

• **Number:** Symptoms occur 3-4 or more times/day

• **Duration:** Symptoms occur > 4 hours/day (total)
Overview

- List several key features to diagnosing bipolar spectrum disorders in youth
- **Review evidence for psychosocial treatments for bipolar disorder in youth as part of a comprehensive treatment plan**
- Outline common therapeutic “ingredients” in evidence-based treatments
- Demonstrate several therapeutic techniques and provide resources for clinicians to share with families
## Evidence-Based Psychotherapy for Bipolar Disorder

*Fristad & MacPherson (2014) JCCAP*

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<th>Psychosocial Treatment</th>
<th>Citation</th>
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<tr>
<td>Well Established</td>
<td>None</td>
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<tr>
<td>Probably Efficacious</td>
<td>Family Psychoeducation &amp; Skill Building</td>
<td>Fristad et al, 2009</td>
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<tr>
<td></td>
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<td>Miklowitz et al, 2008</td>
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<tr>
<td>Possibly Efficacious</td>
<td>Cognitive-Behaviorial</td>
<td>Pavuluri et al, 2004</td>
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<td></td>
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<td>West, Henry &amp; Pavuluri, 2007</td>
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<td>West et al, 2009</td>
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<td>Feeny et al, 2006</td>
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<td>Experimental</td>
<td>Dialectical Behavioral</td>
<td>Goldstein et al, 2007</td>
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<td></td>
<td>Interpersonal &amp; Social Rhythm</td>
<td>Hlastala et al, 2010</td>
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Evidence

- 2 Completed RCTs-MF-PEP: Improved mood, family functioning, satisfaction w treatment
  - 35 children, 54% depressed, 46% bipolar spectrum
  - 165 children, 70% bipolar spectrum, 30% depressed

- 3 MF-PEP Effectiveness trials: feasible, improved mood
  - 40, 41 and XX children—mixture of D & B

- 3 IF-PEP RCTs: improved mood
  - 20 children, 100% bipolar spectrum
  - 60 children—depressed— in progress
  - 60 children—bipolar spectrum—in progress
Mood Severity Index (Parent, Current)
MF-PEP BPD Sample

- N=115, all BPD
  - n=55 Immediate
  - n=60 Wait List
- Linear Mixed Effects Modeling
  - $X^2=6.19$, $p<.02$
  - Slope difference=$-7.76/12$ mos
- Pre-post Imm=WLC

Dr. Fristad--R01 MH61512
Wexner Medical Center
Mood Severity Index (Parent, Current)  
MF-PEP  Treated BPD Sample

- N=89
  - n=54 Immediate
  - n=35 Wait List
- Linear Mixed Effects Modeling
  - $X^2=5.91, p<.02$
  - Slope difference=-7.96/12 mos
- Pre-Post Imm=WLC
Impact of MF-PEP on Service Utilization & Mood Severity

Mendenhall, Fristad & Early, 2009, J Cons Clin Psychol

- Parental attitudes toward treatment changes with MF-PEP; impacts quality of services sought

- Improved quality of services leads to better mental health outcomes

- MF-PEP appears to improve quality of services utilized & child’s mood severity over time as designed to do. It helps parents become better consumers.
MF-PEP Treatment Predictors & Moderators

MacPherson et al (2014), JCCAP

- **Predictors:** indicate general prognosis, regardless of tx
  - Hyp: ↑ functional impairment → ↓ outcome
  - Found:
    - ↑ functional impairment → ↑ outcome, $d = .51$
    - **Moderator:** moderate impairment, $d = .33$, severe impairment, $d = .47$

- **Moderators:** indicate differential tx response based on baseline characteristics
  - Hyp: ↑ Stress/trauma hx, ↓ parental EE, ↑ psychopathology → ↓ outcome for MF-PEP
  - Found: Predictors
    - ↑ Stress/trauma hx → ↑ outcome, $d = .56$
    - ↑ Cluster B → ↓ outcome, $d = .47$
Variables that Do Not Predict Treatment Response

MacPherson et al (2014), JCCAP

- Demographic status—age, sex, race, income
- Cognitive ability—K-BIT Verbal, V-S, Overall
- Mood diagnosis (DSD vs BPSD)
- Parental Axis I dx
- Expressed emotion—parent, child report
- Stressful life events—cumulative, illness, criticism
- Parental psychopathology—dx/sx, depression and mania severity, Cluster A and C
MF-PEP & Anxiety Disorders (ADs)  

- ADs are frequently comorbid with mood d/o's
- Would MF-PEP
  - Be less effective if youth had ADs?
  - Impact ADs?
- Baseline anxiety severity
  - Associated with higher D but not M scores
  - ≠ mood tx response; ↑ severity → ↑ Δ in C-GAS
- MF-PEP did not impact anxiety severity
- Re: sequencing, start with “who’s in the driver’s seat”
MF-PEP & Disruptive Behavior Disorders (DBDs)  
Boylan, MacPherson & Fristad, 2013, JAACAP

- DBDs are frequently comorbid with mood d/o’s  
- Would MF-PEP  
  - Be less effective if youth had DBDs?  
  - Impact DBDs?  
- Baseline severity of DBD ≠ mood tx response  
- MF-PEP → ↓ ADHD, ODD and overall DBD sx's  
- May wish to sequence tx for comorbid children-start with MF-PEP, then target remaining DBD Sxs
Anecdotal Evaluations - Parents

- No matter how bad the situation is...there is hope and treatment. Don’t give up. This program was an eye opener for me. I also was encouraged and relieved to find out that I was not alone.

- Listen to what they are saying. They can really help you. Learn what is going on with your child. Stay focused on what is going with your child and do not give up on your child.
Anecdotal Evaluations--Children

- You get to meet new people you never knew before. They help you with your symptoms.

- They’re nice and they’re helpful. And you guys support us and give us snacks. You’ve been nice to us and treated us with respect.

- It really helps out if you let it.
Efficacy-to-Effectiveness Trial
MacPherson, Fristad & Leffler, 2013, JMFT

- **Parent Findings:**
  - ↑ knowledge of mood disorders
  - ↑ satisfaction with treatment

- **Child Findings:**
  - ↑ satisfaction with treatment

- **Referring Therapist Findings:**
  - ↑ satisfaction with MF-PEP
  - ↑ agreement with MF-PEP goals/concepts
  - ↑ parental knowledge and coping
  - smooth transition to usual care
  - discussion of MF-PEP content by family in therapy sessions
  - intention to refer future families to MF-PEP

- **Treating Therapist Findings:**
  - positive experience and general satisfaction with training in and implementation of MF-PEP
  - interested in running future MF-PEP

- Preliminary results support the transportability and acceptability of the intervention
Efficacy-to-Effectiveness Trial #2
MacPherson, 2014

- Adherence checklists: adequate inter-rater reliability (kappa = .76): *can be used as a quality assurance or supervision tool*
- Therapists displayed satisfactory adherence (overall adherence = 66.7% to 78.7%) suggests MF-PEP *can be successfully implemented in real-world agencies, although training/monitoring is suggested*
  - complicated therapeutic components and parent sessions evidenced lower reliability and adherence
- Children experienced significant improvement in depressive and manic symptoms
- Parents reported a significant increase in knowledge of mood disorders (d=0.34-1.18)
- Greatest impact:
  - children with more severe BPSD (greater symptom resolution)
  - Families with limited treatment history (learned more; d = 1.02)
- Findings are promising and suggest that MF-PEP may be an effective EBT for children with mood disorders and their parents in general practice settings
Overview

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• **Outline common therapeutic “ingredients” in evidence-based treatments**
• Demonstrate several therapeutic techniques and provide resources for clinicians to share with families
Common Ingredients of Effective Treatments

- PEP/FFT/RAINBOW/DBT/IP-SRT *all address*
  - Psychoeducation (teach the child/family about the illness)
  - Emotion regulation
  - Specific symptom management strategies
    - *Communication*
    - *Problem solving*
    - *Sleep hygiene*
    - *Relapse drills*
    - *Social support*
- Family-based
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Child Sessions

1. Understanding symptoms
2. Understanding treatment
3. Healthy Habits
4. Building a Tool Kit (emotion regulation)
5. Thinking—Feeling-Doing (CBT)
6. Problem Solving
7. Healthy Habits
8. Nonverbal communication
9. Verbal communication
10. Review and graduate
Parent Sessions

1. Understanding symptoms
2. Understanding treatment
3. Systems of care (mental health, school)
4. Negative family cycles
5. Problem solving
6. Systems of care (if needed)
7. School professional session (if needed)
8. Communication
9. Symptom management/family preservation
10. Sibling session (if needed)
Focus on Learning


2. *Sequential*: Each session builds on the previous session, reinforces prior learning.

3. *Multi-sensory*: Each session uses words and pictures to convey critical concepts.

4. *Comprehension check*: Each session ends with children joining their parents to:
   a. Summarize the Lesson of the Day
   b. Demonstrate the Breathing for the Week
   c. Explain the Project of the Week
Goals Reinforced Across All Child Sessions

1. ↑ Emotion awareness
   a. Feelings chart
   b. Feelings thermometer

2. ↑ Behavior regulation (reinforce + behavior)
   a. Group rules
   b. Points
   c. Immediate reinforcers
   d. Remove attention from negative behavior

3. ↑ Social support
   a. News of the week
   b. Peers
Goals Reinforced Across All Child Sessions (Cont’d)

4. ↑ Social skills
   a. Ongoing coaching throughout group
   b. Game of the week

5. Develop and reinforce a universal coping strategy (deep breathing + imagery)

6. Improve parent-child communication
   a. every session begins/ends together
   b. coaching
   c. improve problem-solving

7. Develop and accomplish realistic goals-Fix-It List developed and periodically reviewed

8. Provide “scaffolding” and modeling from therapists
Feelings

- Happy
- Sad
- Angry
- Calm/relaxed
- Surprised
- Embarrassed
- Bored/Tired
- Excited
- Worried
- Unhappy
- Stressed
- Scared
Danger Zone!!!

Strength of Feelings

High

Low

High

Low

Feeling
Breathing Exercises
Session 10

Keep using your breathing!

Belly Breathing
Balloon Breathing
Bubble Breathing

Breathing Log

Child
Date
Breathing technique

Parent

IF-PEP Child Workbook 121
What is Depression?

- Mood: Very sad/worried or very angry/irritable
- Feeling bored, as if nothing is fun
- Sleep and appetite: Up or down
- Trouble paying attention
- Wanting to move around a lot or not at all
- Feeling tired, no energy
- Feeling guilty or worthless
- Thinking about death/suicide
What is Mania?

- Mood: 'too happy' 😊 or 'too angry 😞'
- Feeling like you have special powers
- Getting distracted easily
- Not needing sleep
- Being a lot more active than usual
- Doing dangerous or really silly things
- Thoughts racing
- Talking fast and loud
- Doing or saying sexually inappropriate things
The Highs and Lows of Mania and Depression

Mania

Depression
Other Problems

ADHD
Trouble paying attention and staying on task,
Feeling hyper, Acting without thinking

Anxiety
Feeling scared and worried a lot of the time

Other
Hearing or seeing things that others don’t see
or hear
Having upsetting thoughts
IF-PEP Motto
It’s not your fault, but it’s your challenge!
Naming the Enemy

Me

My Symptoms
Three very important healthy habits

1. **SLEEP**

   - Enough sleep on a consistent schedule +
   - healthy eating + regular exercise = healthier body +
   - better mood

2. **EATING**

3. **EXERCISE**

   What daily activities help you stay healthy?
   1. ____________  
   2. ____________  
   3. ____________  
   4. ____________

   What are some of your and your family’s unhealthy habits?
   1. ____________  
   2. ____________  
   3. ____________  
   4. ____________

   Why are healthy habits important?

   - ☑️ feel good about self  
   - ☑️ deal with stress  
   - ☑️ improve schoolwork  
   - ☑️ reduce side-effects of medication  
   - ☑️ improve mood  
   - ☑️ avoid illness  
   - ☑️ healthy weight
Session 4 Child Project
Taking Charge of the Mad, Bad, Sad Feelings

Creative

Active

My Tool Kit

R&R

Social

I felt mad/sad/bad when...
(Triggers)

My body felt...
(Signals)

How I remembered to use my Tool Kit...

Parent reminded me by...
or I remembered by...

The outcome was...

From my Tool Kit I used...

IF-PEP Child Workbook
Session 5 Child Project: Thinking, Feeling, Doing

Helpful

Hurtful

SOMETHING HAPPENS!

IF-PEP Child Workbook 74
Session 6 Child Project
Problem Solving

SOMETHING HAPPENS!
This is what happened:

I used this tool to calm down:

What is the problem?
What can I do to solve my problem?
1. 
2. 
3. 
4. 

Plan
Which solution seems the best?
# ____

Do
# ____

Check
Did it work?
Next time I will:
Session 8 Family Project:

Paying Attention to Feelings

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<td>? = not sure</td>
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### Verbal Communication

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<tr>
<th>Hurtful 😞</th>
<th>Helpful 😊</th>
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<tr>
<td>You're stupid!</td>
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<td>I hate you!</td>
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<td>I'm not doing it. You can't make me.</td>
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<tr>
<td>Shut up!</td>
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<tr>
<td>I don't care!</td>
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<tr>
<td>I'm stupid. I'm a loser. I'm gonna kill you/beat you up.</td>
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IF-PEP Child Workbook 110
Session 9 Family Project: 'Let’s Talk!' 

We could all communicate better if...

Kids did this
1. 
2. 
3. 

Adults did this
1. 
2. 
3.
This certifies that

________________________________________

has successfully completed IF-PEP
on __ __/__/__

________________________________________

CONGRATULATIONS!
Books for Children

- Brandon & the Bipolar Bear -- *T. Anglada*
- My Bipolar, Roller Coaster, Feelings Book & Workbook—*B. Hebert*
- The Storm in My Brain -- Child & Adolescent Bipolar Foundation (CABF): 1-847-256-8525, [www.bpkids.org](http://www.bpkids.org)
- Kid Power Tactics for Dealing with Depression -- *N. & S. Dubuque*
- Matt, The Moody Hermit Crab -- *C. McGee*
- Anger Mountain—*B. Hebert*
Books for Adolescents

- Recovering from Depression: A Workbook for Teens -- M. E. Copeland & S. Copans
- Monochrome Days: A First-Hand Account of One Teenager's Experience with Depression – Irwin, Evans & Andrews
- Mind Race: A Firsthand Account of One Teenager's Experience with Bipolar Disorder – P.E. Jamieson & M.A. Rynn
Children’s Literature

- **The Phoenix Dance**
  - Dia Calhoun, award winning author
  - Farrar, Straus & Giroux, NY, 2005
  - Based on the Grimms’ Twelve Dancing Princesses
  - Explores the experience of bipolar disorder in an adolescent girl
Books for Parents

- Raising a Moody Child: How to Cope with Depression and Bipolar Disorder -- M.A. Fristad & J.S. Goldberg-Arnold
- New Hope for Children & Teens with Bipolar Disorder—B. Birmaher
- The Childhood Bipolar Disorder Answer Book–T. Anglada & S.M. Hakala
- The Bipolar Child --D. & J. Papalos
- A Parent's Survival Guide to Childhood Depression -- S. Dubuque
Books for Adults

- Out of the Darkened Room: Protecting the Children and Strengthening the Family When a Parent is Depressed -- W. Beardslee
- Living Without Depression & Manic Depression -- M. E. Copeland
- An Unquiet Mind -- K. Redfield Jamison
- Thoughts & Feelings: Taking Control of Your Moods & Your Life -- M. McKay, M. Davis & P. Fannin
- The Bipolar Survival Guide: What You and Your Family Need to Know -- D.J. Miklowitz
- Winter Blues: Seasonal Affective Disorder- What it is and How to Overcome it -- N.E. Rosenthal
More Books to Read

- **General Parenting**
  - How to Talk So Kids Will Listen & Listen So Kids Will Talk -- *Faber & Mazlish*
  - The Explosive Child -- *R. Greene*
  - The Optimistic Child -- *M. Seligman*

- **Sibling Issues**
  - Siblings Without Rivalry -- *A. Faber & E. Mazlish*
  - Turbo Max: A Story For Siblings of Bipolar Children -- *T. Anglada*

- **Understanding Psychiatric Disorders**
  - It's Nobody's Fault -- *H. Koplewicz*

- **Understanding Psychiatric Medications**
  - Straight Talk About Psychiatric Medications for Kids -- *T. Wilens*

- **Miscellaneous**
  - I Am Not Sick, I Don’t Need a Help! -- *X. Amador & A.L Johanson*
  - The Thyroid Sourcebook -- *M.S. Rosenthal*
Educational Websites

- Information re: BPD for Parents, Children and Educators
  - www.bpchildren.com
  - www.schoolbehavior.com
  - www.thebalancedmind.org
  - www.josselyn.org

- Special Education Advocacy -- www.wrightslaw.com

- National Association of Therapeutic Schools and Programs— www.natsap.org

- Internet Special Education Resources (ISER)
  - www.iser.com/index.shtml
Groups/Websites – Adults, Families & Children

- National Alliance on Mental Illness (NAMI)
  - 1-800-950-6264  [www.nami.org](http://www.nami.org)

- Mental Health America (NMHA)
  - 1-703-684-7722  [www.nmha.org](http://www.nmha.org)

- Depressive & Bipolar Support Alliance (DBSA)
  - 1-800-826-3632  [www.dbsalliance.org](http://www.dbsalliance.org)

- Families for Depression Awareness (FFDA)
  - 1-718-890-0220  [www.familyaware.org](http://www.familyaware.org)

- Juvenile Bipolar Research Foundation (JBRF)
  - 1-866-333-5273,  [www.bpchildresearch.org](http://www.bpchildresearch.org)

- BP Children
  - 1-732-909-9050 (fax)  [www.bpchildren.com](http://www.bpchildren.com)
Additional Resources

- **Light Therapy:**
  - Center for Environmental Therapeutics
    - [www.cet.org](http://www.cet.org)

- **Nutritional Intervention:**
  - EMpower Plus
    - 1-888-878-3467 [www.truehope.com](http://www.truehope.com)
  - Omega-Brite
    - 1-800 383 2030 [www.omegabrite.com](http://www.omegabrite.com)

- **Evidence-Based Treatments:**
  - [www.effectivechildtherapy.com](http://www.effectivechildtherapy.com)

- **PEP Workbooks**
  - [www.moodychildtherapy.com](http://www.moodychildtherapy.com)
IF-PEP & MF-PEP Resources

Books & DVD for parents or therapists—order from www.amazon.com

Home Study Course— for professionals
Taped 2 day seminar by Dr. Fristad
6 or 12 hours Continuing Education credit
$95 for CD or cassette
$65 for test scoring/reporting
www.jkseminars.com

Treatment Manual—2011, Guilford Press
www.moodychildtherapy.com

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