The Pediatric Bipolar Clinic: Evidence-Based Treatment and Evaluation

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**WHAT IS THE PEDIATRIC BIPOLAR CLINIC?**
- Pediatric Bipolar Disorder (PBD) is a severe psychiatric illness that yields symptoms of mania and depression that significantly hinder psycho-social functioning, and can chronically impede normal child development across several domains.

**Children/youths ages 6-18 with intellect in the normal range can receive a number of services including:**
1. **Assessment:**
2. **Treatment:**
3. **Consultation:**
4. **Education:** for their families, schools and community partners.

**An 8-week cognitive-behavioral therapeutic group treatment model is used based on Goldberg-Arnold & Fristad's (2003) evidence-based intervention program for children/youth with PBD (see Table 1).**

**GOALS OF THE CLINIC**
- To confirm the diagnosis of Early Onset/Pediatric Bipolar Disorder after a thorough assessment of the child/youth.
- To reduce the symptomatology and suffering of the client and his/her family.
- To improve client/family understanding of the disorder and its impact on overall functioning.
- To reduce the negative impact of relapse on the client and her/his family.
- To educate communities on the impact the disorder has on the client’s overall functioning;
- To consult to communities on best practices to meet the client’s long term needs;
- To consult to physicians who maintain these children/youth in the community.

**ENTRY TO THE CLINIC**
A semi-structured interview is conducted (Washington University in St. Louis Kiddie Schedule for Affective Disorders and Schizophrenia—WASH-KSADS; Geller, Williams, Zimmerman & Frazier, 1996), along with a psychiatric assessment / consultation to determine PBD diagnosis.

**TREATMENT PROTOCOL**
- Treatment involves an 8 session bi-weekly group consisting of 3-5 children/youths, chosen by age and intellect (see Table 1).
- Treatment begins with a group-based psycho-educational program for parents and children/youth concurrently.
- A sitting session takes place.
- Once completed, the client can receive a 3-month period of in-home supports if required.
- Booster sessions are offered at 6 and 12 months.
- Post-treatment, the clinic staff partners with the clients’ community support providers to develop a long term transition plan to support clients in their community.

**WHY EVALUATE THIS CLINIC?**
- Pediatric Bipolar Disorder is associated with significant morbidity and mortality, and, yet, effective treatment strategies have remained underdeveloped and understudied (Fristad, Gavazzi & Mackinaw-Koons, 2003).
- Studies examining treatment effectiveness among children/youth with BP highlight the need for further development, evaluation, research and dissemination of effective treatments (Lam & Wong, 2006).
- This evaluation was developed to assist in improving services for children/youth and their families.
- In view of the difficulties faced by families of children and youth with PBD and the importance of family influences and child outcomes, the rationale for interventions that meet the needs of both the family and the child is strong.
- Progress in the evaluation of specialized interventions for children/youth with intellectual and affective disorders and to refine treatment protocols to meet the specific needs of these children and youth.

**HOW DID WE EVALUATE THIS CLINIC?**
- 27 children (10 males) were assessed, met the criteria for PBD and began treatment (2 children refused clinic treatment).
- The age range for clients at assessment was 6 years, 8 months to 17 years, 9 months.
- Families were mailed a variety of questionnaires to complete pre-assessment and were contacted to complete them again post-treatment (see Table 2). Not all families returned completed post-treatment measures. Some families chose to complete some questionnaires and not others.
- The mean time elapsed from the end of treatment to follow up was one year.

**TREATMENT RESULTS**

**CHILD OUTCOMES**
- On the CBCL (N = 13), Total Externalizing Behaviours, Aggressive Behaviours, Rule Breaking, Attention Problems, and Thought Problems were significantly reduced post-treatment.
- On the BCFPI (N = 14), Social Participation and Global Functioning scores were higher post-treatment.
- YMRS (N = 10) results showed a reduction in disruptive behaviour.
- CAPS (N = 22) data showed children/youth’s behaviours toward others improved.

**PARENT/FAMILY OUTCOMES**
- On the PCR (N = 8), parental support and limit setting improved.
- Parents reported fewer problems disciplining their child/youth.
- Parents reported: 1) reduced stress; 2) fewer tantrums in relation to their responsibilities; and 3) less overall frustration towards their child/youth.
- On the Global Functioning scale of the BCFPI (N = 14) there was a reduction in behaviours that would prevent the family from visiting others, going out in the community or having friends, relatives and neighbours in their home.
- Satisfaction results (N = 15) were generally high immediately post-treatment.
- A significant increase in satisfaction was observed six-months post-treatment regarding to parents/guardian’s understanding of their child’s needs, and their belief that the major problems that caused them to seek treatment were addressed.
- Parents/guardians reported using more educational resources (e.g. books, web-sites) six months post-treatment.

**WHAT DOES THIS MEAN?**
- Life-long adjustment difficulties, with high levels of co-morbidity, are associated with Pediatric Bipolar Disorder.
- Results of the evaluation of this specialized clinic to specifically address the symptomatology and functioning of children and youth with this major psychiatric disorder, and to treat their symptoms and disorders with an individualized treatment approach.

**Implications for clinical practice within the service delivery system of the clinic:**
- A screening clinic is offered once a month for these families on the wait list for the Pediatric Bipolar Clinic. The screening is done in an effort to intervene at the earliest possible stage.
- Future research should investigate different psycho-social approaches to the treatment of Pediatric Bipolar Disorder and related disorders.
- By doing so, one could identify factors that may provide insight into predicting successful treatment outcomes and response to the different interventions targeted at children and family characteristics and the specific interventions.
- Such evidence based approaches could shed further light on identifying best-practice approaches to reduce the pain and suffering of these complex high need children and youth.
- Implications for clinical practice within the service delivery system of the clinic.