

**STARFISH Advocacy Association Celebrity Chat**  
**With**  
**Tracy Anglada, President and CEO of BPChildren.com**  
**and Author of**  
*Intense Minds and Brandon the Bipolar Bear*

D.Gilcher- Moderator(DG)	It is with great pleasure that I introduce my friend and colleague and esteemed author Tracy Anglada. Her books and articles have enhanced the lives of multitudes of children who daily struggle with the illness of pediatric bipolar disorder. Her newest book Intense Minds provides parents, educators and friends a glimpse into the world of bipolar disorder and offers everyone the opportunity to walk a mile in another's shoes. Her suggestions for wellness, the twists and turns on the pathway all provide useable information for everyone to use to enhance the lives of the children that are touched by bipolar – please join me in welcoming Tracy to the STARFISH Celebrity Chat Series.!!
<b>Question 1</b>	I have read that your son has bipolar disorder what lead you to begin to write books for children with the illness?
Tracy Anglada- Speaker (TA)	Two of my four children are diagnosed with bipolar disorder. I refer to some of my son's experiences in Intense Minds. It was his diagnosis that led me to search for materials to help him understand his illness. At that time there was absolutely no materials written directly for children with bipolar disorder. Though I have always had an interest in writing and I had studied with the Institute of Children's Literature before my son was even born, it was not initially my intent to write a story for him. I simply wanted to find something he could read and relate to. After my search came up empty, I took the books I had and tried to simplify them for his benefit. This technique didn't work very well as he was quite young. It was at this point that I wrote Brandon and the Bipolar Bear.

<b>Question 2</b>	As you were researching Intense Minds, were there 3-4 key elements or skills that you found connected those adults you interviewed that were successful from those who were not as successful?
Tracy Anglada- Speaker (TA)	I have to say that it is impossible for me to separate my interview groups into those who were successful and those who were not. I came to appreciate that all of them had succeeded by their survival and they can teach us much. There were however some interesting observations made by the participants themselves. Several participants credited their accomplishments as adults to their hypomania. One participant felt strongly that her family's involvement with her recovery and with NAMI had greatly helped her to grow into the woman she became. Another recognized that it wasn't until she allowed herself to make appropriate adjustments and accommodations to her environment that she could succeed in the workplace. I think it's also interesting to note that the participant who seemed to be one of the most severe as a young one, having many suicide attempts and psychotic features is one who is stable today. He credits his psychiatrist for finding the right med combination.
<b>Question 3</b>	My son is 12 and he refuses to accept that he has bipolar disorder; it is a daily fight to have him take his meds. He has been hospitalized 4 times in the last 2 years and each time he simply comes home and is fine for a few days and then blames me and says that I lock him up because I don't love him. How do you get your child to take medication and accept that they have bipolar disorder?
Speaker (TA)	I would like to share with you a brief quote from the final section of Intense Minds. "Some months after my son began treatment for bipolar disorder we ran into a snag. We had seen improvements in my son's mood swings, and he was feeling better. Even so, he did not like to take the medication that his psychiatrist had prescribed. It soon became a daily battle. At his next visit with the doctor, I informed him of my child's reluctance to take medication for his illness. I sat back, fully expecting the doctor to give my child a lecture on the necessity of taking medication. By my son's demeanor, he was probably expecting the same thing. To my surprise, the doctor did nothing of the sort. Placing his elbows on his knees with his hands clasped in

	front of him, the doctor leaned forward in his chair so that he was looking right into the eyes of my son. He said, “I know it’s no fun to take medicine. How can I make this easier for you? What can I do to help?” ... I learned an important lesson that day: human compassion is one of the greatest tools a doctor has. While this may seem like a small matter, it was not small to my son. It was important to him. His doctor listened, got on his level, engaged him in the solution, showed empathy and concern, and helped him be compliant all at the same time. What an example for practitioners everywhere.” There is much we can learn from this example. First, involve your child’s doctors and therapists in compliance issues. Acknowledge your child’s point of view with compassion. Engage them in the solution. Smooth out the path to make compliance easier but never make treatment negotiable. It is a necessity for kids with bipolar disorder. For any parent dealing with noncompliance issues and refusal to accept dx, I recommend Dr Amador’s book, “I am Not Sick I Don't Need Help!”
<b>Question 4</b>	What if anything new have you learned with all your research and writing in regards to BP?
Speaker (TA)	I actually feel like I learn new things all the time. The research for this project took those new things learned from factual or scientific down to a very personal level. It was about learning how the illness is experienced which is a different animal. I found the process quite humbling. You think you know it until you talk to those who live it.
Moderator (DG)	please feel free to type your questions and submit at any time
<b>Question 5</b>	Tracy, thank you for being with us tonight. I am reading your book as we chat and I have some questions concerning irritability. Your description of irritability as response to irritation is brilliant! How do we help a child be less annoyed? How do we keep from rubbing against his/her wound?
Speaker (TA))	I'm thrilled to be here! I really tried to give descriptions in the book that would make it understandable to the reader. I wanted to make it real to them. The key really to minimizing any of the symptoms is to reach stability and stay there as much as possible. In the meantime minimizing stress is really important and teaching the child coping skills

	so that they can identify what is the irritation and avoid it. Speaking softly and reacting softly is a big help.
<b>Question 6</b>	My 9yo son was recently on an inpatient psych unit for "comprehensive evaluation". We have a family history of BP, alcoholism, he "rages", SI, sometimes AH, but can usually "hold it together" when he's NOT at home. I have recently witnessed 2-3 episodes of intense energy and elevated mood -and this is just not my kid - hypomania?? On the unit for 4 days he was PERFECT!!! Eurhythmic? - their assessment-, no meltdowns, no rages, waking up and going to bed on time w/o a hassle. The pdoc said no way he was bipolar, just depressed and anxious. I disagree. This staff has no idea about his behavior at home!!! I feel defeated, and like professionals think I'm trying to fabricate these behaviors for my own attention. Does this happen often? Are some ped pdocs still using only adult criteria to dx. Bipolar disorder??? Is it in the process of changing-developing ped bipolar criteria alone?? Should I forget this phosp experience- and seek help elsewhere??
Speaker (TA)	First I would like to commend your efforts to help your son. As a parent you are recognizing his need and looking for help. These efforts are not in vain. This will mean so much. Many of the adults I interviewed whose onset was during childhood wanted desperately for someone to reach out and try to help them. You are already doing this for your child. As to the bipolar diagnosis, it's like putting the pieces of a puzzle together. The professionals you are working with have already identified that he is suffering from depression and anxiety. Those are worthwhile pieces of the puzzle. According to the American Academy of Child and Adolescent Psychiatry up to one-third of the 3.4 million children and adolescents with depression in the U.S. may actually be experiencing the early onset of bipolar disorder. So there may well be more to the picture. Sometimes it takes time for the whole puzzle to be put together. Working with professionals that you trust cannot be overemphasized. You don't want anyone to jump too quickly to a diagnosis nor do you want important symptoms overlooked or ignored. Generally, a professional you trust is someone who looks at the whole picture including current mood states, input from teachers and parents as well as family history. The field has certainly changed considerably over the years. When many of the people I interviewed were children, there was little help available. While the field has progressed not

	all care is equal. It's always wise to seek out someone who has a lot of experience in treating and diagnosing bipolar disorder in children. Whatever you do, never stop fighting to get your child the help he needs but recognize that it is a process which will change with time.
<b>Question 7</b>	After interviewing several people for your book is there any advice you can take from them to share with people that are new with the diagnosis?
Speaker (TA)	Don't be afraid to get help for your child. Some are scared to take their child to a psychiatrist. Some are afraid of labels. The people I interviewed whose treatment was delayed lost years of their life. There was a strong regret about that among the participants.
<b>Question 8</b>	What made you decide to write Intense Minds? It appears more directed to adults than children or adolescents?
Speaker (TA)	The book is written for adults and I would actually give a caution to any who want their children to read it. My focus for many years has been to help children understand and deal with their illness. With the passing of time, I have realized how crucial it is not just to explain bipolar disorder to children but to let the children have a voice. It was also very much a personal journey for me (and at times a painful one) to help me truly understand the strong feelings of my own children. I believe that it is through empathy, knowledge, and understanding that stigma is broken down. I want people to see children with bipolar disorder with different eyes, ones that are less judgmental and more compassionate. But the journey to put the reader in those shoes is not easy because they have to experience to some degree what our children go through each day.
<b>Question 9</b>	Do you plan to write for an older audience sometime? Perhaps those in college?
Speaker (TA)	I would love to do a book specifically for teens and young adults. There are still many gaps in the literature available and this is one of them. But writing for this age group is tricky and I may have to wait until my own are a little older before I even realize all the teen issues. My oldest two are teens but young teens.

<b>Question 10</b>	Did the now adult child with BP that you interviewed see a successful future ahead?
Speaker (TA)	The adults in my interview groups included some who had received multiple degrees, managed companies, and went into the field of nursing, music, the military, drafting and humanitarian work. I would say a successful future is today. That doesn't mean it is a future without struggles. During the interview process at least one participant was hospitalized and several needed to take breaks due to mood episodes.
<b>Question 11</b>	Which interviewee for Intense Minds left the biggest impact?
Speaker (TA)	Wows...like asking which child you love the most. Collectively they left a very large impact on me. I would have to say that there are two or three experiences that always come to my mind when it floats back to the interviews. The one that just gets me is the little girl who got her mouth taped shut by the teacher for talking too much! And this woman is now a very strong advocate for her own children.
<b>Question 12</b>	Did you find it difficult to interview the now adult child with BP knowing what you do about the illness?
Speaker (TA)	Some questions were difficult to ask because they were of such a personal nature. Some answers were difficult to read because I felt helpless to a degree, as if I were watching them experience their childhood with no ability to step in and intervene. So many times I just wanted to reach back into time when they were children and "rewrite" their stories. But what I came to realize is that by going through this process and sharing it with others that there will be children now who have their futures "rewritten" as a result. There will be adults who now are able to recognize the level of suffering being experienced by a child and step in to intervene.

<b>Question 13</b>	My 16 year old son has raised a very good question about taking medication to treat his bipolar. He thinks about all the incredible people who have contributed to society who theoretically had this disorder (Lincoln, Mozart, Van Gogh, etc.) and he says, if we were to have medicated them they probably couldn't have accomplished what they did. He asks, " How do we know we are not squelching the geniuses of modern society?" Besides the obvious response, I thought he had a good point. How would you respond?
Speaker (TA)	I think he does make a good point and I think we have to be careful that we don't overmedicate or tolerate too many side effects that blunt. But many people expressed to me that the depression itself got in the way of their performance or genius. One would talk about the "film" that existed between her and her music while depressed. So how do we know that these ones might not have been more genius if allowed. And certainly since many came to their demise in suicide they could have blessed us with their work longer.
<b>Question 14</b>	Many people say that the mania is the most difficult for them to handle in their children – I personally find the depression the hardest and scariest as a parent to deal with because of the risk of suicide- What are you're thought on developing a safety plans for periods of instability?
Speaker (TA)	A safety plan is a must have. On my site at BPChildren I have a safety contract for young children to sign. I think this is important. It engages the child in the process. Keeping sharps put away and meds locked up should also be standard. But this is emergency mode. We really need to be prepared for it while at the same time moving out of emergency mode towards stability. There is no substitute for stability.
<b>Question 15</b>	How do you determine what is behavioral or bipolar or manipulation??
Speaker (TA)	Ah... the million dollar question. The best thing you can do is get on your child's level and figure out what the need is behind the behavior. If it's a negative coping skill we as parents need to move our children forward towards finding positive coping skills. Sometimes unidentified problems are

	at the root because so finding those and getting help for these additional difficulties is important.
<b>Question 16</b>	Do you think that Intense Minds could help an adult in denial to recognize himself?
Speaker (TA)	YES! Some people find this book difficult to read on various levels but one of those levels is that sometimes they see themselves too clearly on the pages. I have already had one adult who thought their onset was during adulthood read the book and see their childhood so clearly. It was very revealing to her and helped her identify things she had not previously recognized.
<b>Question 17</b>	Do you see yourself doing an Intense Minds Vol 2?
Speaker (TA)	Honestly, I'm not sure I could. Much time would need to pass. It was "intense" to write it. In some ways I went through the experiences of my participants over and over every time I read them. I felt strongly that it needed to be written but it was not an easy project for me.
<b>Question 18</b>	I love your section on project-I have for years kept filing-coins to roll; craft projects; etc, for these times - Do you think using the project oriented mania for special tasks is exploiting the child?
Speaker (TA)	LOL...I think it's a great idea and can be utilized as a teaching tool. Helping them focus their manic energy into something productive is great and our kids need to learn how to deal with their energy so this is a great way to teach them and maybe get something accomplished in the process. They also need ways to be able to contribute to the functioning of the family.
<b>Question 19</b>	My 14yr old son was diagnosed 3yrs ago and he is just now getting to the point where he wants to learn about his bipolar.
Speaker (TA)	Every child is different. Some have a lot of trouble accepting it and others it's not a problem. I think having the information available and giving it in bits and pieces works better than pushing it on them. Keep making the information available and when he is ready he will take it in. Many times they already know on some level but just don't want to be different.

<b>Question 20</b>	Considering the part about wishing, Isn't it true that people with cancer wish they didn't have cancer? Isn't it true that all of us have obstacles to overcome?
Speaker (TA)	Absolutely! And those obstacles can make us stronger. But understanding that so many of these adults "wished" they were dx and treated as children may help parents realize how important it is to seek out that treatment for their children. I think it's also important for some adults to realize that these children do wish that they didn't have the condition because too many conclude that they are not remorseful and that they act this way because they want to.
<b>Question 21</b>	You speak in your book of the Twist- I too have found that my child having BP has brought many wonderful gifts into my life. How have you nurtured this celebration of the disorder in your child? How do we help our children and society learn to alter their paradigms of success?
Speaker (TA)	I didn't feel like I could do justice with the topic of bipolar disorder without considering the positive twist and I think that as parents it's vital that we see the potential our children have. As to my own son, I try to nurture his gifts. He has a very "inventive" mind and loves to draw. He sees the world in an unusual way and I try to savor that. We have also tried to minimize the side of effects of meds that have gotten in the way of his interests. This past year we changed meds around to minimize his hand tremor so that he could continue with his drawing. My daughter has been blessed with her grandmother's ability to write poems and essays. I encourage her to explore these interests. I think that teaching our children and teaching society goes hand in hand. As we teach the new generation we are affecting society. These are the adults of tomorrow...we need to teach them today.
<b>Question 22</b>	Of the people you interviewed did any with bipolar have children with bipolar? If so did they say how they handle that situation?
Speaker (TA)	Several of the interview participants also had children with bipolar disorder. There was a mixed reaction with this. They all were seeking help for their children. Some felt that they could better relate to and understand their children. Others

	<p>were bitter. They felt that they had passed this on to their children and it was a difficult thing for them to accept. Others were having difficulty managing their own children's mood swings because of their own. The ones who seemed to fare the best had become strong advocates.</p>
<b>Question 23</b>	<p>How do you view allowing a child to play the computer as a means to quite an aggressive event?</p>
Speaker (TA)	<p>I think allowing a child to calm themselves is a very good thing. If the computer provides that calm then it can be a useful tool. I talk a lot on my website and newsletter about creating a calm space....anything that is soothing to the child. A computer could easily be part of a calm space.</p>
<b>Question 24</b>	<p>Did people describe alternative treatments that were really helpful?</p>
Speaker (TA)	<p>One adult participant was trying an alternative route. Unfortunately things did not go well for the individual during the period of time that they were interviewed. Alternatives are certainly an area where we could use more information.</p>
<b>Question 25</b>	<p>My son is 4 and absolutely loves the Brandon the Bipolar Bear CD and Book. Have you ever considered having other Brandon stories or Brandon the Bipolar T-Shirts?</p>
Speaker (TA)	<p>I am always delighted to hear when little ones love Brandon and the Bipolar Bear! I am open to new ideas and actually have a few things on my wish list for Brandon. The story has already been translated to Spanish and I'm hoping to make it available shortly in the DVD storybook format in this language. I hope you don't mind if I add your suggestions to my list!</p>
<b>Question 26</b>	<p>As an adult with BP I found Intense Minds very difficult to read because I identified with almost everything your interviewees said. However, I was very impressed with how expressive this book was and how open it laid out the facts of this illness. Have you received praise from an unexpected group?</p>
Speaker (TA)	<p>I have received praise from experts in the field and from the participants myself. On a personal level many of my own family members read the book and though being somewhat</p>

	educated on BP they all commented on how much more they learned. This meant a great deal to me.
<b>Question 27</b>	By far the stresses of school are the biggest obstacle for my teenager. Any insight to what helped those you interviewed get through it? He talks about wanting to go to college, and clearly is bright enough to, but he is so easily overwhelmed. How do you support and encourage him to do well, but at the same time let him know that getting straight A's, or B's (his expectation) or C's is not the be all end all, or even that school is only a piece of the his life? Every school year we have difficulties with keeping him stable, even with his IEP, etc. It's as if he wants more from himself than is realistic. Any thoughts?
Speaker (TA)	This was a very common thing I heard in the interviews. The participants many times demanded more of themselves, and felt very responsible for the weight of the world. It can be hard as a parent to help the children come to grips with this because it's an internal expectation. Teaching them the importance of relieving stress is really important and school is a major stressor. Sometimes we have to show them alternate routes to being successful, that the trade off of more stability and regular classes vs. honor is okay. Also showing by example but they have to experience and learn on this one too.
<b>Question 28</b>	How can I help my child tell his friends and the family of his friends about his bipolar without scaring them away?
Speaker (TA)	By being very matter of fact and natural. We don't have to share every intimate detail of the illness ... the scarier ones...especially at first. Using the books for kids is a great way. But honestly some friends will be scared away and we have to help our children deal with that too. But not all friends are worth having either.

<b>Question 29</b>	Based on your interviews, how can a friend or family member provide support to the children of an adult in denial?
Speaker (TA)	Denial is such a hard issue. It never seemed to foster anything positive in the interviews. If there is a situation like this and the child is old enough it would be worthwhile to help them find outside support. Organizations like <a href="http://www.bpsso.org">www.bpsso.org</a> may have some good coping ideas and would be worth checking out. Also speaking to their therapist on the subject. Hopefully the individual will come to accept the dx but in the meantime you have to take care of yourself and family.
<b>Question 30</b>	What do you recommend for the parent who is a well informed advocate for their child do when dealing with "I know all about BP" attitudes at school and yet they don't?
Speaker (TA)	From an advocacy point of view you don't want to offend the individual yet move them towards more learning. I would always start with "I knew you would love this information since this is a topic you are interested in." In other words don't call their bluff but continue to work with them to provide new information. In extreme cases when they refuse to learn then you may have to request a change in the people you are working with.
<b>Question 31</b>	My son was diagnosed when he was 4 he is now 7 he also has Asperger's the biggest problem has been with the school system even with OHI placement we continue to struggle with keeping him in school because of his behavior in spite of a good IEP do you have any suggestions on how to better educate the schools?
Speaker (TA)	Persistence, persistence, persistence. Start early and keep working on it. A good teacher can make such a difference... and so can one who does not understand.

<b>Question 32</b>	What was the most revealing thing you discovered in the now adult child with BP?
Speaker (TA)	What was revealing to me was the things that stayed with them, the scars that they carry. So many still were experiencing feelings of guilt and shame over events that happened due to their illness as a child. It was also revealing to me how they viewed specific symptoms. There were some symptoms that I had personally taken lighter than others that turned out to be very devastating to the person experiencing the illness. The best example I can give about that was the responses I got on the symptom of “over talkative.” This was a symptom that had not really crossed my mind as being a huge problem but I was so wrong about that. The participants reacted very strongly to that question.
<b>Question 33</b>	As a single parent with BP, I understand the illness well. However, why is the general public in your opinion still unreceptive to accepting BP as a 'medical' illness like diabetes, etc.?
Speaker (TA)	Stigma is alive and well. I think BP will be better accepted when they can dx from a brain scan or blood work. People like to see test results. Hopefully the field will evolve to that point. But remember that BP is not the only thing that some deny. Some say there is no such thing as fibromyalgia also for a similar reason.
<b>Question 34</b>	How can we help parents of children with bipolar disorder deal with the irritability in their children?
Speaker (TA)	First, understanding that it is part of the illness can help. It's very easy to take a child's mood states and reactions in those mood states personally. It doesn't help to feed into the irritability by our own conduct or comments. Also it's important to note that if a child with BP is exhibiting daily irritability then they are not stable. Irritability can be a symptom of both depression and mania. Reporting irritability to the doctor is just as important as other mood symptoms.

<b>Question 35</b>	Tracy- I think you should send a copy of your book to Dean Koontz, author of 'intensity' (suspense) -Intense Minds wins the literary contest hands down!
Speaker (TA)	I certainly hope you are on the panel of literary judges for any contests! We are trying very hard to give Intense Minds the exposure it deserves so that people are aware that it is available.
<b>Question 36</b>	My 15 year old son was diagnosed at age 6. I have taught him to not be ashamed of his BP yet also not to use it as crutch or excuse. Because of this openness he has been labeled as manipulative. Why are others so hostile to understanding this illness in your opinion?
Speaker (TA)	I find it interesting that people have labeled your child manipulative for developing the very advocacy skills he will need to use for his whole life. You have done your child a favor by teaching him not to be ashamed. If your child can understand his own needs and express that to adults then he's well on his way to being able to manage his illness successfully as an adult. Unfortunately many adults are not willing to really listen to kids (especially teenagers) and our children are sometimes abrupt in their manner of expressing needs which is not endearing to adults. Many people end up labeling our children as "manipulative" meaning this in a very negative way. But the reality of the matter is that our children must manipulate their environments to be successful. We hope to teach them to do this in positive ways. I would like to share with you another excerpt from my book: "When was the last time you altered your environment to make it more comfortable? You probably did today. Did you turn on the light to read this book? Did you turn on the heat or air conditioning in the car when you drove to work? Did you look at the caller ID and decide not to answer the phone because you didn't want to deal with the person on the other end? Every day each of us alters our environment in a way that makes it more livable or comfortable. Sometimes these changes involve more than comfort and cross over into survival. For example, if you don't have heat in the middle of a blizzard,

	you could freeze to death. This alteration or manipulation of the natural environment becomes a way to survive. The same is true of young people with bipolar disorder. They must alter or manipulate their environment to meet their specific needs in order to survive.”
<b>Question 37</b>	Do you have any plans for another children’s book?
Speaker (TA)	It’s amazing where this journey has led me so far. After I wrote Brandon and the Bipolar Bear, I had no specific plans to write anything else. I just kept finding areas of need and filling those needs. As long as there is continued need I think my pencil will stay busy.
<b>Question 38</b>	My son had a "rage" this afternoon. It lasted about 45 minutes; he kicked, screamed, yelled, and scratched his face and neck down both sides. How should you handle that one? I told him we had to stop fishing and go to church. He did start Depakote tonight as I finally convinced his pdoc to try a mood stabilizer. They first placed him an SSRI for depression.
Speaker (TA)	Rage is one of the most difficult things to deal with in bipolar disorder. While not all children with BP have rages, many do. If the child ever becomes a danger to himself or someone else during a rage then he may require hospitalization. These are difficult decisions for parents. I would recommend to all parents that they examine their local treatment centers ahead of time to be prepared if hospitalization becomes necessary. During times of instability it’s absolutely essential to eliminate stress and try to identify triggers prior to the rage. I always recommend that parents in this situation read The Explosive Child by Ross Greene. I commend your continued efforts to find help for your child. The right medications make such a huge difference for the child and the wrong ones can exacerbate their symptoms. I hope the recent change will lead to stability.

<b>Question 39</b>	Any relationships you have noted regarding autism spectrum disorders with childhood bipolar disorder?
Speaker (TA)	<p>Many disorders including those along the autism spectrum can exist along with bipolar disorder. These can complicate diagnosis and treatment. Left unrecognized they can interfere with the child stabilizing. The nice thing to know about this is that many of the leaders in the field are putting their heads together to see how all of these issues interact for the child. I have the privilege of attending a conference coming up in September (<b>Juvenile-Onset Bipolar Disorder: Under-Diagnosed, Under-Treated, Under Discussion</b>) where one of the goals is increased understanding of “co-morbid” conditions and the spectrum of symptoms. The featured presenters there will be Dr. Demitri Papolos and Janice Papolos. They will be joined by a panel of several distinguished leaders in the field of mental health and education. I hope some of you will meet me there. For more information on the conference check out the website at: <a href="http://www.dbhnss.com">www.dbhnss.com</a></p>
<b>Question 40</b>	Oh, Tracy, the heavy burden of not being able to measure up, enjoy the same life as those around them...is very descriptive, how do we let a child know we understand this and help them to find a way to help ease the burden?
Speaker (TA)	<p>I think when the adults around really understand young people with bipolar disorder, these young ones know. In the same way that they may not be able to express how they are feeling, they may not communicate to you how much it means to them that you understand. Knowing can help us to seize opportunities to connect. The more we can switch from negative interaction to positive proactive interaction the better. We can ease the burden in a number of ways and invariably they include advocacy. You are the best advocate your child will ever have (and if you are a STARFISHER then you have learned much about advocacy). Knowing the needs of your child and making sure those needs are met within the school system, the home environment and with the doctor is the challenge that faces you. We can't remove their burden but when we carry it with them, let them know we are there for them to help, and love them for who they are, then the burden is eased.</p>

<b>Question 41</b>	In talking to others about the subject Bipolar Disorder, I Have found that some have been more than a little reluctant to discuss the subject. What can be done to reduce the Prejudice of Bipolar?
Speaker (TA)	You are doing it. Keep talking. Don't be afraid to let bipolar disorder be lunch time conversation. Yes some people will squirm and avoid the topic but silence will only keep stigma where it is at status quo. The truth is that bipolar disorder touches so very many people. If it isn't personal then it's a friend, a loved one, a colleague, a student and the list goes on. You also may find people more willing to discuss the topic in different settings. For instance, they may be afraid to talk about it at work or around others but they may be more open to discussing it in private. So you will find that when there is a need they will seek you out.
<b>Question 42</b>	No, I meant the adult has BP and is in denial. How do you help provide support for their children not diagnosed yet?
Speaker (TA)	It can be very divisive when a household has an adult with BP in denial. The child can become angry at the parent or just downright confused. You will want to provide support to the child without degrading or excusing the adult in their life that should be getting help. That means giving them opportunity to express their feelings. The truth is that not all adults take care of themselves and this sets a very poor example for the children. It's also a reason that some families break apart. This is really a situation that warrants the help of a skilled therapist.
<b>Question 43</b>	My son has a difficulty related to most books written about bipolar disorder because they speak about depression as one of the primary cycles. In his experience hypomania and mania are primary; he often has mixed moods but does not recognize the depression mixed in. He has suffered major depressions but day to day living is the other side for him. Do you know of any books or other things it may be easier for him to relate to?
Speaker (TA)	One article I read called bipolar disorder a chameleon. I thought that this was such an apt description because it can

	<p>look so different in different people. The same is true with children. One child may be more on the depressive side and another more on the manic side. The literature by necessity will cover both mood states and it's not bad for a child to understand the symptoms of both mood states even when they experience one more strongly. One thing I thought was interesting with the participants that I interviewed is how their illness changed or morphed over time. Many noted a change in the presentation of their symptoms during adolescents and others again noted a change upon reaching adulthood. There wasn't a clear cookie cutter pattern that emerged just the fact that at different points in their lives they had experienced different types of symptoms. So being aware of the symptoms of both depression and mania may help your child as he grows and possibly experiences other symptoms. In my book, I liken the shift between mood states to tug of war. In your child it's the manic side that pulls the hardest. A simple illustration like that may help your child understand yet still be aware that the depressive side still affects him. Here is a brief quote about the pull between depression and mania: "In all of the above scenarios, the child is pulled between extreme emotions. It's as if two opposite worlds are playing tug of war, with the child caught in the middle, hanging on for dear life. In some cases, the opposite sides of depression and mania seem to be equal in their strength and ability to drag the child back and forth. In other cases, one side seems to be winning, with the opposite side rallying occasionally to pull the child to its mood state." The description is expanded in the following subheading to include the mixed states: "It's as if the child playing tug of war has fallen into the muddy middle, which is a mixed up mess of the worst of both worlds. This is truly a very confusing state, but one that is frequently experienced by young people with bipolar disorder. Some spend most of their time in this state. They may crawl out of this middle muck to reach the edges of one of the mood states only to be sucked in, shot to the other side, and rolled back to the muddy middle."</p>
D.Gilcher- Moderator(DG)	<p>Tracy, STARFISHER's and our special guests from bpchildren.com thank you so much for spending the evening with us If you have enjoyed our chat this evening, please consider supporting future chats by making a donation today in appreciation <a href="https://www.paypal.com/cgi-bin/webscr">https://www.paypal.com/cgi-bin/webscr</a> STARFISH Advocacy Association is</p>

	completely supported by contributions of our members. Thank you for joining us - our next chat will be in September with the Papolos!
Tracy Anglada- Speaker (TA)	Thank you to the STARFISH Advocacy Association for inviting both myself and those in the BPChildren community to this chat.