How Family Therapy Can Help Young People At Risk of Bipolar Disorder

Involving parents in care could teach kids and families better communication skills and reduce the severity and frequency of symptoms.

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A new study published in JAMA Psychiatry explores how family therapy can benefit children and adolescents at high risk for developing bipolar disorder (BD)—a brain disorder marked by sudden shifts in mood and energy levels—stay healthier for longer periods of time, reports the University of California, Los Angeles (UCLA).

For the study, researchers examined 127 children and teens ages 9 to 17 at elevated risk for developing BD due to genetics or family history. Participants showed early signs of BD, such as depression and short periods of mania, at the start of the investigation. (Symptoms of BD include bouts of mania and depression. The disorder is characterized by high energy and feelings of grandiosity and elation that alternate with deep feelings of sadness, lethargy and suicidal thoughts and actions.)

Half of the participants underwent 12 sessions of family-focused therapy over a four-month period, while the other half received six sessions of traditional, less intensive treatment over the same time frame. (The latter sessions were designed to be similar to the current standard treatment for kids and young people—three individual and three family sessions.)

Nearly 60% of participants chose to receive medications for symptoms of depression, mood instability, attention-deficit/hyperactivity disorder or anxiety. Drug regimens were the same in both therapy treatments.

During family-focused therapy sessions, parents and their children were educated on recognizing and understanding the early symptoms of BD. In addition, they practiced communication and problem-solving skills, such as active listening and conflict resolution.

Those who received traditional treatment learned how to monitor their moods for new and recurring symptoms and were given personalized advice on how to manage those symptoms.

Findings showed that 77% of the adolescents in the family-focused treatment recovered from their initial symptoms. Among these youngsters, new symptoms of depression returned at 87 weeks. By

contrast, only 65% of those in the educational group recovered and their symptoms returned after only 63 weeks.

According to David Miklowitz, PhD, a distinguished professor of psychiatry at the David Geffen School of Medicine at UCLA and the lead study author, treating young people before severe symptoms of bipolar disorder begin is an early intervention, not prevention.

“If kids who are at risk for bipolar disorder are living in chaotic households with no boundaries or highly critical parents, they will do worse over time,” said Miklowitz. “Involving the parents in the child’s therapy teaches family members how to create a more protective environment so that kids can stay well for longer.”

For related coverage, read “Better Earlier Care for Those With Bipolar Disorder Is Needed.”

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