

EXPERT DIAGNOSTIC WORKSHOP/ GRAND ROUNDS INTERACTIVE TUTORIAL

Welcome

Welcome to the Expert Diagnostic Workshop sponsored by the Juvenile Bipolar Research Foundation. Thank you for your willingness to join with an international group of clinicians and researchers, all of whom are making a concerted effort to foster the development of a consensus diagnosis for juvenile-onset bipolar disorder.

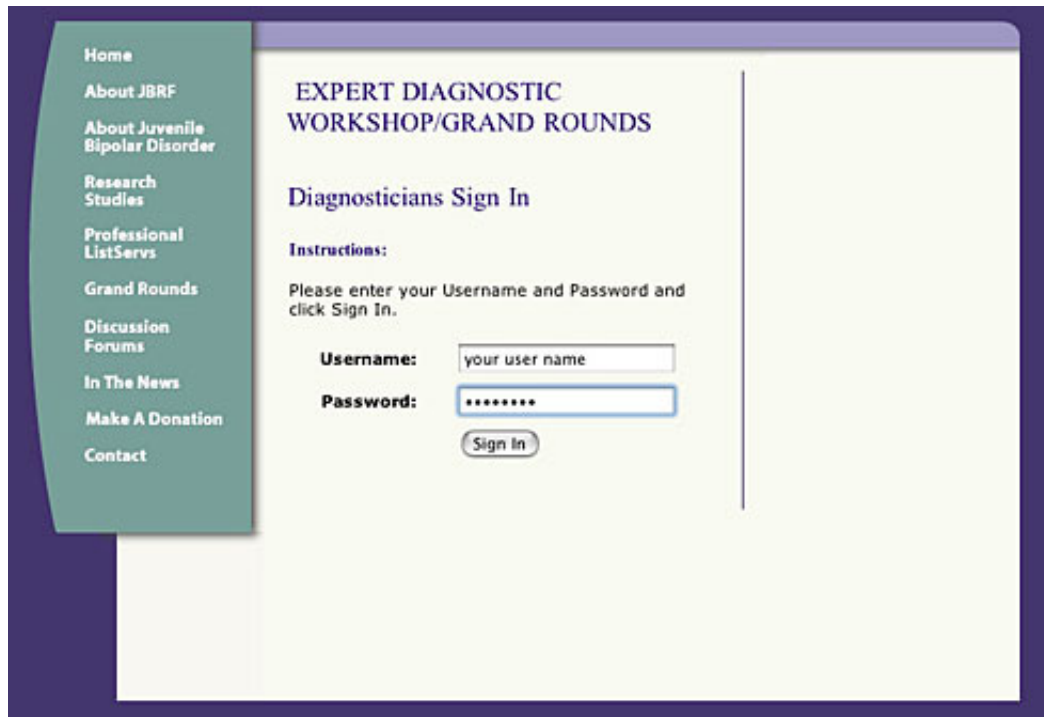
This tutorial has been designed to rapidly familiarize you with the online diagnostic and navigational procedures that have been developed for this purpose. If you have problems with any aspect of the program please contact us by clicking on the [Help button](#) and describing the specific problem. Also, we hope that you will take advantage of the discussion forums that will accompany each case. Information about these forums is available on this tutorial. Again welcome and thank you.

This virtual tour of the website was developed with the aim to demonstrate the navigation and scoring features of the program.

To view the demonstration movies, you will need the capability to play sound through your computer and the **Quicktime** player. You may download Quicktime free of charge at <http://www.quicktime.com>.

Accessing the Expert Diagnostic Workshop Tutorial

Each month, you will receive an email with the URL that will take you to the Expert Diagnostic Workshop login page.

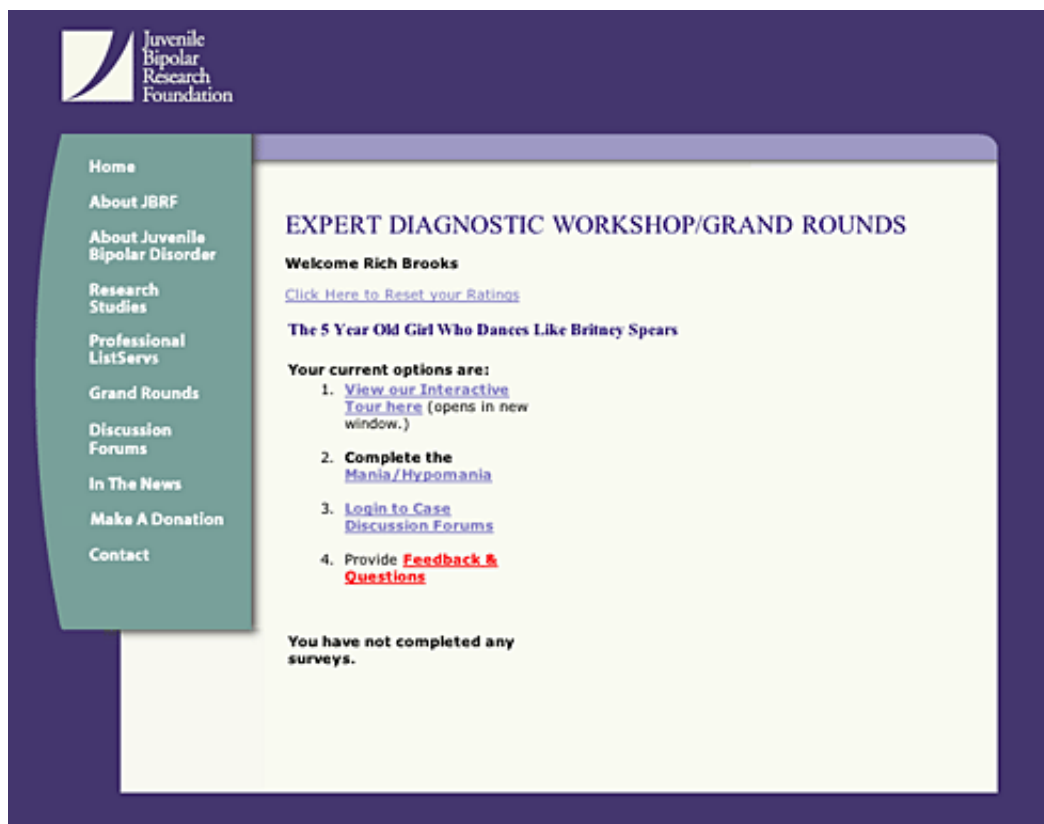


Navigating the Expert Diagnostic Workshop Interactive Tutorial

Each time you log on to the workshop with your user name and password you will see a window with a link to one of four separate sets of related diagnostic criteria. These will be used for rating each case. You'll begin rating using DSM-IV criteria for Mania/and Hypomania and continue rating using criteria sets based on three proposed behavioral phenotypes: Modified DSM-IV criteria – Broad Phenotype, Modified DSM-IV criteria – Narrow Phenotype, and Research Diagnostic Criteria – Core Phenotype. You may download these criteria sets for future reference.

- [Go to Phenotype Definitions.](#)
- [Download Phenotype Definitions in PDF format.](#)

To begin the first rating session, you will click on the light blue Mania/Hypomania link. This will take you to a web page that displays three frames in one window.



Navigating the 3 Frames

Now you are at a window with 3 areas called "frames." The program is designed to allow you to easily navigate between these three divided frames on your screen.

Data is displayed in the top frame, either in narrative or questionnaire format. A brief QuickTime movie description of this procedure can be viewed [here](#).

When you first arrive at the 3 frames, the top frame will display the case history with a title and a narrative. Click on the list in the right column to see the SADS summary or questionnaire data displayed in the top frame.

The **bottom left frame has instructions for rating the case** (the criteria) and the **bottom right frame is the rating or scoring form**.

EXPERT DIAGNOSTIC WORKSHOP/GRAND ROUNDS

JBRF EXPERT DIAGNOSTIC WORKSHOP ON JUVENILE BIPOLAR DISORDER

The Case of the Five Year Old Girl Who Dances Like Britney Spears

IDENTIFYING DATA:

Maya is a charming and endearing 5 year old girl who was brought for psychiatric evaluation 5 months ago. She recently completed kindergarden with her parents and older brother in an upper-middle class suburb outside of New York City.

MEDICAL HISTORY

From infancy, Maya was unable to tolerate solid foods until 15 months of age and developed multiple food allergies (cow's milk, cereal, most fruits, vegetables, fish and meat) that continued until the age of four. Currently, she has a moderate allergy to pollen and is sensitive to penicillin. She had frequent ear infections, colic, rashes and diarrhea. In 1998, congenital

DSM-IV Rating Criteria

Bipolar Disorder
Manic Episode

A. Abnormally and persistently elevated, expansive or irritable mood lasting at least 1 week (or any duration if hospitalization is necessary)
(Mood is clearly different from the usual non-depressed mood.)
ICD (25-36), MMS (38,54), CBCL (7,41,86,104)

B. During the period of mood disturbance, three (or more) of the following symptoms have been present to a significant degree and have been

DSM-IV Rating Sheet
Criteria Manic and Hypomanic Episode

Please check all positively endorsed items

A.

☐ Abnormally and persistently elevated, expansive or irritable mood lasting at least 1 week (or any duration if hospitalization is necessary)

☐ Abnormally and persistently elevated, expansive or irritable mood lasting at least 3 days (Mood is clearly different from the usual non-depressed mood)

☐ Not observed



The Top Frame: Case History

The top frame may display the **clinical case history**, **questionnaire** or **other data**, depending on your selection. When you first arrive at the 3 frames the top frame will contain a case history.

Case History

The information available to you in preparation for scoring this case is a thorough clinical case history that includes the following information:

- identifying data,
- medical history,
- developmental history,
- family history of psychiatric illness, and
- the history of present illness.

EXPERT DIAGNOSTIC WORKSHOP/GRAND ROUNDS

JBRF EXPERT DIAGNOSTIC WORKSHOP ON JUVENILE BIPOLAR DISORDER

The Case of the Five Year Old Girl Who Dances Like Britney Spears

IDENTIFYING DATA:

Maya is a charming and endearing 5 and a half year old girl whose parents brought her for psychiatric evaluation 5 months ago. She recently completed kindergarten, and lives with her parents and older brother in an upper-middle class suburb outside of New York City.

MEDICAL HISTORY

From infancy, Maya was unable to tolerate solid foods until 15 months of age and developed multiple food allergies (cow's milk, cereal, most fruits, vegetables, fish and meat) that continued until the age of four. Currently, she has a moderate allergy to pollen and is sensitive to penicillin. She had frequent ear infections, colic, rashes and diarrhea. In 1998, congenital preauricular skin tags were removed from her left ear.

DEVELOPMENTAL HISTORY

The mother was treated successfully with IV-tocolysis (transdermal nitroglycerin) and cortisone to prevent premature labor at 33 weeks of gestation and was at bed-rest for the remainder of the pregnancy. Labor was induced at week thirty-nine, and ended with an uncomplicated C-section due to dystocia. APGAR: 9.

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- ▶ [SADS Summary](#) (Schedule for Affective Disorders and Schizophrenia)
- ▶ [SIS](#) (Sensory Profile)
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- ▶ [Grand Rounds Discussion Forum](#)

DSM-IV Rating Criteria

Bipolar Disorder Manic Episode

A. Abnormally and persistently elevated, expansive or irritable mood lasting at least 1 week (or any duration if hospitalization is necessary) (Mood is clearly different from the usual non-depressed mood.) [BCQ](#) (25-36), [BRIEF](#) (38,54), [CBCL](#) (7,41,86,104)

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been

DSM-IV Rating Sheet

Criteria Manic and Hypomanic Episode

Please check all positively endorsed items

A.

☐ Abnormally and persistently elevated, expansive or irritable mood lasting at least 1 week (or any duration if hospitalization is necessary)

☐ Abnormally and persistently elevated, expansive or irritable mood lasting at least 4 days (Mood is clearly different from the usual non-depressed mood)

The Top Frame: Questionnaires

Once you've reviewed the case history in the top frame you can review data from a set of seven questionnaires by clicking on the appropriate link. These questionnaire links are easily accessible along the right-hand column of the page.

The next page will show you an example of a questionnaire, along with a QuickTime movie.

- [Download a brief description of each questionnaire in PDF format.](#)

EXPERT DIAGNOSTIC WORKSHOP/GRAND ROUNDS

Bipolar Child Questionnaire

Gender: Female

DOB: 12/15/1997

Please complete the following survey. All fields are required except where noted.

Completed by:

Mother

Instructions:

My child has and/or had the following symptoms and/or behaviors. You may have noticed a behavior as far back as early childhood or you may have observed it more recently. In either case, estimate how frequently the behavior has occurred since you first noticed it. Select a number in the "Frequency" column using the following key, to represent the frequency of occurrence:

Never or hardly ever	Sometimes	Often	Very often or almost constantly
1	2	3	4

Symptom/Behavior	Frequency			
	1	2	3	4
1) displays excessive distress when separated from family	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) exhibits excessive anxiety or worry	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3) has difficulty arising in the AM	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) is hyperactive and easily excited in the PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5) has difficulty settling at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6) has difficulty getting to sleep	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7) sleeps fitfully and/or awakens in the middle of the night	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8) has night terrors and/or nightmares	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) wets bed	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) craves sweet-tasting foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

DSM-IV Rating Criteria

Bipolar Disorder

DSM-IV Rating Sheet

Criteria Manic and Hypomanic Episode

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CBQ: The Bipolar Child Questionnaire

This is a likert scale questionnaire that lists many of the commonly observed symptoms and behaviors described as features of the clinical presentation of JBD, as well as symptoms derived from common comorbid conditions. It is completed by the child's parent.

[CLICK HERE to view a movie showing how to navigate the CBQ.](#) (Opens in new window.)

EXPERT DIAGNOSTIC WORKSHOP/GRAND ROUNDS

Bipolar Child Questionnaire

Gender: Female

DOB: 12/15/1997

Please complete the following survey. All fields are required except where noted.

Completed by:

Mother

Instructions:

My child has and/or had the following symptoms and/or behaviors. You may have noticed a behavior as far back as early childhood or you may have observed it more recently. In either case, estimate how frequently the behavior has occurred since you first noticed it. Select a number in the "Frequency" column using the following key, to represent the frequency of occurrence:

Never or hardly ever	Sometimes	Often	Very often or almost constantly
1	2	3	4

Symptom/Behavior	Frequency			
	1	2	3	4
1) displays excessive distress when separated from family	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) exhibits excessive anxiety or worry	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3) has difficulty arising in the AM	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) is hyperactive and easily excited in the PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5) has difficulty settling at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6) has difficulty getting to sleep	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7) sleeps fitfully and/or awakens in the middle of the night	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8) has night terrors and/or nightmares	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) wets bed	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) craves sweet-tasting foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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The Criteria Frame

The bottom left frame displays the criteria for a given diagnostic criteria set. You can read the criteria as you rate them in the bottom right frame. Where possible, we have keyed each criterion to particular items of questionnaire data appearing in parentheses after the criterion. The bottom right frame is the rating frame where you click on each criterion met.

EXPERT DIAGNOSTIC WORKSHOP/GRAND ROUNDS	
Self-Report for Childhood Anxiety Related Disorders	
Gender: Female DOB: 12/15/1997 Please complete the following survey. All fields are required except where noted.	
DSM-IV Rating Criteria Bipolar Disorder Manic Episode A. Abnormally and persistently elevated, expansive or irritable mood lasting at least 1 week (or any duration if hospitalization is necessary) (Mood is clearly different from the usual non-depressed mood.) BCQ (25-36), BBIE (38,54), CBCL (7,41,86,104) B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree: 1. inflated self-esteem or grandiosity BCQ (29-30) 2. decreased need for sleep (e.g., feels rested after only 3 hours of sleep) CBCL (76) 3. more talkative than usual or pressure to keep talking BCQ (28), CBCL (93) 4. flight of ideas or subjective experience that thoughts are racing BCQ (26) 5. distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli) BCQ (11-12), BBIE (19), SES (22,24-25) 6. increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation. BCQ (25), BBIE (54), CBCL (10) 7. excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g. engaging in unrestrained buying spree, sexual indiscretions, or foolish business investments) BCQ (36) C. Symptoms do not meet criteria for mixed episode D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features. E. The symptoms are not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication, or other treatment or a general medical condition) (e.g. hyperthyroidism) Note: Manic-like episodes that are clearly caused by somatic antidepressant	DSM-IV Rating Sheet Criteria Manic and Hypomanic Episode Please check all positively endorsed items A. <input type="radio"/> Abnormally and persistently elevated, expansive or irritable mood lasting at least 1 week (or any duration if hospitalization is necessary) <input type="radio"/> Abnormally and persistently elevated, expansive or irritable mood lasting at least 4 days (Mood is clearly different from the usual non-depressed mood) <input type="radio"/> Not Evident <input type="checkbox"/> Elevated/expansive mood <input type="checkbox"/> Irritable mood B. During the period of mood disturbance, the following symptoms have persisted and have been present to a significant degree: Rate even if A criteria is not met (check off boxes for positively endorsed items): <input type="checkbox"/> 1. inflated self-esteem or grandiosity <input type="checkbox"/> 2. decreased need for sleep <input type="checkbox"/> 3. more talkative than usual or pressure to keep talking <input type="checkbox"/> 4. flight of ideas or subjective experience that thoughts are racing <input type="checkbox"/> 5. distractibility <input type="checkbox"/> 6. increase in goal-directed activity or psychomotor agitation <input type="checkbox"/> 7. excessive involvement in pleasurable activities that have a high potential for painful consequences

The Rating Frame

Rate the case by clicking on the criteria in the lower right frame.

When you have completed rating the first set of criteria, you may click **Submit**. You'll be taken to a summary page where you will be offered a choice to review your ratings by clicking **Back** or to rate another diagnostic criteria set.

If you do not want to review your ratings, simply click **Complete** on the summary page. Then, you may continue to rate the case until all diagnostic criteria sets for bipolar disorder and other psychiatric conditions are rated. Or, you may exit and return to work on your ratings at another time. When you return, the ratings you have completed will be listed for you along with the date completed.

[CLICK HERE to view a movie demonstrating how to review and submit your ratings.](#) (Opens in new window.)

EXPERT DIAGNOSTIC WORKSHOP/GRAND ROUNDS	
Self-Report for Childhood Anxiety Related Disorders	
Gender: Female DOB: 12/15/1997 Please complete the following survey. All fields are required except where noted.	
DSM-IV Rating Criteria Bipolar Disorder Manic Episode A. Abnormally and	DSM-IV Rating Sheet Criteria Manic and Hypomanic Episode Please check all positively endorsed items A.

persistently elevated, expansive or irritable mood lasting at least 1 week (or any duration if hospitalization is necessary) (Mood is clearly different from the usual non-depressed mood.)
 BQ (25-36), BQ (38,54), CBCL (7,41,86,104)

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

1. inflated self-esteem or grandiosity BQ (29-30)
2. decreased need for sleep (e.g., feels rested after only 3 hours of sleep) CBCL (76)
3. more talkative than usual or pressure to keep talking BQ (28), CBCL (93)

☐ Abnormally and persistently elevated, expansive or irritable mood lasting at least 1 week (or any duration if hospitalization is necessary)

☐ Abnormally and persistently elevated, expansive or irritable mood lasting at least 4 days (Mood is clearly different from the usual non-depressed mood)

☐ Not Evident

☐ Elevated/expansive mood

☐ Irritable mood

B. During the period of mood disturbance, the following symptoms have persisted and have been present to a significant degree:
 Rate even if A criteria is not met (check off boxes for positively endorsed items):

- ☐ 1. inflated self-esteem or grandiosity
- ☐ 2. decreased need for sleep
- ☐ 3. more talkative than usual or pressure to keep talking
- ☐ 4. flight of ideas or subjective experience that thoughts are racing
- ☐ 5. distractibility
- ☐ 6. increase in goal-directed activity or psychomotor agitation.
- ☐ 7. excessive involvement in pleasurable activities that have a high potential for painful consequences

☐ C. Symptoms do not meet criteria of mixed episode.

D. ☐ 1. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic.

The Bulletin Board – Collegial Discussion

A bulletin board is open for discussion with your colleagues and for your comments on each particular case.

If you don't login with your username and password you will only have access to the public discussion forum; the diagnostician forum is hidden from view until you have logged in. The links from the case home page and the top frame will take you to the login page. If you have not yet received a username and password you must request one from JBRF administrator – [Melissa Cockerham](mailto:melissa@jbrf.org) (melissa@jbrf.org). Experts weigh in on topics providing a jumping off point for further discussion with colleagues about the issues raised by each case.

By clicking on Expert Diagnostician Workshop Discussion Forum from either the top frame or the case home page, you may enter a discussion on the bulletin board that is linked to individual cases.

Please feel free to make any comments or raise any specific issues about cases that you may have found difficult to score on the [workshop forum](#). The forum is a venue to open a further dialogue with colleagues and to raise any questions that you think pertain to the diagnostic dilemmas that the field currently faces with the diagnosis of bipolar disorder in children. The discussion forum is open to all participants in this workshop and we encourage your participation.

Juvenile Bipolar Research Foundation

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Not sure how to post a message? Have other questions?
JBRF Grand Rounds/Expert Diagnostic Workshop

[Message to Diagnosticians: Click Here](#) 18 Active Members - [Check who's online](#)
 Welcome to our newest member [gaye](#) 04-21-04 07:27 PM EST - Logged on as [flyte](#)

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Forums in JBRF Expert Diagnostic Workshop Conference		Last Updated Date/Time	Topics	Messages
	The Case of the Five Year Old Girl Who Dances Like Britney Spears To begin posting, replying and reading click on the case name above. Restricted forum: Only members have access	10-06-03 03:58 PM	0	0

[FOR DIAGNOSTICIANS]

Forums in JBRF Grand Rounds Conference		Last Updated Date/Time	Topics	Messages
	The Five Year Old Girl Who Dances Like Britney Spears Please pose questions or comments by clicking on the case name above. Public forum: Anyone can read/post	11-21-03 08:43 AM	0	0

[FOR THE PUBLIC]

[Moderated forum](#)
 Forum contains topics with unread messages

This concludes the interactive tour.

- You may download this description in a printable form at http://jbrf.org/gr_tutorial/tutorial_print.html or at http://jbrf.org/gr_tutorial/tutorial_print.pdf.
- To return to the beginning of the tour, http://jbrf.org/gr_tutorial/index.html.
- To go to the Expert Diagnostic Workshop home/login page, go to http://jbrf.org/grand/diag_home.cfm.

The JBRF thanks you for participating in the Expert Diagnostic Workshop!

Definitions of Proposed Phenotypes

Narrow Phenotype (elated mood)

This phenotype is characterized by abnormal *elevated mood states*. A distinct episode of hypomania or mania of at least four days duration is required, during which time the child had elevated, elated mood or grandiosity. In addition, at least three other DSM-IV B symptom criteria must be met for diagnosis. In the absence of elated mood, three symptom criteria must be met in addition to grandiosity.

Symptom criteria include all 7 DSM-IV symptom criteria: inflated self-esteem or grandiosity, decreased need for sleep, more talkative than usual or pressure to keep talking, flight of ideas or subjective experience that thoughts are racing, increase in goal-directed activity or psychomotor agitation, and excessive involvement in pleasurable activities that have a high potential for painful consequences. If the child also meets criteria for ADHD, the symptom criteria of distractibility and psychomotor agitation count toward the diagnosis of mania only if in excess of the child's usual ADHD.

Broad Phenotype (angry, irritable mood, chronic hyperarousal, explosiveness)

This phenotype is designed to capture children who have chronic irritability and hyperarousal. It is also called severe mood and behavioral dysregulation, and it differs from the narrow phenotype in that the child has no euphoria or grandiosity and no discernable episodes.

All of the following are required: 1) Chronic explosiveness, i.e., the child exhibits marked reactivity to negative emotional stimuli at least 3 times a week, on average. For example, the child's response to frustration is associated with extended temper tantrums, verbal rages, and/or displays of aggression toward people or property; 2) Baseline abnormal mood (i.e., even between outbursts the child is angry or irritable); and 3) Chronic hyperarousal. To meet this last criterion, the child must have three of the following symptoms: distractibility, racing thoughts or flight of ideas, pressured speech, intrusiveness, agitation, and insomnia, nearly every day. In addition to the absence of elated mood or grandiosity, the presence of irritable mood distinguishes the broad phenotype from the narrow phenotype.

Core Phenotype (Episodic and abrupt transitions in mood state, and poor modulation of at least one drive state).

The hallmark features of this phenotype are episodic and abrupt transitions in mood state (mania/hypomania, depression, mixed state) and poor modulation of at least one drive (aggressive, sexual, appetitive, acquisitive). Descriptive definitions of mania/hypomania, depression, and mixed states remain essentially unchanged from DSM-IV. However, specifying daily, abrupt mood fluctuations and eliminating episode duration distinguish this phenotype from the others. These cardinal features must result in behaviors that are excessive or inappropriate for age and/or context and must be present on most days for at least 12 months to make the diagnosis.

Symptoms must not be due to the direct physiological effects of a substance or a general medical condition. In addition, the child must exhibit four or more of the following symptoms;

1. Excessive anger and oppositional and aggressive responses to situations that elicit frustration;
2. Poor self-esteem regulation (self-aggrandizement, exaggeration of abilities, and feelings of omnipotence, or, alternatively, pessimistic, self-critical, and overly sensitive to criticism or rejection);
3. **Sleep/wake cycle disturbances as exemplified by sleep discontinuity, sleep arousal disorders, or sleep/wake reversals;**
4. Excessive anxiety and fearfulness in response to novel or stressful situations;
5. A disturbance in the capacity to habituate to novel, loud or unexpected sounds and dissonant sensations;
6. Executive function deficits as exemplified by mental, emotional, or motor inflexibility;
7. A family history of recurrent mood disorder and/or alcoholism, as well as other bipolar spectrum disorders.

[Back](#)