

Web-Based Radio Show

Series on Learning Differences, Learning Challenges, and Learning Strengths:


What Makes Using DIR® in Treating Learning Challenges, Learning Differences and Learning Strengths Unique and Potentially More Beneficial than Earlier Approaches & How to Prevent and Overcome the Most Common Mental Health Disorders: Bipolar Disorders – Part 8 of 8

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This is Dr. Greenspan. Welcome to our web-based radio show. Thank you for joining us this morning. As you recall, we've been working on a series about mental health disorders – the most frequent ones observed – and an approach to take so that everyone can participate in helping the individual feel better and do better. Today we're going to complete the discussion about bipolar disorders, but I should alert you that there are a few discussions of different disorders that will be on the website that occurred during vacation, so search these few additional discussions that will be up on the website very shortly.

Before we complete our discussion about bipolar disorders, I want to answer a question that came in about our series on learning challenges. One listener asked a very good question about whether I could summarize quickly what makes this approach that we've been advocating for learning challenges and learning differences and learning strengths both unique and potentially more beneficial than approaches that have occurred before. One way to think about this is to think about our approach to learning and learning challenges and differences and strengths as occurring in three broad epics. The first was help children practice what they had difficulties with, so that might mean practicing handwriting or practicing sounding out words. The second approach went beyond just practicing or drilling on weaknesses or vulnerabilities, and went into trying to help children master some of the fundamentals that underlie these capacities. Since graphomotor skills underlie penmanship, you might practice a whole range of manual manipulations of the pencil or pen and a whole range of shapes on your way to



mastering penmanship. This also involves a lot of practice and drilling, but trying to get at some underlying mechanisms. For reading, this might have to do with practicing looking at letters and trying to blend sounds together between letters. So, again, this was getting at some of the fundamentals. That's been the approach that's been more recently practiced, I would say, by most well-trained educators, although we still see elements of the first epic in many educational systems, where it's simply what I would call a "top-down" approach – looking at what older children already do in terms of mastering the skill – and having children who haven't mastered it, or younger children, practice what the older children have already mastered.


The third epic, which is one that we're both developing and advocating, is the developmental approach. This epic – which is represented in a series of discussions about different learning challenges, differences, and strengths, and it applies to all three so we can help a strong child be even stronger – identifies (and we've just really learned how to identify this phenomenon) the sequence of developmental capacities leading up to the skill we're looking for. So, if we're looking at reading, writing, and arithmetic, we're looking at what a child ordinarily masters by six months, 12 months, 18 months, 24 months, 36 months, 48 months, and so forth, leading up to that skill. So, for example, we know that reading begins with the ability to distinguish different sounds because when you're five years old and learning to read you have to know the difference between the "buh" sound and the "duh" sound and the "guh" sound. Then, number two, you have to distinguish different sights – you have to distinguish the different letter symbols that suggest the "buh," the "duh," and the "guh"; then, third you have to be able to connect the two, and then you have to blend larger sequences of sounds. You have to have a good ear and a good set of eyes and be very good at pattern recognition on both sides. So, as our discussion indicates, the strategy is to see where in this developmental sequence the child didn't master a critical step. It may not have occurred at that critical age; in other words, the child may or may not have mastered it at 24 or 36 months. The child may have had a regression due to some event in his or her life; there may have been an illness that led to the loss of a capacity. Or it may never have been developed at the appropriate time in the first place or the critical skill may not have been developed because an earlier skill was not developed. So, for example, a child who is not helped to scan his or her environment may not be a very good pattern recognizer, in general, and may have trouble recognizing Mommy's face vs. Daddy's face vs. a stranger's face. Therefore, when it comes to more subtle shape recognitions, he is not used to looking and studying or discriminating different shapes and therefore has a



harder time, even if he has a good ear, in distinguishing sounds, on coordinating what he sees with what he hears. Or the child may not have been exposed to lots of back-and-forth communication with sound and therefore can't distinguish different sounds and therefore has a hard time on that side of pattern recognition. Or it may have been that the child was never helped to coordinate what he saw with what he heard. There wasn't that talking face making lots of funny noises and sounds and using lots of words, moving slowly and gradually with big smiles to invite the child to look at the caregiver's lips and funny nose and crinkly eyes, while hearing the different sounds, so the child never learns to coordinate vision and hearing very well.


With the developmental approach, which again is and was outlined in our previous discussions, we're able to identify more of the foundation pieces. The middle approach – the second approach I mentioned, which does try to deal with some of the foundations – tends to deal with the ones that are more closely related to the actual skill, so it's similar to the first approach in the sense that it's practicing and drilling on the actual skills, but they're one step beneath the surface. Now we're going 10 steps beneath the surface and we're working on the sequence leading up to the skill, so we're working on whatever is missing in those 10 steps. The big set of new insights that is allowing us to take this “developmental approach” is the roadmap of early development leading to the basic skills that enable a child to master reading, writing, and arithmetic and to move to the higher levels. With the reading analogy we know, for example, that it involves comprehension as well as recognition of letters and words. So to comprehend you have to really comprehend words and sentences and paragraphs and that has to do with language development, more generally, but it also has to do with lots of interaction and lots of subtlety and nuanced interaction; you have to understand your world and understand concepts, and understand concepts as conveyed through written and spoken language.

So I won't review things we've already discussed, but I wanted to illustrate and highlight how the developmental approach goes a step further and brings us into the modern era of learning. Also, there's lots of neuroscience support for the developmental approach. As we look at how the brain works we see that the fundamentals of the brain have to do with its mastery of this developmental sequence. The brain won't develop properly unless the experiences are present early in the life of the infant or child or are provided a little later, through extra practice, to master these 10 developmental steps – or 20, whatever it may be – leading to the particular skill.



So, to take a concrete example, one of the major accomplishments in early brain growth is to get the different parts of the brain working together. In some disorders, such as autism, it's been demonstrated that different parts of the brain may not communicate as effectively with one another as would be optimal if the pathway were connecting the different parts of the central nervous system or brain. In working with children with autism where we've been very, very successful, we suspect we're helping those children learn to connect the different parts of their mind together and get it working together because we actually see that happening behaviorally. There are imaging studies to see if we can demonstrate that, but there's a great deal of neuroscience support for the general thesis that experience helps shape the development of the central nervous system or brain and that experience has to be quite specific, not just general stimulation, but that we take the specific experience for granted often because it happens as a part of ordinary or routine development, such as a Mommy or caregiver talking to a baby and making smiling faces and coordinating that with funny noises.


Now, with this unique approach to learning we've observed many children do better than ever imagined before, and it really opens the door for all children to be learners. The pace may vary depending on the child's biology. Some children may learn faster, some a little slower. Some will have skills in certain areas – they'll be better visually or better with sounds or better with their fine motor coordination or better with their gross motor coordination or better at reading social signals. You may wonder why that's important, because a lot of literature and comprehension has to do with understanding social situations – that's what a lot of writing and books are about – relationships among family members or among friends. So there will be various strengths and various weaknesses in almost all of us, but with this approach we see that we can certainly help children begin the road to mastery and often proceed rapidly along that road. When they have significant learning challenges, even very severe ones, it certainly helps children with learning differences become more flexible in their approach to learning, it respects their differences, takes advantage of their strengths, and yet also helps them practice in areas where they may be a little vulnerable or a little bit weak. For children with learning strengths – those who are strong in many areas – it helps them use their strengths in an effective way, rather than becoming a slave, in a sense, to them. So we have lots of protégés and lots of children with unusual talents who unfortunately don't develop all their other talents. They may be average or good in other areas and super sensational in some areas, but many of these children have the



potential to develop super skills in other areas, as well, if they practice them in a more balanced way if we use the developmental approach. It also helps further develop their strengths because strengths can be just in one part of a skill. For example, a child may have a super memory and be a super early reader, but will that child be a great author or writer or conceptualizer of what he reads? So we want to develop other components of their strengths by understanding the developmental sequence involved in all the components. We can help an already strong learner become an even stronger learner and a more integrated learner.


This is a long-winded answer to the question raised by our colleague, but it does provide a picture of what's unique about our approach to learning and why we're advocating this approach, both on an individual basis and on a classroom-wide basis. We have wonderful applications in some school systems when we apply this approach through an entire class.

Now, what I'm going to do is switch back to our main topic for today. I wanted to share with you two brief case illustrations that will amplify and hopefully bring home the more theoretical discussion we did in the last show. As you recall, we discussed how bipolar disorders tend to demonstrate certain biological differences, as well as certain experiential differences, in the developmental pathways associated with them, at least as far as our observations are concerned. We see some of these in both children and adults. First, I want to present a case of an adult – a young man in his late 20's who was a distinguished attorney and had a history of being very hypersensitive to touch and sound as a child and still as an adult. This sensitivity helped him be a very good attorney who was very attuned and very sensitive to other people; also to be very good interpersonally. He was great at working the crowd and networking and since he was a trial lawyer, it helped him read juries very well, but he also was action-oriented or sensory craving, as I have described. He liked skiing; he liked jumping out of airplanes and driving fast. Not surprisingly, he stayed up late at night. He wasn't married, so he was a womanizer, and he led an active life with drink and also experimenting with different kinds of substances, not all legal. Unfortunately, some of these substances also contained stimulant qualities. His early development was characterized by a very indulgent mom, but also by a very punitive dad and neither one provided balance or regulation or the kind of counter balance we talked about last time where moods are counter balanced. Fortunately, his parents were still alive and they described him one time, in a rare extended family session, as a "moody, but brilliant child." He tended to



be temperamental and have tantrums easily and could get down very easily and could also get very excitable and he'd get very excited and demanding about new things. He also, interestingly, got into hot water at school by behaving impulsively, often getting overloaded by the sights and sounds and commotion; instead of becoming cautious, he'd push or shove or beat up on another child. He was also prone to do that with his sister, so he was constantly in hot water with his punitive father, who also didn't counter regulate, but took a very hard "law and order" approach to him, which frightened this man when he was a child a great deal. His parents also said that his teachers described him as moody, but they overlooked it because of his great academic skills. He had a wonderful memory, particularly for words, and he was an early reader, so they saw him as a "special, though difficult child." He had friends in grade school and in high school but, again, was prone to mood swings and if a girlfriend disappointed him he would get deeply despondent. He would get very excited with a new project and he would get impulsive in terms of wanting to buy this or that new article of clothing or this or that new gadget and was into the latest in computers – he was always very demanding – and he would overspend when his parents let him, but basically he moved along. He showed the same pattern in college, but did very well academically. He went to a top law school and had the same pattern, i.e., he did well academically. Now he was out in the world of practice and doing well at a firm, but he was also showing the same pattern and getting into hot water because of being argumentative and hot-tempered and occasionally not following through when he was depressed or a little bit despondent. He had tried therapy briefly but had managed, according to his description, "to seduce his therapist into being part of his fan club," and admiring his skills and not really helping him over some of his challenges.

We got to see him when he began getting into hot water with law enforcement agencies because he was arrested for speeding and drinking, and then got into arguments with the police; his lawyer insisted on getting a more complete evaluation. What I observed was a man who, when I got him quiet and regulated and organized, could slow down and give me a coherent story, but at other times would come in talking a mile a minute, bragging about his latest feat in court or the latest gadget he'd bought and demonstrating bad judgment and very little reflection over his emotional tendencies. He tended to be more of a polarized thinker, thinking in all-or-nothing terms. In my office he demonstrated being easily overloaded and super vigilant and alert to any kind of extraneous sound or sight. I also noticed that his fine motor coordination, when he had to write things, was very sluggish and weak. Also, he was




more of a “tree” person – good with subtlety and nuance, but lacking the “big picture.” For example, he found it hard to find my office and got lost on which floor it was and didn’t have a very good visual-spatial skills. Since I have a home office he went around to all the wrong doors, even though there were good instructions as to the right door into the office.

He had not been on medication yet because his former therapist thought he could be handled just with therapy and insight, but he had not really had had a developmental approach to his problems. During the evaluation phase before we got a program started he went out one evening and began taking lots of substances with stimulant qualities and had a brief time where he lost his sense of reality testing and had to go into a hospital for a few days in a kind of frenzy of activity and stream of consciousness, rapidly speaking, and thinking illogical thoughts. It wasn’t clear whether he was frankly delusional, in the sense of believing in an irrational system at this time, but was talking about his special powers and his special abilities to get any criminal off anywhere in the world just with his glib tongue.

When we saw him as part of the evaluation right after he settled down and was put on some major tranquilizers to calm him down, we began outlining a comprehensive approach. It involved intensive psychotherapy with a therapist trained in this developmental approach who could offer a lot of counter regulation and a lot of soothing when he was hyper, as well as a lot of energizing up when he was depressed and despondent. This person could also help him understand his needs for counter regulation in relationships. Also, the therapist understood how the sensory system works. We also, interestingly, got him involved with an occupational therapist who works with adults on a series of self-calming techniques and what we call sensory regulating techniques to help him learn to regulate his hyper sensitivity and his sensory craving. This person provided him with constructive outlets for the sensory craving. He was very musical and that provided one pattern of a rhythmic outlet and also there were certain sports he liked, which were utilized. We did a lot of fast, slow, super-slow changing rhythms and changing patterns as part of fun activities, just like we would with a younger child, to help him regulate.


Also the therapist who worked with him was helping him move from polarized thinking to gray-area, more subtle thinking, and doing this first and foremost with the counter regulation of his affect, counter balancing and helping him maintain longer sequences of affective interaction. He was developing gray-area thinking at two levels –



the pre-verbal level of working not just in extremes of mood, but also in the middle ranges with more subtle back-and-forth communication. So, for example, when he would get a little hyper the therapist's voice would be soothing and quiet him down a little bit. The therapist would also ask him to describe what was going on, but in a soothing voice, so that he was hearing a modulating response, which helped him modulate that a little bit and get into more of a gray-area pattern, rather than jumping back-and-forth from a hyper pattern to a despondent pattern. The therapist also helped him describe the gray-area and subtle nuances of his feelings. So it wasn't "I'm furious or I'm sad," but it was "I'm a little bit angry, very angry, or super angry."

Over a period of about a year this man began to master gray-area thinking. The therapist also tried to help him become reflective and describe his own feelings vis-à-vis what he thought he felt or ought to feel or what other people might feel in a similar situation. So he began to measure his response, given the facts of a situation. Again, over about a two-year period of time he got more reflective about his thoughts and he could identify his patterns and learned to be able to say things like, "Gee, I'm sadder than I probably ought to be in this situation. I must have high expectations and not take disappointment very well." The therapist also worked with him on accepting disappointment and frustration and on feelings of humiliation, because those are the feelings he ran away from and they would also, at the level of using ideas and feelings, trigger more and more sensory craving and grandiose type thinking. Therefore, he was getting some help with this part of the pattern, as well. There was less emphasis on the family dynamics, which contributed to his challenges; there was a lot of discussion of those, but it wasn't expected that family dynamics alone, even with accompanying insights, would lead to corrective changes. They were an important part of the equation and it was helpful for him to could understand how he had developed the patterns that he had, but he needed more than simple awareness of his situation, i.e., having a punitive father and an indulgent mother and how they facilitated the dysregulation and some of the feelings he had growing up, particularly his fear of his father and his feeling over invested in by his Mom, as well as the competition Dad engendered in him and how that scared him and led him to a false sense of bravado that he developed early in life, which further supported his sensory craving.


So, while all these patterns were gradually mastered and integrated in his therapy, he was also working with a skillful occupational therapist. You don't actually always need to have a trained occupational therapist; it could be another person who



understands how the sensory and motor systems work. We also had him working on improving his visual-spatial thinking – his big-picture thinking. We had a visual-spatial specialist following the work of Harry Wachs and his book, *Thinking Goes to School*, work in some exercises that actually strengthened this man’s ability to be a big-picture thinker and a reflective thinker with visual material, so his sense of direction and body awareness improved. We also worked on his coordination and motor planning skills, again, as part of his sequencing and getting more security in his body.

In addition, because his problems had moved far along and he was involved in a lifestyle with lots of drinking and womanizing and experimental substances, we also had him see a psychopharmacologist for medication and he was put on mood stabilizers, which helped contribute in the short run to his being able to maintain a more constant pattern and to participate in this very, very comprehensive program. Fortunately, he was very motivated to improve. He realized a lot was at stake with his career. He was also very fortunate that the law enforcement agencies let him off with a stern warning, provided he get involved in a comprehensive program, which in part provided some motivation for him. What we observed over the next five years was very, very consistent progress. By the third year in the program, we actually were able to wean him off the medication and he had developed enough reflective abilities to sustain himself and his progress without medication, although we held medication in reserve and still have it in reserve, as needed, as we observe any regression in his continuing progress and we are mindful of the fact that stress or other life events could trigger regression. He’s now in a more consistent relationship with a young lady and it looks like it may lead to marriage and family life. While he’s still a highly energetic person with a charismatic personality and still prone to get involved in polarized thinking periodically, he’s clearly on the road toward a more even mood and toward more gray-area and reflective thinking about his emotional life and certainly he has better relationships. So we’re continuing this work in progress as we talk.

Also, I would like to share with you very briefly the case of a young boy – an eight-year-old little guy – who we’ve described in more detail on our book on bipolar disorders, available through our www.icdl.com website. You may want to see that for a fuller account of this youngster. He demonstrated a very similar pattern to this man I just described, but the difference is that with this young boy we saw impulsive and agitated behavior – we didn’t see grandiose thinking, we didn’t see substance abuse yet, but we did see the polarized thinking, the lack of mood regulation, and the agitation and




impulsivity, coupled with despondency, where he wanted to climb out of a window and jump at times. He wasn't in a real depression, but he had the depressed ideation that he was bad. He had a similar family constellation, only in his case the mom was the punitive one and Dad was more indulgent, but he also didn't get the modulation that he needed. When Mom was very punitive and favored his younger brother – because he was beating up his younger brother – he would get depressed after having been in an agitated state.

With this youngster we were able to do all the same things we did for the adult – which is again described in more detail in the first chapter in the first case study of our bipolar book – we were able to do the same program and didn't need to use the medication because we caught it at a much earlier age and we weren't dealing with acute challenges yet. With this youngster, who's now in his early teen years, we are also seeing consistent progress and a shift towards gray-area thinking and a more reflective thinking mode.

With this discussion of bipolar disorders and the discussions that will be on your website, we've completed our series on the most frequent mental health disorders. We may add some more later, on request from some of you, so don't hesitate to write us or call us if you have those.

We're going to move on to a new series, tentatively titled *Principles to Live By*, which will have to do with distilling some basic truths about life that help relationships be on firmer, more solid ground and that help people negotiate relationships, work challenges, and other challenges and joys of life. I won't share too much detail about this now, but I just want to summarize what we've tried to do in our mental health series.

In our mental health series, we took what might be called almost a common sense approach to mental health disorders. We provided a “layman's guide,” but also I hope a good professional guide, to the most common mental health disorders. By looking through our developmental lens and in keeping with other discussions we've had, we've been able to identify the developmental sequence associated with common mental health disorders, whether its ADHD or bipolar disorders or depression or anxiety. The developmental sequence invariably involves some biologically based differences, but they don't always express themselves directly in the disorder; rather, they express themselves through differences in the sensory system and the motor system and ways



of processing affect. Then we discussed the developmental experiences that may contribute to the disorder, that may accentuate these biological patterns or may ameliorate them, as in the examples of bipolar disorders where the steps of counter regulation and regulation can help, whereas joining the child in his mood swings intensifies the problem. Also, as we observed in many of the disorders, we help the person become more elaborative and develop imagination so he can play out his dramas and his conflicts and his feelings. We help the child connect ideas together so he can verbalize his feelings and eventually reflect on his feelings, moving from causal thinking to comparative thinking and gray-area thinking to reflective thinking.

So, by understanding developmental pathways for the most common mental health disorders, and the biological and experiential developmental sequences involved, we're able to develop comprehensive approaches involving professionals and family members and key relationships in a person's life. Most importantly, the person who's experiencing the disorder is able to identify the components more fully – all the components that may contribute – and this leads to the individual being able to help himself more effectively, to family members being more effective, and certainly to important relationships and other loved ones being effective, as well as to therapists being more effective. So this provides the basis for a comprehensive partnership among the individual, the family, those in important relationships with the individual, and professionals. So we see what we have is not just simply a layman's guide, but is a comprehensive guide for everyone. While you might accuse the speaker of being grandiose, we think bringing a developmental lens to these disorders provides an additional knowledge base that's ongoing. We continue to discover more about the developmental pathways and sequences, but it's important to bring what we know about these developmental sequences to light to be applied. There are only a few groups working on these developmental sequences and that's why it's important to bring it to light and to encourage others to join us in this effort.

Thank you for joining us. We'll speak to you next time, hopefully next week, and begin our new series. Thank you very much.