

The real risks of growing up with bipolar parents

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Bipolar disorder is characterized by transitions between depression and mania.
Credit: Wikipedia

Bipolar disorder (BD) is among the 10 most burdensome medical

conditions, according to the World Health Organization. The disorder is known for its dramatic highs of extreme euphoria, racing thoughts and decreased need for sleep, as well as its profound lows of sadness and despair.

Because it is also associated with a heightened risk of suicide, substance abuse, hypersexuality, familial discord and aggressive behaviour, BD affects not just those suffering from it, but also those around them—especially their [children](#).

While previous research has shown that children of parents with BD are at a greater risk of developing psychiatric disorders, the psychosocial implications of being raised by parents with BD has been ignored—until now.

A new study conducted by Mark Ellenbogen, a psychology professor at Concordia University, and Rami Nijjar, a graduate student, reveals that children of parents with BD are more susceptible to [psychosocial problems](#), most notably risky sexual behaviour. The study was published in the *Journal of Affective Disorders*.

Using a longitudinal approach, the researchers followed children of parents with [bipolar disorder](#) and children from families without mental disorder from ages four to 12 until early adulthood.

They assessed:

- Suicidal behaviour
- Self-harm
- Smoking
- Delinquent or criminal behaviour
- Risky sexual behaviour (sexual activity before age 16, unprotected sex, abortions)

For both genders, the researchers saw the biggest group difference in the last category, which can be seen as an extension of other tendencies.

"Risky sexual behaviour falls along the spectrum of general externalizing behaviours, like delinquency and aggression. We know it is predicted by externalizing behaviours in middle childhood," says Ellenbogen, who is also a member of Concordia's Centre for Research in Human Development.

What can concerned parents with BD do?

To prevent the offspring of parents with BD from engaging in risky behaviour, doctors need to look beyond the patient and give the entire family, including the children, the coping skills they need to live with the disorder. "In psychiatry, we tend to treat the patient—there's never any evaluation of their family or kids or partners. Across my career, I've been saying that's the wrong way of looking at the issues," Ellenbogen says. "The children of BD patients are at high risk of developing a number of psychiatric and psychosocial problems. We need to think about interventions that will work for all members of the family."

A new pilot prevention program that is open to the public

Ellenbogen is now working to establish the first prevention program for children of parents with BD. Entitled Reducing Unwanted Stress in the Home (RUSH), the intervention will consist of 12 sessions of group therapy, with one group to teach children effective coping strategies and another to teach their parents the skills to manage stress, family discord and children. The pilot program, open to families in the Montreal area, will launch this summer. It will operate in groups of five to six families.

Ellenbogen and his team will monitor the behaviour, hormone levels and mental health of the children before and after the intervention in order to assess the effectiveness of the RUSH program.

"These [parents](#) need additional help in organizing family life, parenting, dealing with spouses and coping with stress," Ellenbogen says. "The ultimate goal is to reduce the levels of stress in the family, which we believe will then reduce negative outcomes in their children."

Provided by Concordia University

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