



Childhood Bipolar Conference Recorded Asynchronous Learning *Your Learning Process*

1. Create your Continuing Education Portal Account
 - a. <https://cmhrc.org/ce-login/>
2. Navigate to **Recorded: Childhood Bipolar Conference**
 - a. Submit payment
 - i. If you have already purchased the Childhood Bipolar Conference, you can skip this step.
 - b. Complete the **Recorded: Childhood Bipolar Conference: Pre-Test**
 - i. *This is required for continuing education credits.*
 - c. Download or print the notes document
 - d. Access the recordings and watch at your convenience
 - e. Complete the **Recorded: Childhood Bipolar Conference: Post-Test**
 - i. You must receive at least a 70%
 - ii. *This is required for continuing education credits.*
 - f. Complete the **Recorded: Childhood Bipolar Conference: Course Evaluation**
 - i. *This is required for continuing education credits.*
3. Register for the **CE Q&A** quarterly on the first Wednesday of the month at 5p-7p Eastern / 2p-4p Pacific (May, August, November, February)
 - a. *This is not required for continuing education credits, however, will provide an opportunity to ask any questions, and network with other professionals.*

Children's Mental Health Resource Center has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 7986. Programs that do not qualify for NBCC credit are clearly identified. Children's Mental Health Resource Center is solely responsible for all aspects of the programs.

Children's Mental Health Resource Center, provider # 2471, is approved as an ACE provider to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Regulatory boards are the final authority on courses accepted for continuing education credit. ACE provider approval period: 9/11/2025-9/11/2026. Social workers completing this course receive 8.75 Live, Interactive Synchronous continuing education credits.

7.0 Total CE Credits NBCC / 8.75 CE Credits ASWB



Childhood Bipolar Conference Recorded Asynchronous Learning Your Courses

Understanding Misdiagnosis and Childhood Bipolar (1.0 CE Credit)

Practitioners often feel stuck within a system that disempowers them to meet their patients where they are. Hedged in by insurance requirements and formulaic diagnostic codes, providers are thwarted even when they feel criteria is met for certain diagnoses like bipolar. Many disorders share commonalities which can cause confusion. Yet, an accurate diagnosis is imperative for effective treatment. Neuroprotection, social and emotional development, and healthy relationships are dependent upon more accurate, and effective treatment for everyone, especially children.

In this session, you will:

- Describe why skilled practitioners can still miss a diagnosis of bipolar in children
 - Identify areas of symptom overlap between bipolar and other diagnoses such as DMDD and ADHD
 - Compare symptoms of bipolar in children and how they differ from symptoms of bipolar in adults
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Can Kids Have Bipolar? How to Recognize and Diagnose Bipolar in Kids Ages 5-15 (1.75 CE Credits)

Research shows that 50% of mental illness begins before age fourteen, and there is an average 10-year treatment onset delay. Research also shows that bipolar disorder affects about 1-5% of the total population; when one parent has bipolar disorder, the risk to each child is 15% - 30%; when both parents have bipolar disorder, the risk increases to 50% - 75%; 1/3 of all children and teens diagnosed with depression are misdiagnosed and actually live with bipolar disorder; and those diagnosed with bipolar have a rate of suicide ten to thirty times higher than the general population. Given the vulnerability of children and adolescents, it is crucial to recognize common symptoms of bipolar and how to complete a full differential diagnosis.

In this session, you will:

- Describe bipolar disorder and some of the unique challenges to diagnosing pediatric onset bipolar disorder

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- Compare the symptoms of pediatric onset bipolar to the symptoms of late adolescent or adult onset bipolar
 - Identify recommended steps to diagnosing and proven assessments for pediatric onset bipolar disorder
 - Define effective treatment interventions
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What is "Fear of Harm?" (1.25 CE Credits. Not Included in NBCC Credits)

Thermoregulatory Sleep Dysregulation Disorder, more commonly known as "Fear of Harm", or FOH, is a newly identified phenotype of bipolar disorder impacting approximately 1/3 of all individuals who live with bipolar. Since it is a normal human experience to have fear of being harmed, the name of this disorder can be misleading. However, exaggerated fears along with temperature and sleep disruptions are the hallmarks of this illness. The combination of biological and physiological symptoms make FOH unique in psychiatry. Participants will learn about this newly identified disorder directly from an expert involved in its research.

In this session, you will:

- Explain how the FOH phenotype was identified
 - Identify the symptoms of FOH and how they present
 - Compare FOH to other diagnosis
 - Determine appropriate treatments for FOH
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Differentiating Bipolar & ADHD (1.0 CE Credits)

The DSM was designed to classify observable symptoms into a diagnosis, but this becomes difficult when those same symptoms reappear multiple times in different diagnoses. This variability requires a closer look at not just the symptom description, but the how and why the symptoms are manifesting. Dr. Charles Popper insists that all of the features of ADHD can be seen in mood disorders at a given time, so it is necessary to rule out a mood disorder prior to diagnosing ADHD. This session provides an in-depth inspection of symptoms to ensure an accurate diagnosis, and effective treatment path.

In this session, you will:

- Analyze the findings differentiating neuropsychological factors of treated children with pediatric bipolar from those with attention deficit disorder

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- Compare the symptom similarities between ADHD and bipolar disorder
 - Describe the effect of lithium on bipolar disorder versus ADHD
 - Consider cross-cultural implications to misdiagnosis
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Differentiating Bipolar Disorder (BD) & Borderline Personality Disorder (BPD) in Teens (1.0 CE Credits)

In the throes of adolescence, change is happening rapidly in not only the body, but the brain as well. These changes can prompt big behaviors, emotional dysregulation, and relationship instability that is confusing, difficult to manage, and often misunderstood. The DSM can be used to classify these symptoms into a diagnosis, but as we have learned, this becomes difficult when they reappear multiple times in different diagnoses. Determining a relational trigger versus a mood disturbance, and not just looking at symptom descriptions can ensure an accurate diagnosis and effective treatment plan.

In this session, you will:

- Compare the symptom similarities between bipolar disorder and borderline personality disorder
 - Determine the role of trauma in both bipolar disorder and borderline personality disorder
 - Identify effective treatments for bipolar disorder and borderline personality disorder
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Differentiating Bipolar Disorder and Trauma (1.25 CE Credits)

One of the most common questions we're asked when talking about mood disorder symptoms in children is, "How do you know they aren't trauma based?" It's a great question, but there are differences to spot, and once you do, it can make all the difference in the diagnostic process. Explore with us as we have a discussion with experts in both childhood onset bipolar and other disorders as well as trauma. Ways to differentiate these two diagnostic categories to ensure that the treatment you're providing matches the child's needs will be discussed among other commonly asked questions regarding bipolar disorder and trauma.

In this session, you will:

- Identify two misconceptions between bipolar disorder and trauma that cause confusion in differentiation.
- Recognize three key differences between mood disorders and trauma disorders as a basis for understanding them.

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- Explain key differences between bipolar disorder and trauma.
 - Describe the gold standard for diagnostic assessment and appropriate treatment for managing each of these serious conditions.
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Differentiating Bipolar Disorder and Disruptive Mood Dysregulation Disorder (DMDD) (1.25 CE Credits)

Distinguishing Disruptive Mood Dysregulation Disorder (DMDD) from Bipolar Disorder in children and adolescents is one of the most clinically challenging diagnostic tasks facing mental health professionals today. This session provides a structured, evidence-based framework for making that distinction, grounded in DSM-5-TR criteria and the foundational difference between chronic and episodic irritability. Participants will strengthen skills in differential diagnosis, comorbidity recognition, and evidence-based treatment selection.

In this session, you will:

- Examine the history of the development of Disruptive Mood Dysregulation Disorder (DMDD) diagnosis.
- Describe the diagnostic criteria for Bipolar Disorder and Disruptive Mood Dysregulation Disorder (DMDD) according to the DSM-5-TR.
- Identify the clinical features that differentiate Bipolar Disorder from DMDD.
- Give examples of current evidence-based treatment approaches for both Bipolar Disorder and DMDD.

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Childhood Bipolar Conference Recorded Asynchronous Learning *Your Presenters*



Angela Jamison, Deputy Director

Angela Jamison spent eleven years in the field of education with a BA from Northern Kentucky University prior to staying home with her five children and pursuing a Master's of Social Work from the University of Kentucky. Angela also received her Trauma Responsive Practice Certificate from the University of Kentucky and is a Certified Social Worker in the state of Kentucky and a Licensed Social Worker in the state of Ohio. After fifteen years witnessing the trifecta of trauma, overworked caseworkers, and ineffective legislation within the child welfare system as a foster parent, and feeling the isolation of parenting children with mental illness, Angela brings a passion for empowering families with strength and confidence, feeling heard, and understood on their journey, whether that be foster care, adoption, or mental illness.



Elizabeth Errico, CMHRC Executive Director

Elizabeth Errico founded CMHRC after more than twenty years as a mental health professional with a varied, decades-long career in the fields of counseling, psychology, education, and psychiatry. Earning her BA in psychology from Georgetown University, she then attended Columbia University, Teachers College where she earned Master's Degrees in both psychological counseling (MA) and counseling in education (Ed.M). Elizabeth has her Professional Counselor of Mental Health license in the state of Delaware and Mental Health Counselor license in the state of Hawaii, as well as is a member of the American Counseling Association, and the American Board of Certified Counselors. Through her years working with families, she has seen a desperate need and struggle to find answers and support from a complex mental healthcare system that often ignores

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or minimizes family concerns. Children's Mental Health Resource Center grew out of the awareness that families, and practitioners, deserve better access to information, resources, and expert guidance as they seek accurate diagnosis and effective treatment.

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