

The new Inpatient Child and Adolescent Bipolar Spectrum Services program (In-CABS) provides integrated, acute care on an inpatient basis for adolescents who have bipolar disorder or who are at risk for bipolar disorder.

In-CABS has initiated a multi-layered assessment approach for early and correct identification for both diagnosing or ruling out bipolar disorder in the hospital setting. In-CABS provides culturally sensitive, developmentally appropriate, adolescent-oriented, and family-focused treatment approaches, including bipolar disorder-specific workbooks and mood-monitoring tools that have been developed by CABS.

Inpatient and outpatient CABS work as a team for diagnostic and treatment discussions, and appropriate referrals. CABS outpatient services are based at Bellefield Towers. Inpatient services are located at Thomas Detre Hall in Western Psychiatric's main building.

## Team approach

From the first day, adolescents, parents, and outpatient providers are accepted as part of the treatment team. Support groups are available for parents and "community meetings" are provided for the adolescents. In this setting, patients become a part of decision making about interventions.

In-CABS programming is led by professionals and delivered with well-trained, motivated, and dedicated staff in a friendly, warm, and well-structured environment.

Medical Director, Rasim Somer Diler, MD, leads In-CABS in coordination with CABS medical director, Boris Birmaher, MD.

Our treatment team includes a program director, child and adolescent psychiatrists, nurse clinicians, master degree clinicians, social workers, school teachers, discharge specialists, nursing and milieu therapy staff, music therapists, art therapists, and yoga instructors.

## Referral process

Parents, outpatient physicians and/or clinicians, staff at treatment centers and/or hospitals can initiate the referral.

If an adolescent displays mania-like symptoms that require diagnostic clarification and specialized interventions for bipolar disorder on the inpatient unit, please call **412-246-6094**.

Adolescents also have been admitted from outside Pennsylvania. For questions about direct admission and transfers from other hospitals, call **412-624-2000**.

To initiate an outpatient assessment at CABS, please call **412-246-5238** or **1-877-851-CABS**.

### IN-CABS

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[www.UPMC.com/CABS](http://www.UPMC.com/CABS)

For more information about In-CABS,  
call **412-246-6094**.

For more information, samples of publications, and  
clinical training for the (KSADS) instrument, please visit  
[www.pediatricbipolar.pitt.edu](http://www.pediatricbipolar.pitt.edu)



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# Inpatient Child and Adolescent Bipolar Spectrum Services (In-CABS)

Western Psychiatric Institute and Clinic  
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## Award-winning program

In-CABS is an award-winning, innovative program that bridges clinical innovation with evidence-based practices. Less than a year after opening, the Hospital Association of Pennsylvania awarded In-CABS with the "Patient Care Award."

Our CABS programs were awarded the Excellence in Clinical Medicine Award in 2013 by the National Council for its integrated inpatient/outpatient services and the Recognition Award in 2013 by the Rehabilitation and Community Providers Association for innovation in mental health.

In-CABS has 14 beds and provides treatment for adolescents who are 13 years and older and consultation for children who are younger than 13 years.

## Why is clarifying bipolar disorder important?

Bipolar disorder, or manic depression as it used to be called, is a mood disorder that runs in families and has a biological basis. It is a serious neuropsychiatric illness and a leading cause of impairment in the world. Bipolar disorder can be difficult to diagnose in children as it can be mistaken for other psychiatric disorders such as Attention Deficit Hyperactivity Disorder (ADHD), anxiety, or unipolar depression.

Despite the sharp increase in the rates of bipolar disorder diagnosis in children and adolescents, many youth still receive the wrong diagnosis. Given the high rates of morbidity and mortality, and the chronic course of the condition, early and correct diagnosis and treatment of bipolar disorder at a young age is critical for not only mood stabilization, but also for enabling the child to follow a normative developmental path and prevent an unrecoverable loss in the child's psychosocial development and education.

## How do we evaluate bipolar disorder?

Accurate diagnosis of bipolar disorder requires well-trained clinicians, experienced physicians, long interviews, and multiple informants. Our innovative, multi-layered assessment includes:

- Screening every child with the mania scale (revised by In-CABS) in the emergency department
- Comprehensive evaluation, including semi-structured interviews of the child and the parents or caregivers and completion of detailed questionnaires, on the inpatient unit, if admitted
- The last phase is the consensus meeting which exists to integrate information from multiple informants, including parents, the adolescent, hospital staff, teachers, and outpatient providers; and to evaluate whether bipolar disorder is a likely diagnosis, and to identify other accompanying psychiatric and medical conditions.

## How do we provide specialized treatment for bipolar disorder?

In-CABS staff provides culturally sensitive, developmentally appropriate, adolescent oriented and family focused treatment approaches in the hospital that are tailored for each adolescent and family. Educating the adolescent and parent(s) is an important goal and is implemented in every phase of the assessment and treatment. In-CABS has developed an innovative self-assessment tool called the "mood and energy thermometer," for daily mood monitoring of adolescents.

By taking advantage of recent advancements in the affective neurosciences and bipolar-related research, In-CABS has developed an evidence-guided bipolar workbook for adolescents that is in parallel with group and individual therapy interventions on the unit. The In-CABS workbook assignments include:

- Exercises for identifying first signs and symptoms of mania or depression
- Correct identification of emotional faces
- Sleep/activity schedules
- Healthy diet/physical activity
- Risks of drug/alcohol use
- Medication education/compliance
- Safety planning
- Improving psychotherapy skills with Dialectical Behavioral Therapy (DBT) and Cognitive Behavioral Therapy (CBT)

Computerized neurocognitive testing is administered to better identify cognitive difficulties that may guide the treatment and educational approaches. All adolescents continue with their schoolwork while in the hospital. Our teachers coordinate patients' educational activities with their local schools.

Light therapy is used in some adolescents to target sleep/awake cycle difficulties and seasonal or intractable depression.

In-CABS provides integrated wellness interventions, including yoga groups, gymnasium and physical activities, art/music therapy, nutrition groups and individual nutrition consultations, and omega-3 supplementation.

If medication intervention is needed, we collaborate with the outpatient team and discuss with the adolescent and parent or caregiver, the risks and benefits of each medication option.

## Synergy and coordination with outpatient providers and CABS

Discharge planning starts with admission. We develop synergy between inpatient and outpatient services targeting quality and continuity of care after discharge. A detailed report about the results of assessment and interventions on the inpatient unit is shared with the outpatient providers.

Some patients may go to partial hospital or residential programs after discharge. Per request from an outpatient provider, a follow-up appointment may be arranged for medication management and/or therapy at the outpatient CABS program.

The CABS outpatient program is an integrated clinical and research program devoted to children and adolescents with bipolar disorder and related psychiatric illnesses.

## Research study participation

There are a variety of active research studies at CABS. Studies may include psychiatric assessment and, in some cases, interventions and follow-up for a limited time. Participation in research is not required to receive services at In-CABS.