
Children and adolescents living with Bipolar Disorder look just like other young people, but they suffer unfathomable, often constant emotional and physical pain. What one can not see is any outward evidence of the terrible torment raging within. It is impossible for those who have not lived with a child with bipolar illness to understand the daily, often hourly, battles parents have to wage on behalf of their children - they need our help.



MISERY



miser
miser
miser

Ariel was 14 years of age when she wrote this poem.

by Ariel Teshar

lifeless eyes, as tears of blood flow
pure, red and warm streaming down the split girls face
she wears a mask, what is this girl
what pieces her together...what keys open her doors
a pistol shot through her and got ripped out
emotions come flooding through the open wounds
they've been locked inside forever
she's a girl that walks but is no longer alive
as she sits and writes this, will this lifeless girl survive.

A Letter from Dr. Martin and Lynn Tesher

We have established ARIEL'S LEGACY, a non-profit organization, to honor the passionate, courageous battle fought by our miraculous, extraordinary and magical daughter, Ariel Justine Tesher. For children and adolescents living with Bipolar Disorder, there are no visible signs of the pain, the self-hatred, the terrifying nightmares, the racing thoughts and suicidal ideation. As is far too often the case with children and adolescents struggling with this devastating illness, our cherished daughter lost her battle and ended her life shortly after her twentieth birthday.

As parents who fought alongside her on this long and painful journey, trying desperately to find help for our daughter, we were astonished to realize how many children, and their families, were fighting the same battle, and how little real help was out there. We were very fortunate to find some highly knowledgeable, caring help, but we also met many dangerously unqualified advisors and professionals, and found a hugely lacking field of resources in the area of psychosocial services. We took many notes about what was missing and what we wished we could have found, at any price, to help our daughter. ARIEL'S LEGACY will attempt to fill in some of those critically missing pieces.

Ariel's problems were evident from birth, but no one was diagnosing depression of any kind in children at that time. All the symptoms of the illness were blamed on "bad parenting."

When our daughter was four years old we began a long series of psycho-educational evaluations and testing as it was clear to us that this wildly creative, brilliant and magical child was struggling with significant learning difficulties and high levels of anxiety. Finally, at age eleven and a half, we found a tester who had the knowledge and sensitivity to uncover, aside from the already diagnosed ADHD, huge language and auditory processing problems. As Ariel was talented and clever, she found ways of covering these problems that caused her so much frustration and shame on a daily basis.



Our daughter was eleven years old when she was diagnosed with bipolar illness by the leading team of doctors in the field. She was one of the first children to be diagnosed with this illness. From the earliest days of her life there were signs that something terrible had hold of this beautiful baby. Throughout her early years we knew little aside from the fact that our daughter was struggling with terrible demons and desperately needed protection. She first talked of suicide at age five, and the suicide ideations became

our story

increasingly frequent, and the attempts became increasingly more dangerous. We sought countless ways to help Ariel. When she was six years old we were lucky enough to find a wonderful and wise family therapist who had great compassion and some understanding of what was going on. During the entire journey the family therapist remained, at all times, an important part of our family. When Ariel was eleven, the family therapist attended a conference and heard leading experts speak on the emerging field of study of children with ADHD and manic depressive disorders. She suggested that we contact these doctors, which we did immediately, and the following day we began a week of extensive and extremely thorough testing. At the end of that week we were given the diagnosis of early onset very rapid cycling bipolar II disorder, as well as almost two pages of accompanying disorders. The physician who headed the bipolar unit started Ariel on several medications to try to stabilize her chemically. For the next nine years this doctor was the most involved, knowledgeable and caring physician

that anyone could imagine.

It is an indescribably difficult task to try and figure out the combinations of medications that can help a child suffering from this devastating illness. Children do not all respond the same to medications. Our daughter was resistant to many of the meds, and often they had very adverse effects. Every parent who is faced with the difficult, life altering choice of putting their

child on medications, all of which have side effects, whether it is for diabetes, cancer or brain illnesses like bipolar disorder, knows the back and forth arguments which eventually come down to the simple question of whether or not you are ready to do or try anything that will keep your child alive.

Although we were at the door of a hospital before, it was too frightening to leave our fragile, young daughter in a place that appeared dark and frightening – where the staff seemed to have little sympathy for a child in such extreme distress – so we went back home and back on a constant suicide watch. We finally had a diagnosis and a doctor (in another state) whom we trusted. When at age twelve the illness worsened and Ariel was again in life threatening danger, we found another, more welcoming hospital that provided the acute intervention that was needed to keep her safe.

During the next eight years our courageous daughter was hospitalized nineteen times for suicidal ideation and/or attempts. From the age of thirteen (just after finishing her first hospitalization) until the age of seventeen, with the advice from many placement “experts,” Ariel suffered through four Therapeutic Residential Schools or Treatment Centers that were unable to provide the help she needed. It was not until she was seventeen and yet again in a Residential Treatment Center that provided neither the psychological, nor the learning support for which they were supposed experts, that we finally

Ariel at 19



Ariel at 17

hope

voice

found a placement advisor who fully understood both the psychological and the learning issues. She knew the various programs around the country, the people involved and what they could and could not handle effectively. Ariel desperately wanted to come back home to New York and try to have a "normal" school year. That lasted a very short time before it became necessary for us to do what we swore we would never do. We had a highly trained team of people come in the middle of the night to escort our daughter to a Wilderness Program where she remained for six weeks. There is something calming about the quiet of the wilderness, almost healing. There are many different types of

Wilderness Programs – some very frightening. With excellent guidance from the placement advisor whom we had finally found, we were able to enter a clinically based Wilderness Program which helped kids discover resources within themselves to cope and survive. It was an enormously empowering program for Ariel, and although it certainly was not easy, after those six weeks she was ready to enter the first truly well-staffed, caring and clinically well run Residential Treatment Center we had encountered on this long, frustrating and desperate journey.

We wish that there had been a Step Down Program where Ariel could have been in a safe and familiar place while she learned how to use the new tools for survival that she had acquired, and gradually gain a sense of independence in the world outside the cloistered, lock down treatment center.

Had bipolar illness been recognized in children at an earlier time and had we had the benefit of finding proper diagnosis and treatment at an early stage in Ariel's development, it would

have made an enormously different kind of childhood possible. Perhaps she might be here to tell you herself the many ways in which proper medical and therapeutic treatment enhanced the quality of her life. Many children suffering from bipolar illness are among the brightest and most creative minds that our society has come to depend upon. The lack of knowledge in the professional world, as well as the lack of understanding and empathy from the public in general, isolates these children and leads to even more suffering for them and their families.

Suicide is the second highest cause of death among teens today. The statistics on bipolar suicides are chilling. It is too late for our daughter, but as she was always the first to try and ease another's pain, we know that, as her parents, we cannot stop trying to help others who suffer as she did. We say a prayer of thanks every day for the constantly caring and brilliant people who give so much of their own lives to help others and who can lead the way to give children and their families the hope of finding relief from some of the terrible demons and pain caused by this devastating illness.

Lynne Cisher

Martin Treker



Ariel at 13

our vision

ARIEL'S LEGACY envisions a world in which society will eventually recognize Bipolar Disorder in children and adolescents as a medical illness and will provide the support, care and understanding that these uniquely challenged children and their families so desperately need.

mission statement

ARIEL'S LEGACY is a non-profit organization established to:

- 1) Assist children and their families confronted by the disastrous affects of pediatric and/or adolescent bipolar illness and the often accompanying illnesses of the brain associated with this disease and
- 2) Help raise public awareness and erase the stigmatization of this medical condition through a national, multi-platform campaign.

ARIEL'S LEGACY will seek to:

Support programs and medical research of doctors seeking to develop effective diagnostic techniques to both identify the cause of and continue to improve medical and therapeutic treatments for bipolar patients. This Includes:

- Funding studies of the brain, medication, and studies to detect genetic abnormalities at the earliest stage of development.
- Developing and funding awareness programs to enhance the understanding of this medical illness.
- Funding a Chair and Fellowships in pediatric and/or adolescent bipolar studies.
- Funding satellite communication/teleconference programs, under the supervision of a clinically trained team of doctors, to help primary care physicians in rural and underserved inner city areas, diagnose and treat mild to moderate cases of pediatric and/or adolescent bipolar illness.
- Funding the development of clinically based resources and programs that meet the psychosocial needs of children with bipolar illness and their families.
- Funding a pilot program consisting of a clinically run Residential Treatment Center, followed by a clinically supervised Step Down Program, followed by a clinically supervised Walk In Program. This three-phased Program would take place in the same geographical area and under the same Director.
- Supporting evidence-based legislation pertaining to brain illness in areas such as, but not limited to, insurance coverage, teacher certification, academic learning difficulty and/or emotional difficulty tester's and advisor's certification, professional provider's (psychotherapists, psychologists, psychiatrists and psychopharmacologists) current certification, Therapeutic Schools and/or Residential Treatment Centers' standards and certification.



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Design by CS-Graphic Design Inc.
Printing by Hume Media Inc.

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About pediatric and/or adolescent bipolar disorder

awareness
statistics
facts

- Suicide is the second leading cause of death among teens today.
American Foundation for Suicide Prevention
- Over 30% of bipolar youths have made a suicide attempt.
Goldstein, T.R., et.al., Bipolar Discord
- Over two million children in North America suffer from bipolar disorder and another 6% of children are severely impaired by bipolar disorder symptoms.
American Association of Child and Adolescent Psychiatry
- Over 60% of children and adolescents suffering from bipolar disorder also suffer from ADHD, 50% also suffer from anxiety disorders, 20% also suffer from conduct disorder and autism spectrum disorder.
Wozniak, J., Journal of the Amer. Acad. of Child and Adolesc. Psychiatry;
Kowatch, R.A., Bipolar Discord
- Bipolar youth show worse performance on cognitive tests of attention, memory, processing speed, verbal learning, and problem solving, thus requiring tutoring and special education.
Doyle, A.E., et.al., Biological Psychiatry
- 34% of adolescents with bipolar disorder suffer an alcohol, drug abuse or addiction problem and 14% suffer from problems with both alcohol and drugs.
Wilens, T., et.al., Journal of the Amer. Acad. of Child and Adolesc. Psychiatry
- For every year of illness left unidentified and untreated, bipolar youth have a 10% lower likelihood of effective treatment.
Birmaher, B., American Journal of Psychiatry, 2007; Birmaher, B., Archives of General Psychiatry
- Bipolar disorder affects children and adolescents more severely than adults.
Geller, B., et.al., Archives of General Psychiatry
- 65% of adults with bipolar disorder report that their symptoms started in childhood or adolescence. These adults with early onset have more severe disease with more suicide and substance abuse problems.
Perls, R.H., et.al., Biological Psychiatry
- Children with bipolar disorder grow up to be adults with bipolar disorder.
Geller, B., et.al., Archives of General Psychiatry