CHARACTERISTICS OF ATTENTION DEFICIT DISORDER, BIPOLAR I DISORDER AND REACTIVE ATTACHMENT DISORDER

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Symptoms	Attention Deficit Disorder, With or Without Hyperactivity	Bipolar I Disorder, Mixed Type (Rapid Cycling)	Reactive Attachment Disorder, Disinhibited Type
Age of Onset	Infancy to toddler, 6 years, 13 years	2 to 3 years, 6 years, 13 to 25 years	Birth to 3 years
Family History	ADHD, academic difficulties (based on task incompletion), alcohol and substance abuse.	Any mood disorder (depression or bipolar), academic difficulties (based on motivation problems or opposition or defiance), alcohol and substance abuse, adoption, ADHD.	Abuse and neglect, severe emotional and behavioral disorders, alcohol and substance abuse. Abuse and neglect in parents' own early life.
Lifetime Prevalence	3 to 6% of general population.	3 to 5% of general population.	Uncommon to common.
Etiology	Genetic, neurochemical, fetal developmental, brain traumas, nutritional deficiencies, exacerbated by stress.	Genetic, exacerbated by stress and hormones.	Psychophysiologic secondary to neglect, abuse, mistreatment, abandonment.
Duration	Chronic and unremittingly continuous, tending toward improvement over years.	May or may not show clear emotional and behavioral episodes and cycles. Worsens over years with increased severity of symptoms.	Dependent on extent of abuse, age of relinquishment, including innate temperament and treatment. Worsens over years without treatment to develop antisocial character disorders.
Attention Span	Short, leading to lack of productivity, task performance and completion.	Entirely dependent on interest and motivation. Distractibility is commonly mistaken for inattention.	Hyperarousal influences hypervigilance, distractibility and shortened periods of focus. Shortens with stress.
Impulsivity	Secondary to inattention or obliviousness, regret and remorse.	"Driven," "Irresistible," grandiosity, thrill seeking, counterphobia, little regret or remorse. Pressured speech.	Poor cause and effect. No remorse. Can range from overreactive to highly controlled, self-protective.
Hyperactivity	50% are hyperactive. Disorganized, fidgety, jittery.	Wide ranges with hyperactivity common in children.	Common.

Self Esteem	Low, rooted in ongoing performance difficulties.	Low, rooted in inherent unpredictability of mood. Grandiose or expansive mood could mask low esteem.	Low, rooted in abandonment, feel worthless and unlovable, masked by anger or indifference.
Mood	Usually friendly in a genuine manner. Some irritability.	Unpredictable, oversensitive, overreactive, irritable, grandiose, hard to please or satisfy, negativistic.	Superficially charming, phoney, distrusting, emotionally distant, nonintimate.
Control Issues	Desire to seek approval – get into trouble by inability to complete tasks.	Intermittently desire to please but tend to push limits and relish power struggles. Expert hasslers, persuasive.	Controlled and controlling, only self-gain, underhanded, sneaky and covert.
Opposition / Defiance	Demonstrate argumentativeness but will relent with show of authority, and are redirectable. Short attention span allows them to "let go" more easily.	Usually overtly and prominently defiant, at times passive aggressive, often not relenting to authority. Tend to insist on getting own way.	Conning and cunning. Covertly defiant, passive aggressive.
Blaming	Self-protective mechanism to avoid immediate adverse consequences.	Grandiosity contributes to disbelief/ denial they caused something to go wrong.	Rejecting of responsibility. Victim position.
Lying	Avoid immediate adverse consequences.	Enjoys "getting away with it," and to avoid immediate adverse consequences.	"Crazy lying," stuck in perceptual self-centered "primary process" distortions to attempt to gain control.
Fire Setting	Play with matches out of curiosity, nonmalicious.	Intrigued with matches/fire setting and can have malicious intent.	Revenge motivated, malicious. Danger seeking secondary to despair.
Anger, Irritability, Temper and Rage	Situational, in response to overstimulation, poor frustration tolerance and need for immediate gratification. Rage reaction is usually short-lived.	Secondary to limit setting or attempts to control their excessive behavior, rage can last for extended periods of time, at other times may be explosive and over quickly. Overt, aggressive and assaultive.	Chronic, revenge "get even" oriented. Eternal "victim" position, with rationalizations for destructive retaliation. Hurtful to innocent others and pets.
Entitlement (Deserving of Special Benefits)	Overwhelming need for immediate gratification. (Not a prominent symptom.)	Expansive and grandiose mood creates belief they deserve special treatment. Now/near future oriented.	Compensation for abandonment and deprivation. (Not a prominent symptom.)

Conscience Development	Capable of demonstrating remorse when things calm down. Close to developmental age.	Limited conscience development, dependent on mood and parenting ability.	Very "street smart," good survival skills, con artists, calculating, devious.
Sensitivity	Oblivious to detailed circumstances they are in, and inappropriateness shows as result. Do get "big picture."	Acutely aware of circumstances and are "hot reactors." Detail oriented. Hassle for self-gain.	Hypervigilent, compensating for past helplessness. Resistant and insensitive, rarely ill. Limited emotional repertoire.
Perception	Flooded by sensory overstimulation, become distractible, hyperactive or shut down.	Self-absorbed, preoccupied with internal need fulfillment, appears narcissistic. Dissociation possible. Inappropriate affect.	Self-centered primary process primitive distortions. Dissociation possible.
Peer Relationships	Make friends easily but often not able to keep them. Immature.	Can be charismatic or depressed, depending on mood. Conflicts are common due to controlling nature.	Very poor. Secondary to lack of intimacy and control issues. Target others to get angry. No long-term friends.
Sleep Patterns	Occasional trouble getting to sleep due to physical overstimulation. Once asleep, "sleep like a rock." Fidget even in sleep. Nightmares uncommon.	Inability to relax, wind down because of racing thoughts or emotional intensity. Nightmares common.	Hypervigilance creates light sleepers. Tends to need little sleep, arise early in the morning.
Motivation	Less resourceful – more adult dependent. Okay starters, poor finishers.	Grandiose – believe they are resourceful, gifted, creative. Self-directed, highly variable energy and enthusiasm.	Consistently poor initiative, limited industriousness, intentional inefficiency. Motivation for short term only.
Learning Characteristics	Most commonly coexistent auditory perceptual difficulties and fine motor incoordination are common. "Right brained."	Non-sequential, non-linear learners. Verbally articulate, used in shrewd and manipulative ways.	Brain maturation delays secondary to maternal drug/alcohol effects, early life abuse/neglect can create diverse learning problems.
Anxiety	Uncommon, unless performance-related.	Emotionally wired. High potentials for anxiety, fears and phobias. Somatic symptoms common, needle phobic. Dissociation.	Appear invulnerable. Poor recognition, awareness or admission of fears. Dissociation.
Sexuality	Emotionally immature and sexually naïve.	Sexual hyperawareness, pseudo-maturity, high interest and activity level.	Uses sex as a means of power, control or infliction of pain, sadism.

Alcohol and Substance Abuse	Moderate tendencies as coping mechanisms for low self-esteem.	Very strong tendencies in attempt to enhance or reduce hypomanic/dysphoric moods.	Sporadic/uncommon, not likely to lose too much control. We need more knowledge of correlation.
Parenting Techniques	Support, encouragement, redirection.	Nothing works long term until correctly diagnosed and medically treated.	Understanding child's vulnerabilities and resistances aids child in becoming workable.
Optimal Environment	Low stimulation and stress. Support and structure. Identify learning disability components or psychological factors.	Clear and assertive, balance of limits with encouragement, negotiation. Helpful if all members of the treatment team work together.	Challenging balance of security, stability, clarity and unambiguity of expectations, nurturance, encouragement and love.
Psychopharmacology	Medications helpful include: Adderall, Atomoxetine, Methylphenidate, Dexedrine, Bupropion. Clonidine and Guanfacine may be useful as additive medications.	Medications helpful to stabilize mood include Valproate, Lithium, Verapamil, Carbamazepine, Oxcarbazepine and Lamotrigine. Medications helpful for opposition and rage include Aripiprazole, Olanzapine, Quetiapine, Risperidone, and Ziprasidone. Bupropion helpful for mood and motivational enhancement.	Antidepressants, Clonidine, Guanfacine may help decrease hypervigilance. Medications do not help with characterological traits.
Prognosis	Good to excellent with appropriate medical treatment, ancillary therapies and educational accommodations.	Fair to good with times of regression/ relapse even with appropriate treatment.	Highly variable, dependent upon recognition of comorbid mood disorders, degree of abuse/neglect, age of relinquishment, innate temperament and effects of treatment.