

It's Not Always What You Think

MY DAUGHTER ONCE TOLD her grandmother, “My mother saved my life.” While I was implicitly involved—haggling with insurance companies and bugging the psychiatric social workers to get her sent to the right facilities—it was really my daughter who did the saving. But she could not begin the recovery process until certain conditions were met.

She needed the right diagnosis

Ever since she was little, my daughter was a whirling dervish, a fireball of energy, exuberance, joy, and rapture. She was also oppositional, distractible, jealous, subversive, and without remorse. One day, upset with the outcome of a dispute with us, she tossed a bar of soap into our fish tank, the twenty-gallon homestead for one surviving African cichlid. I walked into her bedroom just as a two-foot soapy wall of bubbles breached the tank and cascaded down the aquarium wall. The fish, a nasty specimen who cannibalized any roommates, could be seen navigating through a cloud of soapy water and other debris—a shoe, *The Giving Tree*, and a belt.

Without remorse, my daughter blamed her three-year-old brother, making him the sacrificial lamb. He watched the rising soap like a deer in headlights: transfixed, a mix of fascination and fear.

We dragged her to psychologists and doctors. They treated her symptoms as classic ADHD and suggested the standard protocol—stimulants. But none had any lasting effects.

When her school principal called one day and told me to pick her up and never bring her back, I knew it was much more. Smitten by a fourth-grade boy, my second grader had etched big hearts inscribed with “I love you” into the walls of the bathroom stalls.

It was a devastating moment. I knew it was more than ADHD. But anytime I told the professionals this, they acted as though I was the crazy one, that mother with Munchausen syndrome by proxy who craved attention through having a sick daughter. What mother wants that kind of attention?



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As my daughter morphed into a teenager, other symptoms emerged. Naturally curvy and buxom, she dressed and interfaced with others as a vixen. She became depressed, cut her arms with safety pins, hoarded pills for a future overdose, and cycled in and out of hospitals. After a month-long stay at McLean Hospital, a premier behavioral facility outside Boston, the doctors diagnosed her with borderline personality disorder.

She needed the right treatment

According to the CDC, ADHD is frequently paired or comorbid with other disorders in 30 to 60 percent of cases. Those disorders can include conduct or oppositional disorder, anxiety, depression, borderline personality disorder, and bipolar disorder. The drug of choice for ADHD is stimulant treatment. But if ADHD isn't the primary disorder, treatment can exacerbate mental illness symptoms. Research suggests that stimulant treatment for ADHD, “the preferred method for improving executive function,” can actually exacerbate pediatric bipolar disorder. (Helen Lazarotou, “Attention-deficit hyperactivity disorder or bipolar disorder in childhood, in *Psychiatriki*, 2012 Oct-Dec, <http://www.ncbi.nlm.nih.gov/pubmed/23399752>).

That's what I saw as my daughter transitioned into adolescence. As her moodiness and impulsivity increased, the doctors at McLean Hospital were stuck on the borderline personality disorder diagnosis. It was one of those chic new diagnoses they doled out with regularity.

This incorrect diagnosis would delay correct treatment and her recovery for another five years. Treatment for borderline personality disorder focuses on managing anxiety through medication and cognitive behavioral therapy. The doctors prescribed aripiprazole and bupropion, and for years, my daughter walked around like a zombie.

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She had to accept responsibility

On a breezy June day when the residential gardens of Bellevue Hospital were beginning to bloom, we sat in a conference room on the twenty-first floor with doctors, social workers, and my daughter. Meanwhile, one resident, who claimed he'd been on Broadway, did the soft shoe outside the conference room door. Another man with multiple personality disorder argued with himself in the resident lounge. My daughter's fifty-year-old roommate, the one with six-inch nails, screamed at the wall of their room in Spanish.

We told my daughter the hard facts. She was manic. She was in denial. She needed in-patient treatment. And if she didn't go for residential treatment, if she didn't accept responsibility for her own illness, she would become her roommate. It was a painful moment for my daughter. I knew she was scared. She was also homeless and had run out of excuses and resources.

And so, willingly, she went to a residential treatment center in Norfolk, Virginia, nine hours from our home, where doctors took her off all meds and saw what others had missed. She had bipolar disorder, she had ADHD, and she was on the wrong course of treatment. For four months, she went through individual, family, and group therapy. The doctors prescribed lithium, monitored her blood levels. She was sent to school and finished her degree. She was essentially retaught how to interact in a world that had moved on while she spiraled.

It's been seven years since that hospi-

talization, and my daughter continues to thrive. After a bout of lithium poisoning, she now takes ziprasidone, a psychotropic, antipsychotic drug that regulates her bipolar and anxiety. It's an older generation drug without the salt-based side effects of

lithium. She also takes a stimulant as needed when she has a college deadline. But she takes responsibility for her own illness, for her therapeutic appointments, for her own health. And I am forever proud of her and grateful to have her whole. 📍



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