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Saving Our Water

ELIE WIESEL
On Reconciliation

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I started the clinic because my own personal story made me see the need for it,” explains Dr. Enid Haller, who, as a 12-year-old in the 60’s, belonged to one of the first groups diagnosed with Attention Deficit Hyperactivity Disorder. “At that time, treatment consisted almost entirely of medicating the child.”

At first the disorder was called Minimal Brain Dysfunction. By the time Dr. Haller was diagnosed, the name had been changed to Hyperactivity. In the early 70’s it was called Attention Deficit Disorder. Now it is Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder (AD/HD).

“Renaming it is telling in itself,” says Dr. Haller, who is Executive Director of Behavioral Arts & Research, an outpatient mental health clinic specializing in AD/HD. “New information is continually changing how we look at it, and how we treat it.”

One unique aspect of the clinic is its holistic approach. Dr. Haller’s team offers treatment for the full range of associated disorders, including eating disorders, co-dependency, substance abuse and learning disabilities.

They also offer a full range of services, both conventional and alternative, to deal with the multi-faceted aspects of the disorder. The treatments are tailored to each individual, and include neurofeedback, biofeedback, play therapy, nutritional counseling, family therapy, stress management, meditation and medication as needed.

All these services are provided under one roof. “We never have to refer out.”

It was through her own treatment that Dr. Haller realized the importance of such a broad-based approach. “I was medicated as a child, but not getting enough psychotherapy,” she explains.

“It wasn’t until I was 30 that I went through a whole metamorphosis with my treatment.” She stopped taking Ritalin at that point, having done so for nearly two decades.

“Medication can be a great thing, but I don’t think it’s good to put any substance in your body for that length of time. This type of drug probably should be used for only six months to a year, maximum.”

Research and clinical experience has convinced Dr. Haller that a multi-faceted approach to this problem is necessary. “We see so much improvement by first trying non-medicative interventions, that we consider it a truancy not to try these first.

“If you do medicate the child, you should always have some other intervention as well. This is documented in all the books, and professionals agree. But prescribing medication alone is still done. It seems to me a short-cut at the child’s expense—a quick fix that simply treats the symptoms without uncovering or addressing root issues.

“Parents need to realize that the risks are with the medication, but not the answers.” Medication has a number of serious side effects, such as the loss of a sense of humor, stifled creativity, insomnia and eating disorders. “You’re revved up most of the time. But it can help you to focus.

“However, like most medications, Ritalin works better in the beginning, and then you hit your tolerance level. It stops working, but by then you’ve become psychologically and physically dependent on it.”

At what point should a parent become concerned about a child’s inappropriate behavior?

“It is normal for children to exhibit erratic behavior,” Dr. Haller says, “They go through different phases. I don’t think you should be concerned until the age of seven, because the systems are developing. But many practitioners break this rule. Children as young as two years old are being medicated on Ritalin and other stimulants.”

The New York Times recently reported on the growing incidence of such “toddler medication” in a front page article, noting that between 1991 and 1995 the percentage of preschool kids medicated for AD/HD more than doubled, even tripled, in the case of stimulants as a whole. In the words of Dr. Steven Hyman, director of the National Institute of Health, the drastic increase is “an area of enormous concern.”

School is very competitive,” observes Sam Hiser, Dr. Haller’s husband and the clinic’s business manager and director of administration. “If a child exhibits a problem with reading, or is slow at some stage of learning, parents, especially New York parents, get proactive very quickly. It is great that they’re interested, but they can overstep.”

“If your child is below the age of seven,” says Dr. Haller, “and you are having trouble managing his or her behavioral problems, you should seek some assistance, but hold off medicating.”

The clinic has 10 neuropsychologists, who do psychological testing to evaluate the child’s learning strengths and weaknesses, determining how he or she is processing information.
Early warning signs center around inappropriate activity. “AD/HD children tend to act impulsively, to skip that ‘middle step’ of thinking,” says Dr. Haller. “They either don’t learn it or for some reason can’t process it, so they often respond to situations inappropriately.

“Some AD/HD children have ‘hyper focus,’ and can focus on something they like doing for a long time.”

But children with AD/HD often find it difficult to focus on things that are uninteresting to them. “If they don’t like math or English, or they just don’t want to do it, they won’t have the capacity to learn those subjects.

“Math is a left-brained activity. Art is right-brained. We have found that AD/HD children and adults tend to be more right brained and creative, so they tend to learn better from music, art or other creative activities.

“Unfortunately, our schools are not designed for this type of learning. Art and music classes are not introduced until the higher grades. Young children are still forced to do the other type of thinking, in which they may not be strong.”

The AD/HD child responds better to a more intuitive, non-linear approach. “They learn more like ‘1,4,6,10’ than ‘1,2,3,4,5.’

“Those children need a special curriculum,” says Dr. Haller, “but unfortunately though they are usually at least as intelligent as the average child, they often get incorrectly placed in Special Ed or other programs for slow learners. What they need is more individual attention in the classroom.”

The clinic educates both teachers and parents to the fact that AD/HD children think creatively.

“A lot of the children who grow up with this disorder are not appreciated for their strengths. It’s their weaknesses that are pointed out to them. Are they even weaknesses? I’m not sure. Emphasis should be put on what they can do, instead of what they can’t.

“We are really asking the teacher to adapt to the student, but it’s very hard to do that, especially if there are too many children in the class.”

After testing the student, Behavioral Arts has a therapist observe the child in the school setting and make an assessment.

“Medication is our last resort,” says Dr. Haller, “because it treats just the symptoms. It doesn’t treat the underlying, causal issues.”

Though they work with the schools, Dr. Haller stresses that the greatest impact on the child is from parents and family.

“We try to get them into parent training or family sessions to give them tools which make it easier to cope with the stress.”

They also try to help families understand what they can ask of the schools. “If the schools aren’t armed with proper information and understanding of the disorder,” says Hiler, “then we try to provide it for them. As a partner in the community,” he continues, “we bring together curriculum makers, teachers and families.”

Dr. Haller says it isn’t always easy getting school administrations to acknowledge the value of a multi-faceted approach. “Usually it first takes exasperated parents and courageous teachers who take a stand against the drugs.”

However, progress is being made. Behavioral Arts now works closely with a handful of schools that provide a steady stream of referrals. As one New York City private school administrator says, “We have seen results from several adjunctive approaches used at Behavioral Arts and are convinced a non-pharmaceutical approach is preferable. We like to see our children on drugs only as a last resort.”

“The alternative therapies we offer empower children,” observes Dr. Haller. “Our approach helps them control some of this behavior and feel stronger within themselves.”

For the past year Dr. Haller has been working to develop a program at the clinic using meditation and yoga in the treatment for AD/HD.

“We have been creating a program integrating meditation with yoga and other relaxation exercises, where children can calm themselves down in the classroom,” she explains.

“A lot of the time AD/HD children want to stand up and run out of the classroom, or away from any situation they find uninteresting. They can’t stand sitting down.”

With her team, Dr. Haller designed mental and physical exercises to help children feel more empowered, by creating that second step, “when they stop to think before diving right into something, and can calm themselves when they become worked up.”

Clearly, running out of the class is not going to serve them. “But those are the urges they have. They want to get out of there because they can’t sit for that long. That’s why the kids are often on medication. It helps them sit and focus.

“If you took Ritalin, which is a form of amphetamine, you would focus better, too! Anybody would.”

People once thought the medication reversed AD/HD, but that notion has lost support. “So we do a battery of neuro-psychological tests to determine the treatment plan.”

The tests provide parents with an extensive report. “It’s a diagnostic road
map of where the child needs more intervention. Then our tutors and remediers, who are trained to work with children with learning disabilities, go into the home.”

“The tests rule out any neurological dysfunction,” Hiser notes. “Before we do anything, we also might do some nutritional counseling to find out if allergies are a factor, for example.”

The next step at Behavioral Arts is to record a complete history of what has been going on with the child since birth, “even including anything unusual that occurred in utero,” adds Dr. Haller.

“It is rare that I diagnose AD/HD without extensive testing to back it up,” says Dr. Haller. “However, many doctors do. They sometimes diagnose AD/HD within 15 to 20 minutes.”

Because the tests are a sort of “emotional equivalent” of an extensive physical exam, Dr. Haller advises that, even if you don’t suspect AD/HD, it may be wise to conduct such a test when your child starts school, to assess him or her learning patterns.

“That way, if there is a weakness you can pinpoint it early. If a child has trouble early on, research shows it gets worse over time.”

The therapists at Behavioral Arts who specialize in treating AD/HD meet as a team each week to decide which therapy should be recommended for the child, if an intervention needs to be made.

“The team approach is essential, because we can benefit from multiple perspectives on behalf of the child, integrating various types of expertise in the plan,” says Dr. Haller.

“The conclusions are brought to the family and to the rest of the clinic,” adds Hiser. “Then people can make educated decisions about the best course of treatment for the child.”

When Dr. Haller started the clinic, people who were diagnosed with AD/HD were being medicated, “and often that was it. Even if other interventions were made, a lot was missed. There can be many other things going on. For example, there are often other disorders accompanying this one, especially in adults.”

If patients are medicated without psychotherapy, Dr. Haller explains, the behavioral problems which accompany AD/HD simply go untreated. “Therefore, when you stop the medication, the behavioral problems are still present.”

She explains that because addictive behavior often goes hand in hand with AD/HD, Behavioral Arts created an early intervention program for substance abuse with AD/HD teens.

“Parents who suspect AD/HD should move quickly, because the disorder has the potential to get serious.”

“Substance abuse is something to be especially concerned about if your child has learning disabilities or AD/HD.”

“It’s also important for people to know we really look at what is going on in the family. I’m not afraid to say that.”

Various things in the family could be affecting the child’s behavior. If one or both parents are substance abusers, it is highly disruptive. A child may be acting out because of a problem with a sibling.

“You have to look at the whole picture, not just one piece of the puzzle,” says Dr. Haller. For example, studies show that hypoglycemia and weak blood sugar regulation can have adverse affects on a child’s nervous system. Mineral deficiencies also are common in AD/HD children as well.

“We’ve seen behavioral changes just by adjusting a child’s diet. A lot is unknown about the impact of food allergies.

“The other therapy that is working well is neurofeedback, which helps children and adults learn how to control their brain waves.”

Brain waves are grouped into three categories. Alpha waves are associated with deep relaxation, theta waves are connected with daydreaming, and beta is used when a person is alert and focused. “AD/HD children have more theta and less beta waves. Addicts have very little alpha.”

“The child gets hooked up to an EEG computer,” says Deborah Pines, “Medication alone for AD/HD seems to me a short-cut at the child’s expense ...”

CSW, the neurofeedback specialist at Behavioral Arts. “Over a series of sessions, the child learns how to control his or her brain waves—to increase beta waves and decrease theta. That makes it possible for the child to pay attention when he or she needs to.”

Dr. Haller also has created a simple five-step “home program.” Based on each child’s personalized treatment, it outlines specific activities and tasks for the parents or caretakers during five time periods throughout the week: mornings, after-school, dinnertime, bedtime and weekends.

In all her efforts Dr. Haller is assisted by the Behavioral Arts team: 30 psychotherapists, 10 neuropsychologists and 15 tutors and remediers. “Our goal is to have an integrated approach. Everybody meets once a week at the staff meeting.”

“When a decision is made as to what path should be taken for a particular patient, there are usually two or three people involved in the therapy.” Because they prefer to integrate therapists with different specialties, there could be the psychotherapist, the nutritionist and the tutor. “The three work as a team to consult about the treatment.”

Another creative form of treatment the clinic uses is play therapy. In a specially designed play room, children create their own metaphorical world, in which therapists help them act out their emotions, overcome fears and traumas, and master necessary social skills in a comfortable environment.

Dr. Haller herself proves that with the appropriate intervention and therapy the disorder need not hinder any-
A child with AD/HD in grade school, I was more creative and artistically inclined." She wanted to be an actress. "It was a good route for me, because if you attend an art school like Emerson in Boston, where I went, the academics are structured so you can get through.

But all the while, she admits, "I believed I wasn’t able to process information or test well.

"The conflict was inside myself. What happens with a lot of children, especially if they have addictive behavior on top of it, is that you tend to go down the wrong path. That’s what started happening to me.”

Usually, adults with AD/HD jump from job to job to job. “That naturally happens with an actress, so I made it work. I was on Ritalin the entire time and learned to rely on substances.

“My life got more complicated and confusing. This is true for most adults with AD/HD. I was sabotaging myself, not being disciplined about my acting pursuit.

“When I woke up out of this dream, or whatever you want to call it, I realized I needed to get some help to change my behavior.”

She got into psychotherapy, changed careers and went back to school. “I started working with addicts, learning as much as I could about addiction, and I stopped using substances myself.

“Whatever people don’t realize is that you can change the way your brain functions through psychotherapy—without medication.”

She went back to school without Ritalin, “which scared me half to death. The big realization was that I was able to do well in school without the medication.”

How did she go from saying, ‘I can’t study,’ to having the rigor and discipline to get a Ph.D.?

“My first graduate degree was a Masters of Social Work at Fordham University. The teachers gave me special attention. They taught me certain basic educational skills I hadn’t learned at a younger age, and the psychotherapy helped me recognize what was going on.”

That’s why she stresses that in the early, formative years, a therapist can help the child and the family through the learning process.

“I’ll be honest with you. I’m lucky I pulled through. AD/HD behavior is often not acceptable behavior. A natural progression includes conduct disorder, oppositional defiant behavior, substance abuse and prison. Your defiant behavior turns in on you.

“The disorder can start out as AD/HD and end in something quite different.”

Thankfully, there are now special schools available for people with learning disabilities. Landmark College is designed for people with AD/HD and other disabilities.

“Because I didn’t learn to test well, I went to a school called Union Institute. They specialize in helping people get their Ph.D., mostly in psychology. You follow a program with the exact course load of Columbia or NYU to meet the APA requirements.”

Classes are small, only two or three students, “because AD/HD people do better one-on-one and in small groups.

“It’s a completely different experience to have someone explaining things to you in a setting where you can ask questions. You don’t feel pressured by other students. Learning became fun. Before, it had been an intimidating and competitive experience.”

A non-profit, Behavioral Arts is exploring various avenues of funding as they work on alternative therapeutic approaches to AD/HD.

“A lot of AD/HD researchers get their funding from pharmaceutical companies. In some cases there might be a conflict of interest, and the research might be skewed.”

So Dr. Haller and her associates are now planning a fund-raise. “Later we’ll approach foundations to raise money as an independent entity seeking to assess the AD/HD situation in an unbiased manner.” Behavioral Arts will use the funds to hire a research team to evaluate their work, documenting both their procedures and their results.

“With a year’s worth of data from a good research team, we will have the results to publish.” The gala fund-raiser is now planned for May, with several prominent actors and personalities already pledging their support.

“We need hard statistics on how these different therapies are working,” explains Dr. Haller. “Using alternative therapies is brand new. People, especially on the West Coast, and even here in New York, are no longer reluctant to use these therapies.

“They recognize that medication alone is not always the appropriate action. It is a big decision to medicate yourself or your child.

“My dream was to be able to help others where I didn’t get help in my own life. If I had received more help earlier on as a child, I wouldn’t have had such a difficult time. But now the blessing is that I am able to help others.”

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