GUIDEPONTS:
News from NADA
July 2011

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Missouri Acu Community Mobilizes for Joplin
by Sara Bursac

May 21, 2011 was a celebratory day in Kansas City when 34 new Acu Detox Specialists (ADS) concluded their week-long intensive training experience at the 26th annual NADA conference. Sixteen new Missouri Acu Detox Technicians, as the Missouri law refers to ADSes, were ready to serve their community. Their service was called upon much sooner than anyone could have imagined.

Photo courtesy of Ron Vickery

On the evening of Sunday May 22, an EF5 level tornado hit Joplin, a town of 50,000 in the southwest corner of Missouri, incurring a death toll of 153 and leaving a 14-mile path of devastation, 7 of those in city limits, and up to 1 mile wide. The following day, the NADA office, located in Columbia, MO, contacted all newly trained Missouri ADTs to find out if any could go to Joplin and provide ear acupuncture treatments to residents now living in a disaster zone.

The office also contacted John Schmieder, then president of the Acupuncture Association of Missouri, to determine Joplin continues on p. 2

Strong Show of Support From VA Employees for NADA Treatments

In early June, Veterans Administration employees cast votes for 4,700 proposals submitted by colleagues as part of the annual Veterans Health Administration's Employee Innovation Competition. Two NADA trainers and VA employees, Mark Farrington of Virginia and Phyllis Spears of Arizona, drafted a proposal idea for the competition titled “Help when the veteran wants it: Increasing access to behavioral health care with acupuncture”.

Coming in 207th place, the proposal was in the top 4% of employee-supported projects. The two trainers were not asked to submit a full proposal as their submission did not rank in the top 100, but Farrington is not disappointed. “The process gave me all kinds of contacts of people who are already connected with NADA and work at VAs. We can do this again next year.”

Spears is confident “that staff who work within the VA system are very interested in supporting the veterans in a way that is nurturing yet lets the vet keep their dignity.”

Proposals were divided into seven categories, including Medical and Surgical Specialty, Veteran Homelessness, and VHA COMPETITION continues on p. 3

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In the following 4 weeks, 6 Acu Detox Technicians and approximately 20 Missouri licensed acupuncturists provided over 700 treatments without missing a day. Two treatment sites were identified: a tent erected by the Salvation Army and a church called the Bridge where Red Cross and FEMA had set up their services.

“We could barely get anyone in at the Bridge,” said Nate Wax, a Columbia-based ADT who provided a total of 9 days of service in Joplin. After only a couple of days, “we had to leave the Bridge due to liability issues” identified by the Red Cross, explained Springfield acupuncturist Abba Anderson. For the next month, the Salvation Army tent on 26th and S. Main became the home for ear acupuncture treatments.

The tent was a prime location because “it’s a public setting and people can see what is happening,” said Wax. The treatment space was in the middle, lunch tables on one side, social service tables and waiting area on the other. “It was a very free and open atmosphere,” describes Wax, “a community clinic in a sense.” People from “every walk of life” came for treatment, including police, first responders, survivors, and volunteers helping with debris clean-up.

Daily treatment count was at 35 people on average and increased after several local news stations ran stories that aired on the evening news. “We are offering something that none of the other relief agencies are: relief from the trauma of finding body parts in the debris. From the trauma of being surrounded by so many other traumatized people,” said Anderson in one of her many emails sent out to mobilize Missouri ADTs and acupuncturists to fill the treatment schedule.

Jana Farrell, a respiratory specialist and ADT from Independence, MO reflected that her experience in Joplin “affected me much more than I thought it would. I just had to step away and process the stories.” Springfield acupuncturist Candace Fruge sent Anderson a brief report on a day at the tent, summarizing, “very busy with acupressure today, with needles, too. Lots of homeless/injured people today. I feel full of emotion.”

A week after the tornado hit Anderson coordinated a 1-day training facilitated by Acupuncturists Without Borders who provided information on how to prepare a successful acupuncture response in the wake of a disaster and integrate self-care. Throughout the month, Anderson maintained the treatment schedule and provided energy and inspiration to Missouri acupuncturists and Acu Detox Technicians, sending email dispatches with statistics and testimonials from the tent as well as keeping her phone line open for anyone who needed to process their experience.

The response from people receiving treatments was overwhelmingly positive. Those who came back for more reported great benefits, from reduced physical pain, to sleeping better. One person commented, “This will be my 4th visit and I think it’s great because it WORKS!” Another said, “I feel better than I have in one month!”

Ron Vickery, an ADT trained in Kansas City who, according to Anderson, “put more time in at the tent than anyone,” developed a strong connection with many acu detox regulars and helped identify locals interested in getting trained in the NADA protocol. Vickery will assist NADA trainer Lynn Maloney in the Joplin training scheduled for the end of July.

For more information about the training, contact the NADA office at nadaoffice@acudetox.com or call (888) 765-6232.
the NADA office received positive feedback. Below is a selection of 3 comments:

From Tom Corbin, Florida
“I’m a NADA trainer in S. Florida. I have run the first pain clinic staffed by an acupuncturist in the VA system since 1998. I’d be happy to help in any way as I’m a Vietnam veteran with 3 Bronze Service Stars. The programs are dear to my heart.”

From Vincent Gonzalez, Pennsylvania
“I am a NADA graduate. I am also a veteran diagnosed with PTSD. I have used the modality for years and always enjoyed its benefits. I am delighted to hear that it’s being considered in VA hospitals. I will speak to my doctor and promote its use.”

From Franz Katz, Florida
“I worked for the VA for 18 years and retired 3 years ago. I think acupuncture would be great! I moved to Miami 3 weeks ago and will be doing some volunteer work in addictions and if you think of any way I can help you here in Miami area please let me know.”

For more information, contact Mark Farrington at markgfarrington@gmail.com.

VHA COMPETITION continued from p. 1
fell into the latter category, identifying the population in need as veterans who “find it difficult to access health care when they are new to the VA system, when they are experiencing a mental health crisis, when they are on wait lists for outpatient or inpatient/domiciliary addiction, PTSD, MST [military sexual trauma] or other behavioral health services.”

To address this gap in services, the two NADA trainers proposed to incorporate ear acupuncture treatment as “an engagement and retention tool for mental health crisis walk-in clinics” and other sites where veterans seek out mental health services or are currently waitlisted for services.

Spears noted that “the VA very much wants to serve veterans when and where they need services,” but they are faced with the reality that “mental health encounters are face-to-face and providers do not want to rush the process.”

NADA supported Farrington and Spears by sending out two email blasts to 1,600 members with current email addresses as well as posting it on the website blog and NADA Facebook page. In response to the email notice,
In April 2011, I facilitated a training of NADA’s ear point protocol at the Malindi prison, a facility on the Swahili coast of Kenya that holds 600-700 male inmates and 50 female inmates. The training built upon the efforts of the Omari Project, a non-profit organization that offers education and treatment for addictions and HIV/AIDS.

Funded in part by the United Nations Office on Drugs and Crime (UNODC) and United States Agency for International Development (USAID), the Omari Project received its first NADA training in 2008. Under the guidance of program coordinator Shosi Mohamed, it has incorporated the protocol into all aspects of its services, including residential rehabilitation facilities in the towns of Malindi and Watamu, a drop-in center in Malindi and Lamu, prevention education in schools, and a prison education program.

On the first day of training we reported to the senior prison warden, Mr. Sachae, sitting in one of the bunker-like buildings with the other wardens. Introductions were made, and we explained in mixed English and Kiswahili the nature and logistics of the training and invited the wardens to come get some ear needles.

My earlier visits to the prison left me with an impression of restriction, limitation and stern oversight from guards. This time, though, I found the cooperation of the prison administration rather remarkable. For example, several of the guards in the training who had been assigned to night duty had their schedules rearranged so they could better participate in the full training session and still be rested.

Trainees included the in-charge of the prison dispensary, the officer of spiritual welfare, two officers of social welfare, the voluntary counselling and testing counsellor, and prison guards. Because NADA had for years been incorporated into the prison programs, trainees had a good idea of what the treatment entailed, and the benefits to their prison population.

On a December 2010 trip to Omari, NADA president Ken Carter had described the success of ear acupuncture programs in UK & US prisons. And during my own training in the NADA protocol, I spent some of my intern hours at an Oregon correctional facility, so I knew how valued such programs were for the inmates.

Nevertheless, I still had some preconceived notions about prison systems that led me to question how appropriate it was to train guards, who might have an antagonistic relationship with prisoners.

During the course of the training, I spoke with a couple of guards being trained about the relationship between guards and prisoners, assuming there was hostility and abuse. Both young men agreed that the prisoners and guards get along well and live in community with each other, since the guards live in barracks near the prison 11 months of the year and see each other every day.

The guards were not an exception in describing a sociable community among inmates and prison staff. After speaking with different participants in the prison society (guards, administration, Omari staff, and prisoners) I observed staff speak of inmates with compassion and empathy. Because of the close knit family groups in Swahili culture there are also likely to be family ties between the two groups.

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Guidepoints News from NADA

GUIDEQUOTE

“Each patient has their own stories to tell. It’s great to listen to them. We always wish that we can be of help. We often tell them don’t be stressed, release that anger, don’t smoke, don’t drink too much, etc., but for those who are under the bondage of addiction or those who are emotionally unstable, giving advice is not enough. They need something else.”

When it came time to do the clinical portion of the training, we were granted full access to treating inmates and had numerous treatment sites to accommodate the large numbers of prisoners receiving treatments.

Most of the trainees were nervous about their skills during the classroom session, and there were lots of sore ears after the second day. Once clinical sessions started with inmates, and they saw the relaxation and heard the responses from the prisoners, they relaxed and became much more confident.

The Omari team had been providing NADA in the men’s section of the prison for years, but since it had not been available in the women’s prison, we spent more time there describing it and giving demonstrations. The responses were classic NADA: “It feels as if a big load has been removed and I feel lighter,” “I feel very relaxed,” or “I feel happy in my body.”

Also remarkable is the presence of children in the Malindi prison women’s ward. Upon entering the ward I saw a woman giving her toddler a bath in the courtyard. I had also seen children living with their mothers in Nairobi’s Langata prison when visiting NADA sessions there in December. Many women came into the treatment area with their small children slung on a hip and shared the care of the children while other mothers were treated.

I asked Lilian, a counselor, about the presence of these children and she said, in a tone that told me it should be perfectly obvious, “the children haven’t done anything wrong, why would they be punished by being removed from their mothers?” I suggested that in the U.S. there might be some concern about children being harmed in prisons, and she looked horrified and assured me that the children here were cherished by the whole prison community.

After completing the clinical sessions, the warden joined us for the awarding of certificates, and expressed again his support for the program and appreciation for provision of the training. The Omari Project presented the warden with a certificate acknowledging the administration’s efforts “in providing innovative and appropriate care for the health and well-being of the prison community,” and a copy of this was sent to his superiors in Nairobi.

By training prison staff in the NADA protocol, the Omari team hopes that as treatment frequency increases, inmate health improves, and the overall site treatment outcomes are strengthened. Due to increased access there is hope that in addition to addicts, inmates affected by mental and physical illnesses will be able to benefit from treatments as well.

To contact the author, yarberrym@gmail.com
In the hospital setting NADA treatments would also introduce many people to a method of treatment that offers a new perspective on health and well being, an introduction to preventative and informed healthcare that reduces costs and educates patients how to prevent disease by lifestyle change.

However in Oregon where I currently practice nursing there is no exemption in the law for non-acupuncture detoxification specialists to practice, such as nurses. In fact, only 18 states have Acu Detox Specialist laws. This needs to change. Every nurse should have the ability to use the NADA protocol; nurses are on the front lines of patient care 24/7, bearing witness to the suffering and triumphant recovery of patients each day.

At the conference, presenters articulated a vision of the NADA protocol as part of a comprehensive plan of care to help an individual taper off of psychiatric medication, a process that needs to be addressed with patience and dedication. At times medications are needed, but they can also be harmful. The presenters discussed complementary and alternative treatment strategies including peer support, diet, amino acid supplementation, exercise, as well as proper informed consent when medication use is warranted.

I encourage every NADA member to take an active role in bringing the medicine of NADA to the front lines of healthcare. If you want to be part of this movement email: advocacyfornada@gmail.com.

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**NADA posted a request for members to submit testimonials of their work providing acu detox. Thank you for being the first to submit, Donna!**

As a Certified Usui Reiki Master, instructor and NADA ADS, I give both Reiki and acu detox treatments to VA clients, doctors, nurses, athletes, cancer patients and many college students. Stress disorders, trauma, anxiety and addictions do not differentiate by age, race or profession. Acu detox is consistent from client to client. It is non diagnostic and the private inner world of the client is protected. People report feeling more integrated, they can sleep better, feel positive, focused and generally lighter and relaxed. I also appreciate the fact that acu detox can be applied in almost any setting and is cost effective and affordable.

Donna M. Duke
Ann Arbor, Michigan

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**“DON’T MUDDY IT UP”: A MESSAGE TO ACU DETOX SPECIALISTS, NEW AND OLD**

The following is a compilation of statements from NADA co-founder Michael Smith’s address to new trainees on the first day of the pre-conference training in Kansas City, MO. Assembled by Jo Ann Lenney.

Having a NADA training is about people working together.

There is no correlation between how fast you put the needles in and how good you’re going to be. Counselors don’t want to “hurt” people. Some of you will not be sure that you’re good at doing things with your hands. If your hands are not strong, they tend to be sensitive – mixtures of your attributes are the totality of you. If you see someone do something beneficial, copy it. Hesitancy is not bad, just let it happen.

**ASSESSMENTS:** Assessments create a monster and it doesn’t know how to stop. Asking a person, “How are you feeling” is something you do if you’re running a store. It’s harassment in our setting. You are forcing your client to lie. You are asking a person to be polite to you before you’re helpful to them. Our clients have been traumatized a lot – they have chronic, unlimited PTSD. People from Columbia Medical School came to Lincoln to do a study on PTSD. One of the clients said to them, “You’re traumatizing us right now with your questions.”

If a person is real low, even a little bit lower can put them under. If you have a person who is traumatized, you will win a lot of points if you do something that brings them up. Acupuncture makes them feel better; it gives them more value. It doesn’t mean that it helps them all the way. The plan is to help them help themselves.

In general in drug treatment, you have to show you’re dominant. If you do something good, it’s doubly good because you’re a dominant person who can do something good.

You’re being taught today a simple method and you’re being given custody of this method – don’t bury it in a lot of other stuff. Like Bill W., we’re helping other people -- that’s what we do. Bill W. believed in a level playing field – don’t scapegoat people. Don’t muddy it up.

The more professional you are, the more assumptions you have, and you think you’re going to help people by diagnosing them. But you should meet the person straight on or else the treatment disappears.

Acupuncture has developed over the years and the field has seen several realities – some indicating that the placebo points are often as good as “real” points. Originally Chinese drawings were not precise; a thousand years later, they got more precise. Chinese theories were never intended to be “accurate” – they are background music, they are helping, focusing. Most people don’t need to know all this theory to do acupuncture. What’s important is your intention and a realistic interaction with your client. Nature has given us ways to cope with PTSD and we have to find them. Learn what fits and what helps in the moment.

There are fifty staff people at a time being trained in German hospitals so the points are no longer exactly the same. The process is the same so the difference in point locations is okay.

We don’t have the privilege of knowing what’s “True.” Don’t hold yourself to yesterday’s foolishness. Your hands after a while will read the points/energy better than the book does. The question is did you move the chi, did you send a message that the body responded to?

We’re talking about a natural thing but something we don’t understand. NADA wants to teach new people in a crisis quickly – otherwise it has no value. NADA helps re-evaluate helping yourself. When you take drugs, things don’t change. NADA starts you on the path to change. Other things will be on that path also but acupuncture gets you on the self-help path.

Acupuncture treats the energy process. People in crisis don’t say that they’re in crisis, they say they have a specific pain. This pain or symptom is a false target. The client values acupuncture not because they sleep better but because of the change in their energy process. Clients have the level that can change – they are less mundane, more spiritual than many others.

Do not rapidly individualize a person – what are you going to find? -- only bad news. That’s why you shouldn’t do assessments. If you can’t see good news, don’t look for any news. Start with a place where good things can be.

It’s like talking to a teenager. If you ask them about a year ago or a year from now, you’re not talking about their lives. NADA uses the present, and it’s a present of the present.

Acupuncture is the key that opens the door, and when the door is open there are all sorts of possibilities.
**Empowering Locals to Treat Themselves: The PanAfrican Acupuncture Project**

by Richard Mandell

Maimonides, a 12th century Jewish scholar and physician, said that the highest form of charity is to teach an individual so that it becomes unnecessary for her/him to be dependent on others. In this spirit, the PanAfrican Acupuncture Project (PAAP) trains health-care providers how to use simple acupuncture protocols to address the needs of people living with HIV/AIDS, malaria, TB, and other debilitating conditions. Following NADA’s model, the trainings themselves reflect the needs of the practitioners and their patients.

Founded in 2003 by NADA trainer Richard Mandell, PAAP has trained 250 health-care providers in Uganda and Kenya (doctors, nurses, midwives, nursing assistants, and traditional healers). And, in their hospitals, health centers, and clinics, they have provided thousands of very beneficial treatments.

In 2008, 1.5 million people in Sub-Saharan Africa died from HIV/AIDS, 22 million people were living with HIV, and there were 11.6 million children orphaned due to AIDS. In Uganda at the peak of the epidemic, upwards of 30% of the population was HIV+.

OpEdNews.com interviewed Mandell on April 18, 2011 and asked “how can acupuncture work for something as serious and systemic as HIV/AIDS?” He explained that “although the body may be in a weakened state or its healing abilities buried beneath signs and symptoms, it maintains that innate inclination to achieve balance.” Mandell added that “acupuncture improves compliance to medical regimens such as ARVs [anti-retrovirals] for HIV.”

**The following is a report on PAAP activity in 2010:**

In July of 2010, PAAP returned to conduct the second of three trainings in the Districts of Kamwenge and Rakai, believed to be where the HIV/AIDS epidemic began in Uganda. Although the average HIV prevalence rate in Uganda has been reduced to 6.4%, in Rakai and Kamwenge it remains as high as 12%.

The trainings took place at the Kyotera and the Kamwenge Health Centres, where 32 nurses, nursing assistants, and midwives returned to increase their knowledge and improve their skills, bringing the total number of Ugandan trainees to 234. Trainees reported that, since the first trainings, they had had great success with acupuncture in their places of work. Impressive and encouraging were the many cases in which patients suffering from improper or incomplete malaria treatment reported significant reduction in pain and reduced swelling.

During PAAP trainings held in December 2010, we continued to see the wide support of our work, the need for our services and the work of our trainees. In Kamwenge, most mornings we were greeted by hundreds of patients waiting for treatment. Patients traveled from great distances, and many of them slept overnight in the clinic to ensure that they would receive acupuncture treatments in the morning.

By the end of the week, trainees and trainers were working nonstop, providing treatments both in the clinic and outside under broad trees in the adjacent field. Over the course of two weeks, trainees provided almost 1000 treatments. These districts now have health care providers who are able to treat the population with acupuncture, making them unique and sought after among their peers, particularly as funding for medication has been reduced by the United States Agency for International Development (USAID) and the US President’s Emergency Plan for AIDS Relief (PEPFAR).

When we return to Uganda in August, we will train two new groups of practitioners. A videographer will also travel with us to create a professional documentary of our work that will help document the significant impact PAAP has made in improving the health of people living with HIV/AIDS, malaria, TB, and other chronic conditions.

If you would like to support the efforts of the PanAfrican Acupuncture Project, visit: www.panafricanacupuncture.org. Contact Richard Mandell if you are interested in being a PAAP trainer at rmandell@panafricanacupuncture.org.
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a last resort and instead focus on improving mental health through drug-free alternatives such as diet changes, increased exercise, and socialization.

Acupuncture and the NADA protocol would fit well in such a model, Whitaker said. He envisions two valuable uses for NADA acupuncture: as a primary treatment for mental illnesses and as a way to reduce withdrawal in people who wish to stop taking psychiatric drugs.

Despite her initial unfamiliarity with NADA, West quickly became convinced of its benefit for mental health.

She helped identify a treatment site for the preconference ADS training — S.I.D.E. (Socialization, Interdependence, Development, Empowerment), a peer support center in Kansas City, KS. West said people at S.I.D.E. were initially hesitant to try NADA acupuncture.

“The first day there were five people who tried the treatment,” she said. “They liked it so much that the next day 30 people came to the clinic. The people from S.I.D.E. liked the second clinic so much that seven of them came to hear Robert Whitaker’s talk, and four of them spent the whole day learning about acupuncture.”

S.I.D.E. staff are now planning acu detox training so they can offer it at the center. In addition, West and S.I.D.E.’s executive director, Cherie Bledsoe, have submitted a proposal to Alternatives, a national conference organized by and for individuals with psychiatric histories, for a presentation about integrating NADA acupuncture into peer-run mental health centers.

Having been off psychiatric medication for a month now, West is even more determined to help others find non-medication treatments like NADA.

“Now I am free,” she recently wrote on her blog, http://corinnawest.com. “I have completely cleared out my brain and have now been able to experience my own body again, to fall asleep in 15 minutes or so almost every night, and to completely feel my own emotions again. I’ve come out the other side of the disability industrial complex, and now I want to help other people find their own way out of the grind.”

West is the creative director of Wellness Wordworks and she defines her work as “motivational speaker, spoken word poet, catalyst for change.” The following is an introduction to her poem, The Disability Industrial Complex”, posted on her site as a live spoken word performance: “Disclaimer: If your psych meds are working for you please please keep taking them as long as you want. If you want to get off them do it extremely slowly and carefully and consult your physician. I am Corinna West and I approve this message.”
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When West, a Kansas City mental health advocate, heard the investigative journalist would be speaking in her hometown, she immediately went to work promoting the lecture. She had seen Whitaker speak last year and was certain his examination of the long-term effects of psychiatric drugs would be valuable to others in the local mental health community.

West’s interest in the topic is deeply personal. Once labeled with as many as 12 psychiatric diagnoses, she spent seven years working through withdrawal symptoms and doctors’ resistance before she was finally able to stop all her psychiatric medications.

She wasn’t familiar with NADA before she heard about the event, but her efforts – particularly through Twitter and Facebook – brought 27 advocates to the conference. Like Whitaker, West doesn’t oppose the use of psychiatric drugs to treat mental illness; she just wants patients to be informed about the lack of evidence supporting their effectiveness.

In addition to sharing some of that evidence, which he published in his latest book, *Anatomy of an Epidemic*, Whitaker discussed his hopes that the current disease model of treatment of psychiatric disorders – in which drugs for treating mental illness are considered just as essential as antibiotics are for treating infections – is evolving toward a wellness model.

“I think what history is telling us, and common sense is telling us, personal experience is telling us, is that we need a form of care that draws on the resilience of human beings to recover and make changes in their life,” he said.

Whitaker said a wellness model would view medication as...