HIGHLIGHTS OF THE 2013 CONFERENCE IN DENVER

The upcoming 24th annual conference has quite a line-up of presenters this year, and Guidepoints wants to give you a sneak peak into some of the highlights. We asked the conference co-chairs, Libby Stuyt and Ruth Ackerman, to share with us their reasons for choosing the two keynote speakers, Joan Borysenko and Judge Robert Russell.

Stuyt on Borysenko:

“I first met Joan Borysenko at an Omega Conference in Costa Rica in January 2012. I was impressed with her knowledge of the science behind mind body medicine and energy medicine in general and her open, warm and engaging personality. She is a great speaker who can make everyone feel a part of the group and important.

“I started reading her books and was intrigued by the synchronicity of NADA deciding on the theme of resilience for the NADA conference this year, and she having written a book on resilience titled, It’s Not the End of the World. I discovered she was a resident of Boulder, Colorado and this seemed a perfect fit. I attended a writer’s workshop she led at a retreat north of Denver and introduced her to NADA. She was interested and I was thrilled when she agreed to be a keynote speaker at our conference.

“She is a psychologist and has recently become the director of integrative medicine at an addictions treatment program in California. She would like to be trained in the NADA protocol and she is interested in the legislation we are trying to introduce in Colorado to change the scope of practice for NADA to all licensed providers for behavioral health.”

Joan Borysenko is the author of It’s Not the End
CONFERENCE continues on p. 2
Borysenko will present on the morning plenary of Friday, May 3.

Ackerman on Russell:

"I read a newspaper article about the development of a veterans’ court. The article referenced Judge Russell as the founder of the first Veterans’ Court in the U.S. Judge Russell is a great advocate of NADA based treatment and was one of the first judges in the country to embrace and creatively employ the concept of Drug Court for alternative sentencing diversion to treatment. He is a terrific speaker and has always been a great inspiration to me. When I called he graciously agreed to present a keynote presentation at our conference. I was DELIGHTED!"

Hon. Judge Robert T. Russell Jr. is an Associate Judge for the Buffalo City Court in Erie County, NY and past Chairman of the National Association for Drug Court Professionals. In 2008 he created and began presiding over the first Veterans Treatment Court in the U.S. He also founded Buffalo’s Drug Treatment Court in 1995 and Mental Health Treatment Court in 2002.

Judge Russell will present on the afternoon plenary of Friday, May 3.

Autumn Morning Star recently joined NADA after completing the first part of her training as an Acupuncture Detoxification Specialist in Denver. She is a professional magician and traditional Native American storyteller who performs her show around the world in five languages.

Morning Star is a published poet, a stone sculptor, concert flautist, an herbal medicine specialist and is working to complete the clinical portion of her ADS training. She lives in Denver and is from the Blackfeet Nation of Montana and the Choctaw Nation of Oklahoma.

Morning Star will perform at the opening reception on the evening of Thursday, May 2.

We will be screening the winning short film submitted through the video contest at the Friday night banquet on May 3. See p. 4 for more information about submitting a film for the contest.

Conference pre-registration deadline: April 5, 2013
Video contest submission deadline: April 5, 2013
Hotel room discount available through: April 24, 2013

NEW TRAINERS continued from p. 12

depression, medication withdrawal, and PTSD issues. Many do not have the support of their families. Says McNeal: “Acudetox gives people a chance to re-balance without introducing more chemicals.”

McNeal is seeking more funding to expand the program to another center in the area and hold sessions on more days of the week. Her goal is to make acudetox affordable for more seniors, most of whom live on fixed incomes.

In addition to McNeal’s private practice in Columbia, Maryland, she provides full-body services at Howard Community College, where she works closely with a smoking cessation group at the Wellness Center. Every Tuesday and Thursday, faculty, staff and students who are struggling with smoking are invited to an hour-long morning acudetox group. The program is now in its fourth year, and according to McNeal, it has provided the center with a wealth of useful data on the effectiveness of acudetox for smoking cessation.

Welcome, Denise and Brenda!
The Mistaken Research Model

by Alex Brumbaugh

This article is the third in a series of six that author and NADA advocate Alex Brumbaugh will contribute to Guidepoints over the course of the this publication year (see ad on this page for his new book). Visit our website for this article’s bibliography.

In this series of articles, we have been making the case that acudetox has been ill-served by addiction and substance use treatment research. But the greater reality is that addiction treatment itself has also been ill-served by this same research establishment.

According to many in the scientific community, the biggest challenge facing the field of addiction treatment is how to infuse programs with evidence-based practices (van Wormer and Thyer, 2010; Miller, et al., 2006; Miller, P., 2009), or how to infuse evidence-based treatment for substance use disorders into other venues such as primary healthcare (McCarty, et al., 2010; TRI, 2010; ONDCP, 2010).

But a far deeper problem is the field’s failure to move from an acute to a chronic care model (White, et al., 2006; White, 2008; United Nations, 2010; McClellan, et al., 2006). Ironically, in fact, much of the research that has created the evidence-based practices intended to elevate addiction treatment to a level of science has been conducted from an acute rather than a chronic disease perspective. Thomas McClellan, David Lewis, and others (2000) published a landmark article presenting evidence that dependence upon alcohol and other drugs, which had been treated as an acute illness, was instead a chronic one, comparable in its etiology.

BRUMBAUGH continues on p. 4
course, and treatment to type 2 diabetes, hypertension, and asthma. McClellan published a follow-up article in 2002 entitled “Have We Evaluated Addiction Treatment Correctly? Implications From a Chronic Care Perspective,” in which he suggests that we had been evaluating treatment the wrong way. He noted that the criteria for evaluating the effectiveness of addiction treatment are based on sustained reduction in symptoms following the termination of treatment (six or 12 months post-discharge). In other words, patients are inoculated with a treatment, and the effects are measured later. The effectiveness of other chronic disease interventions are measured by the reduction of the quantity and severity of symptoms while the patient is in treatment.

Addiction has been treated as an acute disorder by both acudetox specialists and other medical practitioners because it often presents that way in the clinical setting. “Acute disease” is a condition such as an infection, a trauma, or fracture with a brief clinical course – often less than one month. Acute conditions usually respond to treatment and the patient returns to the same state of health that existed prior to the condition.

Alcoholics and addicts often arrive for treatment in a state of withdrawal, an acute state whose symptoms include tremors, seizure, cramps, vomiting, extreme anxiety, and depression. Some of these symptoms can be severe and even life threatening. Addressing them is a natural and necessary initial clinical response. With the use of acudetox or drug replacement therapy, these symptoms can abate within five to ten days. While the patient may then appear to have achieved a state of good health, and while the presence of addictive substances in the bloodstream may have disappeared, the likelihood of a return to addictive drug use with no additional therapeutic support is frequent if not inevitable. This is why free-standing detoxification programs are often called “revolving doors.”

The researcher William White reports (2008a, p. 109) that the point at which the risk of relapse for alcoholics drops below 15% does not occur until the individual has achieved up to five or more years of sustained remission. So while addiction is a chronic condition, many are able to achieve successful recovery without further treatment if they are able to abstain from alcohol and other drug use for at least five years.

Conventional treatment programs discharge clients from 90 days up to – at most – eighteen months. Upon discharge, most programs recommend that clients go to 12-Step or comparable peer-support groups, but there is no explicit or objective understanding of the content
of what that post-treatment experience will be. The implication is that that (whatever “that” is) is the real substance of recovery, where we hope people will learn the things that will sustain them for the long haul, the things they were ostensibly unable to learn in the treatment program. An increasing number of programs are providing aftercare or continuing care; however, such care usually amounts only to a watered-down version of the treatment venue the clients just completed. There is no consensus about what those services need to contain that will assure long term success.

In most definitions of addiction, it is a common bias that the substance to which one is addicted, and the person’s relationship with it, e.g. dependency, are the most important concerns. This bias carries over to describing addiction treatment, resulting in the semantically awkward proposition that we are “treating cocaine” rather than treating addiction or – better yet – treating the person. The emphasis further carries over to how we define recovery as – by implication – the cessation of use of the substance. This has contributed to the field’s difficulty in shifting from an acute (drug cessation) model to a model addressing the more clinically profound complexities of maintaining abstinence over a significant period of time.

As William Miller has pointed out (2007), animal models of learning and neuroadaptation are sufficient to explain how human beings can fall into addiction, but what we lack is an adequate model to explain the kind of recovery that occurs in treatment and in Alcoholics Anonymous and treatment programs. As a result, the treatment field lacks a cogent definition of recovery (Betty Ford Institute Consensus Panel, 2007; Laudet, 2007; White, 2007).

In summary, those scientific studies that have produced the evidence-based practices and have frequently excluded acupuncture and acudetox from the continuum of care for addiction were based on an incorrect model, a model that did not accurately evaluate the interventions and practices that they were intended to evaluate, but which also failed to incorporate the needs and stages of long-term, successful recovery.

In upcoming articles in this series, we will present a concise model of addiction recovery and the elements of which it is comprised which will provide a clear pathway for the reintegration of acudetox and acupuncture as a central and necessary component of effective, mainstream addiction treatment and recovery services.
**CRREW Responds After Hurricane Sandy**

*by Wendy Henry*

Community Relief and Rebuilding through Education and Wellness (CRREW) was formed in the immediate aftermath of 9/11 in New York City to mitigate the stress experienced from the traumatic event. The NADA protocol became the backbone of CRREW’s response work and when Sandy stormed into the NYC metropolitan area, our group was well poised to respond.

In the period from Nov 1 - Feb. 28 we offered over one thousand NADA treatments and taught the reverse Shen Men ear seed to both children and adults in areas directly impacted by Sandy. We continue to serve Brooklyn neighborhoods, Queens, several areas in Staten Island and shelters in Manhattan.

In the days immediately following Super Storm Sandy, many of us were busy dealing with the direct impact of the storm. Was acupuncture really needed so soon? People needed the basics: food, shelter and help locating family and friends.

My neighborhood was without electricity for about a week. My apartment building had no gas or electricity, and the lobby and basement flooded and had to be gutted because of mold. The repair work is still going on but most of the residents were very lucky.

A couple of us left our neighborhoods to volunteer in shelters, walking a mile or two in complete darkness on the way home. At one high school-turned-shelter, over one thousand people of all ages, genders and with various medical needs were packed into classrooms and opened spaces to receive services.

At this shelter we set up a NADA space in the medical area. Several evacuees were familiar with NADA from homeless shelters and treatment programs, and they came. People who received treatments brought others. NADA seemed to help dissipate mounting tensions in a highly charged environment.

CRREW offered NADA and hand reflexology for a couple of days here. We entered quietly and introduced ourselves to the medical workers already on site. We did not post any large signs, but casually introduced ourselves to the evacuees.

We had a more organized set-up at a Settlement house on the Lower East Side of Manhattan, a part of the city that sustained long-term damage; images of a surge rising from the East River still haunt residents. The University Settlement was familiar with our work and invited us to use a classroom for a Sandy Relief Clinic through the end of March 2013, at which time the need will be reevaluated.

Small CRREW teams have also been serving communities with more severe destruction. Residents in these areas will be rebuilding for a long time and are faced with the threat of having to tear down repaired structures as mold creeps in. The stress level is quite extreme, but many of these working-class communities have a history of neighbors helping neighbors.

Midland and Cedar Grove in Staten Island and Gerritsen Beach, have offered CRREW a regular space that we have named our HATS: Healing Arts Trailers/ Tents. CRREW has been able to organize one wellness day for Breezy Point Residents, where over 75 people received acupuncture and other body work. A follow-up event will be planned for the spring.

There is no shortage of work, and Acu Detox Specialists, licensed acupuncturists and other providers of holistic services have stepped forward to volunteer. We are only held back by having no outside source of funding. We rely entirely on volunteers covering their own expenses and donating goods, services and transportation. If anyone is willing to donate, please contact crrewResponds@gmail.com. And please contact us if you would like to volunteer or have any questions or suggestions. *Wendy Henry is a licensed acupuncturist, NADA trainer, and founding member of CRREW.*
Supplies and organizational assistance for dozens of acupuncture stress management efforts. The college provided supplies from the closed college clinic and the AWB training; donations came in from Lhasa OMS and Kamwo Tea and Herb Company. Students ferried supplies by bicycle and by car to those who could get them to relief sites. Individual student and grad donors started a college-based supply depot for acupuncture relief efforts.

Student and graduate familiarity with the NADA protocol was vital, as NADA protocol treatments have been the core of the acupuncture recovery efforts. Those with previous NADA experience through training at Lincoln Hospital, where NADA was founded by Michael Smith and his colleagues, the recent NADA conference in New Haven, work after 9/11, and with acupuncture service groups like AWB and CRREW (see article p. 6 on CRREW’s response to hurricane Sandy), were familiar with the value of the NADA protocol in trauma situations.

Many other acupuncture students and graduates

**Relief in Ocean County, One Community**

*by Beth Cole*

Two long days passed before I received communication that my family and their homes survived Super Storm Sandy. My brother managed to reach my 92-year-old mother who rode out the storm alone after hours of dodging boats scattered across the road and zigzagging through the few navigable roadways. The household did not have electricity; it would take 12 days until power was restored. I heard stories of grief and suffering as my family supported one another during this disaster.

I contacted Acupuncturists Without Borders (AWB) to provide trauma relief services to the Jersey Shore where I was raised. Three acupuncturists formed the New Jersey response team including myself as the venue coordinator.

We obtained a list of locations in Ocean County providing hot meals. A local acupuncturist I contacted had treated a patient who was a member of St Mary’s by-the-Sea Episcopal Church, one of the locations on the list. The patient immediately called the church to initiate an AWB trauma relief clinic, and by the time I called, all we had to do was determine a schedule.

Treatments started at three times per week. When the community’s needs for meals diminished, those still in need were referred to St. Paul’s United Methodist Church in Bayhead. We held a trauma clinic there once per week, as that was all their schedule permitted.

A friend of my brother’s referred me to the Police Athletic League (PAL) in Brick. The initial contact with PAL was unsuccessful, but with the help of a local acupuncturist, a referral was made to a newly formed (less than a week old) group later to be known as Operation Brick Food Relief (OBFR). The sister of one of the founders was an acupuncture enthusiast, and welcomed AWB services with wide open arms.

NADA treatments were provided at the PAL three times per week by a group of AWB volunteers. Volunteers provided information about the benefits of acupuncture to encourage the community to receive treatment, and
without Acupuncture Detoxification Specialist (ADS) backgrounds volunteered their services and received on the job education on why NADA works in the wake of community wide trauma. It's not uncommon for acupuncture students to ask, “why do we have to do just NADA protocol?” They often want to use other points, to “strengthen the treatment” or to treat particular complaints (insomnia, headaches, pain, etc).

Though they have learned about the NADA protocol in Auricular Acupuncture classes, some are skeptical about the power of “just the NADA protocol.” It was necessary to learn through action that using the same treatment for everyone, rather than creating individualized treatment plans is: a) safer (no contra-indications and more effective needle inventory so no lost needles), b) more portable and efficient (allowing more treatments in a shorter period of time), c) more accessible (not requiring traumatized clients to articulate effectively about chief complaints and the like), and d) equally as effective and empowering for clients.

In the aftermath of the storm I had personal contacts with addicts who were not able to get to their methadone clinics due to impeded travel. Emergency rooms were closed as flood damaged hospitals were evacuated, and the already homeless were crowded out of shelters by those displaced by the hurricane. We also saw a greater number of clients with mental illness at our college clinic.

The healing power of the group setting in combating feelings of widespread isolation was palpable. And the value of trained non-acupuncturist Acu Detox Specialist (ADS) practitioners, seasoned in administering the protocol and with a variety of under-served populations, became obvious. I witnessed clients gain additional help and information from ADSes familiar with the social service landscape and other available non-acupuncture services. There are just not enough licensed acupuncturists to treat the large numbers of clients in need in a situation like what we had here in the Northeast.

Disaster Medical Assistance Team (DMAT) workers commented, “I have not had a day off in 30 days; I work for FEMA in support of hurricane Sandy Logistics. And on my only day off to have this treatment was a huge stress reliever,” and, “After a long and stressful deployment, this was what I needed.”

A client of one Pacific College alumna reported, “After several days without heat or electricity from hurricane Sandy and several friends whose homes were flooded under 7 feet of water, my heart was heavy with grief and burden. When I saw AWB [Acupuncturists Without Borders], my heart leapt and I felt tears of joy. I sat down next to a friend who is a fellow PTSD survivor from before and immediately we laughed with relief knowing things would get better.”

After re-opening, the College provided free on-site NADA protocol treatments for the college community and the community at large while continuing to operate as a supply depot for other local acupuncture relief efforts. The school offered over 400 free acupuncture and massage treatments for Hurricane Sandy relief, including work with Incident Response Command Center for DMAT and the Administration for Children’s Services.

While the majority of the college community experienced the inconvenience of a full transportation stoppage for a week as well as a power outage that lasted many weeks, many suffered more serious losses. Those who did not suffer serious direct losses experienced survivor’s guilt about feeling shaken without what they felt were “good enough” reasons.

We know that a community-wide disaster can traumatize most everyone, even those who have not experienced direct loss. Administrators found themselves re-assuring students, staff and faculty that it is natural to feel shaky after a community wide trauma. The profound trauma experience echoed through the halls of the college, and NADA treatments were a great help in calming frayed nerves.

Acupuncture is now being used successfully by college alumni to treat traumatized populations following the Newtown, CT massacre. Many students and grads who learned the NADA points in their Auricular Acupuncture classes have now witnessed first hand that NADA is not just 5 points you learn in class, and it is not just useful for withdrawal from chemical dependency; it is a way to respond to our community that respects and empowers clients and heals us all.

Cynthia Neipris, Director of Outreach and Community Education at Pacific College of Oriental Medicine’s New York Campus, a NADA member since the 1990s, and a Board Member of Acupuncturists Without Borders, has supervised over 10,000 NADA treatments.
as the weeks went by, momentum increased, and the number of those seeking treatment grew.

About a month later, OBFR was asked to leave PAL so normal programs could resume. While visiting family over the holidays, I provided treatments with beads twice a week at an empty office space in Brick where OBFR relocated. Some of the first to receive it were children, many of whom encouraged their parents to come.

In addition to hot meals, a gift giveaway program, Operation Sandy Claus, was in full swing at OBFR. A mother arrived to pick up her bag of gifts. As I described the benefits of beads, she asked, “Will it stop me from crying all the time?” Along with losing her home, she had also lost her job and was going through a divorce. Soon after the beads were placed in her ears she said she felt a warm sensation in her body and a sense of relief.

At the next session, she arrived with her daughter, son, sister, niece and nephew; they were now all living under one roof. The mother shared with me that over the past few days friends asked her what she was doing differently—she acted and looked different. Observing her, it dawned on me: the light was back in her eyes, the vacancy had disappeared.

Another day, I encountered a couple as they were eating a meal and asked if they would be interested in a stress relief treatment. The husband looked me straight in the eye and asked, “Do you have a .22?” I took a deep breath and replied, “I have something much better than that.” I later learned that the couple’s neighborhood had been ravaged by a fire. Theirs was the closest home to the fire that had not burnt down. For thirty years they had carried flood insurance on their property, and this was the first year they had not renewed the policy. They lost everything and were uninsured. He told me they would have been better off had the house burned down.

During this treatment another family joined our group. Although silence is usually encouraged during a NADA session, the couples spoke and continued the conversation long after treatment was complete. The common bonding of discussing their losses was part of the healing process.

The soothing atmosphere at a new clinic at Morningstar Presbyterian Church in Bayville was a contrast to the stark storefront environment at OBFR. A friend who taught yoga at the church helped me connect with the church; he had just lost his home in the storm, and had

OCEAN COUNTY continues on p. 10
The Bayville community on the Jersey Shore was grateful for assistance in dealing with the trauma. Basic needs, such as shelter and food, are easy to identify from the beginning. Psychological trauma is not as easy to recognize, and appears at different stages of a disaster. As one woman at Morningstar observed, not everyone is affected at the same time. After the first session she shared, “I was doing OK until the Sandy Hook shootings,” a reference to the school shootings in Newtown, CT that happened weeks after the hurricane.

The disaster response in Ocean County was a team effort. Though the nature of a response is change, change, change, the team rode the tide and remained flexible as community needs changed and venues disappeared and relocated. The Jersey Shore still has a long way to go towards recovery, and NADA has been a valuable, appreciated tool in aiding in that recovery.

Beth Cole is a licensed acupuncturist and NADA trainer based in St. Pete Beach, FL. She received an award at the 2009 NADA conference for her activity in Ugandan refugee camps with Kenyan and Sudanese refugees and Internally Displaced Ugandans.

Herbal Sleepmix Detox Tea

Prepared in collaboration with Michael O. Smith, MD, DAc and manufactured in strict accord with his formulas.

We produce the teabags in small quantities to assure freshness.

**PRE-PACKAGED**

Five teabags per polybag with label

$136.00 per case of 200 packages.

**LOOSE teabags**

$72.00 per case of 1000 loose teabags

$25.00 per case of 300 loose teabags

Add $7.50 per case for s/h. Shipped by UPS

**NUTRACONTROL**

www.nutracontrol.com

Email to place orders: sleepmixorder@gmail.com

Box 1199 Old Chelsea Station, NY, NY 10011 Ph: (212) 929-3780

Guidepoints News from NADA
The widest selection of auricular products at the lowest prices, guaranteed.

NEW SEIRIN® J-15
with insertion tube
Box of 100 (call for pricing)

SEIRIN® D-Type
No insertion tubes
Box of 100 (call for pricing)

Hua-Xia - Detox-10
Box of 100 $ 5.80

Nano Tech Painless
Bulk Package 5
Box of 500 $ 24.75

15 mm length

15 mm length

DBC Spring Ten
Bulk Package 10
Box of 1,000 $ 23.00

Ear Seeds, Pellets, and Magnets
Starting at $ 2.40

3" Lifelike Silicone Ear Set
Package of two $ 19.95

Sooji Chim Hand Needles
Box of 100 $ 3.50

8 mm length

One Call Gets It All.
1-800-722-8775 | www.LhasaOMS.com
PRICE GUARANTEE - Lhasa OMS will match all competitive pricing.
New Registered Trainers in Connecticut and Maryland

by Mara Sobotka

The NADA corps of registered trainers continues to grow with the addition of two new trainers: Denise Romano and Brenda McNeal.

Denise Romano has worked as a nurse practitioner with the Substance Abuse Treatment Unit at Yale for 13 years, and has helped facilitate numerous NADA trainings since 2008. During her tenure at SATU, she successfully introduced acudetox into a smoking cessation study as an adjunct therapy. Last year, Romano and longtime NADA trainer and board member Katurah Bryant co-facilitated a training for 6 family physicians at Bronx-Lebanon Hospital in New York. The physicians were interested in using acudetox for addictions, pain management, and care for chronic conditions.

Romano also serves as the program coordinator for the Master’s program in Integrative Health and Healing at the Graduate Institute in Bethany, CT. The Integrative Health program introduces students to numerous healing modalities, including Ayurveda, naturopathy and Reiki.

A NADA training is currently being organized as an internship program for six students who became Acu Detox Specialists last year. They plan to introduce acudetox to workers and patients in both traditional health care settings and to groups of military veterans.

Brenda McNeal, a licensed acupuncturist and NADA member since 2009, runs a weekly acudetox program at a senior center near Baltimore. The inspiration to start the program came when a friend asked if she had ever considered introducing people to acupuncture. According to McNeal, people at the senior center struggle with...