Mental Disorders

Treating Depression, Psychosis, ADHD and Co-Occuring Disorders

NADA

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Report on Acupuncture Substance Abuse Treatment Adjunct

Carol Beth Taub

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Biscailuz Intermediate Care
Jail Mental Health Services
(February 1993 - June 1993)

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Introduction

In February, 1993, an acupuncture treatment pilot project was introduced into the Mental Health unit at the Biscailuz Center (a medium security compound in East Los Angeles, part of the Los Angeles County jail system). The pilot continued until June 30, 1993. Staffing was by California licensed acupuncturists who were also certified by the National Acupuncture Detoxification Association, and who had experience with chemical dependency and with in-custody settings. The project's target population was the dual-diagnosis inmate (substance abusing/mentally ill). The goals of the project were to attempt to answer the following questions:

1. Would acupuncture be accepted as a useful modality by the various levels of staff (including physicians, nurses, psychologists, teachers, recreational therapists, and sheriff's deputies) involved with B.C. Mental Health?
2. With acupuncture offered to the inmates on a voluntary basis, would they utilize the program in sufficient numbers to create a viable group? Would their mental illness create a barrier to their accessing acupuncture treatment?
3. Would there be observable clinical changes in any of the eight areas which the project had decided to examine? These were: drug/alcohol cravings, drug dreams, insomnia, anxiety, depression, mental clarity/concentration, anger, violent impulses?
4. Would changes in any of the above (detected by or reported by staff) also appear on a measure of self-report administered to inmates two or three times during their participation in the program.

Context for Pilot Project

Description of Biscailuz Center Mental Health

The unit treats approximately 150 male and female inmates on any given day.

The goals of the program include:

1. Addressing psychiatric symptoms of inmates;
2. Alleviating their psychological deterioration while in custody;
3. Modifying dysfunctional behavior;
4. Providing intensive case management services facilitating their transition to the community.

The program includes a variety of treatment modalities: psychotropic medications, individual and group, psychotherapy, recreational therapy, classes (parenting, chemical dependency, HIV, remedial, and GED), and AA and NA meetings.

Demographics of inmates and general trends

The population consists of inmates primarily in their post-sentenced status, although some are pre-sentenced. Approximately 70% are high-school dropouts, having left school in the 9th to 11th grades. Many report developmental/learning disorders that impede their ability in math, English comprehension and reading. The median age is 28-33, while the age range is 18-60. The ethnic composition is approximately 39% Black, 39% White, 21% Hispanic and 1% Asian or other. The most frequent mental health diagnoses are depression, bipolar disorder, and schizophrenia.

The criminal offenses committed are such charges as prostitution, driving under the influence, vagrancy, trespassing, selling drugs, paraphernalia, forgery. Approximately 65% of the inmates are homeless or have no permanent living arrangement. A majority report substance abuse (drugs and/or alcohol) in their family of origin as well as other traumatic abuse (experienced or witnessed). Ninety-five percent of the inmates in the program have substance abuse problems; most are poly-substance abusers (e.g. cocainelheroin, crack/alcohol). One of the questions on the initial questionnaire of the acupuncture project asked participants to rate their drug problem in the following manner:

- It's not a problem
- It's a slight problem
- It's a significant problem
- It's my biggest problem

It was found that 65% of the inmates responded in the "significant" or "biggest" category. About 10% denied the problem, choosing the first response.

Acupuncture Component

History

The use of auricular acupuncture to treat acute drug withdrawal began in Hong Kong in 1972. Michael Smith, M.D., of New York City's Lincoln Hospital, further developed this treatment in the mid-1970s and applied it to opiates, alcohol and cocaine. The Lincoln Hospital model was then implemented in more than 250 programs world-wide. The treatment has been utilized for sobriety maintenance and relapse prevention as well as detoxification. Clients routinely report reduction in cravings, withdrawal symptoms, stress, anxiety, and depression, with improved sleep and less erratic behavior. All of these lead to less drug-seeking behaviors.

In large outpatient clinical settings such as Lincoln Hospital and Turnaround on L.A.'s Skid Row, a significant percentage of the drug-using population also presented with an obvious mental health problem. Anecdotal evidence and clinical observation indicated that for this population, acupuncture had a beneficial calming effect. Mentally ill patients would return for more treatments, commenting on how good they felt. In a pilot program in Waco, Texas, acupuncture was given to a case-managed group of patients with severe, multiple psychiatric diagnoses. Staff member Glenda Hamilton reports that the patients receiving acupuncture are less hostile, more approachable, less symptomatic, and exhibit more constructive purpose. Cigarette smoking has decreased 50%. Tom Atwood, supervisor, noted that the hospitalization stays dropped from 27 days to 8 days compared to the previous year.

In Portland, Oregon, the Portland Addictions Acupuncture Center has been treating the dually-diagnosed client in conjunction with the North, Northeast Community Mental Health Center for almost two years. David Eisen, director of the program, reports, "The clients are more compliant with their mental health program reports…Their use of illicit drugs has decreased, as has their cigarette smoking... They take their prescribed medications with more regularity... We use acupuncture and Chinese herbal preparations, and we have been pleased with the changes we are observing in this difficult-to-reach population."

It was considered by Dr. John Clark, medical director of L.A. County Jail, that evidence such as that above provided good indicators for implementing a pilot project into an in-custody mental health unit within the jail system. Biscailuz Center, with its high percentage (95%) of substance abusing/mentally ill and its excellent staff and facilities, was an ideal setting for the project.

Description of acupuncture treatment

Acupuncture was introduced to the inmates by means of a video presentation and a demonstration of the needling technique. Volunteers were solicited; requirements were a substance abuse problem and a release date (if known) that was at least 30 days away. Male and female inmates were very willing to volunteer after the initial presentation. Later in the program, "word of mouth" in the dorms and therapist referrals were the chief sources of patient participation.

Acupuncture was administered in a group setting — one treatment hour for females and one for males — with up to 15 people being treated each hour. Treatment consisted primarily of the auricular acupuncture point protocol developed at Lincoln Hospital. Additional body points were used when patients complained of other ailments or pains, or when it was observed that they were not relaxing sufficiently with only auricular points being used. Patients sat in chairs; no disrobing was necessary. The acupuncture needles were retained for 45 minutes during which the patients were encouraged to "do nothing" and to relax. Silence was maintained. Sometimes the patients fell asleep during the treatment. When the pre-sterilized needles were removed, they were disposed of in a sharps container.

Treatment was offered six times per week. Patients were encouraged to come daily for two weeks and could then reduce participation to three times weekly.

Before their initial treatment, the inmates were asked to fill out a brief medical history (emphasizing their drug use history), a consent form, and a symptom self-rating questionnaire (see Appendix 1). They were also given an information sheet about the treatment. The questionnaire was administered again after 12 to 15 treatments had been received. A third one was given at 8 weeks or prior to release, if at least four weeks of treatment had been completed.

During the course of the pilot project, 71 females and 60 males received treatment. Of these 131 individuals, 68 (52%) received more than 12 treatments. The reasons for the failure to complete a greater number of treatments are varied and include:

- persons who did not like and did not want to continue the acupuncture (6 females and 15 males, or 16% of the participants). Some complained that it hurt their ears, or that they couldn't relax in the chairs; most were unable to verbalize a reason why they declined to continue.

- inmates who were transferred to another institution in the County system such as Sybil Brand Institute (women) or the Central Jail (men). This could occur for medical or dental problems, since Biscailuz Center is considered a "well" facility and cannot deal with any serious medical problems. This could also occur because of behavior problems or infringement of rules for which inmates get "rolled up." Other reasons are staff estimates that an inmate is not benefiting from the program, resulting in transfer; or self-transfer in which the inmate does not want to be in the program and requests to return to the former jail.
- inmates who experienced change in legal status due to a pending case which can result in their being released from custody, or transferred into the State prison system.

Results

In looking at results, we will refer back to the initial questions which the project had hoped to answer.

1. Would acupuncture be accepted as a useful modality by the various levels of staff involved with B.C. Mental Health?

   Staff feedback regarding the project was unanimously positive. Staff members were asked to fill out a questionnaire to elicit feedback regarding the project. Below are samplings from different categories of staff:

   Robert Marsa (teacher) – "I have seen a calming effect [from acupuncture] to many of my students... They have been able to sit longer and work at school work for a longer time... They are more able to concentrate."

   Robert Fish Ph. D. (clinical psychologist) – "Patients report decrease in drug craving and increased relaxation... Patients in acupuncture tend to get into less trouble..."

   Ivev Burton (counselor) – "Patients have reported relief from cravings for drugs and reduction in depression."

   Sandy Lechner (night nurse) – "I've noticed a decrease in requests for sleep medication and medication for anxiety... decreased complaints of insomnia and anxiousness."

   Ginny Culbertson (recreational therapist) – "Patients appear calmer and say that they are calmer... more prepared for my groups and more productive... They look forward to it [acupuncture]... Some say they really need the relaxation with the problems in the dorm."

   Richard Cabrera (Mental Health Coordinator) – "The patients have responded in a positive manner... They seem more tranquil and less irritable in handling their lives... They like the acupuncture and wish it to continue upon being released... They are more receptive to psychotherapy and sobriety."

   For the sheriff's deputies, the most pressing concern was "needle security." They feared that patients would hide needles in their clothing and smuggle them back to the dorms where they could be used as weapons which might be carrying infectious disease. To address this concern, a stringent "needle count" policy was implemented. The inmates were surprisingly cooperative with this and helped to search the floor for needles that had fallen. The deputies became more comfortable with the presence of acupuncture in the setting and expressed disappointment when the pilot project ended, as they had noticed how much the inmates liked the treatment.

2. The second question to be answered was: With acupuncture offered to the inmates on a voluntary basis, would they utilize the program in sufficient numbers to create a viable group? Would their mental illness create a barrier to their accessing acupuncture treatment?

   Prior to beginning the project, the mental health staff had expressed concerns that the patients would be fearful of needles, would be unable to sit still and quiet for 45 minutes, and would have to be carefully screened, with perhaps only the highest functioning people being referred. From the time of the first orientation, it became clear that the patients were quite willing to volunteer and that fear of needles was easily assuaged as they watched someone else being treated. As the program progressed, most new patients began treatment because a friend receiving treatment convinced them to try it. Sometimes inmates came over from the dorm, just curious, and wanted to observe the treatment. In most cases, by the time the group had been treated, they would ask if they could join the group.

   We were able to integrate into the groups inmates with severe mental disorders including some who were very confused, verbally incoherent, and considered disruptive. With some we added points to decrease physical or mental verbal restlessness. As they became more able to relax, and stay for the duration of a treatment, they felt good about participating

successfully in a group experience. One case in particular is worth relating. The patient, a 36-year-old male, severely psychotic and verbally incoherent, was unable to answer any of the questions on the intake questionnaire. Nevertheless, he caught on to what he was supposed to do in the treatment room and sat quietly throughout the treatments. He received 12 treatments in all. One day he paused at the doorway when leaving and said, "Thank you for the treatment." It was the first coherent sentence I had ever heard him utter. (He was transferred to another facility shortly afterwards.)

Perhaps the best sign of how well the treatment was accepted by the inmates, and how valuable they perceived it to be, is illustrated by their attendance patterns. In the original concept of the Program, patients were supposed to shift to a treatment frequency of three times per week after 12-15 daily treatments. When the transition time came for the first group of patients, all but four requested to continue to come daily. This proved consistent throughout the program. Long-term participants preferred to come every day, saying that they wanted to get as many treatments as they could before their release, in the hope that they could stay clean and sober when they got out. In addition, patients were willing to leave "fun" groups such as movies or arts and crafts activities to come to acupuncture. All of the treatment providers were surprised and impressed by this.

3. Question #3 asks if there would be observable clinical changes in the following areas: drug/alcohol cravings, drug dreams, insomnia, anxiety, depression, mental Clarity/concentration, anger, and violent impulses.

   The staff feedback quoted above certainly indicates improvements noted in all of these areas. It is my own observation that affecting anxiety and depression in a long-term way was the most difficult area. Most of the patients suffering from these problems were on anti-depressant and/or anti-anxiety medication, and yet their complaints persisted. It was clear that acupuncture treatment could offer some immediate relief, just as a person who came to treatment feeling very angry would leave calmer and more rational. However, permanent changes in these areas appeared to be more elusive.

   Some case studies illustrate observable changes.

   1. RS is a 36-year-old female serving time for grand theft and with numerous previous incarcerations. She is homeless. Her drug use began at age 13; her drugs of choice for the past 11 years had been heroin and cocaine. She was diagnosed with major depression but declined medication for same. Her family history included rape by an uncle at 11 years of age; her mother was an IV drug user and died from a drug induced seizure.

      When RS began the acupuncture program, she had been in custody for five weeks. Her Questionnaire responses indicated a response of "8" or above (out of 10) in cravings, insomnia, anxiety, muddled thinking, and violent impulses. She seemed angry, sullen, withdrawn and "tough."

      RS participated in the acupuncture consistently until her release, receiving 82 treatments over a 4 1/2 month period.

      After about two weeks, she mentioned to the acupuncture staff a consistent pain in her upper neck and shoulders. We added some points for this and were able to help that problem considerably. This seemed to really trigger her interest in and enthusiasm for acupuncture. She became a great referral source, bringing in many other female inmates.

      After three weeks of treatment, her self-report scores had all fallen to "1" (out of 10) except for cravings ("3") and muddled thinking ("6"). In her third questionnaire (after four months) all indicators were at "1" except for depression, anger and muddled thinking, which were at "3." She wrote: "The Acupuncture has stopped my cravings for drugs and cigarettes... It has also helped some muscle spasms I had... I think it's great."

      RS appeared to go through many positive changes. Her affect was brighter; she became more outgoing and communicative. She was helpful and supportive of other female inmates. She was curious about Chinese medicine and asked many questions about it. She talked about her desire to stay clean when she got out, saying, "I hope that this will help me to stop doing what I been doing out there for so long."

   2. DG a 39-year-old female, incarcerated for the eighth time for drug-related charges and prostitution, stated that she had been smoking crack for the past three years, but rated it "a slight problem (very minor)." Her psychiatric diagnosis was schizophrenia. She appeared depressed, confused and withdrawn, choosing to

place her chair away from others in the group in the beginning weeks of treatment. On her initial questionnaire she rated her cravings as "1," but placed insomnia, anxiety, depression and anger as a "6." During the course of the treatment, her responses on the second and third questionnaires did not change too much (anger and anxiety went to "1"; her depression was a "5" with the notation "due to being in jail only").

The biggest changes in DG were those that were readily observable. She came daily for treatment until her release, receiving 42 treatments. She began to interact more before and after treatment, laughing with the other women and establishing a good friendship with one. She talked about feeling very good about herself for sticking with the treatment and told some visitors how she really felt different inside — calmer and more accepting of herself. During the treatment hour she was a model patient, relaxing quickly, sitting still and quiet — occasionally reminding others to be quiet. She requested referrals to acupuncturists on the outside. She was going to live in Long Beach and I had a name in Torrance of one who was willing to work with her at no charge. She wrote on her final questionnaire: "I think this treatment is one of the best and most positive things that's happened to me in 8 years ... And I know I'm gonna make it this time."

3. CR a 33-year-old male, serving time for petty theft, stated that his addiction to crack cocaine (3 years of use) was his biggest problem; he described himself as severely depressed and suicidal; he came from a family where alcohol abuse, sexual abuse, and other criminal behaviors were prevalent.

   CR's depression was clear from observing him – no "life" in his eyes, eyes downcast, very non-verbal, one-word monotone answers to questions. Following is the progression of his self-reporting questionnaire:

	I Before Treatment	II After 15 Treatments	III After 25 Treatments
Cravings	10	3	1
Drug Dreams	7	1	1
Insomnia	10	3	2
Anxiety	8	1	1
Depression	10	3	1
Muddled Thinking	8	3	1
Anger	8	1	2
Violence	9	1	1

   The change in him was observable as he made more eye contact, smiled or laughed with the acupuncturists and the other guys, generally came out of isolation. One day he told me he felt more confident about relating to other people because the acupuncture seemed to take away his fear.

   On his last questionnaire he commented, "I have noticed some progress since I've been coming to acupuncture ... I have no cravings for cocaine at all... I am less depressed and I can relax a lot better... I'm sure acupuncture helped me... Thank you."

4. AC is a 27-year-old male with a cocaine and alcohol problem (which he rated as "not a problem") as well as severe mental illness, diagnosed with schizophrenia. He was being given Prolixin by injection, which caused a marked slurring of his speech. He was very hyperactive and in the first weeks of treatment needed lots of support to stay in his chair. He would often keep his foot tapping or be talking or laughing during Treatment. I would have characterized him as childlike – very sweet at times, very irritating at others, with a poor sense of boundaries, and lacking impulse control. Other inmates got annoyed by his behavior and wanted him out of the group, but I felt that these problems would improve given time.

   He had 11 treatments and then left Biscailuz Center for a medical problem, returning two weeks later. Upon his return he requested to come back to acupuncture and had 20 more treatments.

   His second questionnaire showed significant improvements in insomnia and anxiety. There was slight improvement in depression, muddled thinking, and anger, although each of these was still high ("5" or "6"). Violent impulses went up from "2" to "6"; cravings went up from "3" to "5," drug dreams from "1" to "3."

   Clinical observation indicated that AC was calmer during treatment; he seemed to understand better what was going on around him and what would be "inappropriate." His teacher in the GED class came over to tell me that he does his best work

after acupuncture, being much more focused. He seemed to be doing better, so I was sorry to hear one day that he had been "rolled up" for getting into a fight with some others in the dorm. His psychotherapist felt that he had not had the tools he needed to deal with the news of the violent death of his brother on the streets while he was in jail and that he had finally exploded. It was unfortunate because the mental health program and the acupuncture both appeared to be helping him. I enclose this study as one example of how fragile progress is with this population. Setbacks are common and to be expected.

4. Would changes also appear on a measure of self-report administered to inmates two or three times during their participation in the program?

   At the outset it is necessary to state that the questionnaire had many inherent problems. Some of the inmates did not understand the questions; some people had it administered by one of the acupuncturists due to literacy or vision problems while others filled them out on their own.

One of the questionnaire administrations (usually the third) occurred just prior to the inmate's release. This evoked a particular response pattern which I would call "release anxiety." Many patients reported feeling more cravings, anxiety, insomnia and other symptoms in the weeks just prior to their release. This phenomenon showed up often on the third questionnaire. In retrospect, it would have been better to administer the questionnaire every two or three weeks regardless of release schedule.

Moreover, there is no real way to isolate the effects of the acupuncture from other variables including medication and psychotherapy. (However, the staff noted trends which were different than in those who did not receive acupuncture). It was not possible to administer the questionnaire to a control group. Further actual research (which this pilot project was not) would have to incorporate such a feature.

Questionnaire responses were tallied for all participants who had completed two or three questionnaires, totaling 32 males and 33 females (65 total).

Percentage of Subjects Reporting Improvement in Symptoms Initially Described as Problematic

	Females		Males		All	
	#	%	#	%	#	%
Craving-1	21	96	18	94	39	95
Craving-2	20	95	16	94	36	94
Drug Dreams	14	100	17	100	31	100
Sleep	28	96	21	86	49	92
Anxiety	24	79	18	83	42	81
Depression	28	75	25	84	53	79
Confusion	22	77	21	71	43	74
Anger	18	83	21	90	39	87
Violence	14	86	11	91	25	88

(# = Number of subjects reporting problematic symptom)

Percentage of Subjects Reporting Improvement in Symptoms Initially Described as Problematic (Four Points or More)

	Females		Males		All	
	#	%	#	%	#	%
Craving-1	18	86	13	72	31	79
Drug Dreams	11	78	12	71	23	74

Of those, results shown in the following table are for inmates whose initial response on an item is "5" or above, indicating that they perceived a problematic area.

It is also interesting to note the magnitude of improvement in two particular self ratings, on cravings and drug dreams. The following are percentages of inmates who reported subjective improvement between pretest and posttest of four points or more on the 10-point scale on two items which were initially endorsed as problematic.

With all of the weaknesses of the questionnaire, it still appeared to show movement of high percentages in the right direction.

Conclusions

When working with an inmate population, one always wants to know how they fare upon release – short and long term. Questions such as "How long were they able to stay clean?" and "Did they resume criminal activity?" and "Did they seek out services in the community?" remain unanswered in the scope of this project. Walk-in acupuncture/substance abuse clinics do not exist in L.A. County at this time except in Santa Monica. People were given acupuncture referrals in the community when possible, but we were well aware of how unlikely it was that this population would be able to access these due to limitations of finances, transportation, and general organizational skills (e.g. ability to make and keep appointments).

What the project has been able to illustrate is that acupuncture can be successfully integrated into an in-custody mental health unit, with agreement among all levels of the unit — from inmates to director — of its beneficial effects.

Indications from other acupuncture programs for inmates that acupuncture relieves cravings, stress, insomnia, anxiety and violent episodes are further reinforced by this project [see attached article from a publication called "Correctional Health Care Management"].

This Biscailuz project was unique, however, in utilizing acupuncture to treat in custody, substance-abusing, mentally ill patients, within a mental health unit. In this context, the acupuncture group provided not only a physiological treatment, but a focus for the individual inmate and the group on recovery from substance abuse.

The questionnaire given to the mental health staff asked this question: "How important do you feel a drug treatment component is within a mental health program such as this one?" Answers ranged from "10 on a 1 to 10 scale" to "mandatory" to "critical." Debbie Innes, Ph.D., clinical coordinator, had these comments: "Most mentally ill patients have not developed skills and coping mechanisms to handle daily stress (including job stress, financial concerns, and relationship stress). For this reason... and others, they turn to drugs to help them cope. They end up in the criminal justice system as a result of poor coping skills, poor judgment, and limited insight into their problems. Most... want to reduce drug usage..."

The Mental Health staff at Biscailuz were extremely supportive of the acupuncture, feeling that it, in turn, supported their efforts to deal with the severe substance abuse problems of B.C.'s Population.

Having seen the response of staff and inmates to the "acupuncture group," I am convinced that the special qualities of acupuncture make it an excellent treatment for the dual-diagnosis patient and one natural bridge between mental health treatment and drug treatment. Acupuncture is "medical" but "drug-free." It does not interfere with prescribed medications. It is nonverbal, nurturing, structured, and repetitive. It is an excellent foundation for the dual-diagnosis patient to address his or her substance abuse problems while alleviating drug/alcohol related symptoms which are especially confusing and frightening to the mentally ill patient – anxiety, depression, insomnia. Acupuncture is particularly non-threatening to those who tend to be very guarded in both street and jail life.

If acupuncture became a permanent, aspect of treatment at B.C. Mental Health, there are also creative ways that its value could be enhanced – for example, schedule a "substance abuse recovery rap group" right after acupuncture treatment or plan a recreation therapy session where the acupuncture participants paint/draw banners, collages or paper murals featuring recovery slogans and themes and decorate the acupuncture treatment room and the recreation therapy room with them.

In Los Angeles, in 1993, budget constraints will have caused many services to be cut back. However, integrating acupuncture into Biscailuz Mental Health's approach to treating the dual-diagnosis client could stand as a low-cost, highly innovative project which might serve as a model to other programs throughout the state and country – one of the programs of which Los Angeles County could be proud.

BISCAILUZ INTERMEDIATE CARE, JAIL MENTAL HEALTH SERVICES, PATIENT QUESTIONNAIRE

NAME: _____ DATE: _____ BOOKING #: _____

Please fill out this form to help us track your progress. Please circle only one "X" for each question. Consider the past week unless otherwise stated.

1. Cravings/Desire or drugs or alcohol in the past week.

NONE — VERY STRONG OR FREQUENT

X X X X X X X X X X

2. Which of the following best describes the amount of desire you feel for drugs or alcohol? Please circle one number.

strong desire 1
moderate desire 2
mild desire 3
take it or leave it 4
no desire..... 5
hate the idea 6

3. Physical withdrawal: Please circle the symptoms that apply during the past week: Headaches, Body Aches, Shakes, Nausea, Sweats, Diarrhea.

Please rate the most severe of these symptoms

NEVER — SEVERE

X X X X X X X X X X

4. Drug Dreams: (in the past 2 weeks) Please rate the most severe of these symptoms.

NEVER — ALWAYS

X X X X X X X X X X

Average how many times in a week? _____

5. Insomnia: trouble falling asleep or staying asleep?

NEVER — ALWAYS

X X X X X X X X X X

How many nights per week? _____

6. Anxiety: please circle all the symptoms that apply: Nervousness, upset, panicky, nightmares, heart beats too fast, feeling afraid for no reason.

NEVER — ALWAYS

X X X X X X X X X X

7. Depression:

NEVER ALWAYS

X X X X X X X X X X

8. Muddled, cloudy thinking, hard to concentrate.

NEVER ALWAYS

X X X X X X X X X X

9. Anger:

NEVER ALWAYS

X X X X X X X X X X

10. Violent impulse (Feel like hurting someone, something, or yourself.)

NEVER ALWAYS

X X X X X X X X X X

Acudetox: Beneficial Effects Beyond Detox and Retention Rates

Laura Cooley

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Creekside Whole Health Center

Acupuncture has been employed since 1978 as an adjunct treatment for Substance Use Disorder in some 700 Drug Treatment facilities around the world. The specific acupuncture treatment found most effective is the NADA (National Acupuncture Detoxification Association) 5 point protocol, consisting of 5 needles placed in each ear at specific points. This 5 point protocol has been found to reduce cravings and reduce recidivism of substance abuse*. It is important to provide the body of knowledge that has also developed as a result of the implementation of this treatment. What follows is a review of recent studies, outcome data, client surveys, and collected information on effects noted to accompany the reduced cravings and recidivism which are not yet in the literature. One study involves full body acupuncture and has been included to show that the outcomes support what clients receiving the NADA protocol report through client surveys. Each of these examples have unique aspects that contribute to the picture of potential results of this treatment for a variety of populations.

Acupuncture and Acudetox have been used in a variety of treatment settings for a range of presenting problems including: Substance Use Disorder, Relapse Prevention, ADD, ADHD, Depression, Anxiety, HIV and HIV prevention, sexual offenders and juvenile offenders. Results have shown that participants experience less anxiety, depression, insomnia, increased concentration, a reduction in anger and violent outbursts, reduced need for medication, and stabilization of emotional and mental processes of the mentally ill. This is in addition to the already documented effects of reduced cravings and withdrawal symptoms, greater rates of program compliance and completion, lower recidivism and longer periods of sustained sobriety.

The reduction of anxiety, depression, insomnia and concentration demonstrated would suggest that Acudetox would offer important benefits for anyone suffering from post traumatic stress disorder, such as victims of violent crime, natural disasters, etc. The dramatic reduction in violence among historically dangerous offenders makes a strong statement recommending Acudetox as a treatment of choice to reduce violence within criminal justice facilities, and for domestic violence offenders, sexual offenders, parents found to be abusive to their children or anyone with a tendency towards violence and poor impulse control. The potential for stabilizing those living with ADD, some of whom who may also be presenting violence and substance use disorder, may be quite high. It is also an effective tool for those who do not seem to benefit from verbal methods of drug counseling, such as the mentally retarded or others who have low verbal skills.

It appears that some of the most difficult factors which prevent effective treatment for substance abuse, dual diagnosis, violent and sexual offenders, non compliance and resistance, leaving treatment AMA (against medical advice), high levels of anxiety and fear, depression and lack of motivation, physical debility (due to drug use or withdrawal), mental and emotional instability, inability to concentrate and retain material, are addressed by this treatment.

In light of the fact that Acudetox is ineffective outside of a drug treatment program and counseling, it may be that using Acudetox along with psychotherapy could yield more significant results for treatment of depression. The effectiveness of pharmacological and psychotherapeutic interventions for depression do not last, but it is possible that using Acudetox with psychotherapy would yield more sustained relief, without the expense and the considerable side effects of pharmaceuticals, this could provide a more inexpensive, more effective and less intrusive form of treatment for depression.

Since all manner of health care professionals can easily, safely and cheaply be trained to provide this service within their scope of practice, integration into the public health care system could realistically be obtained. This treatment lends itself well to the multidisciplinary treatment team approach that we know is necessary to address the complexity of issues involved in, for example, dual diagnosis, and would support the models of prevention and integrated treatment being proposed by federal and state levels of government.** All members of the treatment team can be trained to deliver the treatment protocol, leading to the ”barrier free” access to service necessary to obtain high levels of effectiveness. It provides a useful tool that de-escalates crisis situations, that can be used on crisis intervention units (Psychiatric Facilities) or travel to where the crisis is occurring (Street Outreach Programs).

* A synopsis of studies and published articles available at end of review.

**Crime – What Works, What Doesn't, What's Promising. A report to the United States Congress, prepared for the National Institute of Justice; available @ web site: http://www.ncjrs.org/works/index.htm)

One last mention of the NADA protocol is that staff also receive treatment. This enables staff to receive all the benefits that clients also receive and helps to build more efficiency into the systems providing care. In an arena where professionals, who bring with them a variety of disciplines and educational backgrounds, are now having to work together, it provides common ground on which to build bridges. It may be that this could be one of its most important and powerful functions.

Anxiety & Depression

The Efficacy of Acupuncture in the Treatment of Major Depression in Women

Department of Psychology, University of Arizona; John J. B. Allen, Ph.D. (520) 621-0992

The University of Arizona conducted a 2-year study on the effect of acupuncture on major depression and found 70% of subjects remitted with 64% experiencing full remission of major depression. This is roughly the same success rate as pharmacologic and psychotherapeutic treatments, which is an important finding, since both pharmacology and psychotherapeutic interventions fail to provide lasting relief.

It is estimated that 17% of the US population suffers from major depression. The costs of treatment exceed those of other chronic illness such as diabetes or hypertension in terms of personal distress, lost productivity, interpersonal problems and suicide.

Patients were included if they met DSM-IV diagnostic criteria for current Major Depression. To assess the women's depression, a modified version of the Hamilton Rating Scale for Depression was used. Resting EEG was assessed every 8 weeks during the acupuncture treatment. Treatment performed was full body acupuncture, not the 5 point Acudetox protocol, but findings are consistent with what Acudetox clients report.

Evaluation Results Regarding Provision of Acupuncture as a Complementary Therapy for Women in Addictions Treatment

British Columbia Women's Hospital, Aurora Centre; Nancy Poole, Principal Investigator (604) 875-2066

This study, performed in a residential treatment center, found that clients who received Acudetox experienced a greater reduction in anxiety, depression, insomnia and concentration difficulties than clients in the same group who did not receive Acudetox.

Opiate Detox and Stabilization Program (Inpatient Rehabilitation Facility)

Sacred Heart Rehabilitation Center, Inc. Memphis, Michigan; Joyce Hartsfield, D.O. (810) 392-2167

According to a client survey administered over an 11 month period to clients receiving the 5 point NADA protocol on average 7-10 treatments:

56% reported less anxiety
50% reported less depression
53% reported less insomnia

Pilot Project Study - Acupuncture for Women with Addictions

Tyrone Turner, M.D., Medical Director of Mental Health Services at Doctor's Hospital in Toronto (416) 530 6788

A Pilot Project Study in 1995-96 was conducted at Doctors Hospital in Toronto. Over the course of 20 weeks clients were assessed at intake, completed 6 client self-report questionnaires, Service Utilization Questionnaire, Client Well-Being Questionnaire, Client Satisfaction Questionnaire, and measures were taken using Centre for Epidemiologic Studies Depression Scale (CES-D) and Drug Avoidance Self-Efficacy Scale (DASES).

The Pilot Project Study found that the Acudetox treatment significantly reduced depression and anxiety, improved sleep and contributed to improvements in perceived well-being. The changes in these conditions are also reflected by reduction in the frequency of use of most health and social services. Reduced use of substances was another result. A cross over study design with randomization of clients was employed.

Criminal Justice & Violence

Dartmoor Prison, United Kingdom

Alan Dudley, Principal Officer; Margaret Pinnington, NADA Trainer 011-44-1202-398-460; Presented at UK NADA Conference 1998 by Alan Dudley

Acudetox programs were initiated at Dartmoor prison in May of 1997. Statistics were gathered from two cycles of a series of treatments. Inmates received 4 weeks of Acudetox treatments 5 x's per week. The Acudetox group was comprised of 75 inmates; the non Acudetox group, 115 inmates. In the Acudetox group, 61 of 75 completed the recommended series of treatments, with those who dropped out receiving only one or two treatments.

	Treatment Group (75 Inmates)	Non-Treatment Group (115 Inmates)
1st Cycle		
Intra-Prison Charges	4	31
Positive For Drugs	1	11
2nd Cycle		
Intra-Prison Charges	1	12
Positive For Drugs	0	3

All inmates engaged in Acudetox treatment were administered psych evaluations before and after treatment series and showed positive change. During the 2nd cycle of treatments, all persons on the unit showed improvement.

Roz Yates, RN from Elmley prison, primary site in Kent, reports that 1 year after initiating a methadone treatment program, only 1 person has joined the program and all other inmates at Elmley have utilized Acudetox.

All 11 prisons in Kent are utilizing Acudetox and prison officials note a decrease in staff absenteeism. Acudetox is currently being utilized in 2/3's of the prisons in the UK.

San Francisco County Jail

George Jurand, RSVP Program Manager, County Jail #7, (650) 266-9339

The San Francisco County Jail has set up a special violent prisoner unit. The RSVP program (for Resolve to Stop the Violence Project) is the first mandated, in jail, restorative justice project in the country.

James Gilligan, MD, director of the Harvard University Medical School's Center on Violence has begun a formal, three year evaluation. To date, 700-900 violent offenders have passed through the program with 300 staying for 30 days or more. A scuffle was reported in September of 1997, but no fights have been reported since. Program administrator Sunny Schwartz reports that among the general jail population, fights occur about 3 times per week.

Santa Clara County Department of Corrections Evaluation Summary of Acupuncture Program

Female inmates at Correctional Center for Women, Milpitas, California; Prepared by Charlie Savoca, L.Ac. and Cally Haber, L. Ac. 408 479 3760

Santa Clara County Department of Corrections evaluated, among other things, the effect Acudetox treatments had on fear/paranoia, anger/resentfulness, anxiety, depression, and over-reaction in inmates. All of the categories evaluated were reported to have been reduced in frequency among inmates who received Acudetox.

Denver County Jail, Project Recovery, Mile High Council

J. Oliva, Division Chief, Denver Sheriff Dept., County Jail Division; John Simonet, Director of Corrections and Undersheriff; Flavia Henderson, Executive Director of Mile High Council on Alcoholism and Drug Abuse, (303) 825 8113

In surveys of inmates who were given the Acudetox protocol, 53% reported better health and attitude, and for those who received 5 or more Acudetox treatments, no Class I and II violations (fighting and assault) were filed.

Sexual Offenders

Minnesota Corrections Facility, maximum security at Oak Park Heights

Pat Culliton, L.Ac. (612) 347 8559

Linda Leef, L. Ac., has been performing acupuncture treatment at a maximum security prison in a treatment program for sexual offenders and addictions. She has recorded through client surveys a reduction in their levels of anger, stress, intrusive sexual fantasies, and compulsive masturbation. Data evaluation in progress.

Bob Fulton from The Meadows in Arizona found that when using Acudetox with sexual addicts, the "detox" from compulsive sexual behavior is virtually is identical to drug detox. Ben Wharton of Sweetwater, Texas has a 3 year sexual offender program and finds that it is as helpful for sexual offenders as with his addiction clientele, and specifically that it breaks the denial sexual offenders most often claim regarding their offenses. Data evaluation in progress.

ADD/ADHD

Case History

Cindy Briolet, Detox Nurse, Acupuncture Detoxification Specialist (810) 392 2167; Sacred Heart Rehabilitation Center, Memphis, Michigan

Cindy Briolet has a 14-year-old son, Dustin, who was diagnosed with ADD and put on Ritalin at the age of four. He continued to take medications and more recently was prescribed Catapres, Dexadrine and Lithium for ADD and depression. When Cindy Briolet was trained in Acudetox in 1996, she administered needles on her son as practice of the technique. An unusual thing happened: Dustin fell asleep. With repeated treatments, he not only

continued to fall asleep, but he began to relax in general. Dustin began to request treatments. Needles in the ear were supplemented by taping small pellets onto the ear to continue stimulation of the ear points between treatments. In November 1997, Dustin stopped taking all medications by his own request, and his depression, sleeplessness and high blood pressure no longer exist. His personal hygiene has improved and he no longer has angry outbursts. He states "I feel calm, Mom, and I never feel calm."

This has led to several pilot programs now underway in Michigan, Virginia and the Bronx

Acupuncture Point Treatment for Attention Deficit Hyperactivity Disorder

Available on web: http://altmed.od.nih.gov/nccam/cgi-bin/research/search_advanced2.cgi#R21RR09463 Virginia Commonwealth University; Neil A. Sonenklar, Principal Investigator through the National Institute of Health (Office of Alternative Medicine)

Approximately 3 to 10% of school age children have ADHD. The usual treatment is the prescription of stimulant drugs. 25% of these children do not respond to this form of therapy and there has been very limited progress in terms of the use of behavioral treatments for ADHD.

This study was designed to evaluate the effectiveness of placing a gold bead on one acupuncture point on the ear. Seven children with a primary diagnosis of ADHD based on DSM-III-R criteria took part in this double-blinded placebo control study with themselves as their own controls using a multiple baseline design. The Conners Parent Scale, revised from the Conners Teacher Rating scale, was used as the main outcome measure.

Results:

- 3 children showed improvement during treatment phase
- 1 showed improvement during placebo phase which continued into treatment phase
- 2 showed a worsening throughout experimental conditions
- 1 showed no change in formal data

It appears that this treatment is effective for some children with ADHD with minimal risk involved. The results obtained in the previous (above) case study were obtained using first the NADA 5 point protocol, and then switching to the gold pellet application. It is quite possible that significantly better results could be obtained by first administering the Acudetox treatment followed by application of gold pellets, and should be investigated further.

Dual Diagnosis

Heart of Texas Region MHMR (Mental Health Mental Retardation) Center

Tom Atwood, LMSW, Caseworker Supervisor (254) 939-2915

Clients of this program are the most seriously affected by mental illness as indicated by repeated, frequent hospitalizations, repeated arrests or community complaints to law enforcement officials, and the inability to access needed social and treatment programs without continual assistance. A high number also exhibit addictions to various substances. Soon after ear acupuncture treatments began, staff, clients and family members noticed better sleep, reduced stress, better appetite, feeling more relaxed, clearer mind and more energy. Over time, hospital admissions were reduced by 70% from the number of admissions for the previous 3 years.

A second group was formed from clients living at Lake Creek, a residential halfway house. Hospital admissions were reduced by 80% from the rate of the previous 3 years. A third group was created of clients who were presenting for crisis treatment, exhibiting acute and/or escalating psychiatric symptoms, often leading to hospitalization. This group reduced its hospital admissions from 8 per month for the previous 3 years, to 8 for the first 3 months of the program.

Due to external circumstances, this delivery of ear acupuncture was terminated. Caseworkers Gloria Turley and Glenda Hamilton did follow up tracking on the Lake Creek group by surveying client information for the year prior to and the three years following delivery of Acudetox services. Gains achieved with Acudetox were maintained on average of 3 - 6 months after discontinuation of service.

Admissions:

In the year prior to Acudetox services, 100% of the patients had been admitted to the psychiatric crisis stabilization unit (CSU) at least once per quarter. During Acudetox delivery there were no long term care admissions to CSU, only one short term admission lasting for 2 days***, and after treatment was discontinued, more than half had been admitted.

There were 8 admissions for emergency community hospital placement (usually followed by time in the Austin State Hospital) in the year preceding Acudetox, none during the treatment period, and six patients requiring that level of care in the period after.

*** Personal communication with Gloria Turley, Social Worker, MHMR

During the period of Acudetox there were no admissions to the Austin State Hospital. Once treatment stopped, admissions resumed after Acudetox stopped.

Crisis Intervention:

The average weekly number of crisis interventions, which had dropped by two thirds, returned to its original level of 3.5 per week.

Medications:

The review found that one half the patients increased medications two weeks after Acudetox stopped. One month afterwards, all patients had increased their medications.

Retention Rates

Betty Ford Center

Gail N. Schultz, M.D., Medical Director 800 392-7540

Betty Ford Center conducted a 6-month pilot study with inpatient heroin addicts. Administering the NADA 5 point protocol resulted in a reduction of clients leaving Against Medical advice by approximately 1/3****. This reduction was consistent over the average course of a 28-day stay.

Kent/Sussex Detoxification Center, Delaware

Irene Rust (302) 422-8338

The Kent/Sussex Detoxification Center is a state agency that serves all 3 counties in Delaware and 9 counties in the state of Maryland as public detox for indigenous and non insurance carrying clients.

Outcome data is presented on 667 consumers who were eligible to participate, 89% of whom received acupuncture.

Of those who received acupuncture;

- 82% had continued sobriety at 3 months compared to 33% of non acupuncture consumers
- 87% were not readmitted to detox compared with 18% of the control group and
- 76% reported an improved quality of life, compared to 34% of the control group.

Leaving the program "Against Medical Advice" dropped from pre-Acudetox program rate of 16.6 per month, to 9.8 per month.

**** Rate reduction obtained through personal communication with Dr. Schultz.

Conclusion

The effects of the Acudetox treatment appear to be broad and far-reaching, making it an ideal tool for addressing a multitude of interrelated societal problems. Further research and data collection are necessary in order to educate agencies and policy makers, and to understand exactly how to effectively employ this technique to the most positive benefit.

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Psychiatric Functions of Acupuncture

Michael O. Smith

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(1983)

Calm Acute Anxiety

F.D. is a publicly employed security guard who was referred by his attorney for treatment of acute anxiety attacks. The patient was extremely jittery, self-conscious and embarrassed about tendencies to cry and become tremulous. He had great difficulty accepting the acupuncture procedure. Within minutes he was crying and even more tremulous. Shortly afterward he was quite relaxed and fell asleep for 20 minutes. He awoke and acclaimed how "different" he felt. He has returned 5 times in the past 2 months (on Saturdays). F.D. has spent 15-30 minutes in supportive therapy with our psychologist prior to each treatment. He has developed some insight into reasons for prior negative and destructive behavior. Symptoms of his functional intestinal condition have lessened. F.D. was not at all motivated for insight therapy when he first came here.

K.N. is a woman in her sixties who first came to our clinic because her two children (one with a professional degree) were coming for acupuncture detoxification treatments. She was extremely panicky and hypercritical during several weeks of supportive crisis sessions without psychiatrist and counselors. One day she asked for treatment of her rheumatoid arthritis which had limited her finger movements for many years. We added points for relaxation. K.N. fell asleep 5 minutes after each treatment began. Her arthritic inflammation has improved 50%. The anxiety reactions and underlying depression have responded quite well to acupuncture. She used to come 3 times a week because of almost constant emotional reactivity. Now K.N. is socializing much more easily and needs treatment once a month.

Reduce the Need for Long Term Administration of Phenothiazines

K.F., J.H., and G.B. were referred to us from the Lincoln Community Mental Health Center. All three had recently been in state mental hospitals, were exhibiting no progress in the psychiatric rehab program, and were continuing on high doses of phenothiazines. We used ear acupuncture 3 times a week for the first month and then provided weekly follow-up care. J.H. graduated from rehab program, has a full time job, and has been able to stop all medication. J.H. has also lost 30 lbs. and reduced his blood pressure to a normal level after receiving specific acupuncture treatments for those problems. K.F. has been able to reduce his medication to a very low level, because of greater emotional stability and self-confidence. He continues to come for each acupuncture to help control intermittent anxiety reactions. G.B. has come for acupuncture in spurts of daily treatment for 2 weeks followed by a hiatus of 1-2 months. He is rather guarded in communication but exhibits self-centered intensity, ideas of reference and poor ability to socialize. During a spurt of daily treatments, C.B. becomes calmer but he always retains a paranoid tone to his interactions. All three of these patients had refused to continue individual psychotherapy prior to acupuncture.

Control Acute Schizophrenic Symptoms

M.O. is a young unemployed woman with many psychiatric hospitalizations who came to our clinic with a chief complaint of "hearing voices." She had been taking Haldol, without any relief. M.O. was otherwise anxious, but sociable. She was guarded and shy about intrapsychic issues. She has had 10 acupuncture treatments in the past 1 1/2 months. Ear and body points have been used. M.O. felt "more calm" after each treatment. After the third treatment M.O. said that her "voices go away after each treatment and then return a few days later." After the seventh treatment she said she didn't hear voices any longer. Each time M.D. comes, she seems tense. She is slowly reducing the difficulty she has in expressing her feelings about personal problems. In this case acupuncture is able to control many symptoms and prepare the patient for eventual psychotherapy.

N.C. is a hospital employee with a vague prior history of psychiatric treatment. One day I was called to see her because of a sudden onset of strange behavior. N.C. was clearly experiencing an acute catatonic episode. She was familiar with acupuncture and was known to mistrust traditional psychiatric treatment. I started to apply acupressure to relaxing points in the ears. N.C. became quite excited at once. This was a contrast to her prior state of virtual immobility. However, the effect was anxiety-provoking and disruptive. Acupuncture is usually unproductive in treating very acute psychotic symptoms. Treatment requires cooperation between the therapist and the patient as well as the patient's willingness to experience different emotional reactions.

Substantial Relief of Long Term Depression

B.H. is a young midtown television producer who came to our clinic complaining of swelling of temporal-mandibular joints necessitating frequent cortisone injections. Her arthritic problem responded readily to acupuncture, but every treatment was accompanied with an immediate

tearful emotional catharsis. B.H. had suffered with anorexia, insomnia, headaches, neck spasm. B.H. readily acknowledged that underlying depression and emotional repression are important components of her physical symptoms. B.H. has come for more than 20 treatments over a 6 month period. She no longer has explosive emotional reactions, sleeps well, and has very few physical complaints. B.H. is continuing to receive insight-oriented psychotherapy as she has for the past 4 years.

K.P. is an unemployed woman with a long history of psychiatric hospitalizations for manic-depressive psychosis. She was referred to us from a local mental health clinic where she had been receiving psychotherapy plus large doses of mellaril and lithium. K.P. paced about in the hallway for an hour before coming into the treatment room. She required constant verbal attention and reassurance during her first treatment. She was able to tell us very little about her life. She stayed less than half the recommended time for treatment. She came twice in the next week for treatment; each time she was less hyperactive and less preoccupied with herself. She has received ear acupuncture only. Apparently she had been attending her psychotherapy appointments sporadically. Eleven (11) days after the first treatment K.P. seemed like a different person. She readily spoke about past relationships in which she had been too dependent and confused. K.P. said "I have a new feeling; I feel willpower for the first time in my life." K.P. has responded remarkably well. The following month she registered for college and "got a boyfriend." She exhibited flexibility and perspective about her new life and revealed a sense or humor and self-confidence that we had not thought possible. Now when K.P. comes for treatment, she reads her college books and calmly socializes with others. She still complains of nervousness, but her status is qualitatively improved. K.P. stopped taking her medication several months ago (on her own) and only visits her former clinic rarely.

H.S. is a middle-aged para-professional employee of nearby psychiatric hospital. He came to us complaining of "depression that is so bad that I feel like one of the patients." He had been hospitalized for depression 3 years ago, received ECT and was currently on Elavil. At one point H.S. had been diagnosed as "traumatic paranoid psychosis" (following a concussion) and put on Mellaril. Patient felt that no treatment had ever helped him. On intake here he exhibited extreme anxiety, frequent headaches, vasomotor/ability, very negative self-image and bruises on hands due to recently hitting his hands against walls. There was no indication of schizophrenia, or avert suicidal intent. H.S. was still able to function in day-to-day activities. He was confused and desperate, but motivated for acupuncture. We used ear acupuncture points and several general tonifying body points. He was asked to come every day for treatment initially. After the 3rd day he felt "dead" and didn't go to work. He was "afraid to go to sleep." After the 5th day there was some lessening of the intensity of the symptoms. By the second week he was active, talkative and dressing well. All the morbid complaints had ceased. H.S. now comes 1-2 times a week and is in much better spirits. He stopped medication on his own. Due to his place of work and history of frustration, H.S. will probably be reluctant to enter psychotherapy for some time to come. In our experience most of his symptoms can be alleviated without any insight changes.

Control Emotional Stress Reactions Which Lead to Child Abuse

B.K. and H.M. are single mothers in their late 20s who were referred from 2 different local counselling services. Each had a prolonged history of impulsive child abuse. Both had been violent with the counselling staff, and both were on the verge of being reported to the District Attorney. These women were normally sympathetic persons who easily became frustrated with catastrophic results. B.K. had a moderate alcohol abuse problem as well. M.N. was quite hostile and frightened about the acupuncture. She received ear acupuncture each Saturday. After the first treatment she said she felt much more relaxed. After the second treatment, she brought friends with her each time. We observed that her "muscle-bound" paranoid style softened considerably in 2 weeks. M.N. said that she did not feel as frustrated at home any more. She continues her counselling sessions and acupuncture appointments regularly.

B.K. was extremely jittery on intake. She talked incessantly about pressures and problems at home. After the first treatment she reported she was like a "changed person." "My kids said I didn't act the same at all." Her second interview was much more constructive and detailed. Her counselling service has been very enthusiastic about her new calm and constructive outlook. B.K. has continued to come every 3-4 days for ear acupuncture. If anything, her daughters' behavior has become more provocative at school, but B.K. exhibits patience and maturity that were not evident before. B.K. had 4 children before the age of 18 and never really had a chance to grow up

herself. She is now dressing with more maturity and plans to continue her nursing training next month.

No Effect on Hysterical Paralysis

A.N. is a middle-aged mother of two who "suddenly couldn't walk" when her son was two years old. She has been examined in many neurology clinics – always with no positive findings. Our examination shows that her muscles and nerves are perfectly capable of function. A.N.'s husband is very attentive and resourceful with her and the family. We told her that there are some reports of acupuncture curing paralysis in China (which is true) and conducted several teaching sessions during her treatments. There was no response to treatment at all.

R.T. is a social work student who developed a pain between his shoulder blades which prevented the use of his fingers for typing: but allowed all other limb function. He showed no overt anxiety. Likewise he had no response to treatment. He came for two dozen treatments quite regularly. One day I noticed spasm in his neck muscles and used local points for that condition without telling him. He reported relief of the pain and then a few minutes he became argumentative and provocative. R.T. never returned for further treatment.

Acupuncture as Treatment for the Borderline Personality Disorder

Mindy Thompson Fullilove
and Michael O. Smith

Borderline disorders have been receiving increasing attention in the psychiatric literature, in part due to recent advances in our understanding of these syndromes, which appears to improve prognosis with treatment, and in part due to the time and energy required to treat this difficult group of patients (1-3). Increasing observations of borderline patients have documented a range of pathology, including characteristic intrapsychic structure and mechanisms of defenses, affective disturbance ranging from depression to mania, and difficulty with reality testing, bordering on frank thought disorder. Theoreticians have organized these phenomena in different conceptual ways (4). For example, the work of Michael Stone focuses on the borderline syndromes in relation to the major psychotic disorders, affective disease and schizophrenia (5). By contrast, the DSM III categorizes them on Axis II, among the personality disorders, while the major psychotic disorders are considered on Axis I (6).

Treatment recommendations reflect an array of approaches mirroring the diversity of the pathology. Psychotherapy, group therapy, and medication are all under investigation and offer positive results in selected situations. For example, antipsychotic medication is helpful in treating thought disorder when present, just as lithium and antidepressants have a role in the affective components of this disorder (7). However, the complexity of the situation is such that the search for new or improved modalities of treatment is well worthwhile.

This paper will present a case report and review of cases of 11 patients with borderline personality disorder as diagnosed by DSM III criteria who were treated with acupuncture. We will discuss the range and types of improvement shown in this group, as well as postulated mechanisms of action.

Methodology

These patients were treated at the acupuncture clinic of Lincoln Hospital in the Bronx, New York. Lincoln Hospital is part of the city hospital system in New York City. Patients were treated in a large open room in which 20-30 people simultaneously receive acupuncture for such problems as drug detoxification, asthma, arthritis, fatigue and stress conditions. This clinic is open daily on a walk-in basis. Appointments are usually not made. The acupuncture treatments were done by Dr. Fullilove, and Dr. Smith, as well as the Lincoln acupuncture staff, including Naomi Rabinowitz, M.D., Jose Aponte, D.Ac., Fredeswilda Cintron, Laharry Pitma, C.A., L. Hernandez, C.A., and Sonia Lopez, M.D. This clinic sees 300 patients daily and has been open for the past 10 years.

Acupuncture needles of 1/2" and 1" length were inserted at varying depths under skin. These needles are imported from the People's Republic of China and are sterilized before each use. Acupuncture has been used continuously for more than two thousand years. Acupuncture is well known to be virtually free of adverse reactions and to be inexpensive in the actual cost of service.

Throughout its long history, Chinese medical theory has described "mind" and "body" symptoms as part of one continuous pattern of imbalance. Treatment is directed at the pattern of imbalance in an individual patient. Different procedures of traditional Chinese diagnosis —including history taking, observation of muscle tension, and pulse diagnosis — were used to determine the acupuncture point selection on each treatment visit. These vary between patients and in individual patients from visit to visit. Among the points selected were: ear points – sympathetic, shenmen, kidney, liver lung; body points - LI-4, LI11, St-36, GB-20, GB-34, GB-43, TW-5, SI-3, Lg-7, Sp-6, Lv-2, Lv-3, P-6, H-7, K-3, Bl-13, Bl-18, Bl-23, GV-20, GV-14, CV-17, plus various local points and points for unrelated treatment plans.

Report of Case

Ms. G., a 45-year-old white woman, presented to treatment in 1980 with the chief complaint of "This morning I knew I wasn't well." At that time she was anxious and tearful. She described herself as unable to cope with her current lifestyle. This crisis was precipitated by a number of life issues, including bankruptcy of the family business and increasing dissatisfaction with her unhappy marriage. She reported that she was sleeping poorly, binge eating with weight gain, and having outbursts of rage during which she would destroy furniture.

Prior to this acute episode Ms. G. had had a long history of emotional problems. She recalled screaming with rage from her crib so that her mother would come and pick her up. She grew up feeling like the "odd man out." Screaming was a part of the family style and "stupid" was her father's most frequent endearment. Despite interpersonal difficulties, she did well in school, a pattern of preservation of intellectual over interpersonal functioning that is chronically present in her personality.

After graduation from college she married, a brief respite in that she felt cherished and respected. This

dearly-beloved man died just prior to the birth of their third (second living) child. Her mourning was intense and inadequately completed when she remarried three years later. She saw her second husband as someone who would take care of her and be kind to her children. Though she felt lonely with him, she often remarked that to be without him would be "alone alone," to her a terrifying state.

During the marriage she was dependent on her husband. As she gradually became aware of his financial and business incompetence and unreliability, she reasserted her own real skills in this area. This was accompanied by outbursts of rage. Though she never feared that she would hurt anyone in these tantrums, she often did considerable damage to property.

At the time she began treatment she faced the difficult task of dismantling an unaffordable lifestyle. This included: moving to a smaller house, taking her two children out of private school, and returning to work after ten years out of the workforce. She displayed characteristic grit in accomplishing this.

She faced her interpersonal problems with considerably more angst. In discussing the decisions that faced her, she would scream with rage at being "alone alone." Her husband was continuously described as the embodiment of all evil, but it was difficult for her to surmount her fear and end the marriage. She had one friendship with an older woman whom she experienced as constantly dictating her life. This friend was alternately described as "killing me with her demands" and "I don't know how I could live without her."

Treatment goals focused on stabilizing her external situation and alleviating her depression and rage. Early on in treatment she would scream and sob, in a manner that was rageful, childlike, and histrionic. This gradually eased. In the first year of treatment, she succeeded in returning to work, and resolving her financial crisis. Shortly thereafter she was able to end her unhappy marriage. Treatment included a variety of modalities, including individual and group psychotherapy and medication. Medication included amitriptyline which alleviated depression at a dose of 200 milligrams, diazepam which was used as needed for anxiety, and thioridazine at doses up to 400 milligrams per day, which was used unsuccessfully to control aggression.

The second year of treatment showed continued improvements. She advanced at work. Her social network increased and she began to date. She recovered from the reactive depression. Despite these improvements her rage remained an intractable and recurrent symptom. She had little insight into and did not seem able to control it. In fact, the discharge of affect involved in these outbursts seemed pleasurable to her. A characteristic outburst was triggered by an argument with her 14 year-old son. In response to his provocation, she broke a closet door, and disrupted it from its hinges.

During this period she was suffering with heavy menstrual bleeding and a hysterectomy was recommended. She undertook a course of acupuncture in an attempt to avoid major surgery. Her first visit to the acupuncture clinic was notable: she had had a difficult day at work and entered in the early stages of an outburst of rage. She was treated with auricular tonifying points, a regime frequently used for early stages of therapy and for tension states. At the end of 30 minutes of treatment she reported that she felt much better and was calm for the rest of the day.

She continued to be treated by an "on demand" schedule in which she would drop in for treatment when she thought she needed it. This was at intervals of once a month for the first three months of treatment. During that time she reported a new awareness of the process of a rage outburst. She also reported being able to calm herself down and avoid situations which would lead to further escalations. The outbursts that did occur were short lived and none were accompanied by property damage. It is important to note that several weeks after the start of acupuncture treatment she had a uterine dilation and curetage which was followed by a three month respite in the heavy menstrual bleeding.

After the initial two months of acupuncture, she went through a brief period of depression, with somatic symptoms, including shoulder pain and a recurrence of the heavy menstrual bleeding. She got more frequent treatments during this period, as much as 4 times in 1 1/2 weeks. She improved rapidly. The depression was both more tolerable and less tenacious then previous episodes. After it had remitted, she returned to a less frequent schedule with treatments every 2–3 weeks.

Six months after adding acupuncture to the regime of other therapeutic modalities, she reported, "I feel like I've finally got my head screwed on right. I want to get my life together now. I want to work in therapy. I don't want you to have low expectations for me or what I can do in my life." She commented specifically on the effect of acupuncture as, "putting a coating on the nerve endings so that they feel protected." She demonstrated a consistent ability to control her rage, with no episodes of property damage since the initiation of acupuncture

therapy. Further, she made better use of the individual psychotherapy which she continued to pursue.

Review of Cases

In addition to Ms. G., 10 other charts were reviewed from the clinic files. The clinic treats a wide variety of patients, including some whose primary presentation has to do with psychiatric problems. Of those that presented for acupuncture for psychiatric problems, 10 met the DSM III criteria for borderline personality disorder (see Table 1). This sample probably underestimated the number of borderlines treated in the clinic since many of the patients who presented for drug detoxification would fit the criteria. This review was arbitrarily limited to patients whose Axis II diagnosis was the primary condition requiring treatment.

The charts were reviewed for diagnosis. From those that met the DSM III criteria the following information was gathered: 1) sex of the patient, 2) history of treatment with psychotherapy, 3) history of treatment with psychotropic medication, 4) history of drug abuse, and 5) number of acupuncture treatments. For each patient, each symptom was noted and reviewed separately. A rating scale was established such that "1" indicated no response to treatment and "5" indicated complete remission of the symptom with treatment. The symptoms were individually rated for degree of improvement from the onset of treatment to the date of review. While the date of review was uniform for all 11 patients, treatment onset varied from six months to two years prior to date of the review.

Because of the small size of this sample and the non-random nature of its selection, we will limit this presentation to some descriptive statistics. In this group of 11 patients, there were three men and eight women. Nine had a history of psychotherapy, which ranged from crisis intervention to long term analytic treatment. Five of the group had a history of psychotropic medication, which "included antipsychotics and antidepressants. Five had a history of drug abuse, which included all of the common street drugs in New York City.

Patient improvement scores were averaged. The group showed an overall improvement of 3.20 on a five-point scale. "3" was equivalent to "moderate degree or length of response." There was variation in the group. Two patients showed no improvement, with scores less than 2. One patient showed minimal improvement. Five patients had average scores greater than 4, which was equivalent to prolonged or pronounced response. These results are shown in Table 2.

Data was also analyzed by symptom. Each of the symptoms showed improvement. Only one did not achieve a mean improvement of 3. That one was symptom b, intense interpersonal relationships. The two symptoms showing the most improvement were a — impulsivity, and g — self-damage. However, the small size of the sample and of the differences between makes it difficult to comment on the implications of this data, which is presented in Table 3.

Discussion

Scientific trials of the use of acupuncture in psychiatry are rare in Western medical literature and none are specifically devoted to the borderline personality disorder (8-9). One of the· patients in a study by Esser et al (8) carried that diagnosis and his response to treatment is noted as: "more energy, sleep, appetite." At one year follow-up he was noted to be still in treatment but had not required further hospitalization. His overall improvement after 9 acupuncture treatments was 4/5.

This study is a retrospective case report and chart review for 11 patients who met D5:1 III criteria for the disorder. The review of their records shows that 8 of 11 had at least a moderate response to the treatment, with the highest mean response in the symptoms of impulsivity and self-damage. Several interesting relationships emerge from this report which are worth comment. First, the chart review demonstrates that this group of patients made use of other treatment modalities, both verbal therapy and somatic treatment. Acupuncture proved of additional benefit to traditional treatment modalities. This acupuncture benefit did not seem to be limited to conventional categories of personality organization, affective disorder or thought disorder. Rather, it appeared to be helpful across the spectrum of the symptom complex. We were impressed to note that other patients had experienced the kind of improvement with impulsivity and inappropriate anger that we had noted with Ms. G. We think that this is a particularly important observation since traditional treatment has had most difficulty with those aspects of this illness.

Secondly, in the case history that was presented, the patient suffered from a menstrual disorder. Stone (5) has underscored the possible relationship between menstrual disorders and psychiatric symptoms in women and reports a case of a woman who had premenstrual rage attacks and suicide attempts. He comments, "…

emotionally ill women tend to experience an increase in their distress the week or so before their menses - as was appreciated by Hippocrates, and amply documented by countless psychiatrists over the past century… This "premenstrual" factor is quite important in many so-called borderline women, a good many of whom stop appearing borderline as soon as this matter is rectified through appropriate medication."

We examined the case history carefully in this regard since Ms. G's improvement coincided temporally, at least partially, with a D and C which alleviated some of her menstrual complaints. Several features in the history convince us that acupuncture was important. First her improvement was noted in the first treatment session, that is, a rage attack was aborted in process. She continued to improve in the early treatment sessions, prior to the D and C. Further, there was a later recurrence of the bleeding irregularity, but not of the rage attacks. The contribution of acupuncture to the management of gynecological problems is documented in both the traditional and Western medical literature. Traditional Chinese theory would support Stone's observation that certain menstrual disorders correlate with certain psychiatric symptoms. The Chinese medical approach would treat the underlying pattern of imbalance producing both symptoms.

The question of mechanism of action of acupuncture is currently hotly debated (10). Postulated mechanisms include neural, neurohumoral, as well as the traditional Ch'i, or life energy. Although response to treatment is variable, the rapidity observed in some cases can only be explained by very rapid physiological mechanisms. The traditional Chinese concept of Ch'i, life energy which exists in yin and yang polar forms and cycles continuously through the body, meets that criteria. In this group of patients, Western psychiatric literature has carefully described the ego weaknesses. For example, Adler comments about "… defects in the patient's observing ego, his incapacity to maintain distance about problems when he is overwhelmed, and his tenuous capacity to form a working alliance with the staff ." (11)

This deficit corresponds to concepts to yang, or protective, energy, that which interacts with the world outside of the self. The rapid response in our patients where yang tonification was employed supports a hypothesis that yang depletion, ego weakness, is a major component of the borderline personality disorder. However, we also noted that for several patients, yin tonification was important to the eventual success of the treatment. This too has a close correspondence to Western concepts of the illness which emphasize the sense of emptiness, boredom and instable sense of self.

The traditional Chinese concept of "empty-fire" would be appropriate in such cases. Similar to the concept of hypomania which reflects an outward ebullience covering inner depression, empty fire signifies outward discharge but inner depletion. The empty fire symptoms in Ms. G's case included the heavy menstrual bleeding and rage attacks.

This report is a retrospective analysis and carries all the weaknesses of such methodology. We are impressed, however, with the overall improvement in this group of patients. Well-designed prospective studies with adequate power could play an important role in further substantiating these observations. In the meantime, the risk/benefit ratio of acupuncture is such that its use as an adjunct procedure could be considered valid even in the present state of our knowledge.

At least five of the following are required:

A) impulsivity or unpredictability in at least two areas that are potentially self-damaging, e.g., spending, sex, gambling, substance use, shoplifting, overeating, physically self-damaging acts

B) a pattern of unstable and intense interpersonal relationships, e.g., marked shifts of attitude, idealization, devaluation, manipulation (consistently using others for one's own ends)

C) inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger

D) identity disturbance manifested by uncertainty about several issues relating to identity, such as self-image, gender identity, long-term goals or career choice, friendship patterns, values, and loyalties, e.g., "Who am I?", "I feel like my sister when I am good"

E) affective instability: marked shifts from normal mood to depression, irritability, or anxiety, usually lasting a few hours and only rarely more than a few days, with a return to normal mood

F) intolerance of being alone, e.g., frantic efforts to avoid being alone, depressed when alone

G) physically self-damaging acts, e.g., suicidal gestures, self-mutilation, recurrent accidents or physical fights

H) chronic feelings of emptiness or boredom

Table 1: Diagnostic Criteria for Borderline Personality Disorder

A pervasive pattern of instability of mood, interpersonal relationships, and self-image, beginning by early adulthood and present in a variety of contexts, as indicated by at least five of the following:	
1	Pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of over-idealization and devaluation;
2	Impulsiveness in at least two areas that are potentially self-damaging, e.g. spending, sex, substance use, shoplifting, reckless driving, binge eating (do not include suicidal or self-mutilating behaviour covered in (5)):
3	Affective instability: marked shifts from baseline mood to depression, irritability, or anxiety, usually lasting a few hours and only rarely more than a few days:
4	Inappropriate, intense anger or lack of control of anger, e.g. frequent displays of temper, constant anger, recurrent physical fights;
5	Recurrent suicidal threats, gestures, or behaviour, or self-mutilating behaviour;
6	Marked and persistent identity disturbance, manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired, preferred values;
7	Chronic feelings of emptiness or boredom;
8	Frantic efforts to avoid real or imagined abandonment (do not include suicidal or self-mutilating behaviour covered in (5)).

Table 2: Patient Improvement With Acupuncture

Improvement (b)	Number of Symptoms (a)	Average
Patient		
1	7	1.57
2	6	4.17
3	7	3.00
4	7	3.43
5	6	3.00
6	8	4.00
7	6	4.00
8	5	4.20
9	8	1.38
10	8	4.13
11	5	2.40

(a) as per Table 1

(b) Improvement was rated on a 5 point scale, 1 = no improvement, 5 = complete remission of symptom

Table 3: Mean Improvement by Symptom

Symptom (a)	Number with Symptoms	Mean Improvement Shown
A - Impulsivity	11	3.45
B - Unstable Relationships	9	3.09
C - Inappropriate Anger	11	3.36
D - Identity Confusion	9	3.20
E - Affect Instability	11	3.09
F - Aloneness/ Boredom	7	3.14
G - Self-Damage	10	3.50
H - Complains of Emptiness	5	3.00

(a) Symptoms are described in Table 1

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Use of Ear Acupuncture in Treating Persons with Serious Mental Illness and Substance Abuse

National Acupuncture Detoxification Association

One theory behind the relationship between mental illness and substance abuse is that persons with mental illness engage in chemical abuse as a form of "self-medication." That is, they use nicotine, alcohol, street drugs and other substances of abuse in an attempt to relieve the acute symptoms of their disease. Unhappily, the use of these chemicals only complicates and intensifies the manifestations of mental illness. Experiences at Heart of Texas Region MHMR Center indicate that ear acupuncture could result in a dramatic improvement in the lives of these persons by supporting their ability to manage their symptoms more effectively.

Heart of Texas Region MHMR Center is a Community Mental Health Mental Retardation center located in Waco, Texas, a city of about 100,000. HOTRMHMR offers services primarily to persons with serious mental illness (schizophrenia, major affective disorders and personality disorders) and mental retardation. The mission of the Center is to provide a level of services which avoids hospitalization or other institutionalization of the persons served.

The Mental Health Case Management program serves only those most seriously affected by mental illness as indicated by repeated, frequent hospitalization, repeated arrests or community complaints to law enforcement officials, and the inability to access needed social and treatment programs with out continual assistance. Case Managers provide intensive coordination of social, medical, psychiatric and psychological services and work closely and supportively with the person and his or her family to see that the person remains actively involved in treatment.

To be eligible for the Case Management Program, a person must have had multiple psychiatric hospitalizations and have shown himself or herself to be unable to adequately interact with treatment and social systems essential to survival in the community. Case Management clients frequently have a variety of other problems which are related to or complicated by their mental illness. These problems include poor health, poverty, emotional dependence, poor social skills, poor judgment, increased anxiety and reduced ability to cope with stress. A high percentage of Case Management clients also exhibit addictions to various substances.

Persons receiving Case Management usually live in one of three settings. The Phoenix Program is a group of government subsidized apartments where clients live in roommate arrangements in individual apartments. In addition to receiving monitoring and coordination services from Case Managers skills. Lake Creek is a privately owned personal care facility which only serves Case Management clients. Persons living at Lake Creek receive 24-hour monitoring and supervision. Psychiatric services are provided by HOTRMHMR. The remaining Case Management clients live in their own homes, either alone or in family or roommate situations, and receive Case Management and other Center services as indicated by their needs.

Beginning in 1991, persons living in the Phoenix program and on their own in the community began receiving ear acupuncture using the NADA 5-point protocol on a regular basis as a part of a smoking cessation program. Soon after the ear acupuncture treatments began, staff, clients and family members began to notice unanticipated positive effects not directly related to smoking cessation. These effects included better sleep, reduced stress, feeling more relaxed, better appetite, increased sense of purpose, clearer mind and more energy. Over time, staff noted that the number of hospital admissions for the 25 persons participating decreased by 70% from the average number of admissions for the previous 3 years. This 70% reduction has remained consistent since 1991.

In April 1992, a smoking cessation program began with persons living at Lake Creek. These persons experienced behavioral changes similar to those noted with the previous group. The Lake Creek group had been averaging 8 hospital admissions per year for the previous three years. There have been 2 admissions since the acupuncture program began.

In 1993, staff were trained in Eye Movement Desensitization Reprocessing (EMDR), a fairly new treatment which was originally developed to treat persons suffering from post traumatic stress symptoms. Case Managers began using EMDR as an adjunctive therapy with persons also receiving acupuncture treatment for their addictions.

In July 1994, staff began to offer ear acupuncture treatment and/or EMDR to persons who were presenting for crisis treatment exhibiting acute and/or escalating psychiatric symptoms including anxiety, physical agitation, mental disorientation, and emotional withdrawal. The majority of these were persons living on their own in the community. Persons receiving treatment became calmer, more oriented and more able to interact reasonably with others. As a result, they participated more actively in their own treatment and in resolving stressful conditions which were contributing to the development of the acute episode. Episodes which would have resulted in psychiatric hospitalization in the

past were resolved without hospitalization. Overall, this group had averaged 8 hospital admissions per month for the previous 3 years. There was a total of 8 hospital admissions for the first three months of this program

The striking reduction of psychiatric hospitalizations for all three of these groups would indicate a need for further investigation of the use of acupuncture as a component of an overall treatment program for persons with serious mental illness in combination with substance abuse. Only with replication of these results will there be wider acceptance of ear acupuncture as a part of a therapeutic regime for persons with these conditions.

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