



REGISTERED TRAINER RESOURCE MANUAL

National Acupuncture Detoxification Association (NADA)
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INTRODUCTION

In 1994, the National Acupuncture Detoxification Association (NADA) issued its first Registered Trainers manual which was then revised in 1999, 2009 and 2013. Welcome to the fifth edition grounded in the predecessors and designed to answer the needs of the organization, its RTs and trainees.

The first section of the manual outlines the organization's policies and procedures with respect to Registered Trainers. NADA expects all Registered Trainers to follow these policies and procedures and be apprised of the disciplinary steps that may be initiated in the event of a violation. Please contact the NADA office or the NADA Training Chairperson(s) if you have any questions, concerns or problems with compliance.

The rest of the manual contains the curriculum outline and supporting materials for the Acupuncture Detoxification Specialist (ADS) training. The curriculum outline provides a guideline for training content towards the ADS competencies. Various training settings and populations require different emphases, ordering, timelines, styles, and presentations. However, an agreed upon curriculum assures that ADSEs trained anywhere in the world master the concepts and skills associated with acudetox practice.

Please review the outlines and ask yourself if these topics are addressed in some way in your training; by didactic presentation, by reading assignments, by role playing, small group discussion, review of cases, video presentations, clinical modeling, etc. Note that some of the outline's topics do not have supporting print materials in the ADS Training Resource Manual. Then ask yourself if your methods of training will lead to the competencies listed in this manual. If you can answer yes to both of these questions, then you can be reassured that you are meeting NADA's expectations in terms of training content.

The NADA Training Resource Manual is the primary *textbook* for providing the NADA ADS Training. All trainees should receive their own copy of the manual, either in print or electronic format. You may also include additional materials along with the training manual to suit your trainees and situations, as long as you are following the curriculum outline and your trainees are meeting the competencies. Additions to the NADA ADS Training Resource Manual should be clearly noted as such. Trainees should be advised when informational content goes outside of the competencies required by NADA.

MODELS FOR TRAININGS

As a means for allied health professionals and acupuncturists to become Acupuncture Detoxification Specialist (ADSes) NADA offers a mixed didactic/clinical training program consisting of 70 hours. NADA trainings should follow the NADA ADS Curriculum Outline and Training Checklist (page 24).

NADA's training philosophy stresses competency. In order to qualify for a NADA Record of Training Completion, trainees must meet the ADS standards of competency (page 15). Those unable to meet the competencies will be required to perform additional course work in order to attain their certificate, at the discretion of the NADA Registered Trainer and/or the Training Committee.

NADA Registered Trainers may offer the training in many flexible ways that must include didactic and clinical experiences. Training hours may also include reading and writing assignments, video-viewing and other distance learning methods, 12-Step meeting attendance, etc. For clinical experience, NADA considers each treatment to be one clinical-hour. Trainees often treat multiple clients during any one clock-hour period. NADA considers 40 directly supervised client treatments and/or 40 clinical hours as good models of clinical standards. When there are limited clinical needling opportunities, RTs may be creative with a mix of role playing, observing, and treating non-client populations.

There are certain cases in which competency can be observed prior to the completion of the general standard of 40 directly supervised client treatments. As this is a competency-based training, discretion can be made by the RT to make the final decision as to when someone is competent to provide NADA treatments safely and effectively. Circumstances that may lead to a faster determination of ADS status include: a clear demonstration of competence in administering the protocol and engaging in the NADA process, a need to support program bureaucracy by helping administrators finish the training quickly, a geographic and/or programmatic need for a shorter training process. The recommendation is at least 10 directly supervised treatments demonstrating a complete grasp of the NADA treatment experience.

In some states, legislation further defines the practice requirements. Typically, supervision of clinical practice is done by an active ADS with a current membership. However, in some states regulations may include additional supervision or specific training requirements. Training and practice in these states should reflect the specified standards. An ADS moving from one state to another may be required to operate under supervision, to attain additional training and/or additional clinical hours in order to meet the requirements mandated by the state where they intend to practice.

Below are some training models that currently exist to meet different needs, and there are many more.

1. **The 70-hour, on-site, heavily clinical NADA training.** This is the original Lincoln Recovery Center model. Training programs have replicated this model and it offers an intense, in-depth, merged experiential and didactic approach which depends on a highly

developed program with a busy clinic.

2. **The two-part, didactic and clinical model.** In this model, the first intensive hours of mixed clinical and didactic training including the use of materials from the Training Resource Manual ready the trainees for completing their clinical component in various settings under direct supervision of a NADA RT or designated ADS. This training delivery system evolved in response to areas where the available clinical experiences were small in number and is suitable for trainees who have difficulty taking off long stretches of time from work. This format requires a great deal of follow-up by the RT to assure the competency of the trainee. In this training model, trainees may travel out of state for the didactic portion of the training. Due to the need to provide as much hands-on needling practice as possible and to observe that the trainee can integrate that experience, RTs are recommended to structure their training with a minimum of 3 in-person training days. In the event that an RT needs to hold a training with fewer days, they need to review and receive approval from the Training Committee. 2-day trainings will no longer be advertised on the website's training calendar. If a 2-day training is approved by the Training Committee (RT rep, the training co-chairs and the executive director), the NADA office will need a notice from the Training Committee to process the applications from that training. After the classroom portion of the training is complete, supervision of the additional clinical practice may be arranged with a current ADS local to the community in which the trainee resides. The RT is encouraged to establish contact with the designated ADS supervisor and learn of the trainee's clinical practicum experience prior to signing the ADS application.
3. **The school setting.** Several acupuncture colleges offer a didactic course and then the student must complete clinical training in order to receive a NADA certificate.
4. **The "in-house" training model.** RTs employed by a behavioral health agency provide NADA training to staff members, sometimes over an extended period of time.
5. **Pre-conference training.** NADA offers a training in conjunction with its national conference. This unique seven-day training includes the didactic and clinical components. Trainees are given reading assignments prior to the event which is held in a behavioral health setting whenever possible and linked to clinical opportunities with local patient populations and recovering communities as well as needling the conference attendees. The Pre-conference Training generally has more didactic content than other trainings because it includes required conference attendance. Registered Trainers from around the country (and occasionally around the world) donate their time and expertise, while NADA pays for the lodging during the training period. NADA-supportive companies donate supplies. All proceeds go to NADA.

NADA encourages RTs to be flexible in designing a schedule and format for training which will work for the particular situation. (Many trainings happen outside the U.S. where additional language, cultural and economic challenges may exist.)

TIPS FOR TRAINERS

Engaging the adult learner.

Adult learners share many characteristics; familiarity with these is helpful in creating a successful learning environment for adults:

Characteristics of the Adult Learner:

- ✓ Prefers single-concept, single-theory courses
- ✓ Integrates learning with previous knowledge and experience
- ✓ Needs to understand and believe the importance/relevance of the material
- ✓ Responds better to a varied method teaching approach
- ✓ Prefers self-directed educational projects
- ✓ Requires a comfortable (physical, emotional, and educational) environment
- ✓ Tends to protect his/her image in a group environment
- ✓ Requires more effort to learn material which conflicts with prior beliefs or experiences
- ✓ Learns form activity and practice
- ✓ Varies greatly in background, expectations, education, experience, intelligence, emotional stability and motivation.

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Forethought, planning and sensitivity on the part of the RT can optimize the learning situation, avoid pitfalls, and maximize the wealth of experience, passion for healing, and enthusiasm that the participants bring to the training. Doing a NADA training is as much a clinical exchange as a teaching one.

Do your Homework.

Before a training, find out as much as you can about the group. Be aware of the age, cultural, ethnic and educational composition of the group. Be aware of the politics of the agency, as well as the county/state/province. Be aware of the hierarchies or other relationships within the group. Pay attention to the physical setting of the training and how to make it comfortable. Think about provision of food, etc. Have all materials well organized. Be prompt and ready.

It is wise to begin any training event by first validating the trainee's own expertise, then indicating the relevance of acudetox to them and their work. This creates a base from which the subsequent training may flow. Thereafter the training process continues the validating and connecting theme.

Group Treatment for Trainees.

Offering a group acudetox treatment early in the training process has many benefits: allowing all to experience and thus understand in their bodies what the treatment is all about; putting the focus on the whole vs. the parts; minimizing the nervousness and anxiety trainees feel initially; creating the alert and relaxed state best suited to learning; and promoting the group Qi that will encourage a dynamic group process. Early needling also creates a natural lead-in to many of the core topics to be covered. Trainees enjoy the benefits of the treatment and often request needling

on a daily basis throughout the training. (Please note, however, that receiving acudetox is not an absolute requirement for training or receiving a certificate.)

Clinical Practice.

The most important aspects of training will be experiential, and the clinical practice is the most valuable and meaningful experience the trainees will have. As trainees practice, they will work through issues and new questions will arise. The best way for them to learn is to needle in actual clinical situations with opportunity for immediate feedback from the RT and/or discussion with the training group. When clinical programs are not available, community groups are a valuable alternative. A hands-on experience for the classroom part of the training should include the practice of providing treatments to people outside the training, in addition to trainees. This empowers trainees to be more comfortable and independent in their growing competency as an ADS. The Training Committee is always available for consultation on how to design this portion of the training. Time to process after each clinical session, and/or at the end of each day is a valuable way to assess where there are questions, confusion, or feelings that need to be processed.

REGISTERED TRAINER POLICIES & PROCEDURES

WHAT IS A REGISTERED TRAINER?

A Registered Trainer (RT) is an individual who has the authority to provide official NADA trainings under a contractual relationship with NADA. This authority is granted to the RT by NADA, and includes the RT's ability to recommend for NADA training certificates those persons who successfully meet the competencies for Acupuncture Detoxification Specialists (ADS). Individuals who are not approved and contracted with NADA are not permitted to use the NADA ADS Training Manual or other NADA intellectual property for the purposes of training individuals in the NADA protocol.

RT status is not permanent, but contingent upon maintaining active status and compliance with all policies/procedures outlined herein.

HOW DOES ONE BECOME A REGISTERED TRAINER?

BASIC QUALIFICATIONS

1. The nomination for NADA Registered Trainer candidacy by a current Registered Trainer, the applicant's original NADA trainer or a member of the NADA board of directors.
2. Minimum of two (2) years active ADS status and concurrent NADA membership.
3. Provides acudetox in a NADA-style group setting within an addiction and/or behavioral health program for at least two (2) years prior to application.
4. Actively promotes, supports and advocates NADA's mission and philosophies within the addiction/behavioral health community.
5. Adheres to all components of the ADS Ethics Pledge throughout their tenure as an ADS.

PROCEDURE

The NADA office will send a Registered Trainer application on request. The completed application should be sent to the NADA Training Chairperson(s), and include the following:

1. Resume;
2. A copy of their NADA record of training completion document;
3. A letter describing the applicant's experience with acudetox, and why they want to become a RT as well as demonstration of need in the area (geographical or otherwise);
4. Application fee (partially refundable if the applicant does not become an RT within 3 years);
5. Nomination letter (can be sent as an email to the NADA office) by a current Registered Trainer, the applicant's original NADA trainer or a member of the NADA board of directors.

When reviewing an applicant, NADA is looking for the candidate who demonstrates such qualities as compassion, sympathy and service, as they will be most able to preserve and promote the "Spirit of NADA." This means not only being able to teach the ear needling technique but creating a safe learning environment and providing a balanced approach toward the treatment of addiction and behavioral health issues.

The NADA training committee reviews all applications, in collaboration with and guidance from the NADA office. Acceptable candidates will be required to complete a mentoring program with an RT designated as the primary mentor and/or attend a training of trainers. The mentoring process will include a review of all NADA guidelines for RTs as well as assisting with one or more trainings. Mentors may recommend that candidates garner additional education and/or experience. The training committee will again review the candidates following the mentorship and accept or deny them for RT status. At times, persons who apply to be trainers may not be granted RT status, even though they meet the basic qualifications. They may be asked to do further development, or may be given feedback that this is not the best role for them. NADA reserves the right to deny applicants without explanation.

A candidate approved by the training committee will sign the Registered Trainer Contract and then receive a Registered Trainer Certificate and gain access to the website's section on trainers' resources, including the Training Resource Manual.

FEE

The fee to become a Registered Trainer is set by the board of directors. Payment is to be made to NADA with the initial application and will be refunded, less a processing fee, should the RT application be denied. Candidates for whom the application fee presents a hardship may ask the NADA training chairperson for a waiver or a sliding scale fee.

WHAT ARE THE ROLES AND RESPONSIBILITIES OF THE REGISTERED TRAINER?

ROLE

NADA is a membership and training organization. Registered Trainers represent the organization by providing training and promoting membership.

The Registered Trainer is authorized by NADA to conduct official NADA Acupuncture Detoxification Specialist (ADS) trainings and is recognized by NADA as a professional representative operating on behalf of NADA with responsibilities that are at once educational and administrative.

Each RT has the responsibility to provide the highest quality of training and to work with each client, trainee, and agency in a thoughtful, sensitive and ethical manner.

The RT is often asked to consult, advise, answer questions, organize and advocate. The role often calls for political and personal savvy and awareness. RTs with training experience may also act as mentors for RT applicants.

Each RT is an emissary of the organization, and therefore, responsible not just for teaching a modality, acudetox, but also for imparting and modeling the “Spirit of NADA.”

RESPONSIBILITIES

Beyond the general definition and concept of the role of the RT, NADA requires that certain, very specific functions and policies and procedures be carried out by the Registered Trainers. These are divided into the following categories: Curriculum, Fiscal, Reporting, Legal/Ethical, Insurance Coverage, Continuing Education, and Mentoring.

RTs that do not comply with these policies and procedures and fulfill these responsibilities may face disciplinary proceedings (see p.9).

Curriculum

The NADA curriculum outline serves as a guide to training content delivery with major components to be included in an acudetox training.

The RT is responsible for insuring that the didactic material is addressed and the clinical instruction and practice accomplished. A NADA training ideally delivers the material in a manner that engages trainees in a collaborative fashion rather than in strict lecture format.

NADA training is competency-based. The NADA ADS training includes didactic and clinical components. Thirty (30) hours of didactic and forty (40) hours of clinical is a flexible guideline by which RTs may organize their trainings. Some trainings blend these components very effectively; while others by necessity separate them more. Whatever the mix provided, a trainee needs to meet the specified minimum competencies before being recommended for a certificate of training completion. RTs can credit trainees’ hours of training for outside reading assignments (including the ADS manual), attendance of behavioral health treatment sessions, drug court proceedings, etc. Attendance at an open mutual support fellowship meeting, such as AA, NA, Refuge Recovery, Smart Recovery, Al-Anon, Overeaters Anonymous, Talking Circles, Double Trouble, etc is a strong recommendation. This could take place either during the training itself, or after the initial classroom training has ended. A write-up of the experience may be requested by the RT. Attending a meeting helps to educate about available community support which is a crucial aspect of recovery.

In a two-track training process, the clinical practicum is completed after the initial classroom training finishes. It is recommended for the practicum to be directly supervised either by the original RT, or an ADS designated by the RT, in compliance with supervision requirements of the local state, province or tribe. In cases where providing direct supervision is a geographic or otherwise identified challenge, the RT should contact the NADA office to discuss alternative options. Submitting to the RT photographs of ears with placed needles is not considered equivalent to direct supervision. Neither is a log of unsupervised treatments. Providing the NADA training is an interactive, three-dimensional and human experience. Observing and supporting the growing skill and competence of trainees must therefore be equally live and interactive. Video conferencing can be used as an option to observe an entire group experience, when direct supervision is not available.

In order to identify appropriate ADSes who can provide supervision to new trainees, the RT may contact the NADA office to request a list of ADSes in the area of the training whose membership is current. The office will provide an Excel document including the name, email, phone number, location, and job title (if available) to the RT. A supervision checklist can be made available to the RT and designated ADS supervisor, if needed.

Trainees have one year from the end of the classroom training to finish their clinical practicum. Experience shows that the longer a trainee waits to engage with the clinical practice, the less likely they are to finish the training. When the NADA office receives a signed application from the RT which shows a training completion date that is one year or longer past the training date, both the trainee and their RT will be contacted to discuss the best solution for training completion. Each application will be reviewed on a case-by-case basis. Options include:

- 1) Attending a refresher training with the original RT;
- 2) Attending a refresher training with a different RT, in the event that the original RT does not have a scheduled training. The original RT may collaborate with the NADA office to determine a geographically viable training with a different RT;
- 3) Attending a one-on-one refresher session with an RT (original or otherwise designated by the Training Chairperson(s));
- 4) Completing additional clinical practice treatments, under the direct supervision of an RT or designated ADS.

Note: Any individual who completed training prior to the revised policies going into effect will be grandfathered in as an ADS, as long as the RT has signed and dated their application.

The RT is responsible for all health and safety-related precautions necessary to minimize risks to trainees, clients, agencies, and NADA, as covered in the clean-needle and risk management sections of the NADA Acudetox Training Manual. (Although emphasized in the curriculum materials, this is such a crucial area that we can not overemphasize it.)

Registered Trainers should obtain an informed consent form for all trainees participating in providing and/or receiving needling. It is located in the initial pages of the Training Resource Manual. Trainers should maintain these consent forms among their own records for a period of not less than three years.

RTs teach **only** the five (5) auricular acupuncture points known as the NADA acudetox protocol. RTs who are teaching licensed acupuncturist and wish to share other clinical point information must clarify that the use of other ear and/or body points stems from the experience of individual acupuncturists and is not part of the NADA protocol. RTs who practice other interventions or modalities outside of common NADA style treatment will clarify that this also is not part of the NADA treatment model.

RTs limit class-size to insure adequate attention to students particularly in skill mastery and clinical experience.

Follow-up

NADA Registered Trainers are to provide follow-up support to trainees, especially if the trainee is completing clinical hours not directly under the RT's supervision. Registered Trainers are responsible for assuring that the clinical experience meets NADA-style treatment guidelines. The nature of that follow-up varies with the circumstances and trainees. Some RTs call or write trainees to see how they are doing. Others recommend that trainees check in on a regular basis. Programmatic barriers often arise in the time after the training, and some trainees do not have an opportunity to put their new skill to practice. A follow-up session can then also serve as a refresher, and an opportunity for the whole group to practice ADS self-care by receiving a treatment, provided either by a trainee or by the RT.

Even following the receipt of an ADS Completion Certificate, one or more follow-up sessions to review points and techniques and to answer any questions the new ADS may have can be very beneficial. It is a good idea to build this into training contracts, particularly when trainees will be part of a newly established program. Site visits may be very beneficial for ADS support and program development purposes. Some RTs have also helped to foster local associations to provide ongoing peer support. (Please note: NADA training does not include ongoing supervision of ADSes. NADA recommends that ADSes seek supervision when needed and comply with all state and local regulations regarding supervision.)

For the purpose of continuous quality improvement, the NADA office may from time to time interview trainers and trainees. The intent is to learn about the structure of the training, how the material was delivered, including the clinical practicum and whether the trainee feels they have gained the necessary competence to provide the NADA protocol safely and effectively.

Fiscal

1. Membership Dues – RTs must keep their NADA membership current. RTs are expected to pay annual membership dues as set by the board of directors.
2. Registered Trainer's Dues – a yearly fee, as set by the board of directors, must be paid in order to maintain active standing as an RT.
3. Training fees: Registered Trainers agree to pay a flat fee per trainee to NADA for the use of NADA's intellectual property, to be set by the board of directors. RTs who provide training as part of their regular salaried or faculty position are not expected to pay the administrative fee. (However, NADA asks that schools and agencies that benefit in this

way from the use of NADA intellectual property and support agree to a reasonable compensation for same.)

If annual fees and dues and per trainee training fees are **not** paid, the RT will be placed on inactive status and not be allowed to provide recognized trainings until becoming an active RT in good standing again (see below).

Where financial hardship or other extenuating circumstances exist, please contact the NADA training chairperson so that fee arrangements can be made.

Guidelines on setting fees and contracts:

1. RTs should be compensated for their time and the expertise they bring.
2. The NADA concept of access should remain a guiding principle in setting fees that do not prohibit participation.
3. Different circumstances warrant different fee levels. Scholarships and graduated fee structures are often sensible and necessary. Consider “comping” individuals based on their need or the benefits they bring to program development. If one or more individuals need to be comped, contact the NADA office prior to the start of training.
4. \$300 – \$400 per person may be an appropriate fee in some settings.
5. Supplies may be included in the per person fee or handled separately. The same applies to travel and expenses negotiations.
6. NADA expects RTs to pay the organization a flat fee per trainee (to be determined by the board of directors). This fee can be negotiated into the amount charged by the RT. There are instances where this policy does not or cannot apply. Please contact the NADA office when in doubt about this requirement.

Sample budgets are available on request from the NADA office, so that trainers can gain a sense of the range of training expenses based on geographical location, number of trainees, and other training considerations. We encourage trainers to send in their budgets to the office to best follow the trends in training costs. They can then be available to other RTs organizing trainings in similar locations.

REGISTERED TRAINER ADMINISTRATIVE FORMS & PRACTICES

ADMINISTRATIVE FORMS These can be found on the following page:

<https://acudetox.com/training/>, in the box on the right that says “Download Resources.” It will require a login and a password to access the page.

- NADA Training Application
- Training Cover Sheet
- Training Evaluation Form
- Informed Consent Form
- Training Content Checklist

Before a training:

Report to the NADA office at least 30 days before conducting a NADA training by email, fax or phone. This allows NADA to place persons seeking training, connect mentors with candidates, and to gather information about the trainings being offered in a given year. The NADA office will list, on the NADA website, any trainings that are open to participants.

During a training:

Collect and send to the NADA office membership applications and fees within two (2) weeks of the onset of training. It is suggested that getting this process started on the first day of the training will better ensure that the task is not forgotten.

1. Check or credit card authorization for per person training fees
2. Attached trainee membership applications with application fees

After a training:

- **Training Evaluations.** RTs are expected to provide training evaluations to trainees and to collect and send the evaluations to the NADA office at the completion of the training. (You may keep a copy for your records.) RTs also need to provide trainees the opportunity to provide feedback directly to NADA if they so choose. The form for confidential feedback can be found in the Training Resource Manual, immediately after the evaluation that is given to the trainer.
- **Training Cover Sheet.** RTs are expected to send the NADA office a form at the end of the classroom training period that includes the following:
 1. Total number of participants and their names printed legibly
 2. Date(s) and location of training
 3. Type of training (one-track or two-track)
 4. Payment information for the trainees
 5. Attached trainee evaluations
 6. Attached copies of the trainee applications (signed by the RT at the bottom of the page **only** when trainees have met the competencies and completed their clinical experience).

The training cover sheet should be filled out at the end of the formal training episode whether or not all trainees have completed their clinical experience and are ready for receiving certificates of training completion. This will ensure that they can all become Associate members of NADA and receive the benefits thereof.

- **Applications for membership.** Each trainee will complete an application for NADA membership/ADS certificate of training form with attached fee for membership within two (2) weeks of the onset of training. (This method assures that trainees become members even if they do not complete the full NADA training and receive their certificate of training completion.)
- **Application for NADA ADS Record of Training Completion.** Upon completion of all training components and demonstrated mastery of the NADA ADS competencies, Registered Trainers will sign and submit the trainee's application for an ADS record of

training completion to the NADA office. A blank copy of the ADS application is provided in the Training Resource Manual.

1. Application for ADS Record of Training Completion (page 1);
 2. Signed ethics pledge (page 2);
 3. Proof of student status should be provided to the RT so that their status may be noted on the ADS application and the fee reduction allowed;
 4. A completed Yes/No response to the question of disciplinary action on the trainee's professional license (if the trainee does not possess a professional license, selecting No is the correct response.)
 5. Signature by Applicant dated on the last day of the classroom training;
 6. Typed name of Registered Trainer;
 7. Signature of Registered Trainer indicating successful completion of the NADA training and basic competency to perform acudetox at that time. The application should only be signed when the trainee has successfully completed all components of the training. If it will take time to complete the clinical practicum, please send in the application **unsigned** immediately after the classroom portion of the training has concluded. The RT can keep the original application, and snail mail the NADA office a copy. Faxing or emailing a scan of the application(s) is also a viable option. When the trainee completes their clinical practicum, the RT signs the application and resubmits it to the NADA office, so that the trainee may receive an ADS certificate of training. The trainee has 1 year to complete the clinical practicum. See page 8 for options to follow if the trainee has needed more than a year to finishes their supervised clinical practice.
- **Incomplete paperwork.** The following is a list of situations in which the NADA membership team will not process an ADS application:
1. Payment sent in with no application(s);
 2. Application(s) sent in with no payment;
 3. Application(s) submitted with incomplete information (ex. disciplinary question unanswered, Registered Trainer name(s) left blank); and
 4. Application(s) mailed in without a Training Cover Sheet.

When the membership team receives incomplete paperwork, the RT will be requested to provide the missing information via email, phone or mail. The NADA office reserves the option of mailing/emailing all of the paperwork back to the trainer for resubmission when completed. Repeated submissions of incomplete application packets may result in a fine as determined by the board of directors.

The NADA office will process applications and prepare ADS records of training completion for applicants who have successfully completed the training requirements and supplied all the required application documentation. The NADA office will issue Associate memberships to trainees who will take longer than 2 weeks to complete their clinical hours. Documents will be emailed to the trainee in a timely manner. NADA will only grant ADS records of training completion to trainees of RTs who are current in their RT status at the time of the training.

Please note: NADA issues records of training completion that indicate successful completion of a NADA ADS training. NADA is an education and membership organization **only**. NADA is not

a certifying body. NADA does not provide ongoing certification of any kind. This relationship is analogous to a school that provides a diploma or a record of training completion but then has no further involvement in overseeing the graduates progress or practice.

Yearly Reporting

Once a year, upon membership and RT status renewal, RTs will be asked to fill out a form mailed from the NADA office which summarizes their training activity and continuing education (see below) for the year and informs the office of any issues/problems that need to be addressed. Registered Trainers shall include a statement of insurance coverage which is either obtained by the RT personally, or is stated through the umbrella of the school or agency.

Continuing Education

NADA RTs are encouraged to stay current in the fields of addiction treatment and other related health/social policy issues. The Continuing Education (CE) requirement reflects this goal. Fifteen (15) continuing education units every two years will meet this requirement. The annual reporting form will ask you to list your CE units completed. Workshops or seminars which relate to the lives of or the treatment of persons with addictions and/or behavioral health will satisfy the CE requirement. Examples of acceptable CE topics include drug court or criminal justice, domestic violence or child abuse, public health; etc.

Attending one NADA conference provides 12-14 CE units and RTs are strongly encouraged to attend a national NADA conference, including the Registered Trainers professional development day that precedes the 2-day conference. Where financial hardship or extenuating circumstances exist that prevent attendance at that minimum, please contact the NADA training chairperson.

Professional Liability Insurance

In August 2010 the NADA Board set a new policy guideline making it optional for RTs whether or not to purchase professional liability insurance coverage when they lead a NADA training. If you have elected coverage, proof of coverage, either personally or under the umbrella of the school or agency shall be provided to the NADA office upon request. The NADA office can advise you of companies offering very reasonable costs for RT coverage.

Mentoring

An RT with training experience may be asked to become a “mentor” for prospective RTs. Mentors have preferably trained in a variety of settings and/or within a variety of populations. At the discretion of the Training Chair, a mentor may be chosen based on matching the skills and experience needs of the Registered Trainer candidate. The Training Chairperson will assist candidates in attaining an approved mentor. There is no fee paid to the mentor for engaging in this role (although it is appropriate that mentors be paid for the training in which a candidate is mentored). NADA hopes that all RTs will share generously with other RTs as our teachers shared with us. RTs may decline to become mentors and mentors may decline to take on mentees.

Mentoring usually involves having the candidate observe, assist and participate in one or more trainings with the mentor. The mentor is a teacher, a guide who can offer advice and suggestions to the new RT as well as demonstrating by example how to do a successful training; somewhat

analogous to the role of a 12-Step sponsor. A mentor may notice certain areas which could be strengthened in the candidate and make suggestions as to how the candidate can do this. For example, one mentor suggested that the candidate attend some 12 step, mutual support fellowship groups and a women's group. Mentors will also introduce candidates to the NADA RT policies and procedures. The mentor works closely with the Training Chairperson and the training committee. New RTs often turn to their mentors for ongoing advice and support.

The following skills and competencies are to be required and to have been demonstrated in order for an RT candidate to become a NADA Registered Trainer:

- Ability to elicit personal experience and that of their trainees in order to enhance their training style
- Classroom and experiential teaching skills
- Organizational abilities
- Skillfully supervise needling practice, with an awareness of cultural and other sensitivities
- Thorough working knowledge of the NADA ADS training manual and the ability to utilize it in a training setting
- Portray the NADA spirit in training and in practice
- Seek resources for additional training information and enhancing training skills
- Demonstrate adherence to the NADA Ethics Pledge
- Materially participate in one or more NADA trainings under the supervision of an RT mentor, as determined by the RT mentor or NADA Training Committee

Those unable to meet the competencies will be required to perform additional didactic/practicum work, or other means of enhancing their skills, in order to meet the qualifications of becoming a NADA Registered Trainer. An RT candidate may be denied NADA Registered Trainer status at the discretion of their NADA Registered Trainer Mentor(s) and/or the NADA Training Committee.

Ethics and Legal Issues

RTs must practice in a manner that upholds the NADA ethics pledge.

In addition NADA expects RTs to:

1. Abide by state and local regulations in their business and personal matters
2. Act in a professional manner, provide agreed upon trainings and related tasks or return payment rendered for same
3. Provide trainings that are consistent with the NADA training curriculum
4. Approve for ADS training completion only those trainees who meet or exceed the minimum competencies
5. Provide all trainees who meet or exceed the minimum competencies with approved applications to attain their NADA ADS record of training completion.
6. Only use NADA intellectual property for NADA ADS trainings or advocacy work that supports the NADA mission
7. Support the NADA mission by encouraging ongoing membership in the organization

8. Be clear regarding the limitations of the training offered and the limits upon practice of acudetox

Prohibitions and Precautions:

All policy decisions regarding NADA matters are made by the NADA Board of Directors. Individual RTs may not represent themselves as having decision making powers regarding policy. (Input from RTs, NADA members and others are always welcome.)

1. The NADA letterhead, logo, stationery, curriculum, manual and certificates are considered the intellectual property of NADA. Duplication or use of said property is expressly prohibited without the written authorization of the NADA office. RTs have express permission to copy and distribute the manual contents to trainees, who likewise have permission to use materials within their programs. Personal stationery imprinted with the NADA logo is impermissible as it creates the impression of official organization stationery. RTs may request permission to use the NADA stationery for specific pre-approved purposes by contacting the NADA office.
2. Prior to performing training for an agency or other body, a clear agreement should be in place to avoid misunderstandings or misrepresentations. During negotiations if "gray" areas exist, please consult with the NADA board through the office or Training Chairperson.
3. The Registered Trainer must not engage in activities which will bring into question or conflict with the business or educational interests of the organization. RTs must avoid conflicts-of-interest, which applies to any activity conducted by a RT which raises the specter of impropriety. Examples of inappropriate activities include:
 - a. Recommending a record of training completion for an individual who did not complete a training because the person is a friend or paid for the same.
 - b. Selling products at a training (such as needles or tea) in order to receive a personal pay-back from the company
 - c. Conducting an inferior training; misrepresenting the nature of the training to the recipient of same
 - d. Not following through with obligations/agreements to trainees or agencies.

INACTIVE STATUS

RTs who do not comply with maintaining active status by keeping up with dues, fees and reporting as per these policies/procedures will be placed upon inactive status.

An RT on inactive status does **not** have the right to conduct NADA trainings. NADA will not recognize training conducted by Inactive RTs and will **not** provide a record of training completion for trainees of said RTs.

To become active again, an inactive RT will have to submit a letter explaining the situation and the request for returning to active status reinstate and if approved, pay a reinstatement fee to be set by the Board of Directors. The training committee will review a reinstatement request on a case by case basis. At minimum, applicants will have to pay current year dues and fees and complete CE's. Applicants may be asked to complete other assignments in order to regain active RT status. For example, if it has been several years since a person conducted a training, he or she

may be asked to mentor with another RT or do other preparation. Inactive RTs may be denied reinstatement if the training committee deems their past or current behavior inconsistent with the ethics pledge, the NADA mission, or these policies and procedures.

Please note: RTs who have not provided a training in more than five (5) years and/or have not attended a NADA conference during that time, but have otherwise maintained active status/involvement, need to contact the Training Chairperson prior to engaging in direct training again. Such persons may be asked to do additional refreshing or preparation.

REGISTERED TRAINER DISCIPLINARY PROCEDURES

If a Registered Trainer 1) does not comply with the requirements, roles and responsibilities of being an RT, as set forth above at pages 7 to 15 or 2) engages in activities which are prohibited, as mentioned above on page 15, the RT may be subject to disciplinary procedures as determined by the Training Committee and/or Appeals Committee, in the event of an appeal, as set forth below. The Training Committee consists of the training (co) chair(s) and the U.S. and Canadian RT Representatives.

The Training Committee will communicate its disciplinary action to the Registered Trainer by letter sent by email and/or regular U.S. mail to the RT's most current email and street address on file with NADA. Failure to comply with the requirements, roles and responsibilities of being an RT or engaging in activities that are prohibited by NADA may result in disciplinary action, up to and including revoking an RT's status as a Registered Trainer. Examples of disciplinary actions that may be imposed include the following:

Performance Alert Letter: The performance alert letter identifies a concerning behavior by a Registered Trainer that has been reported to the Training Committee, either directly or by NADA's Executive Director. The performance alert may not escalate to further disciplinary action if the RT remediates the reported behavior within three months from the date the Training Committee issues its letter. In its letter, the Training Committee will identify all required remediation steps that the RT must perform. The Registered Trainer is still eligible to lead NADA trainings after a Performance Alert Letter has been issued.

Suspension: The Training Committee may suspend an RT if a behavior identified in a Performance Alert Letter has not been remediated, to the Training Committee's satisfaction, within three months by the Registered Trainer. Suspension may last indefinitely if the RT undertakes no or only partial remediation action. An RT on suspension shall **not** conduct NADA trainings. Additionally, NADA will not recognize training conducted by a suspended RT and will **not** provide records of training completion for the RT's trainees.

Revocation: The Training Committee has the right, in its sole discretion, to permanently revoke an RT's status with NADA at any time during the disciplinary process for any conduct deemed by the Training Committee in its sole discretion to be sufficiently egregious to warrant revocation. If an RT's status is revoked, NADA will publish the revocation in its quarterly

newsletter by describing the conduct giving rise to the revocation. NADA also will report the revocation to any and all appropriate licensing agencies and/or state regulatory bodies.

The Training Committee shall provide the RT with written reasons for any discipline imposed.

An RT may object to any discipline imposed by submitting a written objection within 14 days of its imposition to the Training Committee. The Training Committee will review all documentation submitted by the RT and, if necessary, may request additional written information from the RT or from any other individual with relevant information. The Training Committee may also request in person testimony from the RT and any other individual with relevant information. After the Training Committee has received and reviewed all documentation necessary to reach a decision and/or has had the opportunity to hear live testimony, the Training Committee will issue a final written decision to the Registered Trainer that includes the Committee's findings and whether the discipline previously imposed shall be continued, vacated or modified in any manner.

APPEAL PROCEDURE

Registered Trainers who have received a final written decision from the Training Committee may appeal the decision made by the Training Committee to the NADA Board of Directors.

1. Appeals must be received within 14 days from the issuance of a final written decision from the Training Committee.
2. Appeals must be submitted in writing to the NADA Appeals Committee.
3. Within 30 days of the receiving an appeal, the NADA Board of Directors will designate a special Appeals Committee to review all evidence considered by the Training Committee. No member of the Appeals Committee can be from the Training Committee that imposed the discipline on appeal.
4. The Appeals Committee will review all evidence considered by the Training Committee, including the Training Committee's final written decision. After the Appeals Committee has reviewed said evidence, the Committee will issue a final written decision to affirm, modify or vacate the discipline imposed by the Training Committee.
5. There shall be no further appeals from a final decision of the Appeals Committee.

Written appeals must be sent to:
NADA Appeals Committee
c/o NADA Board of Directors
P.O. Box 1066, Laramie, WY 82073

ACUPUNCTURE DETOXIFICATION SPECIALIST (ADS) TRAINING

Purpose of training. It is NADA's privilege and responsibility to prepare well-qualified practitioners who can demonstrate the skills of acudetox. NADA developed and maintains a specialized training protocol to:

1. Define the scope of practice of the Acupuncture Detoxification Specialist (ADS) for rendering services for addictions and behavioral health treatment through the provision of an adjunct auricular acupuncture intervention;
2. Promote the NADA client-centered treatment approach: always respecting the dignity of the individual and the importance of developing the internal foundation for recovery;
3. Address the public need for safe, accessible addictions and behavioral health treatment services by facilitating the appropriate training of ADSes and thereby expanding the availability of auricular acupuncture in those settings;
4. Define basic competencies in order to assure minimum standards of acceptable preparation and practice;
5. Establish a core curriculum that serves as criteria for fundamental and consistent training of ADSes.

Scope of practice. The title "Acupuncture Detoxification Specialist" (ADS) denotes one who is trained specifically in integrating the NADA "acudetox" auricular acupuncture protocol into addictions and behavioral health treatment and prevention.

Licensed acupuncturists or those healthcare practitioners permitted to perform acupuncture under the scope of practice of their professional licenses or certifications are generally permitted to administer acudetox in any setting to any type of client.

The scope of conditions that non-acupuncturist ADSes may treat is limited to those that are related to addictions and behavioral health treatment and prevention, including detoxification, withdrawal, emotional trauma, craving, stress syndromes, relapse prevention, rehabilitation and recovery maintenance. This may include persons with coexisting chronic mental illness, HIV/AIDS, PTSD or persons at risk for substance abuse. Non-acupuncturist ADSes shall provide acudetox in compliance with local and/or state guidelines, which may include such parameters as requirements for supervision and limitations in treatment settings.

Eligibility for NADA ADS training. Individuals who work or intend to work within the addictions and behavioral health treatment fields are eligible for ADS training. One of the benefits of the NADA protocol lies in the simplicity and accessibility of its practice for a wide array of individuals, including but not limited to counselors, physicians, physician assistants, nurses, acupuncturists, social workers, detox technicians, psychologists, administrators, outreach workers, criminal justice workers, recovery readiness/harm reduction workers, case managers etc. The protocol can be safely and accurately integrated into a treatment milieu by a broad range of individuals with different roles and responsibilities within their respective organizations. Candidates with little or no prior experience may require additional training hours.

The practice of acudetox is generally regulated by state agencies and it is up to the individual to ascertain whether it is legal for non-acupuncturist ADSes to perform the acudetox technique in his or her jurisdiction. Furthermore, it is up to the individual ADS or ADS trainee to insure that he or she remains in compliance with local regulations.

Obtaining a Completion of Training Document. Every trainee must complete the combined didactic and clinical experience provided and/or overseen by a NADA Registered Trainer. In addition, he or she will demonstrate to the satisfaction of that Registered Trainer a mastery of the

basic competencies listed below.

Upon successful completion of all requirements (hours and competencies) and an application process, the ADS will receive a *Record of Training Completion as an Acupuncture Detoxification Specialist*.

Occasionally applicants are not able to demonstrate the required competencies even upon completion of the required hours of training. Such applicants will not be eligible to receive a certificate until they do so. Individuals may work with a Registered Trainer to identify deficits and, in partnership, create a plan that will allow the individuals to achieve appropriate mastery of the materials and techniques.

PLEASE NOTE: The Training Completion document indicates successful completion of NADA acudetox training and demonstration of entry-level skills. NADA does not provide initial or ongoing certification of ADSes. ADSes are encouraged to maintain competencies and continue to expand their knowledge by pursuing continuing education, attending the NADA annual conferences and maintaining active annual membership in the organization. ADSes sign an Ethics Pledge verifying the understanding of and agreeing to abide by rules regarding limited scope of practice as appropriate, confidentiality, client rapport and respectful treatment, financial interest, and sharing experiences with the NADA community. NADA asks that each trainee complete a membership application at the onset of training. This membership, good for one year, entitles trainees to all the benefits of membership including the newsletter.

Upon successfully completing training requirements and demonstrating mastery, the Registered Trainer will submit the trainee's completed application for the Record of Training Completion as an Acupuncture Detoxification Specialist to the NADA office, signed by the Registered Trainer, along with the trainee's signed ethics pledge.

ADS standards of competency

1. Able to perform at least 20 treatments during a 4-hour period with good point location, technique and safety practices within a group setting
2. Able to explain the uses and limitations of the treatment
3. Able to demonstrate sensitivity, compassion and respect for clients
4. Able to understand the communal treatment effect and maintain an appropriate atmosphere
5. Able to demonstrate clean needle technique and universal precautions as appropriate for the acudetox setting
6. Able to demonstrate familiarity with research and outcome results of NADA programs
7. Able to demonstrate understanding of and to comply with, the limited scope of practice and other ethical principles
8. Able to demonstrate understanding of the implications of role of auricular acupuncture for addictions and behavioral health in the larger treatment context
9. Able to write chart notes re: status, treatment given and client response

10. Able to demonstrate understanding of the adjunctive nature of acudetox and the importance of collaboration and communication with the treatment team
11. Able to demonstrate recognition of the psycho-spiritual nature of recovery and respect and support the client's internal process
12. Able to modify treatment appropriately (e.g., fewer needles, shorter retention) and to respond to adverse clinical situations should they occur
13. Able to demonstrate understanding of addictions and the NADA protocol from the perspective of basic concepts of Oriental medicine (Qi, yin/yang, empty fire)

These competencies are considered the minimum skills that must be demonstrated to become an Acupuncture Detoxification Specialist. The trainee will further develop each of these skills as she or he begins to apply the training in a treatment setting. This is true whether the competency is the speed of inserting needles or achieving a greater level of sensitivity towards clients. NADA reserves the right to deny a Record of Training Completion to anyone who does not fully demonstrate these minimum skills.

ADS CURRICULUM

INTRODUCTION

The curriculum outline presented here represents the collection of topics, ideas, philosophies, techniques etc, which have been set forth by NADA founders, board members, Registered Trainers, members and other associates. Some important aspects are drawn from the concepts of Eastern medical thought while others evolved from the basic tenets of the addiction treatment field and the recovery community.

The curriculum is presented in a flexible format. The order and emphasis of different sections can vary according to the setting of a training and the nature of the participants in the training. During a NADA training, the areas noted on the outline should be addressed. Some are supported by written materials; others can be covered by use of video presentations, group discussion, role playing, etc. Methodology is left to the creativity of the RT.

A sharp line does not divide “didactic” from “clinical” in this outline. Supervised clinical practice is, of course, essential for trainees to master the NADA protocol, acudetox. Receiving acudetox treatments, giving treatments to each other, and giving treatments to staff, clients and others in a supervised clinical setting are intrinsic components of a NADA training.

Various logistical problems may confront a NADA RT as he or she attempts to impart the didactic information and provide for the clinical training necessary. Creativity and flexibility are encouraged in seeking solutions to these problems. The Training Chairperson(s), Registered Trainer Representative and the NADA office are available for consultation on these matters.

The outline attempts to present material in a logical flow. Therefore, key points of concepts may be at the bottom of a page. The order does not imply a ranking of significance. Nor do the topics have to be covered as a unit. Please feel free to adapt the order to meet your training needs. The

materials supporting each section do **not** address all of the outline topics. They have been developed or collected in order to expand the training tools at your disposal.

A note on each section of the curriculum references the competencies that are most applicable to that topic.

Many different terms are used to describe the NADA protocol. For the purposes of this manual we have used primarily “the NADA protocol,” “the NADA acudetox protocol” or “acudetox” but it would be useful to discuss with trainees the other terminology that may appear in the literature. Much of this manual has been excerpted from “Acupuncture in Addiction Treatment” by Mike Smith, Vincent Brewington and Patricia Culliton.

It is a good idea to require trainees to read the entire manual, even pieces that are not covered directly in the classroom. (They may be credited with several hours for this activity.)

OUTLINE

Auricular Acupuncture for Addictions and Behavioral Health Treatment

History

- Wen
- Lincoln
- NADA
- Local history
- Historical highlights

Acudetox Protocol Overview

Description:

- 5 auricular points
- Integration with Western addiction treatment models
- Sleepmix tea
- Duration and frequency of treatment
- Modification as necessary

- Unique benefits of acudetox
- Psycho-social characteristics of the NADA protocol
- (“Points to change” Video may be useful for this material)

Acudetox-based Treatment Program Model

- Description of model
- Acudetox as adjunctive and integral
- Minimization of barriers
- Yin focus of treatment

(Related competencies: 2, 7, 10, 11)

Learning the NADA protocol: Technique Mastery

- Demonstration of acudetox

Acudetox point locations/descriptions
Ear anatomy
Identification of “active area” by changes in color, texture, etc.

Needling Technique

Sterile precaution in handling, disposing of needles (see Clean Needle Technique)
Angles of insertion/insertion depth
Breathing technique
Body positioning
Needling clinical issues (concerns and complications)
Needle removal
Needle accountability

Trial treatments

Inanimate objects (oranges, model, etc.)
Non-client treatments
Client treatments in actual acudetox settings

Sleepmix tea

Ear seeds/magnets

(Related competencies: 1, 5, 12)

Learning the NADA Protocol: Relationships with Clients

Partnership with clients

Acudetox as a way of being with clients
Understanding the healing is within the client/minimization of self/not controlling
Empowering client choices re: acudetox
Supporting/endorsing other recovery processes
Communication and “chair-side” manner
Addressing client fear and “resistance”
Minimizing discomfort

Communal treatment approach/effect

Yin nature of treatment
Non-verbal interaction

Boundaries

Recognizing/supporting client’s safe space
Safe touch

ADS Self-care

Stress management/Burnout prevention
Receiving acudetox treatments
Attending Al-anon or other mutual help fellowships

Addressing trainee fear of inflicting pain
Recognizing/validating subjective experience

(Related competencies: 3, 4)

Learning the Protocol: Additional Responsibilities of the Practitioner

Creating the atmosphere of the treatment setting

Room/environment characteristics: furniture, lighting, sound, etc.

Physical considerations

Positioning

Clothing, nails, jewelry, hygiene, perfume, etc.

Communicating acudetox to the client

Informed consent

Client information/developing a presentation

Documentation/Charting for Facilities Requiring that Information

Minimum to include Date, Treatment Delivered, and Client Response

SOAP and/or other formats

Agency specific or locale specific documentation requirements

Outcome data collection: symptom checklist, clients surveys, etc.

(Related competencies: 2, 4, 9)

Public Health and Regulatory Concerns

Clean Needle Technique.

Clean Needle Technique manual

Exposure control/OSHA regulations

Blood borne pathogens (HIV, Hepatitis etc.)/Universal Precautions

Local regulations/requirements

(Related Competency: 5)

Research

Acudetox related research

Published articles

Problematic issues in acupuncture and addiction research

Placebo trials

Research design/methodology

NADA Literature/Guidepoints

(Related Competency: 6)

Integration within the Treatment Milieu

Integration with other Treatment Interventions. Acudetox as adjunctive.

- Counseling
- Group process
- Treatment planning
- Urinalysis
- Medical/Pharmacological
- Didactic/Psycho educational
- Family Counseling

Applications and Outcomes

- Descriptions of patterns of improvement in various situations
- Outcomes with specific populations and programmatic modalities
- Case histories and experience of trainees or their programs if applicable
- Local (or comparable) applications/experience
- Stages of the recovery process and NADA application at each stage:
 - Acute withdrawal, early recovery, sobriety maintenance, longer term recovery, relapse prevention.

Collaboration and communication with the treatment team

- 12-step recovery/mutual support fellowships: AA, NA, Al-Anon, Nar-Anon, etc.
 - Philosophy. 12 steps and traditions. Parallels with the NADA approach.
 - Support groups/sponsorship
 - ADS trainees without prior exposure are required to attend meetings

Logistics of integration

- Timing
- Atmosphere/space/setting
- Availability
- Compliance with agency and local/state policies and procedures

Supervision

- ADS supervised by licensed acupuncturist (or physicians in some states)
- Addiction treatment supervision/administration

Recognizing/solving programmatic barriers to acudetox (as appropriate)

- Administrative/staff issues
 - Resistance/attitudinal barriers
 - Staff treatments, etc.
- Funding/administrative support
- Programmatic/regulatory barriers

Relation to adjunctive interventions:

Nutrition, Tai Chi/Qi Gong, meditation, relaxation techniques, acupressure, herbal remedies, yoga, exercise, etc.

(Related Competencies: 6, 10, 11)

Integration at a Systems Level

Integration of Acudetox in the Addiction Treatment Field

Different modalities and levels of care/applications and outcomes
Programmatic public health issues re: acudetox
Emerging and anticipated policies
Significance of outpatient acudetox based treatment as compared to a medical model of inpatient/outpatient care

Integration of acudetox with medical/pharmaceutical treatments

Role of acudetox in other Behavioral and Community Health Systems

Mental Health
Criminal Justice, Drug Courts
Other settings serving populations: HIV, Homeless, Department of Children's Services, Juvenile, etc.

(Related Competencies: 8)

Eastern Thought as Related to Addiction and Recovery

Unity of mind, body, spirit, emotions
Concepts of Qi, meridians/channels
Yin and Yang
Yin phenomena and how to nurture yin
Jing essence, the Kidney relationship to Jing, the Kidney/ear relationship
Acupuncture mechanism

Empty Fire and Addiction

Sedation vs. tonification in Western and Eastern approaches to addiction treatment

Auriculotherapy

(Related competency: 13)

Client Management Issues and Strategies

Vulnerable populations: Understanding unique needs and the role of acudetox
HIV/AIDS, Criminal Justice, Men/Women, Maternal, Co-Existing Mental Health Problems, Domestic or Street violence, Homelessness, Trauma and PTSD (Post Traumatic Stress Disorder) as well as acute and chronic traumatic stress, Youth,

Elderly, Gay/Lesbian/Bisexual/Transsexual/Intersex/Allies, Ethnic/Cultural Specificity, Methadone assisted clients, etc.

Sensitivity to issues of racism, sexism, homophobia in treatment
Cultural sensitivity

Psychosocial issues affecting clients recovery
Case studies

Crisis management and appropriate referral (dependent upon resources available)
Addiction related
Mental health related
Medically related

Referral for collateral treatment for non-crisis, non-emergency needs
Need to work openly and respectfully with other agencies

(Related Competencies: 3, 6, 8, 10)

Ethics and Legal Issues

NADA Ethics Pledge

Scope of practice
Typical temptations

ADS Insurance coverage

Confidentiality
Federal rule governing addiction treatment clients
HIPAA

(Related competency: 7)

Nature of Addiction and Recovery

Disease concept and Recovery Model (as appropriate to trainee population)
Brain model of Addiction
Psycho spiritual nature of acudetox
Recovery as a lifelong transformation and an “inside job”
Mutual support fellowships

Substances of abuse and related client profiles
Use of acudetox with these populations

History and Politics of Addiction (if relevant for trainees)

(Related competency: 8)

TRAINING CHECKLIST

- History
- Acudetox protocol overview
- Acudetox-based Treatment Program Model
- Sleepmix tea
- Ear seeds/magnets
- Demonstration of acudetox
- Acudetox point locations/descriptions
- Needling Technique
- Clean Needle Technique/Sterile precaution in handling, disposing of needles
- Trial treatments
- Relationships with Clients
- Communal treatment approach/effect
- ADS Self-care
- Creating the atmosphere of the treatment setting
- Communicating acudetox to the client
- Documentation/Informed Consent
- Research
- Integration within the Treatment Milieu
- Applications and Outcomes
- Collaboration and communication with the treatment team
- 12-step recovery/mutual support fellowships: AA, NA, Al-Anon, Nar-Anon, etc.
- Supervision
- Recognizing/solving programmatic barriers to acudetox (as appropriate)
- Relation to adjunctive interventions
- Integration of acudetox in the Addiction Treatment Field
- Role of acudetox in other Behavioral and Community Health Systems
- Eastern Medical Thought as Related to Addiction and Recovery
- Empty Fire and Addiction
- Auriculotherapy
- Client Management Issues and Strategies
- Vulnerable populations: Understanding unique needs and the role of acudetox
- Appropriate Referral and Crisis Management
- NADA Ethics Pledge
- Scope of practice
- ADS Insurance coverage
- Confidentiality
- Nature of Addiction and Recovery
- Substances of abuse and related client profiles
- History and Politics of Addiction (if relevant for trainees)