

Support With NADA After Earthquake in Croatia

by Sara Bursac



Petar and his wife, Nada, learned the protocol to help each other cope with post-earthquake stress and anxiety.

In the very last days of December 2020, the central region of Croatia was struck by a 6.4 magnitude earthquake rendering over 14,000 people without a home. Many slept in their cars or in plastic-covered hoop houses in their gardens. Considering the time of year, and temperatures at or below freezing along with days of rain, the need for shelter and food was immediate.

A day after the earthquake, Sanja, a friend in Zagreb, contacted me asking for a referral to NADA services for herself. She knew that I would still be in contact with the NADA providers that I have trained in Croatia over the past six years. Sanja and I also talked about a larger response with NADA, possibly even a training in the protocol. After a month of planning, outreach and connecting, I felt confident I would be able to introduce the NADA protocol as a disaster-relief treatment in my home coun-

try. But there was only so much that could be coordinated from a distance, and, on February 11, I left for Croatia.

Psychosocial support was an immediate need as people were struggling with what had just happened to their lives. Panic, hypervigilance, anxiety and acute stress were experienced by many. Trauma from the civil war 30 years prior was reactivated, the last time people from this region had been displaced. Suggestions were published on how people could help themselves after the earthquake: do not lose hope, you are not alone, relax your body and sleep at night. But these things are not easy to do, particularly as the region had continued to experience smaller earthquakes in the weeks and months after the big one.

One group of volunteers was out in villages and towns talking to people starting on New Year's Eve. They came

CROATIA continues on p. 3

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Mission

The National Acupuncture Detoxification Association trains people in the NADA protocol, an ear acupressure and acupuncture intervention for trauma; substance misuse, abuse, dependence; and related behavioral and mental health conditions. Together we promote and advocate for access to holistic health as a right of all communities.

Vision

We envision a world where healthcare is people-centered, holistic, and accessible to the most vulnerable and underserved in our communities.

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CROATIA from p. 1

together as psychologists, social workers, counselors, pedagogues, occupational therapists, and they coordinated small mobile crisis-outreach teams. Simply referred to as Inicijativa (Initiative), the volunteers were on the ground every day in Banija, the region hardest hit, first daily for two months, and, starting in late February, from Thursday to Sunday.

I reached out to Inicijativa and shared the possibility of having their volunteers learn the NADA protocol by attending an in-person and online training that included a community-based clinical practicum. Twelve people expressed interest in training – Sanja and two other personal contacts joined this group, and, on March 7, we had our first and only in-person training day.

The structure of our training took on a hybrid form, because we had to take into account Covid-19 restrictions and some trainees' geographic distance from Zagreb. We devoted the first day to meeting each other and to learning the technique of giving the NADA protocol. The second day was an online training day. We then had a week of hands-on practice, followed by a third online training meeting. The practicums continued for another two weeks.

Joining in facilitating the training was Ilijana Grgić, an acudetox specialist (ADS) trained in 2016 at [Udruga Terra](#), a counseling and harm reduction program based in the port town of Rijeka (see Summer 2016 Guidepoints issue). As a psychologist, Ilijana works at the drop-in center and in the needle exchange program. She has offered NADA at the drop-in and, for the past two months, at a local halfway house for the formerly incarcerated.

The third person of our teaching team was Marina Paoletti, an ADS since 2017 and NADA volunteer at Udruga Terra's drop-in center. Marina assisted by providing trainees feedback on their needling technique. She stayed in Zagreb to give in-person supervision at various pop-up clinics organized by the trainees.



Pop-up training clinic in Zagreb, early March 2021

Because of the pandemic, this was the first time in over nine months that Marina was not just in a different city, but even out of her home. Despite her initial trepidation, she stayed in a rented apartment that week, taking taxis to get from one supervision to the next. “For me it was a huge blessing, being completely out of my comfort zone. It was a very good experience, and a great honor. With the support I got, it was so natural and so easy for me. I’m always ready to assist,” wrote Marina.

Covid-19 restrictions, as well as scarce indoor spaces, became the first challenge this training group faced for bringing to life the hands-on practice needed for gaining proficiency in giving the NADA protocol. I began by using a survey to collect the trainees' availability to show up for clinics in various large parks in Zagreb. This was just a general outline, and it took a group conversation, both in-person and online, to create a realistic framework for the practicum.

Juggling their daily jobs as well as their volunteer schedule with Inicijativa, trainees started their practicum. After three weeks, most had finished their hands-on training, and they shared in our online meetings how much more confidence they had gained by that experience. Collectively they provided over 300 NADA treatments: at the public park Bundek in morning and afternoon sessions; with Red Cross staff in the town of Hrvatska Kostajnica

(55 miles southeast from Zagreb); with friends and family gathered in a space at a preschool; and at other donated spaces across Zagreb and its environs. All this exemplifies further the significance of the fact that in Croatia, the word *nada* means *hope*.

The fact that people not only showed up initially to support them in their learning, but then asked for more opportunities to receive the NADA protocol, gave the trainees a lens into the depth of help available through the protocol. Our weekly online check-ins took on a new energy inspired by their practicum. We have since continued to meet online every 2 to 3 weeks, each time looking at a new aspect brought up by the practice of the NADA protocol.

During one of our group meetings, trainee Maja Sikirica shared: “My neighbor is suffering with a lot of anxiety. He has been having serious problems getting no more than a few hours’ sleep, and this is adding to his restlessness and tension. Because he is so hyper, he couldn’t sit and receive a treatment with the needles. So I put magnetic beads on him. The next day he came to me and said, ‘I slept for five hours in a row.’ And he is visibly much calmer. Totally crazy – those beads really work.”

The clinical practicum with Marina Pavlić, a Red Cross employee working in H. Kostajnica, led to the development of a weekly clinic. She also set up an in-person workshop with Red Cross staff on teaching the use of beads and seeds with their clients. The women in the workshop were grateful to have a new way to help people – and they had fun in the learning process. Learning to apply beads and seeds is a generous process that gives you immediate and positive reinforcement. As Marina told them, “You

can’t get this wrong.”

Marina is now laying the foundation for a second training focused specifically for Red Cross’ psychosocial team. Among their charges are the container villages providing temporary housing to hundreds of people and families left without a home. The 3 to 4 times that I visited the container villages and provided NADA treatments there, I could see how needed such a nonverbal intervention could be – to help with a myriad of both physical and emotional issues exacerbated by the reality of squeezing your entire life into a 6’ x 10’ space.

Working with this training group has been a huge gift for me. We would gather online and reflect, and then they would go back and give treatments, and then we would meet again and share more. That back and forth gave them a better understanding of this protocol, and it gave them an awareness of both the subtle and the more obvious manifestations that it elicits in people. There is never an end to experiencing how the NADA protocol can help people – and there is never an end to discovering how people learn the protocol.

I am reminded of a point Michael Smith always made about training – we are teaching an audience not a protocol. Having a NADA training is about people working together – even though we are doing the teaching, we are learning as much or more as the students. The next training will be different again because of what we learned here – and because the circumstances and people will be different.

Working with this training group has shown me the wisdom of much of what NADA means. Again, to share from Michael Smith – people in crisis don’t say that they’re in crisis, they say they have a specific pain. This pain or symptom is a false target. The client values acupuncture not because they sleep better but because of the change in their energy process. NADA helps re-evaluate helping yourself – it starts you on the path to change. ♻️

Sara Bursać is a social worker and NADA’s executive director.
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Marina Pavlić (middle) shows colleagues how to apply magnetic beads. They enjoyed interacting while learning a new tool and getting some needed self-care.

First NADA training clinic in Velika Gorica

by Olieta Horvat Kardoš

My colleague Ksenija and I were eagerly preparing for an important event where we would gather our acquaintances, friends and family members and introduce them to the NADA protocol. We carefully compiled a list of people we would invite, wanting everyone to feel welcomed as our guests. More importantly we wanted to convey positive emotions, warmth, happiness and satisfaction of experiencing the NADA protocol.

Several days prior to our clinic, Ksenija and I provided the NADA protocol at a public park, so we had some experience to help us prepare a COVID-safe space. We prepared the necessary needling supplies, and we also had healthy cookies and tea as an additional welcome. We were happy and in anticipation. Our trainer, Sara, arrived. Then, the first guests began to arrive. I shared our story of how we joined Inicijativa as volunteers, and how Sara came to teach us the NADA protocol and how grateful we were for this learning.

When we put the needles in, I felt tension for the first 10 minutes. After that, the atmosphere in the room changed. Relaxation, peace and connection was felt in every corner of the room. Sara, Ksenija and I smiled, enjoying every moment of this beautiful evening.

Ksenija and I have been connected personally and professionally for a long time. In our collaboration, we



Olieta Horvat Kardoš with her mother

work to serve people who are in need. By going to the areas affected by the earthquake, we try to alleviate the pain and suffering of people who have lost so much, people who still live in fear and have little hope for a better tomorrow.

For us the N A D A protocol

represents a new skill and opportunity to help people. Respect for others, and care and compassion for their well-being, are the threads that intertwine and guide our lives. For both Ksenija and me, participating in this training opened new doors and balanced emotions in a way that was beneficial not only for the people we are trying to help, but for ourselves also.

The earthquake and COVID shook all of our lives. The NADA protocol is something new, different, something that positively affects our health and the people we work with. We thank everyone who made it possible for us to be a part of this beautiful experience. Special thanks to our Sara who inspires us with her energy, knowledge and skills. I expect that we will all persevere in implementing the NADA protocol. 🌀

I would like to make a special note saying that our mothers were there at the first training session. They had given us such unconditional support in this new learning, that it was especially good to see them being able to relax and let go of the tension we're all living with – even for a little while.

Olieta Horvat Kardoš is a professor of pedagogy at the Velika Gorica High School. She is also the director of the Red Cross counseling center for prevention of substance use disorder.

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NADA providers Dijana Pleština and Gloria Zacska

What does the Spirit of NADA mean to you?

Helena Kosmat:

The spirit of NADA is the ability to unite in silence, the silence that speaks, that unites, the energy that unites. The energy is in us and the spirit of NADA activates a resource that may have been asleep or forgotten for a moment. It is a pure blessing.

Olieta Horvat Kardoš:

The spirit of NADA is an integral part of life. NADA gives us light, love, happiness, goodness. It opens new and different doors for us to get closer to ourselves and others. NADA is the mover, consolation and freedom. NADA is selflessness, comfort and the spirit of Life.

Ksenija Vataavuk Margetić:

For me, it means sharing our inner state, the ability to find our inner resources, and the opportunity to connect with other people in a different way.

Good acts are like poems. One may easily get their drift but they are not rationally understood.

— *Albert Einstein*

Reflection from Mia Širac:

I had another clinic last week at our psychotherapy workshop. Since then, I have given many treatments individually, mostly at work. I feel good because I feel safe in giving treatments. I have no nervousness when I give it, there is no doubt. Just like it was said at the beginning of our training that it would come intuitively, it really comes to me, and I feel kind of tender when I give NADA. I'm really comfortable in that role.

Clinic attendee at an outdoor clinic:

I decided to be brave and give my energy a chance to flow - a chance for energy to be released. In those 6 days that I came regularly I felt more alive each day. I slept better, firmer and stronger. When I sang in the evening, even after the first treatment, I could already sense a freer flow of vibration in my head during the rehearsal. I hope the opportunity will come again. What an experience, thank you from the bottom of my heart.

Clinic attendee at our first clinic:

First of all I would say I felt very calm. I felt a clarity in my mind, clarity in my eyes. My heart calmed. This is something wonderful, and I recommend it to everyone.



Receiving a NADA treatment at the temporary shelter of housing containers in the town of Sisak, Croatia

The post-earthquake training and subsequent volunteer work with the NADA protocol was greatly supported by the following contributors:

ACP Medical Supplies, Acurea and Lhasa OMS for needle, beads and seeds donations

OAZA Joyful Kitchen, location of the in-person training

Anonymous donor who supported in-person training expenses

Past and ongoing [GoFundMe](#) contributors who are making it possible to grow the work of NADA in Croatia



NADA treatments at container villages in Croatia. Photos shared by Marina Pavlić and Sara Bursać.

The spirit of NADA is universal communication, channel of support, attention, commitment and healing, both interpersonal and intrapersonal.

– Maja Sikirica





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Nada India Turns 20

Ken “Khensu” Carter, NADA president:

We have long admired the work of Nada India as a shining example of what NADA’s outreach is all about. Without question, Suneel and Pallavi Vatsyayan are the brilliant force and tireless energy making the great good of establishing the NADA protocol in India possible.

NonCommunicable Diseases (NCDs) are the endemic challenge of modern bio-medicine and behavioral and mental healthcare. Suneel and Pallavi get it.

Pan-diagnostic and trans-symptomatic efficacy and adaptability are hallmarks of the NADA protocol and a valuable tool in addressing NCDs. They get that too.

I am confident that NADA and Nada India will continue a rich intellectual, technical and collegial relationship.

Suneel Vatsyayan:

Year 2020 is important for [Nada India](#) for two reasons. First, this was the year Nada India completed 20 years of its existence. It was Dr. Michael O. Smith who introduced me to the word *nada*, a Spanish word meaning *nothing*. In Hindi, *nada* means *primordial sound*. During his numerous visits to India, we discussed how a patient is smarter than a therapist, and a virus is smarter than the vaccine, and students are smarter than the teacher – they all change faster than our interventions. This causes a gap and increases the service barriers. Thus, the policy and program focus needs to shift from disease control and management to primordial prevention and wellbeing. And so, Dr. Smith invited me to set up Nada India Foundation to promote barrier-free drug rehabilitation services and community wellness for behavioral health.

Secondly, 2020 was the year of the Covid-19 pandemic that helped all of us realize nothingness in close quarters. The Nada India team was conducting *My Community and I* workshops at Delhi University colleges when we asked students to write about their “River of Life” because health is not an episode but a series of episodes.

All episodes of life leave us with a sense of “zilch” meaning “the beginning.” Covid-19 gave us an opportunity to



Ken “Khensu” Carter and Suneel Vatsyayan, 2016

listen and be connected within us – it is another episode of wellbeing obliged to health in my River of Life. It was a coincidence that the day after we finished our workshop on Emotional-CPR in Delhi, a nationwide lockdown was announced and we all started working online.

As a professional social worker and life coach, I found that therapy is a complicated process. I realized that peer learning, Emotional CPR and the NADA protocol are as simple as offering a glass of water. This is all needed during the pandemic, and the Nada team connected with young people virtually and emotionally at Qi level.

Covid-19 and lockdown situations have worsened everyone’s lifestyle and habits, especially youth. Their lifestyle pattern has become more sedentary, compiled with increased intake of junk food and beverages. Nada India noticed the harmful ways in which Big Alcohol, Tobacco and Food companies exploited this pandemic situation to sell their products.

The availability and accessibility of healthcare at times of Covid-19 is also a major challenge for the people living with noncommunicable diseases (NCDs), including heart disease, stroke, cancer, diabetes and chronic lung disease.

The National Youth Conclave 2020, organized by Nada India, underlined the growing scarcity of available social workers. Nada India has been running wellness campaigns since 2016 with the National Association of Professional Social Workers in India, and we have observed that their role is crucial in bridging the gap in the shortfall of the healthcare workforce and quality social work education.

Moreover, this gap can also be filled by training youth and young adults to be peer educators/supporters and caregivers. In 2016, on one of Dr. Smith's trips to India, he wrote about the peer program. "Peer counselors are supposed to help their clients prevent and cope with a number of non-communicable diseases such as alcohol abuse, tobacco use, obesity, diabetes, and high blood pressure. This is one of the biggest struggles for food integrity in our world. I am pleased this is part of NADA's challenge and response.

"The trainees' assignment was to interview five local families about their food habits. These interviews were clearly intended to start an on-going conversation and awareness about buying, cooking and eating. This subtle ongoing reality extends to alcohol, tobacco and other problems.

"First, Pallavi taught the primary teacher who is a young psychologist from another state in India. This teacher then teaches the many peer counselors in each of several villages,



Pallavi Vatsyayan (top right) gives beads to social work students.

eventually actually watching their interviews of family leaders. The teacher often stays overnight in the villages to facilitate the learning, trusting, and changing process. One further assignment of the peer counselors is to identify and teach junior peer counselors. Thus, change is ongoing and multi-generational. And, as is necessary for quality results, women are included at all levels and in all ways.



Peer counselor Mincy Lakhani teaches acupressure with beads to caregivers working with the homeless population in Delhi.

"People properly learn to learn and learn to teach the basic issues. Quite different than the technique of training a special cadre of young people who are made to feel elite and different from the local community. Here their connection with the village and their ability to work for a growing wisdom and change in their village. The peer counselors are also taught to place magnetic ear beads on community members and younger students. Basic to their role is helping young people handle the risks of substance abuse and other co-active difficult behavior."

We have featured one of our Nada Good Health Fellows and Youth Catalyst, Mincy Lakhmani, on the cover of our 2020 annual report. The gesture is a tribute to all the young people like her who have been the strength of our work. She rose to become a Peer Leader and Good Health Champion with us, and she now works in her native place in Ayodhya, Uttar Pradesh, with the twin objectives of conserving nature and healing the living beings around her by reaching out to the needy ones. Her work represents the continued focus of Nada India Foundation in the new decade – "One Health One World."

Nada India gives thanks to Dr. Smith, Ruth, Dr. Ken, Jo Ann, Sara and many more for being part of our support system. Dr. Smith created communities of hope by inspiring and equipping women and children to be healthy in India.

Ear acupuncture in India has become synonymous with

Dr. Smith. People whosoever met him earlier always looked forward to meet him again and again – whether senior officers of the Border Security Force, Beggar Home Delhi Government, National Institute of Social Defense, Delhi Psychiatric Society and hundreds of counselors, peer educators whose lives were touched by his holy presence and dynamic Qi. Poor children, adolescent girls and women of Chattarpur village expressed their gratitude for his generous support to their education and vocational programs. We continue to work with young people who were close to Dr. Smith's heart.

I am confident that the youth-led Nada Young India Network is ready to bring up the stories of young health advocates across India and amplify the voices of people living with NCDs. The stories of young health advocates have already set the tone of the narrative by involving the young people in partnership with adults meaningfully at all levels with a whole society approach, "Good Health in All Policies."



Dr. Smith observes a NADA treatment.

Suneel Is a Champion Decathlon Social Worker: – Dr. Michael O. Smith, January 23, 2014

Our Indian partner has had [a remarkable career](#). He has sought out challenges and met them so well that national recognition has often been the result. He was trained as a social worker and has consistently enlarged the definition of that field.



Suneel Vatsyayan

I met Suneel Vatsyayan in an addiction conference in Jakarta in 1998. He said he was a social worker in a police station. It was a very non-grandiose self-definition in an NGO meeting where grandiosity is the rule. He shared little about his daily job, and I rarely advocate acupuncture with uninterested people. But we were both day-to-day addiction counselors and got along well as new friends in a rather boring conference.

Two years later, I visited his program, Navjhoti, located in the top floors of a police station and small local jail. The program was a large residential modified therapeutic community managed directly by our new friend Suneel Vatsyayan. He had added Alcohol Anonymous, yoga,

homeopathy, family meetings, and other components not included in U.S. therapeutic communities.

Who has heard of a social worker actually running a large component within a police station? Certainly police work needs the wisdom of social work in its interactions with people and problems. However, this partnership is rarely even partially achieved. But Navjhoti included a large number of educational and preventive services in the world's largest ghetto – the Yamuna Pushta area nearby. There were even school sessions several times a day to accommodate the "work" hours of pickpockets and sex workers, for example.

In the patriarchal culture of India, respect of women's leadership is quite unusual. In recent years, Suneel and his wife, Pallavi, have run a series of girls' empowerment programs. In one such program, the girls offer a radio club with views on certain topics. Most of these social work approaches began to be used before 2000 when we introduced acupuncture.

After that time, many attempts were made to teach NADA in many medical and non-medical groups and settings. NADA provides a social work advantage to groups of people rather than being a form of medical care. I have tried to describe only some of the larger on-going projects to illustrate Suneel's gift of social organization which enhances our work.

The NADA Protocol as an Adjunctive Treatment Associated With Psychedelic-Assisted Psychotherapy

by Mark Farrington

This article will explore using the National Acupuncture Detoxification Association (NADA) protocol to alleviate anxiety and to facilitate a sense of connectedness, both of which are important in psychedelic-assisted psychotherapy (PAP). PAP is the clinically supervised use of psychedelic medicines as part of focused psychotherapy addressing behavioral health problems. Over the past 20 years, FDA-approved clinical trials have included studies to evaluate their safety and efficacy. These studies have included treatment of end-of-life anxiety, fear and distress related to advanced-stage cancer, depression, post-traumatic stress disorder, addiction and obsessive-compulsive disorder.

The NADA protocol, a standardized ear acupuncture protocol for behavioral health, is a known best practice in the acute and chronic management of substance use disorders. It has proved to be a beneficial adjunctive treatment in clinical situations where reducing sympathetic nervous system arousal is associated with positive therapeutic outcomes, such as during mental health acute crisis, trauma treatment, natural disasters and chronic pain syndrome.

Acupuncture

Acupuncture is just one of several practices that make up the medical system of Chinese medicine. A fundamental concept is that in a healthy body, energy (qi) flows freely along pathways called meridians. If the flow of qi becomes impeded, unbalanced or reduced, the result can be an illness. When a person's qi flows smoothly and appropriately, the person is in a state of wellness. It is a medicine system that does not view the body as separate but as part of an energetic whole, fully interconnected with mind and spirit.

The NADA protocol originated at Lincoln Hospital in the South Bronx in the early 1970s in response to the heroin and later the cocaine/crack epidemics. With early success, the protocol became a staple of addiction treatment in drug courts, prisons, harm reduction centers, halfway houses and community behavioral health centers. It is a valuable treatment that is supportive to the whole person when used as an adjunct to usual counseling, psychoeducation

and self-help supports.

A significant benefit of the NADA protocol is that it produces a meditation-like state in which participants can be more comfortable with their internal body sensations and thoughts.

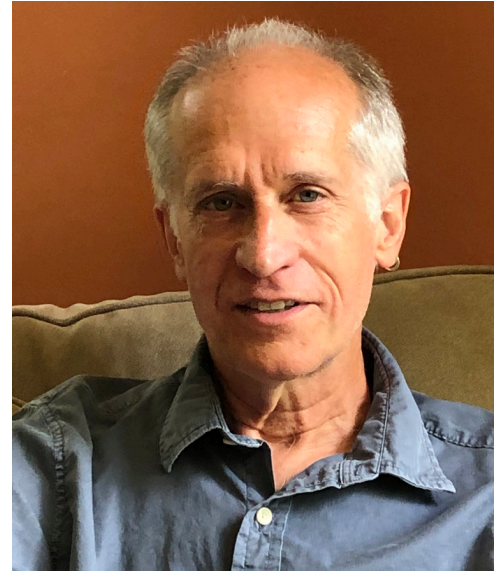
The ability to bring attention to the present moment without judgment is a goal of mindfulness meditation and mindfulness-based psychotherapies. In contrast with mindfulness, however, the NADA protocol does not require a learning curve, it is helpful at the moment, and can be beneficial in clinical settings where the participant has not yet developed the ability to focus on the present.

NADA does not involve an individualized diagnostic work-up before treatment. Due to the standardized, fixed nature of the protocol, it is easily taught so that non-acupuncturists can apply the therapy where local laws allow. Therefore, it can be cost-saving because the treatment is available without adding additional staff and is administered in individual or group settings.

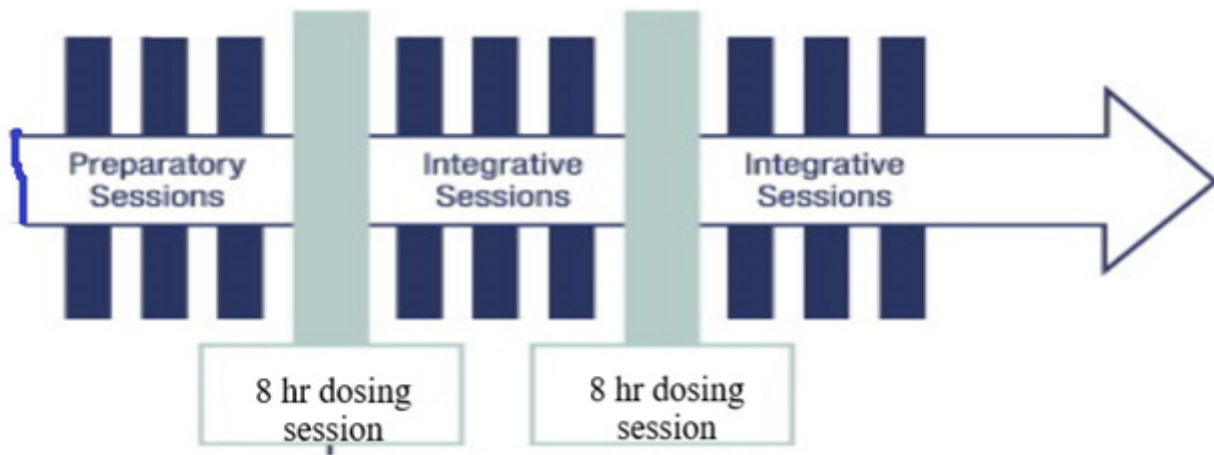
The group component is critical to the treatment's effectiveness. It addresses the social and spiritual isolation endemic in individuals affected by addiction, depression, trauma and other behavioral health conditions. A sense of community and connection is common to both the NADA protocol and self-help programs – and is essential to the effectiveness of both.

Psychedelic-Assisted Psychotherapy

There has been a recent upsurge in human clinical research using psychedelic drugs to treat



Mark Farrington



behavioral health problems. The medications currently being researched for PAP are the classic psychedelic drugs such as psilocybin and LSD, as well as MDMA (3,4-Methylenedioxymethamphetamine), commonly known by the street names ecstasy (E) or molly. In 2017, the FDA granted a breakthrough therapy designation to MDMA to treat PTSD. The FDA grants this designation for treatments when preliminary clinical evidence shows substantial improvement over existing therapies.

The classic psychedelic drugs, such as psilocybin and LSD, are among the safest central nervous system drugs. They are non-addictive and non-toxic. MDMA-assisted psychotherapy has been researched in treatment of PTSD, and it shows advantages over existing medications – these advantages include efficacy, tolerability and duration of therapeutic effects. For both the classic psychedelics and MDMA, the most common safety concerns are more psychological than physiological. One of the more common psychological concerns is anxiety.

Anxiety may occur during psychotherapy with psychedelics for several reasons. For example, participants in PAP who have never used psychoactive substances may be worried about engaging in a unique (to them) experience. Others may be fearful if they have had uncomfortable or frightening past experiences with unsupervised psychedelic use – or with street drugs that were purported to be psychedelic drugs but may have contained other chemicals with adverse effects.

A third reason is associated with the prospect of addressing painful and deeply held psychological issues. Individuals engaged in PAP have attempted to address their behavioral health difficulties through individual or group psychotherapy and psychotropic medications. They are aware of the emotional pain associated with addressing these problems and may hold onto this as they approach these problems once again. And, lastly, the

psychedelic medication's initial effect during the dosing sessions can feel uncomfortable.

There are three distinct phases in psychedelic therapy during which the participant is most often working with two therapists (see chart above):

- 1) The preparatory phase includes three or more psychotherapy sessions. This phase is to establish a trusting therapeutic relationship, conduct an initial psychosocial assessment, and educate about the treatment.
- 2) The dosing phase is when the participant ingests the psychedelic drug and is present with the psychotherapists throughout the drug's active action, which is about eight hours. The treatment may include two or three dosing sessions, a month or more apart.
- 3) The integration phase usually consists of three sessions following each dosing session. The first integration session is held the day following the dosing session.

Preparatory Sessions

During the preparatory sessions, the therapists provide coping-skill training to assist with management of anxiety. Some of the coping strategies can include mindful diaphragmatic breathing, guided imagery, or deep muscle relaxation to use during the early stages of the dosing session. For example, use of the breath to assist in staying as present as possible, and to move in and through difficult thoughts, emotions or body sensations can help in future sessions.

The NADA protocol would be helpful when applied just before, or embedded in, the preparatory sessions. Engaging in this simple treatment for 20 or more minutes before starting the initial sessions can help the person settle in and begin to notice and accept experiences in the present moment, whether that is an intense

emotion, sensations in the body or floating thoughts. The openness then created for talking about past issues is a new experience that can be strengthened over time with repeated NADA treatments. Developing trust between the therapist and participant is easier when the participant finds within themselves the ability to relax without losing control.

If PAP is to include the NADA protocol during the dosing sessions as well, it would be necessary to introduce it during the preparatory sessions before the day of dosing.

Dosing Sessions

In psychedelic-assisted psychotherapy using psilocybin, there may be a feeling of anxiety or fear for the first 15 or 30 minutes after ingestion, at times accompanied by the thought, “What have I done to myself?” There may also be a transient experience of anxiety as a consequence of the loosening of ego-boundaries. Research has shown that when using MDMA, an initial upsurge of energy may include feelings of restlessness and fear.

During this session, applying the NADA protocol at the time of dosing, would aid in nervous system balancing and heart-opening while the drug takes effect. Even though the participant had a NADA treatment, they would still be encouraged to utilize their recently learned coping skills, such as diaphragmatic breathing or bodywork. They may need to be reminded from time to time that they are safe, that their experience is normal, and to pay attention to internal body sensations. The NADA protocol can facilitate an internal awareness that their thoughts, feelings and body sensations are sources of strength and renewal.

Since the participant’s inner healing intelligence guides the healing process, it is necessary to carefully utilize any intervention so that the participant is not given the message that something outside them is required for healing. The use of the NADA protocol involves the same

teaching: “There is nothing in the needle” and “Healing comes from within” are fundamental to the message of this protocol.

Toward the end of the session, there can be a period of increased energy accompanied by restlessness, anxiety or agitation. In preparation for ending the session, therapists are encouraged to review centering or relaxation techniques that were taught earlier. If the participant continues to feel unsettled, this would be another moment for a NADA treatment – this will help the participant rest, reflect or journal about their recent experience.

Integration Sessions

The goal of this phase of treatment is to integrate insights gained during the dosing sessions. Integration sessions start the day after each dosing session. It is not uncommon for people to experience a period of feeling confused or anxious for a short time following an intense psychedelic experience. Starting off the integration session with a NADA treatment will help a person ease into the integration work with more grounding and presence. A natural period of quiet meditation and internal focus before deep psychological and interpersonal work allows the participant to be more psychologically and spiritually aware and open.

When the NADA protocol is used in the preparatory, dosing and integration sessions, it can serve as a positive ritual for the start of all sessions. In this setting it helps the therapy progress without medications.

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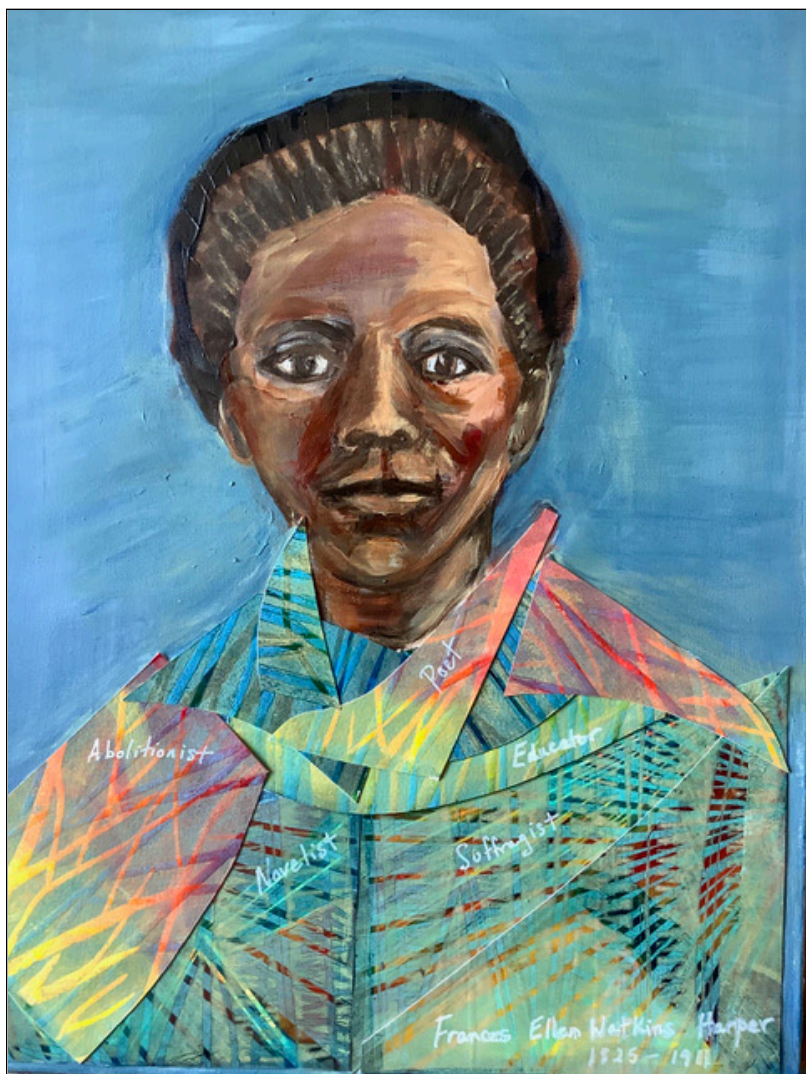


In this Issue:

Support After Earthquake in Croatia	1, 3-7
Responding With NADA During Covid-19	9
Nada India Turns 20	10-12
NADA Protocol With Psychedelic-Assisted Psychotherapy	13-15
Celebrating Frances Ellen Watkins Harper	16

In Honor of Women's History Month

*Celebrating Frances Ellen
Watkins Harper
(1825-1911)*



"As the saffron tints and crimson flushes of morn herald the coming day, so the social and political advancement which woman has already gained bears the promise of the rising of the full-orbed sun of emancipation. The result will not be to make home less happy, but society more holy."

The portraitist, [Barbara Seddon](#), started making art seven years ago when she was introduced to printmaking at a local art school run by fellow artists. While she also creates monotypes, linocuts are her current favorite. In this portrait of Frances Ellen Watkins Harper, Barbara combines an acrylic painting with a collage of linocuts. It was shown as part of the Women's History Month exhibit at Jersey City's City Hall which has a beautiful rotunda, two floors of which are used for rotating art exhibits.

Barbara told us that a collage seemed perfect for Frances Ellen Watkins Harper because "she was so multi-faceted. She was the first African-American woman to publish a short story, and she wrote several novels and volumes of poetry which reflected her anti-slavery and feminist views. As an activist and reformer, she toured the country for many years lecturing on behalf of anti-slavery societies. She was also a suffragist and her most famous speech, We Are All Bound Up Together, was made to the National Women's Rights Convention in 1866.