

# GUIDEPOINTS:

News from NADA

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Summer Issue 2016

## **Spotlight on ADS Success:** Connecticut Expands ADS Scope to all Behavioral Health Settings *by Denise Romano*

In September 2015, five NADA members: Katurah Bryant, Dorothy Eagan, Denise Romano, Karen Wexell and Amy Wilson met to discuss expanding the 20-year-old acudetox specialist (ADS) law. The vision was to provide greater access to the NADA protocol for underserved and at-risk populations by expanding the settings where the protocol can be performed and by amending the supervision regulation.

Since 1995, the Connecticut Department of Public Health (DPH) has allowed trained ADSes to provide the NADA protocol in substance abuse clinics licensed by the DPH, or in Department of Mental Health and Addiction Services (DMHAS) facilities. According to [Public Health Code 19a-4955-570](#), the ADS must work under a physician who is within 20 minutes of the clinic when treatments are being provided, and who comes on-site to review the NADA program at least every three months.

The NADA office did a needs assessment survey, and we heard from 33 members who agreed that having the NADA protocol available only within DPH- and DMHAS-licensed facility limited its accessibility. “Many vulnerable populations suffer from conditions beyond substance abuse. The NADA protocol can benefit all our at-risk populations and be an effective tool in recovery,” wrote Coreen Bergami, a NADA-trained nurse.

With a broader definition of the setting where the NADA protocol could be practiced, places like homeless shelters, HIV/AIDS clinics, jails, college campuses, hospice-care facilities, hospitals and first-responder locations could become NADA sites. In 2010, NADA expanded its mission to encompass behavioral health and

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*Sara Bursać and Ajándok Eőry in Rijeka. Read about NADA training in Croatia, page 2.*

## **Colorado Clinic Earns High Marks**

*by Rod Pyland*

A relatively new NADA program site, the Marillac Clinic in Grand Junction, Colorado, held its first-year operational site visit as a Federally Qualified Health Center (FQHC). Reviewers were highly impressed with Marillac’s performance and identified three “best practices” that will be shared with other FQHC’s across the nation. These included the acuwellness/acudetox program and, secondly, the hypertension treatment protocol which refers clients to acuwellness treatments for lowering high blood pressure. The third was the medical/dental integration program which has greatly increased pediatric medical and dental healthcare.

Marillac’s chief executive officer, Kay Ramachandran, said, “This successful site visit was a result of 12 months of very hard work on the part of each and every associate at the clinic.” And the Health Resources and Services

MARILLAC CLINIC continues on p. 3

## *Spirit of NADA: With One Training at a Time, NADA Grows in Croatia*

by Sara Bursać and Jo Ann Lenney

*"You have come this far, and if you don't go further, you may regret it." -- Michael Smith*

And so, this June 2016, the third NADA Croatian training has taken place – this time in the port city of Rijeka. The seeds for this training were planted in 2013 when Sara Bursać, NADA's executive director, was getting ready to attend the NADA International conference in Graz, Austria. She "just started cold-emailing various Croatian nonprofits that work in the field of addiction. Considering that Graz is so close by, it was a unique opportunity to introduce NADA to Croatia."

Ilinka Serdarević, director of [Udruga Terra](#), was the only one who responded to the invitation. Terra is a nonprofit and nongovernmental organization founded in 1998 to reduce the spread of HIV/AIDS among intravenous drug users. It has since expanded to encompass a greater vision of a "stigma-free society," and now includes employment, education and social justice programming. Serdarević said "Sure, we'll go," and arrived with staff psychiatrist, Branko Petris. Bursać was "very impressed at their openness."

At the Graz conference, there was a mini training for what ended up being a small Croatian contingent of four. The short and intensive training primarily focused on technique, and the context and Spirit of NADA was communicated through the conference presentations. In the months after the conference, Bursać stayed in touch with Serdarević about the next steps of integrating the NADA protocol into Terra's existing activities.

"We need more training and support," wrote Serdarević in one of many email correspondences that ensued. Just sending more needles was clearly not enough, and so Bursać scheduled the first *official* Croatian NADA training in the summer of 2015. Terra sent one of their counselors and outreach workers to that training – Mauro Lacovich. At the close of the training weekend, Lacovich offered to coordinate the next training, assuring that it could be organized by Terra.

And indeed, this summer, the Terra Association hosted a training for eight people, coordinated by Lacovich. The trainees included Branko Petris, the psychiatrist who had gone to the conference in Austria, a Terra social worker

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### NADA's Mission

"The National Acupuncture Detoxification Association (NADA), a not-for-profit training and advocacy organization, encourages community wellness through the use of a standardized auricular acupuncture protocol for behavioral health, including addictions, mental health, and disaster and emotional trauma. We work to improve access and effectiveness of care through promoting policies and practices which integrate NADA-style treatment with (other) Western behavioral health modalities."

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#### Contact:

NADA, PO Box 1066, Laramie, WY 82073.

Phone: (888) 765-NADA.

Office email: [NADAOffice@acudetox.com](mailto:NADAOffice@acudetox.com).

Membership questions: [membership@acudetox.com](mailto:membership@acudetox.com).

President: Elizabeth "Libby" Stuyt: [libbystuyt@msn.com](mailto:libbystuyt@msn.com).

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MARILLAC CLINIC continued from p. 1  
Administration review team described Marillac's performance as "stellar."

According to a Grand Junction Daily Sentinel front page story, Marillac was designated a FQHC in May 2015 – a very rewarding accomplishment for a fledgling community health center. This nearly doubled the number of people the clinic could serve annually, from "7,600 patients ... to as many as 12,686," said Ramachandran.

Marillac has been a safety net clinic for 27 years, serving the indigent and underinsured of Mesa County, Western Colorado. In 2014, the clinic added acudetox treatments which have since grown dramatically in popularity and acceptance. It is gratifying to receive recognition for innovative practices which bridge the gap between behavioral health and medical and dental services in a primary care setting.

There are four scheduled group times through the week – usually serving 5 to 12 patients each session. In 2015, the clinic provided 1,043 treatments to 264 individuals with feedback ranging from decreased cravings (drugs, alcohol, nicotine, food); reduced depression and anxiety; decreased chronic pain; improved sense of well-being; and ability

to cope with stress. "Acudetox has been such a refreshing natural treatment which supplements medical and behavioral health interventions and psychopharmacology. It's great to see decreases in controlled medications without withdrawal symptoms," said Pyland.

This year Marillac's social worker, Rod Pyland, presented preliminary research on hypertension at the NADA conference in Albuquerque. For two months, staff took blood pressure readings before and after acudetox treatments for 175 individuals. Out of 240 treatments, 78 percent showed decreases in blood pressure, some quite dramatic. Of those patients, 37 percent were diagnosed with hypertension and this supplemented their course of treatment.

Marillac obtains funding for behavioral health services under a state grant which promotes the use of innovative integrated-care models in primary-care clinics. Clinic supplies (needles, magnetic beads, Sleepmix tea) are covered by the Brownson Foundation for chemical dependency and addiction programs. And sliding scale fees for group treatment keep costs for participants low. ☞

*To contact:* [rod.pyland@sclhs.net](mailto:rod.pyland@sclhs.net).

CONNECTICUT continued from p. 1  
trauma, so it seemed more than fitting to expand the scope of the existing ADS law.

We also recommended that NADA-trained healthcare providers be able to use the protocol in their independent practices in order to help individuals who have self-referred for help. According to Katurah Bryant, “The argument for this was retention: capturing a demographic of individuals who may either be unable to access the public resources or may feel more comfortable seeking help from a private practitioner. That therapist can then serve as a link to other resources.” In her letter of support for the proposed bill, Bergami echoed Bryant’s sentiment and added, “We have significant addiction training to effectively use the NADA protocol as an adjunctive treatment.”

**“Your efforts are clearly  
focused on serving the people  
of Connecticut, by providing  
more people in need with  
access to the NADA protocol.”**

In January 2016, a meeting was arranged with the co-chairs of the Public Health Committee, Sen. Terry Gerratana and Rep. Matthew Ritter. Research articles, current Connecticut opioid morbidity statistics, NADA website information and a link to [the John Marshall Law School film](https://vimeo.com/157358037) (<https://vimeo.com/157358037>) about NADA were sent to them in preparation for the meeting. Their response was open-minded and supportive. They offered to help with the language of the bill, recommended a meeting with the commissioner of DMHAS who wrote a letter of support from their office.

The bill was pulling together a task force of community groups committed to addressing the opioid crisis, and, based on the suggestion of the Public Health Committee, the NADA protocol was included in the bill as part of the solution! On March 4, the DMHAS commissioner’s legislative assistant told us that SB353, An Act Concerning Opioid Abuse was being heard the following Monday. We sent out a support letter template to ADSes in the state, gathered submitted letters, and drove to Hartford to present testimony at the hearing.

There were also numerous letters of *non*-support from members of the Connecticut Society of Acupuncture and Oriental Medicine (CSAOM) opposing the suggested changes. Specifically, they did not want the term

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“behavioral health” included anywhere in the amended law, and they opposed the suggestion of bringing the NADA protocol into a therapist’s private practice.

Some of the comments in these letters show the obvious need for a more open dialogue. One common theme noted was that “acupuncture should be left to the experts – the licensed acupuncturists.” ADSes “have absolutely no idea what it truly entails to safely provide acupuncture to others whether it be one needle or many.” Moreover, “if patients are treated by non-acupuncturists, the treatments rendered may be inadequate, poorly performed, or with increased risk to the safety of the patient. What we want is to be able to help those suffering from addiction in a safe manner through seeing a well-trained and appropriately licensed acupuncturist.”

One of the individuals involved in getting the law changed said that this idea of ADSes as unsafe is still out there “despite all the years that we have been safely practicing acudetox.” She added that we do not want to create any more conflict, but “it is important to let other NADA members be aware of the many roadblocks that acupuncturists continue to present.”

On the other hand, we received support from a member of CSAOM stating: “You folks have done an extraordinary job. Your efforts are clearly focused on serving the people of Connecticut, by providing more people in need with access to the NADA protocol. I think if you continue to persevere, and to put patients first in your language and actions, you can’t lose. I think everyone in Connecticut wins when your bill passes.”

We worked with acupuncturists on the language of the bill, and communicated Sen. Gerratana’s support of the term “behavioral health” as a way to expand NADA services to people in the community who could greatly benefit from the treatment. In section 5 of the bill, which in the end became HB5053, the language still includes the previous locations where the NADA protocol was practiced, but now adds, “any other setting where such protocol is an appropriate adjunct therapy to a substance abuse or behavioral health treatment program.”

Part of the success with these changes had to do with the fact that the legislators are desperate to find solutions for the opioid crisis. They want to get treatment options into the community, and NADA plays an important role in community wellness. The fact that there have been no insurance claims against any ADS in over 30 years is great evidence of the safety of the protocol. Requiring that ADSes maintain active membership in NADA was another selling point that gives accountability to the practice.



Although the NADA working group proposed other types of professionals as ADS supervisors, Sen. Gerratana let us know that physician supervision was part of a statute and therefore could not be changed by this bill. Indirect physician supervision remains, as defined in the aforementioned Public Health Code. [HB5053](#) was signed by the Governor Dannel Malloy on May 27, 2016 and Section 5 of the bill goes into effect on October 1, 2016.

Sen. Gerratana's directive to us was: "I don't care how you all do this, but I want to see ADSes out in the community." Now, our job is to spread the word so that as of October 1, new programs and ADSes will be ready to offer the NADA protocol to their clients. Michael Smith says, "You've done a great deal to get to this point where we can proceed further. But to do so, the knowledge needs to be handed off. The Spirit of NADA is service – people grow and we grow through the people we serve." 🐾

*Denise Romano is an advanced practice registered nurse and a NADA trainer. She works at the Substance Abuse Treatment Unit which is a cooperative endeavor of DMHAS and the Department of Psychiatry of Yale School of Medicine. She serves on the NADA board of directors as its treasurer. To contact: [denise.romano@yale.edu](mailto:denise.romano@yale.edu).*

## CONNECTED TO THE QI

Under the light of the Grandmother Moon,  
Under the witnessing eyes of the stars,  
I saw the shadow of the other me.

There is no way to escape, it is me.  
The shadow of my Qi connected to the  
universe by the light of the Grandmother Moon.

So close and so profound. Like the smoky  
mirror that is my unconscious mind.

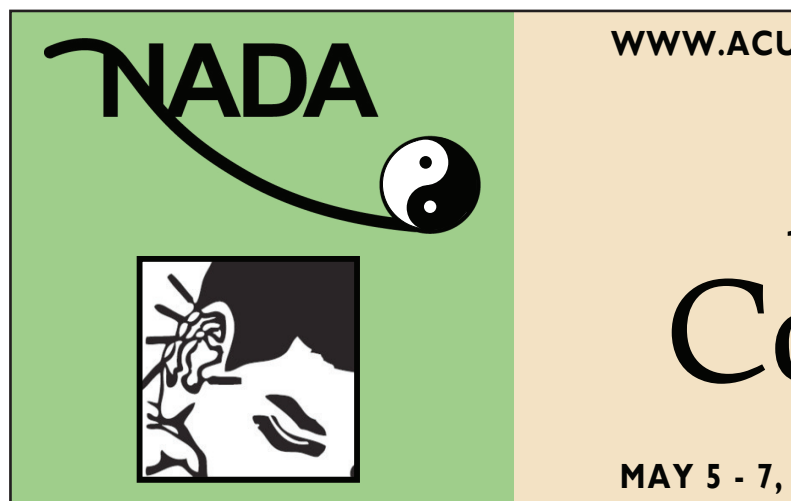
My shadow that is part of something tangible and  
magical...the Creator connecting me to the power  
of the Qi.

Under the light of the Grandmother Moon,  
Under the witnessing eyes of the stars, and  
when I finally understand, I feel the rush of energy  
that gives birth to life, to the Qi that heals, the Qi  
that gives hope and freedom from pain and fear.

So close and so profound. Like the smoky mirror  
that is my unconscious mind.

by Celia Perez-Booth

*This poem was read at the conference, in honor of NADA's founder, Michael Smith. Celia Perez-Booth is a NADA trainer from Flint, Michigan. She facilitated the first panel whose focus was on Flint's water crisis. Her son Gelbert, an ADS and plumber in Flint, gave a remarkable description of the current condition and impact of the water pollution. Her other son, Wayne, a new ADS, shared about the impact of polluted water on the Navajo Nation in New Mexico.*



La Plazita Institute's executive director, Albino Garcia (left) opens the 2016 conference with a drumming ceremony, performed by La Plazita community members. This local nonprofit employs previously incarcerated and street-based individuals. They made NADA conference t-shirts for us in their silkscreen print shop that is part of one of their social enterprise programs. We still have T-shirts for sale!!



Sister Maria Del Rosario Cordova (right) shares in Spanish her experience of NADA in Juarez, Mexico, as a promotora.



# Annual Conference

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Pre-conference workshop participants used theater improvisational games to explore themes related to NADA outreach and education. The 3-hour workshop brought out playfulness and spontaneity among a diverse group of NADA members. We hope to offer a full-day workshop at next year's conference.



Members of the NADA family (left to right): Nate Hurse, Wayne Wilson, Sage Norbury, Rommell Washington and Julia Raneri. Thank you to all who came to New Mexico to celebrate our connections!

*Thank you, Rod Mendoza, for the photographs and video taken at the conference. We appreciate you coming out to Albuquerque!*



*The bead is present  
Chi moves  
My heart opens  
I heal*

*by Jean Guyette*

Jo Ann Lenney led a hands-on demonstration of the placement of the magnetic bead on the Reverse Shen Men point. Beads were available at each table. Everyone was encouraged to place them on someone sitting near them. We then sat quietly for 10 minutes and shared our observations after.

Andy and Judy Kort received a posthumous award on behalf of their son, Joel Kort, who was an acudetox specialist and a veteran. He served as an army medic and later became a dedicated NADA volunteer at Ryan Bemis' (right) community acupuncture clinic in Las Cruces, New Mexico and the NADA border project in Juarez, Mexico. Joel was a champion of the Spirit of NADA. "He had a huge heart for service and helping other vets and soldiers," said Ryan Bemis. Joel took his life last year and would have been 45 on May 6, the same day this panel took place.

## Training Corner: NADA's Trainers Elect Two New Representatives



*At the 2016 conference in Albuquerque, NADA trainers elect two new representatives for the United States and Canada. They elected Judy Gibson from Toronto, Ontario. The role of the RT is to serve as the voice of the approximately 120 trainers in the U.S. In this effort in teaching the Spirit of NADA, it looks to its RTs for guidance. Judy Gibson, who is spread far and wide across the North America.*

### U.S. RT Representative: Judy Gibson

suffered with PTSD. Eventually he took his life. When I got my acupuncture credentials, I decided that I wanted to do everything I could to help people suffering with addiction and trauma.

I am so grateful that people in Tennessee can learn this protocol and apply it. I love doing the trainings. I love teaching. I love talking about NADA. As a new trainer, having just gone through the internship and apprenticeship, I am able to relate to somebody who wants to become a trainer.

I see the RT representative as being a conduit for communication. It's important to stay connected, and to keep up with our learning as we grow and evolve as trainers. For me, I strive to be knowledgeable about what is going on so I can answer questions or provide information, particularly as NADA grows and expands its scope, and more states provide opportunities for acudetox specialists to practice the NADA protocol.

*Judy Gibson is the founder and owner of Seven Directions Acupuncture Clinic in Nashville. She also works at both a residential and outpatient treatment program as a full-body acupuncturist. See the [NADA website](#) for a full bio.*

*Her next training will be in Nashville, Tennessee, from September 22-26, 2016. To contact: [judygibsonlac@gmail.com](mailto:judygibsonlac@gmail.com).*

“It is a passion for me to use the medicine of acupuncture for addiction and trauma recovery, so it was a natural progression to become a Registered Trainer. I learned NADA in acupuncture school and then decided to get trained as an acudetox specialist at the 2012 conference in New Haven.

Before practicing acupuncture, I owned a little restaurant on the Mississippi in the town of Maiden Rock. That was my bridge out of the corporate world where I had done business management in the architecture field for 16 years. At the restaurant, we served locally sourced food. It started me thinking about food as medicine, and thinking about what it means to be a village doctor.

I wasn't initially interested in acupuncture, but in herbs. And then everything pointed to Oriental Medicine, which included acupuncture. While I was in school, I wanted to do my thesis on behavioral health and addiction recovery using acupuncture. “You can't do that,” my teachers said – “NADA has already done that work! There is no research for you to do.” Still, my focus has leaned toward behavioral health issues and trauma recovery.

Having lived in relationships with people that had serious addiction issues, I find it my duty to do this work. My father was an alcoholic and died at a young age. My first husband was a Vietnam veteran who



## Canadian RT Representative: Lori Slaunwhite

*ers voted in two new Registered Trainer (RT) are Judy Gibson from Nashville, Tennessee, and Lori representative has been to serve on the board of directors S. and Canada. As NADA continues its grassroots T representatives to bring a renewed commitment to its American continent.*



I feel so grateful to have had the opportunity to learn and mentor with the Lincoln staff. What I learned was not just another way of supporting those I served. I was also reminded of the importance of unconditional positive regard for my clients – to simply *be* rather than to feel the need to speak and try to solve all their problems. The protocol is truly about empowering the client – assisting them in their own innate ability to heal themselves.

*Lori Slaunwhite currently works in private practice using a contemplative psychotherapy approach. She works with young people through to older adults. Most recently she was the clinical director of a substance abuse and trauma treatment program in Ontario. See the NADA website for a full bio.*

*Her next training will be in Toronto, October 22-23, 2016. To contact: [wingsofwellness@hotmail.ca](mailto:wingsofwellness@hotmail.ca).*

“For 10 years, I worked with people struggling with chronic addiction, many of those in a withdrawal management center at St. Joseph’s Hospital in Toronto. Although the clients’ primary reason for entering care was alcohol and drug withdrawal, many also had concurrent physical issues related to their addiction. We would often see people seeking services over and over. It struck me that for many clients we were like palliative care for their addiction, and I began to search for what else we could do to try to alleviate their suffering.

In 2004, I read about Lincoln Recovery Center and through the support of a forward-thinking manager, I was given permission to attend the training. It was literally in the first week when I returned to Toronto that I started doing treatments. Right away I saw clients coming to the group, just to check it out, even the cranky ones who didn’t seem interested in our other services. I can think of one person who had been a client of Toronto services for 40 years, and yet he would come in and sit with the needles.

After a month and half of doing the inpatient treatments, we ran into the conundrum of clients discharging but wanting to come back for the acupuncture. That experience laid the groundwork for our outpatient services. And the clinic is still running today.

I try to hold on to the grassroots, community responsive nature of the protocol. I have been fortunate to train in Canada, Guatemala and Mexico, and it amazes me that no matter where it is being used, it is embraced in similar ways – culturally relevant, with little or no language barriers, affordable to most and adaptable.

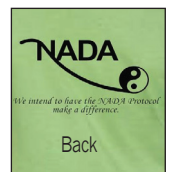
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*Mauro Lacovich (left) with trainees practicing point location.*

and intern, as well as members of a local Tai Chi studio, an administrator from the local public health department, and a therapist in private practice. Lacovich brought the entire group together and has since provided enthusiasm and energy to keep them moving forward to continue their clinical practice and establish competency and proficiency as acudetox specialists.

“This is a group that will move things forward.”

Ajándok Eőry also joined the training with three other NADA members. Eőry is the founder of NADA Hungary, the oldest NADA organization in Europe, so it was very fitting

to have him there at a training for what will hopefully be NADA's newest member, Croatia. Dr. Smith counts Eőry as “one of his oldest and truest friends in NADA,” making his gift of mentorship even more special. Bursac wrote to thank Eőry saying how appreciative she was that he took the time to come for the training. And she added, “It made a really big impact on the group that you and your team were there.”

Their visit helped create a more global context for the practice of NADA, and it provided direct support and encouragement to the trainees. (It was a remarkable coincidence that one of Terra's staff attending the training happened to be fluent in Hungarian, and Eory serendipitously sat down right next to her when they first arrived.)

With a month behind them, the trainees actively communicate and coordinate through a google group set up by Lacovich, and they have started a weekly treatment schedule at Terra and Pantera (the Tai Chi center). They are also doing the NADA protocol at the local homeless shelter.

The shelter was one of 10 places that the group came up with as possible locations where the NADA protocol could be introduced. The excitement around being NADA pioneers in Croatia was palpable. “I was happy that the people who came to the training were exactly those that needed to be there. This is a group that will move things forward,” said Lacovich. Plans for a September 2017 training are already underway. ☺



*Sitting in group during a clinic at the training.*

To contact: [nadaoffice@acudetox.com](mailto:nadaoffice@acudetox.com).



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### ***Those Most in Need: One Bead***

*An Excerpt From a Letter Written by Maine NADA member, Jean Guyette, to Michael Smith and Jo Ann Lenney:*

“Many changes have come about in my life since using the beads. While sitting watching the tide turn I thought about the past year. There is a calmness I attribute to the shift – I think the shift has to do with the awareness of the connection to love.

I think it’s all about love. Thank you for helping me understand. I knew from what you said about listening to the animals that they “get it.” When my dog passed away five years ago, I knew that my time with him was all about love. I now understand, this is all about love. To open my heart and go to those people most in need and *keep it simple*. I attribute the beads for offering the shift, to help me feel and understand love, which allowed me to sit still long enough and watch the tide turn.

I want you to know I went to Edie’s Place (sober home) last night and met a young woman who said she would like the beads. I put them on, and she sat for 20 minutes.

She told me how 10 days ago she took 45 Klonopin

and “did not want to live, but really did want to live” and does not know how to live “without alcohol.” We talked for a short time and when I got up to leave, she grabbed my arm and said, “Wow, I feel really relaxed, I can breathe better.” She said this while her hands gestured gathering the air in front of her, moving it toward her face, as if to bring more air to her mouth and face. Then we both laughed, “more air, more air,” she said.

Please let Mike know I needed to hear you both, I am grateful to have had the time in New Mexico, can’t put it into words. ♡

*Jean Guyette with a plastic ear during her NADA training.*

