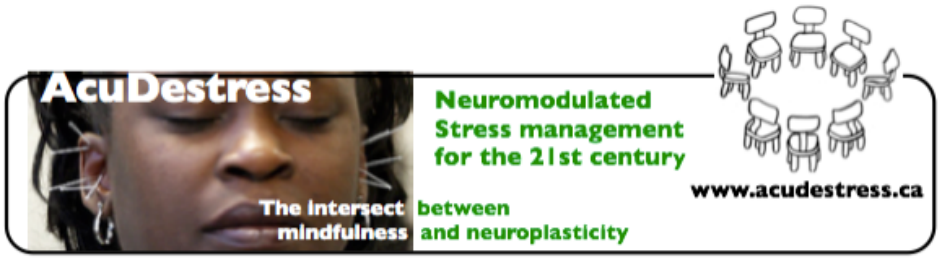


The Territory Beyond Talk Therapy

by Brian C. Bailey M.D.

A MANUAL FOR PRACTITIONERS OF ACUDESTRESS

If you want to see my original introduction to ***5-point ear acupuncture*** *for prospective recipients, it was* ***The Magic of AcuDetox, Part One****, which was written in 1995 for new patients looking at it for the first time. Notice the* ***bold blue underlined words*** *or phrases, which are active links. By reading The Territory... online, rather than downloading it, you can* ***CLICK the active links throughout****, like the one above.*

PREFACE.....

This is not a first-time introduction to AcuDestress. That introduction you can be accessed above. No, this is a MANUAL to enable people who have already been recipients to replicate AcuDestress better.

You will see, throughout, that many times I pause to assume that the reader has hands-on experience as a recipient already, which is the absolute best background from, which to base your learning here. Such experience is more important even, than knowing acupuncture.

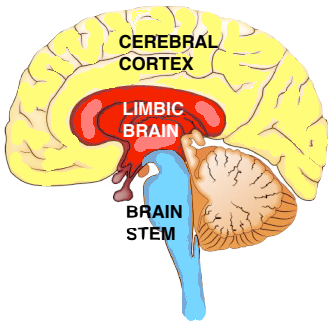
By stating this I don't mean to imply that I could give or deny you permission to insert ear acupuncture pins. Permission is granted by certain provincial or state jurisdictions, and not by others, and derives from legislation in that jurisdiction. In Ontario the legislation is ***Bill 50 The Traditional Chinese Medicine Act****, It is permitted, say, in Ontario, by taking NADA or other training, but at the time of writing (2018) it is restricted in Quebec, to use by members of the* ***Association des acupuncteurs du Quebec****. Check your jurisdiction before employing any acupuncture.*

The work behind this writing has been 23 years in the making. Since the innovative medical psychotherapy program it describes has reintroduced talk, mainly since 2007, and is a part of the *complimentary and alternative medicine* spectrum, the elements I describe here are both ones which resulted, since 2007, in more people getting better results, and which meet the express requirements and rules of the *Ontario College of Physicians and Surgeons.*

No one is invited, simply by reading this book, to replicate *AcuDestress* without having been a hands-on recipient. There is nothing I could say here that would do justice to what you will do to replicate it better than your use of the material to reflect back to recreate your own unique experience. This was as true for me as it will be for you. Take my word for it. That's what the preface is about - to tell you

that what you'll read herein will be as if I were talking to you at your own out-take appointment, and as if you'd just ridden the roller coaster yourself. Could words ever remotely adequately describe riding a roller coaster?

If you want to make this into a full text book, I suggest printing the more interesting **linked articles** and keeping them in an indexed binder. This is what I do.



Memory can. By using the roller coaster metaphor, I am meaning to remind you that as you had the experience, you found the skill you were learning difficult until it reached a place where it *"went ever the top."* Suddenly it became joy and pleasure. And for the person next to you, it was awe and wonder. Their experience was every bit as thrilling as yours, as individually timed as yours, and it was uniquely theirs.

Over 23 years, I've felt the awe and wonder many times. At times it was my experience. More often it was being in awe of the change I was seeing in those who were passing through. You'll get that too.

Some if you will remember, on the session's last day, my describing what we're up to as ***"bobulating"*** with that weird but apt descriptor of the coming together after the mid-way-through sense of discombobulation as *" full on thrashing befuddlement."*

Then, as you walked out the door, or within a few weeks, you began to see, clearly, that your problems were all still there, but a bigger self had shown up who was now posed to solve them.

As my background was family medicine, not psychiatry, I would have been called an eclectic *Cognitive Behavioural Therapist (CBT)* in 1995 when I started to do AcuDestress. I'd learned hypnosis, acupuncture, Gestalt Therapy, and bioenergetics.

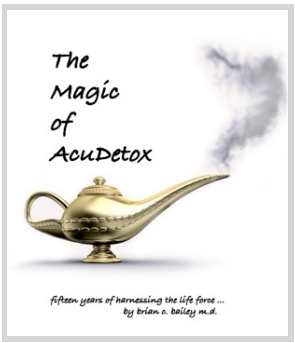
But as you'll see in each chapter, because the treatment I started to use in 1995 worked at the *subcortical level (Limbic Brain and Brainstem)* these brain areas do not think in words and concepts. Verbalization does not occur at this evolutionary level, and I was asked, by **Dr. Michael O. Smith**, the founder of ***5-point ear acupuncture*** (which he called *AcuDetox*) not to be verbal with it, not to exhort clients to get better. to try harder or to change behaviours.

A tough assignment when one relies so much on words. Especially to a psychotherapist whose bread and butter was *talk therapy.* So, I'll be teaching you in Chapter 11 a very few things not to do, after I've spent the first 10 chapters teaching you things you should or could do to make this work even better.

But let me give you an example of how things can go astray, as this is something you'll see often while you learn to become an AcuDestress provider.

Before I do, however, I need to speak more about the word ***magic***, as you will continue to see it emerging in the titles of my previous books. You know from your own experience that on the final day of each session I provide access to *The Magic of AcuDetox; Part Two,* a short book to which our clients can refer in the first month following finishing a session if they find themselves in a "stuck" place again. When I say "again" I refer to the fact that all of our patients are admitted on the basis of being "stuck." And not just for a while - we are talking years here. These are not the 60% of clients whom most of us get to treat, who arrive susceptible to either medications or *talk therapy.*

These are the people who today are called *treatment -refractory (*as opposed to *treatment-resistant* - which applies to all patients.) So, when someone I treat becomes "unstuck" it feels *magical*, because it hasn't occurred because they've worked hard at it, because they are smart, or because they are deserving, but because they were "present." And it feels like a breath of fresh air. As I began on the first page of the Preface of **The Magic of AcuDetox, Part One**...



"(Magic is) the art that purports to control or forecast natural events, effects, or forces by invoking the supernatural. The word "magic" is more frequently used in the direct opposite sense - implying deception - when referring to the exercise of sleight-of- hand for entertainment. Magic can also be used (as I use it) to refer to a mysterious or extraordinary quality or power (as in "the magic of springtime"). When we are looking for a term to connote quickness we often say "like magic."

The story of Pauline *(not her real name)* is an all too typical story of *"magic gone to waste"* - and it is all about my naïve inexperience in my early going. Pauline had been a highly extroverted nurse who'd become a recluse after several strange reverses in her life. She'd been sent to therapy, in fact, to

"anger management therapy" by the hospital where she worked. Once there she'd fallen in love with her psychotherapist. When he told her that this meant he couldn't treat her, or see her at all, she'd descended into a big rage, impulsively and angrily trying to sue him for malpractice. It went on for years. She, of course, lost the suit, retiring to her house in shame, feeling both rejected and deeply humiliated.

She'd let her friends go, and newspapers, magazines and food remnants and wrappers cluttered her house, so she reported. She was hesitant, saying she didn't believe in therapy, but attended out of desperation. I was familiar with people like Pauline. I didn't see them often, as they are highly independent and so self-absorbed, but there she was seeking help. I was still in the stage where I treated patients individually, as there weren't yet enough interested patients to form a group. So I sent her off to my acupuncture colleague, **Dorothy Taylor** and waited to see what'd occur.

What happened was what we had often begun to see. Pauline quickly perked up, started to invite a few odd friends to her house, and cleaned up some of her mess. But most important, she had a smile on her face. Then I was still learning what to do with people who began to change very quickly. I then encountered a problem that could use a nurse. My widowed 90 year old mother had fallen and broken her hip. She remained hospitalized. In the next month she would be leaving hospital, and would need some nursing care. It seemed ideal. Here were two situations which seemed like an ideal mix. Or so I thought.

So I asked Pauline if she would like to take on the job. She hesitated,

AcuDetox discoverer Dr. Michael O. Smith & AcuDestress founder Dr. Brian C. Bailey

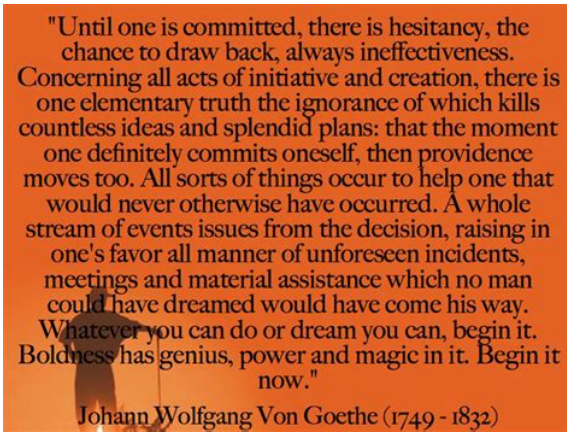
and I persisted but finally she said yes. And immediately I could see that she was doing a good job. But each time I talked to her after a visit to my mom in her house, she complained bitterly.

The major responsibility of it was playing on her mind. She liked my mom and my mom liked her, but every time she walked out the door it was with a feeling of foreboding. Had she done the right things? After this persisted for a month with me encouraging her to continue, Pauline finally up and quit. And in quitting, she threatened to sue me, for pushing her beyond her capacity. When I thought about it, I had to agree. When something that feels *magical* happens, one simply has to grow into it, to solidify it until it is yours, during what I've come to call *the embodiment phase*. *One can't rush things!*

Of course, my encouraging her harkened back to my many years of *talk therapy. And if she'd been in a group, if the idea of returning to work had come up, she'd have had neutral people to bounce it off.*

I haven't said a lot about the "magic of springtime" which one feels from AcuDestress, as you already know the experience, yourself, or else you wouldn't have become interested in becoming a provider. But like my beginnings with it, you'll have to discover, like I did, that Dr. Smith's dictum against any form of persuasion is absolutely essential to our work. And unless you've had no therapy background, unlearning it won't be easy.

For the first 12 years of using Smith's ***5-point ear acupuncture*** (1995-2007) with patients who'd been unable to make changes using *talk therapy* or psychoactive medication. I disengaged myself from the process that was unfolding during the pinning. Instead I saw people in the weeks and months afterwards, at which point it became easier and easier to help them solidify a sense of self, which was newly imbued with higher level skills needed to solve their own problems. Most of them became their own best therapist. (see Chapter 2)



Beginnings Vs. Where We Are Now

When I began treating treatment-refractory patients in 1995, using 5-point ear acupuncture I followed what was called the *NADA Protocol,* exactly the way that **Dr. Michael Smith** had laid it out.

Because he was interacting with members of the New York City substance addiction treatment community, after replacing methadone in his hospital's heroin

addition clinic and because that community centred its approach around *talking* addicts into seeking treatment *(the AA approach,)* his *"no talk therapy"* dictum was a tough sell early on. At least, to me!

When, in 1985 he named his organization to teach **5-point ear acupuncture**, the *National Acupuncture Detoxification Association* (NADA) - its acronym - NADA was fashioned to remind students that NADA was Spanish for "nothing"- and that their only role was to "do nothing" - to let the pins do their work.

NADA now trains people to insert the acupuncture pins in about half the states in the US, about half the provinces in Canada (including Ontario) and several other countries throughout the world. About 10,000 individuals have been trained. Dr. Smith, after retiring, was on a one-man project to spread his work throughout India until his death in 2017. The picture (at he top, of us talking together was taken at the retirement party I threw for him in 2014 in Ottawa

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Anyone wanting to learn the 5-point ear acupuncture pinning technique can use the NADA web site, which lists, among others, trainings of NADA's Canadian representative Lori Slaunwhite who can also be reach by email at lori@mindfulpath.ca

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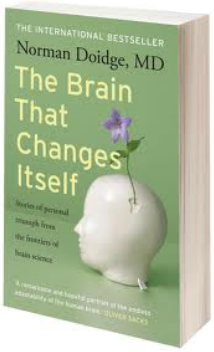
After 1990, interest grew in Smith's methods as applied to substance addiction in Canada, and at the present, at least four Ontario hospitals have clinics which feature his work and which are funded by an OHIP pilot project grant, the *Toronto General Hospital*, the *Toronto Western Hospital, St. Joseph's Hospital* in Toronto and several years later at Ottawa's *Montfort Hospital.*

Hôpital Montfort

From 1995-2007 I followed Smith's protocol to the letter, adding only a personality-based integrating aftercare component which consolidated changes which had "bubbled up" during the program, cementing them into everyday life. With this early innovation, results improved 20% (Chapter 9.) But they were still short of where the bar had been set set with Smith's 85% success when his protocol of **5-point ear acupuncture** was used with substance addiction. Smith strongly suggested my method might vary from his if I wanted to get results in that range .

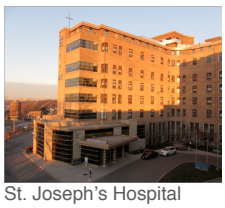
And Now…..

In 2007, as you know, **Dr. Norman Doidge** a Canadian psychoanalyst, published his paradigm-changing book *The Brain That Changes Itself.*



Toronto General Hospital

Toronto Western Hospital



St. Joseph's Hospital

From1995-2007 I'd learned a great deal, long realizing that changes we were seeing were far beyond symptomatic relief. Rather, we were seeing actual personality upgrades (Chapter 3) which has subsequently rendered our patients able to bring their own end to OCD, anxiety and depression. And they do.

Personality up-levelling, fits hand-in-glove Doidge's descriptions of *neuroplasticity.* AcuDestress powers this using *mindfulness, rendered visible in recipients* from the very first time that acupuncture is applied - what Doidge refers to and labels as ***neuromodulation.***

This ushered in *neuroplasticity training* to my adaptation of Smith's work (Chapter 9) raising our results even closer to Smith's.

Keep in mind that as an *AcuDestress* trainee *(and therefore someone who has actually experienced the neuroplasticity effect of AcuDestress,)* that you can read the above and it will make sense to you because you've actually experienced it, in both yourself and others and you know that, beyond all skepticism, it is accurate. Keep in mind that others in your life won't enjoy the rich advantage of the vantage point you have.

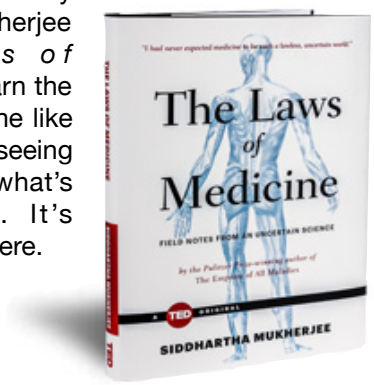
But, until and unless they attend themselves, the therapeutic community which includes both your peers and your supervisors will only be seeing your AcuDestress results, the palpable behavioural results seen in patients (recipients) they actually know, to take this seriously. This presents you with a problem. Will they take what you're saying seriously?

There's a chance you'll get through to them, if only because, at the end off the day, you're no threat to the people who successfully treat the large (60%+) majority of patients with approaches like **CBT, IPT, Psychodynamic Therapy** and the like. Your constituency is a different cadre of patients who didn't find *talk therapy* touched them.

If your colleagues are honest with themselves, they will acknowledge, that they've come across both patients who didn't progress with talk therapy, despite all their best efforts and those who seemingly just spontaneously healed.

As **Norman Doidge** reported so eloquently, science only came to accept *neuroplasticity* when there was someone or some people who were motivated to *"break the rules."* I don't mean break the legal rules, but by their questioning of current presuppositions in play.

As expounded by Siddhartha Mukherjee in *The Laws of Medicine*[1], we learn the laws of a discipline like medicine from seeing exceptions to what's currently held. It's clearly the case here.



Enter the Bach-y-rita brothers and specifically **Dr. Paul Bach-y-rita,** arguably the father of ***neuroplasticity*** - and of the ***neuromodulators***.

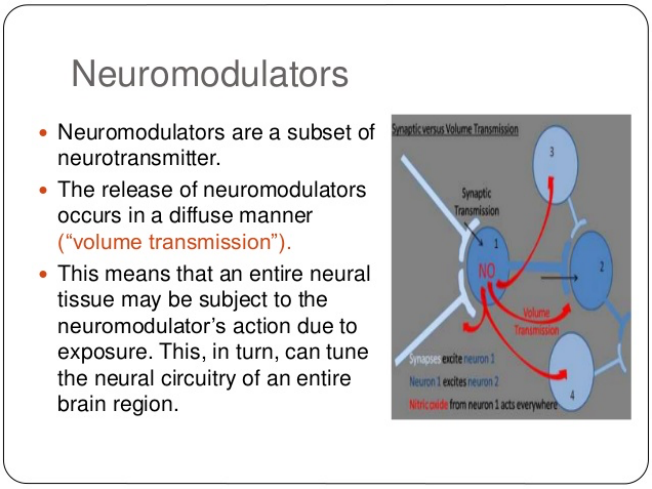
I always tell the story of the Bach-y-rita brothers early in an *AcuDestress* session, so if you're following the script, I hope you will tell it too. Paul was a young physician when his father, Pedro, a university professor in New York City, suffered a major stroke, losing, among other things, his ability to speak (we call this aphasia.) After the usual 6 weeks of physiotherapy, if patients have no response, further treatment is considered futile. Such was Pedro's case. But Paul and his younger brother George who was a medical student at the time were not about to give up.

They made up exercises for their father, some of which attracted criticism as " overly cruel" when they threw coins on the floor then challenged their father to pick them up one by one. But gradually he responded to the exercises *(and the love put in by his sons,)* made a full recovery, including his speech, returned to his university lecturing, remarried (he was a widower) and took up mountain climbing. When he died, 19 years later, autopsy revealed that the stroke had never healed. The new learning was all in other parts of his brain. He'd created himself anew.

So why do I tell this story? From the moment that people get their first acupuncture treatment, they begin to have the experience of creating themselves anew. It is a sort of weird feeling, so we want to assure them amidst their experience that they're on the right track. This is essentially **transpersonal psychotherapy** in action. Conventional therapy has the patient realize what they're doing wrong. ad to correct it. Here the effort is to build a support platform under what they're doing right.

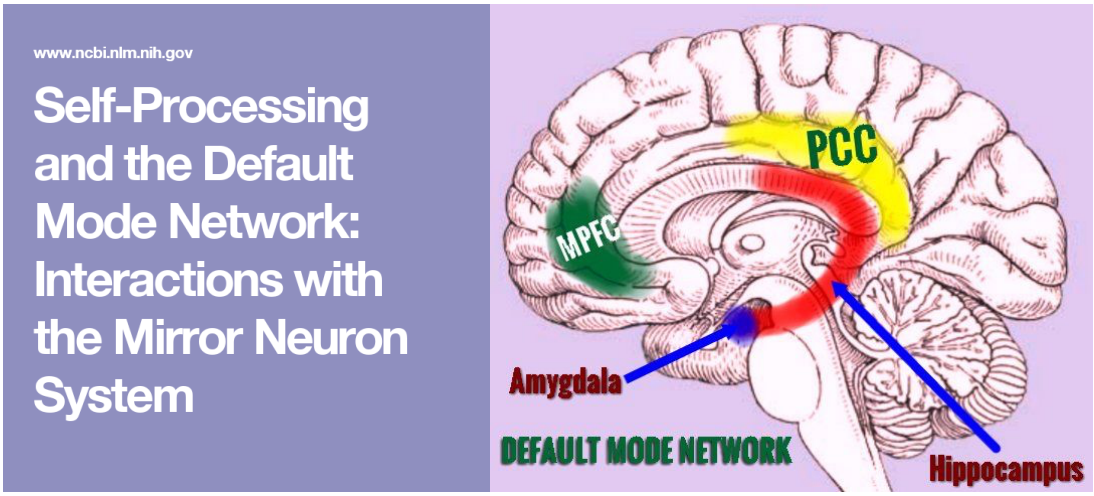
The rest of the **Dr. Paul Bach-y-rita,** story I sometimes tell if the story piques someone's interest. And that is that Paul went on to develop a number of electrical devices, one being the Brainport® in particular which assists *neuroplasticity* to happen, making use of Canadian researcher Donald Hebb's "*Neurons which fire together, wire together."* That's what a **neuromodulator** is, and there's burgeoning interest in their use today.

With a few notable exceptions (Chapter 2) *neuroplasticity* does not occur in one fell swoop, but stepwise and so our program has been refashioned since 2007 to empower/encourage people to come at new learning from a number of quite different angles. *Transpersonal psychotherapy* is about using the brains mentalizing capacity to make sense of each of the potentially confusing steps along the way.



[1] Mukherjee, Siddhartha; *The Laws of Medicine*; Mukherjee has delineated how we learn new things un medicine. Law One: is strong intuition is much more powerful than a week test. Law to normals to just rules; outliers to just laws. Lost three for every perfect medical experiment there is a perfect human bias.

This topic will be thoroughly discussed (Chapter 2) to get people started on the right foot, whoever is directing the program explains to the participants from the beginning that five-point ear acupuncture gives rise to "**phenomena"** from the very outset. What we're talking about when we talk about **phenomena** seems to be the acute activation of the **Motor Neurone Network** (MN) and/or **the Default Mode Network,** (DMN) though we're not in a facility which can test this out. After all, I am a clinician, not a researcher. I read the research to understand it. It really helps, though, when recipients can anticipate that something new and interesting is about to happen to them, and to ask them to enjoy it rather than what we, a humans are programmed to do - defend against it. (see Chapter 9)



Neuromodulators

There has been a lot of interest in the fact that a fair number of patients are just not getting better. Once they've been tried on any number of medication combinations, and nothing has happened, they are then categorized as *"treatment refractory."* In the treatment of depression this happens 35 to 40% of the time. Recent researchers are looking at the anesthetic *ketamine* as the **neuromodulator** answer, mostly because it only takes a minimal number of sessions (6?), following which the patient is much better. The experience of ketamine treatment is often a highly physical experience of *mindfulness,* which becomes the catalyst for everything else.

But not every literature article on this tells the whole story. The fact that it moves so fast, and only require six sessions is probable evidence that it is altering brain structures permanently. Thus, some weird experiences ensue. Enter *transpersonal psychotherapy* again. The patient's whole mind function is being revamped, and a t*ranspersonal psychotherapist* knows how to deal with the weirdness. *Ketamine* is only one example.

I'll texplain other **neuromodulators** which are springing up and those which have already established themselves (Chapter 2). A *transpersonal psychotherapist* acts as a **neuromodulating** agent.

Eventually, as I knew better what to do during *AcuDestress* without falling back into *talk therapy*, it became necessary to have a second person who multitasks while I am uni-tasking (being present,) waiting to know what to do next, the only way to enhance the remarkable unfolding which is occurring.

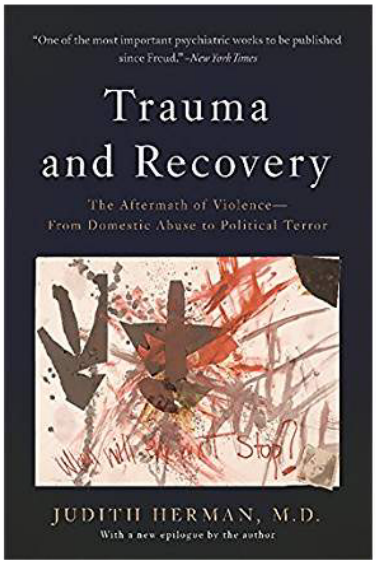
Here I would like to dedicate the book to those whose enthusiasm and in some cases hard work have brought the state-of-the art to where it is in 2018, or insisted that I put it in writing for them to learn.

So the six women, to whom this book is dedicated either have become explorers of the territory beyond talk therapy or are wanting to learn about it.

First there are Natalie (Fraser) and Jane (Vance) whose role in supplementing what I offer, has already developed organically, with me suddenly asking them to turn right, when the last time I'd asked them to turn left. Such is the nature of "flying-by-the-seat-of-your-pants" design. But it's meant that they can now fly by the seat of their pants as well.
Then there's Sylvie (Fortier), Edna (Guzman) and Marie-France (Langlois,) who are social workers at the Ottawa Branch of the *Canadian Mental Health Association*, who've volunteered to train, hands-on to run their own iteration of AcuDestress. Welcome aboard!

And finally, this is dedicated to my wife, Nancy, who was boldly adventuresome enough to try ***Smith's 5-point ear acupuncture*** out with me 23 years ago. As two not-knowing-what-to-expect recipients we became Patient 3 and Patient 4, pinned each other for 21 straight days, had our biggest fight ever at midpoint, then unexpectedly reaped its benefits, which included being spontaneously able to look each other squarely in the eye. (Chapter 7.)

I wish we had had the advantage of Judith Herman's book *Trauma and Recovery* which I found as a result of our first ventures into pinning work with traumatized patients, and forms the narrative of Chapter 7. Buy this book!



The reason this was so adventuresome was that I had jumped into the deep end to treat Patient 1 and Patient 2, two *Borderline Personality Disorder* patients. I won't spoil it by pre-empting Chapter 4 where I talk at length about their treatment and its success. But it's a rare group today that doesn't have someone who turns out to be *Borderline*. You'll come to enjoy this once you engage it. Dr. Smith had documented an anecdotal study of 25 substance-addicted *Borderlines* in a row whose personality transformed as their addiction waned. It'd delayed my start-up 5 years. But, so be it!

More About Jumping In At The Deep End

What if I told you that it was all about the eyes? Yes. *"the eyes have it!"* This is not so much a well-kept-secret, as it its a *phenomenon* that has quietly evolved over time, and particularly when first I started to broadcast *AcuDestress* on telemedicine. When you start doing intake appointments, check it out. The people who need *AcuDestress* the most, the people who've been languishing resultless for years, never getting better, won't be able to look you in the eye. But because **5-point ear acupuncture** works so fast, this won't last more than the first week in many. *(Dr. H.L.Wen observed this, studied it for 5 years, set the protocol at 15 pinnings over 21 days.)*

Since this inability to look another person in the eye reverses itself within a few days of starting **5-point ear acupuncture,** it strongly suggests that the acupuncture works by activating the brain networks which comprise our social engagement function, as I'll explain further immediately below. In Chapter 9 I'll introduce you to the research that supports this thesis. But you will need the courage of conviction to test this out from the outset, for yourself, so in Chapter 9 I'll show you how.

I will use my *6 book dedications to remind me, chapter by chapter, that the reader already knows from attending that I've already authored any number of other explanatory writings, addressed to various different audiences. I won't have to reinvent the wheel, so when there's something you could read elsewhere, or have already read elsewhere, I'll make sure to link to it here. For example my lengthy* **INFORMED CONSENT**, *given out at the first group session, the content of which will be explored at length in Chapter 11.*

These links will remain active as long as you keep the book on your computer as a PDF document. I've chosen to keep readers connected, because this is not "the final word." My jury's still out on many of its aspects, so I plan to keep looking. Some of the links will then be updated

later, as an expedient alternative to updating this book. So, explore the ***BLUE*** *links liberally. Material from them will be on your exam.*

There are many extra things that you will need to learn about offering a *transpersonal* approach to the public (Chapter 11). I became aware of the complexity when I first offered it at *Southeast Ottawa Community Health Centre (SEOCHC),* on my new platform, the *Ontario Telemedicine Network*, run by Ontario's *Ministry of Health*, and whose subtle secret of success I'm about to divulge. While SEOCHC's healthcare coordinator, Deborah Andrews, reached out to me to come to this client-friendly CHC in 2014, the doctors, who usually quickly referred mental health cases to social workers, were initially standoffish, and the social workers didn't think it was their place to come and discuss it. I had to reverse that.

To succeed, Dr. Smith had offered it only to clinicians who had no "vested interests." If they already had approach to the same population, whether it worked or not, they would always sabotage an approach that was succeeding, out of fear for their own jobs. So Dr. Smith started with judges who were sending felons who were addicted to prison. They had nothing that worked. Inmates came in addicted, and left addicted and quickly returned to crime. Dr. Smith succeeded with the **Miami Drug Court** whose **recidivism rate** plunged from 44 to 2%. I succeeded by showing the social workers I was no threat. You'll have to replicate that. and you'll need your version of my Deborah Andrews' support.

This was already year 19 of the *AcuDestress* program by 2014 the year of my 70th birthday. I was already a seasoned *transpersonal therapist* and had begun to manualize the program *(which will now make it much easier for you to replicate)* I wanted to cut to the chase, having lunch with my new colleagues, but the few n

physicians who accepted my invitation responded to my explanations with counter-arguments or secret little guffaws under their breath. *An inauspicious start for sure!*

The social workers were the first to refer people, as they were the first to see that some of their clients had been with them for years without budging an inch. They relished getting relief from them - even if they suspected they'd be back. I knew they'd be going back too. Few were going to walk out of my office and never see a therapist again. But I knew several others would become their own therapists and be gone, while others would gain the self-respect to see a therapist as an equal, not a revered (and feared) authority.

I came to learn this when my results suddenly got better after being on telemedicine. I saw why instantly as had also registered with me palpably at the time. In the room were two screens, one with my face, larger than life, and one with whomever I was talking to, also larger than life. And whomever was talking was often looking at the other straight in the eye.

Neuroimaging studies, which I don't fully understand, being a "pure clinician," have located a "social brain network" made up of two complimentary systems, the *Mirror Network System (MNS)* and the *MENT or mentalizing system* (Chapter 6.) The MNS is organized for gathering *intersubjective* information, and the MENT system is used for making *intersubjective* sense of it. Several literature articles document aspects of this **(1)** **(2)** **(3)** **(4)** . When the 2 systems are shut down or lack coordination or coherence, as seen in dissociation - empathy, accurate reading of others emotions, and dancing with another are rendered "out of commission," a state found in *alexithymia* - and both PTSD and personality disorders. But when eye contact becomes easy, and *intersubjective*, as happens early-on during *AcuDestress,* we are at our best, and others can see us in that light. The camera exaggerates this, to our benefit. So the secret of OTN's success is twofold. One, I get the opportunity to mirror and augment *intersubjectivity* and meanwhile an undefended, non-self-conscious audience are watching it unfold before their eyes, thus rendering themselves more vulnerable to doing the same. And they do. Meanwhile there are candidates in the room with whom they can lock eyes.

Eye movement as an MNS/MENT stimulator may well be the mechanism of **Dr. David Grant's** *Brainspotting*, which is the latest clue I've been following up on (Chapter 10).

Again, welcome aboard!