

GUIDEPOINTS:

News from NADA

May 2008

TEXAS OFFICIALS ENDORSE NADA AS A VALUABLE RECOVERY TOOL

Major figures in the addictions field in Texas gave strong endorsements to NADA work during addresses to plenary audiences at the annual conference held last month in Dallas.

John Keppler is a medical doctor who directs the statewide clinical activities of the addiction medicine section of the Texas department of health services. He is the highest official in state government whose full time concern is the prevention and treatment of alcohol and other drug problems.



JOHN KEPPLER

Following brief remarks describing how drug use alters the physiology of the central nervous system (John is a neurologist), he commented on the role that NADA can play in recovery:

“The Texas Department of State Health Services very much supports the use of acupuncture detoxification and finds it extremely effective. Acupuncture has moved beyond the treatment of low back pain in being actually able to treat central nervous system disorders such as emotional disorders, post-traumatic stress disorder and anxiety disorders through the manipulation of the endogenous chemicals in the CNS.

“Anything that can alter the CNS by non-chemical means to take care of withdrawal and lead the patient into recovery is very hopeful for the addic-

tions field. One can only hope that it spreads in its use.

“Acupuncture ameliorates many symptoms but it can’t be done in isolation. Like many therapies in addiction, acupuncture needs to be accompanied by psycho-social supports and counseling and treatment has to take place over time since the habituation to drugs tends to permeates one’s whole pattern of decision making and living.”

Public addictions services in Texas are delivered primarily through county-level agencies for men-
TEXAS OFFICIALS continues on page 3

NOTES FROM THE BOARD

By unanimous decision, the NADA board directors voted at the 2008 annual meeting to dedicate a section of *Guidepoints* for the purpose of directly addressing the members of NADA. This decision was born of much lively discussion about how to best improve communication with members. Our expectation is that this section will evolve as a work in progress. This *Guidepoints* section will be one where news to the membership and news from the board is posted. In this inaugural segment we wish to announce:

- 1) Expect in the September issue of *Guidepoints* an annual report. This will include information from our financial report that will come out in August.
- 2) We are planning to establish an email communication with the RTs for RT related needs. This will be accessible through the NADA website
- 3) We are undertaking a comprehensive review of NADA by-laws.
- 4) Fundraising is included as a specific agenda item for our next board meeting in August. We welcome your thoughts and input.

Stay tuned ... this is an exciting time for NADA. Even as we continue to grow and prosper, there is still so much more to do. On behalf of the board, in the Spirit of NADA, I wish everyone many blessings and satisfaction in the work that we do. Soon Again,

Board Member – *Kenny Carter, President.*

tal health and mental retardation (designated as “MHMR”). One of the largest of these units runs the public treatment system in Tarrant County, which includes the city of Ft. Worth. Stevie Hansen is chief of addiction services for the agency. She is a well known figure in the state and nationally, not only for her lengthy tenure as an effective advocate in the field but also for her status as an openly-declared alcoholic in recovery.

Stevie told the conference attendees about the long and extensive history of the NADA protocol in the county, including how use of the protocol was an integral part of six different projects funded by the US government. “It has been effective everywhere ...

It is a miracle type of product in the addiction field where miracles are rare.”

NADA work supports Stevie’s concept of the role of treatment, which, she explained, is to “help patients learn that they don’t have to take drugs to feel better.



“They learn, with the help of the needles, that their bodies can heal themselves. The NADA treatment meets the needs of our clients”.

In addition to attending the two-day main conference event April 25-26, seventeen clinicians from around the USA completed the traditional pre-conference certificate training beginning on April 21. The trainees received their certificates in a ceremony at the close of the final plenary session.

Other pre-conference activities included the traditional registered trainers day as well as a workshop for administrators and directors conducted by NADA founding president Michael O. Smith. Besides reviewing proposed changes in policies and procedures receiving a new version of the NADA training manual, the trainer day group elected a new representative to the NADA board of directors (see page 6).

Elizabeth B. “Libby” Stuyt, a medical doctor who directs the well-known Circle Program at the Colorado state hospital, has joined the ranks of NADA registered trainers. She is a familiar figure to NADA members for her popular presentations on addiction science at NADA conferences and for her journal articles about NADA work. Libby received her original ADS training in 2000 from Marijke DeVries and completed her RT mentoring with Michael O. Smith. She earned her MD and completed her psychiatry residency at Texas Tech University medical school.



ARMY PTSD STUDY ON TRACK TO PRESENT FINDINGS THIS YEAR

Findings from a study on the effectiveness of acupuncture as a treatment for PTSD among military personnel may be reported later this year, according to research officials at the US Army’s prestigious Walter Reed Medical Center in Washington, DC.

According to the government web site *ClinicalTrials.gov* initial report on the study, untreated PTSD “leads to decreased force readiness and increased health care utilization. Yet, service members with the disorder may be resistant to traditional treatments or find them undesirable because of side-effects, stigma, and long-term commitment.

“Acupuncture, which has few known side effects, holds promise as an effective treatment option for PTSD. Acupuncture has been shown to improve well-being and has been successfully used to treat stress, anxiety and pain conditions.”

Col. Charles C. Engel, principal investigator of the project, reports that data collection and primary statistical analysis have been completed and secondary analysis is currently underway. He says that the project intends to report data at upcoming professional conferences. These include the Force Health Protection conference in Albuquerque and the International Society for Trauma Stress Studies (ISTSS) in Chicago.

According to the web site, the project was intended to enroll up to 75 subjects, all active duty personnel. Researchers were to gauge the subjects’ PTSD status and response to treatment with the PTSD Checklist during a 12-week, randomized, waitlist-controlled trial. Participants were to receive an eight-session course of acupuncture treatment, and were to be evaluated throughout the study by way of clinical assessments and an independent assessing acupuncturist.

According to the study staff, all subjects were to receive a standardized protocol, based on Chinese medicine principles, for “clearing and calming” during the first four treatment sessions. During the fifth through eighth sessions, individualized treatments were to be given according to Chinese medicine diagnosis. All acupuncture services were to be performed by licensed acupuncturists who were graduates of the TAI Sophia Institute located in nearby Laurel, Maryland.

Marjorie Shovlin, a licensed acupuncturist in Washington, DC, was one of the acupuncturists providing treatment during the 18-month study period. She gave a presentation on the study methods and goals at the 2007 annual NADA conference.

NADA LAUNCHES TASK FORCE FOR REAL WORLD RESEARCH

Hours after a guest speaker at last month’s annual conference in Dallas alleged that while the NADA protocol qualifies as a “best practice”, it does not appear on the list of “evidence-based practices”, members took action to form a NADA research task force. The group immediately began work on the first phase of a multi-site, outcomes-based project to document the effect of acu detox on treatment program results.

As opposed to measuring acu detox in a randomized control trial (RCT), a research model designed for testing pharmaceuticals, the task force will conduct a “naturalistic” study. This is because an RCT is difficult to implement inside an actual treatment setting, where managing a “control group” can mean denying one set of clients acu detox. Outcomes-based research is doing research intentionally, in a real-world clinic instead of a laboratory.

“There’s lot’s of evidence in this room, but we’re not measuring it,” **Nityamo Sinclair-Lian** reminded conference attendees in the opening session. A researcher at the University of New Mexico and

acupuncturist, Nityamo is currently developing standard tools for NADA programs to measure and collect outcomes. She co-authored a study on acupuncture and post-traumatic stress disorder in *The Journal of Nervous and Mental Disease* in 2007. (See *Guidepoints*, July 2007)

Nityamo is joined on the NADA task force by the experienced researcher and psychiatrist **Elizabeth “Libby” Stuyt**. She co-authored a study on tobacco and auricular acupuncture published in the *Journal of Dual Diagnosis* in 2006, and currently serves as medical director of the Circle Program at the Colorado Institute of Mental Health at Pueblo. (See *Guidepoints*, July 2006). At the Dallas conference, Libby shared her success using acu detox with clients who have antisocial personality disorders, ADHD, and schizophrenia.

Homeward Bound, Inc, which provides acu detox in residential and outpatient programs in Dallas and El Paso, will be the key agency in the study. **Doug Denton**, the agency’s executive director, and psychiatrist/acupuncturist **Susana Mendez**, assistant executive director, have research already underway at Homeward Bound. They have made an express commitment to work toward establishing acu detox as an evidence-based practice.

Other members of the task force include:

David Eisen, acupuncturist. David is a NADA co-

Brandon Taylor, an acupuncturist based in Santa Fe, New Mexico, has joined the corps of NADA registered trainers. He had a strong background in addiction medicine and related fields prior to completing his acupuncture education at Southwest Acupuncture College in 2004. Brandon took his basic ADS training, and also his RT mentorship, from Susana Mendez at Homeward Bound in Dallas. He is a member of the detox committee of the New Mexico Board of Acupuncture.



BRANDON TAYLOR

founder and currently serves as treasurer on the NADA board and heads the Quest Center for Integrative Health in Portland, Oregon. With a long history as a clinician and clinical manager, David has been involved in design and operation of a variety of research projects over the years.

Shelly Menolascino, psychiatrist. She served as a supervisor of the ear acupuncture clinic in New York City at St. Vincent’s Hospital following the events of September 11, 2001. At the Dallas conference, Shelly stressed the importance of research in the integration of acu detox in trauma treatment and urged NADA to form a trauma expert panel.

Laura Cooley, acupuncturist. As a longtime NADA trainer and activist, Laura continues to work to create NADA-friendly laws in states around the country. The debut of her new video documentary about acu detox and disaster response was a highlight of the Dallas conference.

Evan Shepherd Reiff, acupuncturist. Based in California, Evan brings his experience as a research co-investigator of transcutaneous electroacupuncture stimulation in the treatment of fibromyalgia pain. He is planning to integrate acu detox into his private practice.

Ryan Bemis, alcohol and drug counselor. Currently attending the Oregon College of Oriental Medicine in Portland, one of the few acupuncture schools which have received an NIH research grant, Ryan is also a regular staff writer for this newsletter.

REGISTERED TRAINERS ELECT NEW NADA BOARD REPRESENTATIVE

High profile NADA registered trainer Susana Mendez joins the NADA board of directors in the position of registered trainer representative. Elected by the attendees at the traditional pre-annual conference trainers’ day in Dallas last month, Susana takes over that office from Rachel Toomim. Rachel will retain her posts as NADA vice president and chair of the training committee.

The tradition of having a special group of NADA members known as “registered trainers” has evolved over the years. At present, the task of the registered trainer representative position on the NADA

GUIDE-QUOTE ...

“Science is beginning to support the Big Book of AA, which is fair play since Bill W (AA Co-Founder), supported the efforts of physicians and researchers in finding help for those affected by alcohol and other drugs.”

Addiction researcher Carlton K. Erickson, PhD, writing in the April, 2007 issue of *Visions*, newsletter of the National Association of Addiction Treatment Providers (NAATP).

board of directors is to bring a mindset to the board representing the interests and concerns of the trainers.

Susana, licensed in Texas both as an acupuncturist and a chemical dependency counselor, is known to many NADA members as assistant executive director of Homeward Bound, Inc, a popular full-certificate NADA training site in Dallas, Texas. The agency was the practicum site for this year’s annual pre-conference certificate training.

Susana started her clinical career as a physician in her native Argentina in 1982, and she continues to have an MD license in Argentina and Spain. After medical school at the National University of Medicine in Buenos Aires, she interned in surgery for a year, but says she found the surgeons she worked with to be very disconnected from the patient’s minds and bodies. Always interested in treatments that addressed the whole person, she became a psychiatrist.



SUSANA MENDEZ

Relocating to New York in 1985, Susana saw many of her colleagues prescribing psychotropic medication without proper patient supervision. She recalls, “That was very scary to me. I felt that we had to, in the medical profession, start looking for other ways of treatment and not use prescription medication as the only avenue.” While practicing in New York, she saw a television program on various recovery modalities. The show highlighted the recent work of NADA co-founder Michael Smith at Lincoln

Recovery Center, comparing it with several types of confrontational treatments. Susana recalls, “the contrast with Dr. Smith’s type of therapy was such a wonderful thing, allowing patients the power to heal themselves from within.” Curious about this new drug-free therapy, Susana contacted the hospital to set up a visit. She came away impressed with the gentle, non-confrontational, and non-psychotropic treatments used at Lincoln.

Susana completed training and certification in addictions, hypnotherapy and medical psychotherapy, then relocated to Texas in 1990. The move re-introduced her to the work of NADA in the course of her service as a licensed chemical dependency counselor and acupuncture detoxification specialist, earning her status as a NADA registered trainer in June of 2003. She then went on to complete her education as a full body acupuncturist at Dallas College of Oriental Medicine in 2005. Besides her Homeward Bound work, Susana has been offering trainings to underserved areas in Mexico and South America (see *Guideposts*, March 2007 issue). Contact: *Susana Mendez, Homeward Bound, Inc, 233 W 10th St, Dallas TX 75208 (214) 941-3500 Ext 283 smendez@homeward-boundinc.org*

KEEP IT REAL: NEW FILM COULD ENRICH NADA TRAINING

Besides teaching the ear needling technique, NADA registered trainers work hard to help trainees “feel the lives” of the addict and alcoholic clientele they will be treating. Creating such an experience for trainees can be difficult, especially in situations where there is no access to an appropriate clinical environment where the learners can observe and participate in real treatment of real patients.

A new film could help address this need. While numerous filmmakers have tried to present addiction and recovery realistically, Brian Lindstrom actually succeeds with his *Finding Normal*. Field professionals who have seen the film feel that it depicts the heart of addiction medicine. The sincerity of Lindstrom’s work lies in portraying how hard is the work of recovery, both for the addict and, perhaps even more so, for those in the healer role.

The story unfolds entirely from the words and actions of the characters, who play themselves in their real life status as staff members or clients. There is no

voice-over or other narrative crutch to explain or guide the viewer. But unlike many documentaries portraying nitty-gritty subjects, this film does not test the audience's tolerance for tedium. One big city movie critic described *Finding Normal* as "gripping and moving" and "a terrifying, elating thrill ride".

And anyone who has worked in chemical dependency, or gone through treatment, will realize immediately that what the people on-screen are saying and doing is exactly true to life.



The addictions field has long derived its energy and spirit from the men and women who, as staff or volunteers, bring their own journey of recovery into the work they do for those who still suffer. This film depicts the "mentor project", an activity that has possibly gone the furthest in its application of this source of healing power.

The project grew up inside of Central City Concern (CCC), a large, multi-site housing/treatment service operating in the Portland, Oregon area. The impact of a local heroin plague several years ago demanded a new type of response from the human services system. The long-experienced CCC found the opiate-dependent patients that were flooding its detox units were not staying in treatment long enough to start recovery work.

The special project's mentors are men and women who became CCC staff members after escaping from their own desperate careers in the addiction underworld. All have their own street, drug house (and often prison) experiences. They know what those still trapped in drugs and alcohol really need to begin their own route out of bondage.



The film shows the mentors meeting new clients and remaining in close contact during the crucial early days and weeks of treatment engagement. As the clients encounter issues and begin to self-reveal, each mentor moves from the role of nurturing parent, to confrontative counselor, to listening post,

to crucial source of needed services such as housing,

That the work of a mentor feels good comes across; also that at times it can inflict major pain. Jill Kahnert, the emotional center of the film, shows the camera the mixture of stoicism, disappointment and fury stirred in her when a client does not stick with the program. One sees that such experiences add to Jill's store of hard wisdom, yet always take a toll. Viewers see that while sharing much in common with the struggling clients, the mentors, reflecting always on their own close calls, know much more keenly that their work is all about life and death.

(CCC has long been a high-profile user of the NADA protocol, although the acupuncture service plays no role in this particular depiction of the agency's work. A recent outside evaluator found that CCC mentor/housing program participants showed a 95% reduction in the use of illegal drugs and a 93% decline in criminal activity.)

The length of a typical feature film, *Finding Normal* would work to energize and enlighten those taking part in any NADA training format. While educating those new to the field about the reality of the work, the film will elicit discussion and provide the trainer with useful illustrations of various clinical situations. Trainee reactions to what they see will offer strong clues to the trainer as to which members of the class should be encouraged to go forward in the addictions field. The film may be seen at festivals and a broadcast and DVD release may be in the offing. For up to date information, contact: www.brianlindstromfilms.com

CHINESE SCIENCE EXPLORING ACUPUNCTURE FOR AUTISM

Medical researchers in China have reported success treating autistic children with acupuncture-based modalities. Investigators at the Nanning Disabled Children's Rehabilitation Center in Guangxi looked into the effect of electroacupuncture on rehabilitation training outcomes. A sample of forty autistic children were equally divided into a treatment group and a control group.

Both groups completed about 90 sessions of standard rehabilitation training including Applied Behavior Analysis (ABA), Conductive Education and methods of sensory integration therapy. Members of the treatment group also received from 60 to 90 sessions of electroacupuncture. Data on patient outcomes was collected

via the revised Chinese version of the Psycho-Educational Profile for autistic and developmentally disabled children (C-PEP). According to the report, 55% of the patients in the treatment group scored at the “markedly effective rate” while only 15% of the control group did. Also, the differences before and after training in some projects such as the total score of development, imitation, oral cognition in the treatment group were better than those in the control group. Both measures were statistically significant ($P < 0.01$). The authors conclude, in the English version of the article abstract:

“Acupuncture combined with scientific and effective rehabilitation training has a better therapeutic effect than that of the simple rehabilitation training for child’s autism.”

While these results are interesting and could be clinically significant, some commentators on the current state of the research literature question whether the physiological mechanisms and effects of acupuncture are truly the same as those elicited by electroacupuncture.

English language abstracts of the original Chinese language journal articles have appeared via the Acubriefs web site, www.acubriefs.com.

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youth,” Kim admits. “I had decided that they would be ‘difficult’, and would not want to participate in acupuncture or a relaxation group. I was wrong! All of the youth I have worked with are very open to alternative therapies. They want to learn about something different, because they ‘feel different’”.

She reports that in her experience, youth can be more receptive to acu detox than adults. The students have requested more frequent treatments.

“Youth are special. They have such insight, and have so much to teach us. I like youth because it is challenging, it challenges your creativity, and makes you step up your energy level to meet theirs. They are inquisitive and question everything.”

Kim calls the needles “pins” which she believes is more “psychologically friendly” for the students. She claims creativity and flexibility as her tools. If students are having a hard time, she encourages them to write letters or draw. One student wanted to make a new CD of relaxation music to play during acu detox. Kim allowed it. She emphasizes the importance of making acu detox relevant and meaningful especially when working with youth.

“You can’t just use Chinese medical language,” Kim says. “You have to be willing to teach it. I told them acupuncture is like defragmenting your computer. It helps rearrange your body’s file systems. They totally got it.”

Youth receiving the NADA protocol have reported improvement in sleep disturbance, anxiety, and memory. One reported that acupuncture was helpful in reducing dosage on a prescribed medication. Another described it as the “cornerstone” of their recovery. One student said they have begun to investigate becoming an acupuncturist.

“Positive energy big time,” is how another student put it. “Kim is always open to discussing not only the acupuncture and how it works, but shares in discussing how you are feeling as well.”

Kim has also used her creativity to rally adults around the idea of letting their students receive acu detox. She says that Power Point presentations, proof of research, and client testimonials have been essential to this process.

NADA's Mission

The National Acupuncture Detoxification Association is an educational, not for profit, tax-exempt corporation supporting education and training in a specific auricular acupuncture protocol within comprehensive addiction treatment programs to relieve suffering during detoxification, prevent relapse and support recovery. NADA strives to make acupuncture-based, barrier-free addiction treatment accessible to all communities and to ensure its integration with other treatment modalities.

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“I took my needles with me and asked, ‘Who wants to?’ It gets them involved. They can share what they experienced with their colleagues.”

Kim says that because she, herself, came from a western medical background, she can relate to the questions and skepticism that people have about acupuncture. After studying microbiology at age 22, she traveled to northern Chile to provide medical education to people in the Atacama Desert.

“This experience allowed me to see for the first time people using traditional tribal medicine,” she describes. “This got me thinking that there must be more than Western medicine.”

Kim explains she had never before considered this. When she returned to her home in Calgary, Alberta, she began researching alternative medicine and studying reflexology. She read Ted Kaptchuk’s *The Web That Has No Weaver*, which inspired her to study acupuncture at the International College of Traditional Chinese Medicine in British Columbia.

Kim’s heart for community health was cultivated at a young age. She was inspired by her grandfather, a Salvation Army Officer who worked within Vancouver’s downtown east side.

“I was shown the value of how compassion, love and kindness could change a person’s life,” she recalls. “I frequently walked the streets of the Main and Hastings area with my grandfather, and many of the street people knew his name.”

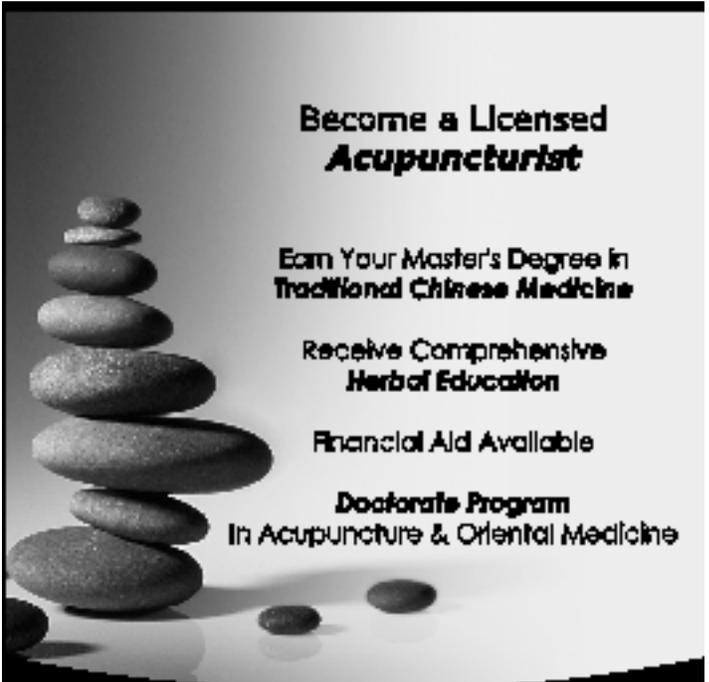
After graduating in 2002 as an acupuncturist she received NADA training and began working in addic-

tions treatment at Together We Can in Vancouver, BC, a male residential treatment facility. She has since taken over the acupuncture program there.

In 2007, Kim was licensed as a Dr. TCM. She currently provides acupuncture at ten different programs at Vancouver Coastal Health, in psychiatric as well as addictions treatment, with clients ranging in ages from 14-72. Her largest program is at Stepping Stones, an adult and seniors addiction day treatment program, where she provides acu detox for 80-100 clients per month. In addition to acupuncture, she teaches a breath-based relaxation yoga group at Stepping Stones as well as the concurrent disorders program for youth ages 15-17.

Kim also provides acu detox for youth ages 14-16 with mental health problems once a week at Vancouver Coastal Health's therapeutic day program.

"Acupuncture is a mandatory part of their programming," explains Kim, "But not all youth receive acupuncture. Some prefer to get seeds. I never push acupuncture on anyone. I want them to learn to make healthy choices about their body and what feels good to them. Most of the youth, however, opt for acupuncture."



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YOUNG CANADIANS IN TREATMENT RESPOND WELL TO ACU DETOX

Canadian NADA member Kim Graham reports success using the NADA protocol in two youth programs within Vancouver Coastal Health (VCH), an agency providing health services for 25% of British Columbia's population. In early 2007 she was asked to start a pilot acu detox program in a new youth program within VCH called Jumpstart.

"This is a unique program with three tracks, targeting youth in various stages of risk, but all with substance use issues," Kim explains. "One track works with North Vancouver schools with the aim of re-integrating these kids back into the schools they have been suspended from, or otherwise asked to leave due to their substance/behavior issues."

"I see young people struggling with the pressures of school, friends, sex, and home life and turning to drugs and alcohol to cope. My dream is that instead of going to the principal's office, you go to acupuncture."

As an acupuncturist, Kim works with an eclectic resource team made of art therapists, police officers and medical personnel at Keith Lynn Senior Secondary (KLASS). Acu detox participants are recruited by a

school alcohol and drug counselor for the eight-week acu detox program. Currently, Kim works weekly with seven female students, ages 15-18. Each person under 18 must have a consent form signed.

Sessions usually last 45 minutes, followed by a group facilitated by two counselors. Participants have the option of receiving ear seeds, which she says are popular. In addition, each student receives school credit for attending.



KIM GRAHAM

"At the beginning [of each session] I give a little talk about what to expect. I encourage them to ask questions. We just keep it fun. You don't need to make it heavy duty all the time. This is a time to relax. After about 10-15 minutes they're totally in the zone. They're different people."

"At first I was afraid about working with
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