

Enthusiastic Sobriety Abuse Alliance

THE INSIGHT PROGRAMS

GREENSBORO, N.C.

CHARLOTTE, N.C.

RALEIGH, N.C.



NC PROGRAM SURVIVORS



Data and Testimonies collected by
Enthusiastic Sobriety Abuse Alliance.

Most clients attend Outpatient between
8 - 16 weeks, Monday through Friday.

Next, they attend an additional Aftercare
Program for an average of 6 weeks.

Clients are then required to be involved in
the "Alternative Peer Group" for 2 -3 years
which requires biweekly meetings, weekend
functions and only interact with fellow
Group members until Graduation. Staff are
recruited from their clientele and asked to
attend Training at the Meehan Institute.

39 SURVIVORS

- 31 Minors
- 8 Young Adults
- 2 Former Staff

CITIES

- 16 Charlotte
- 18 Greensboro
- 5 Raleigh

RECENT

- 4 Left 2018
- 5 Left 2019
- 6 Left 2020
- 10 Left 2021
- 1 Current Client

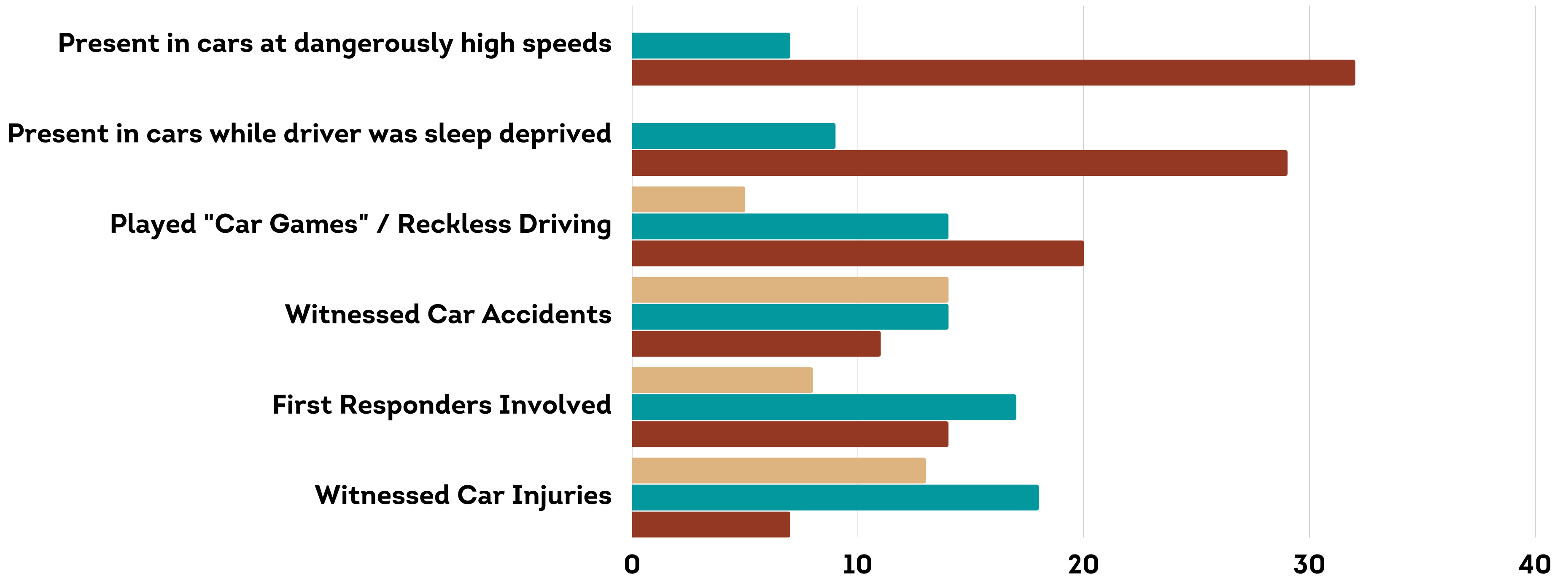
EXIT

- 10 "Bailed" (Quit)
- 24 Graduated
- 3 Kicked Out
- 2 Quit Staff

PHYSICAL EVENTS: FUN FELONIES

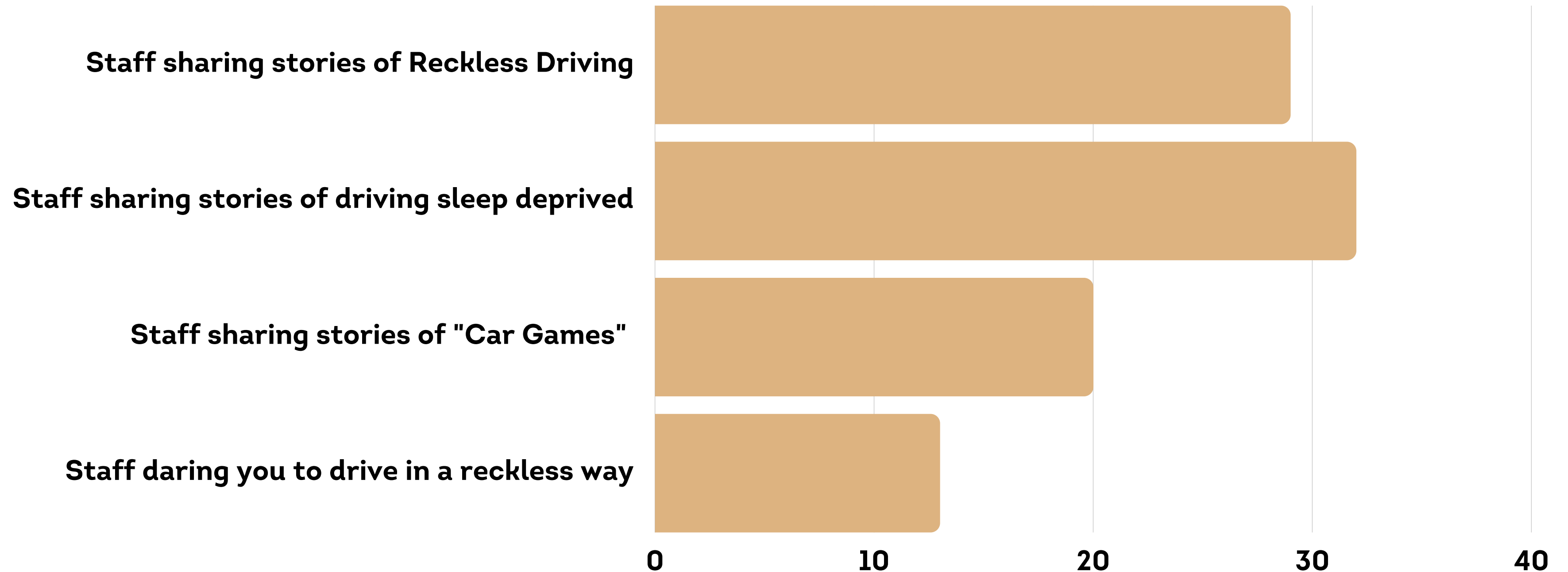
WERE YOU EVER PRESENT DURING RECKLESS DRIVING THAT YOU THOUGHT COULD ENDANGER YOUR LIFE OR WELLBEING?

Never Sometimes Often



PHYSICAL EVENTS: FUN FELONIES

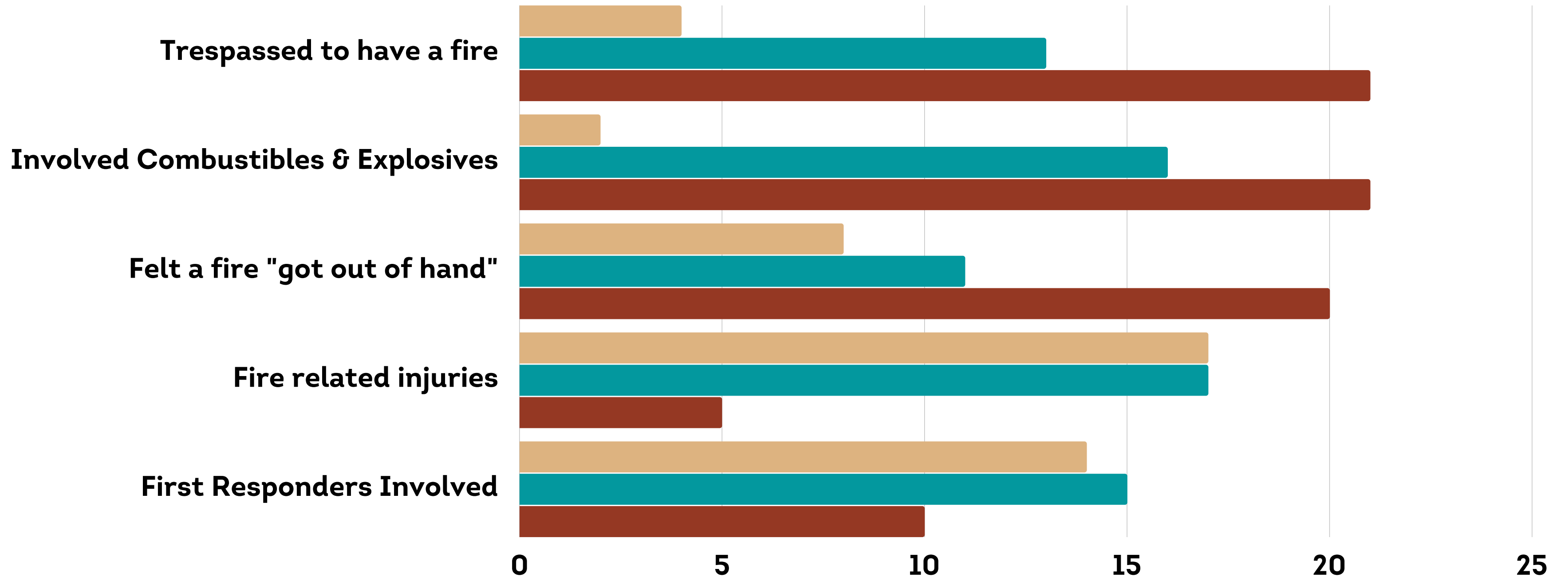
IN REGARD TO STAFF AND RECKLESS DRIVING, PLEASE CHECK ALL THAT APPLY



PHYSICAL EVENTS: FUN FELONIES

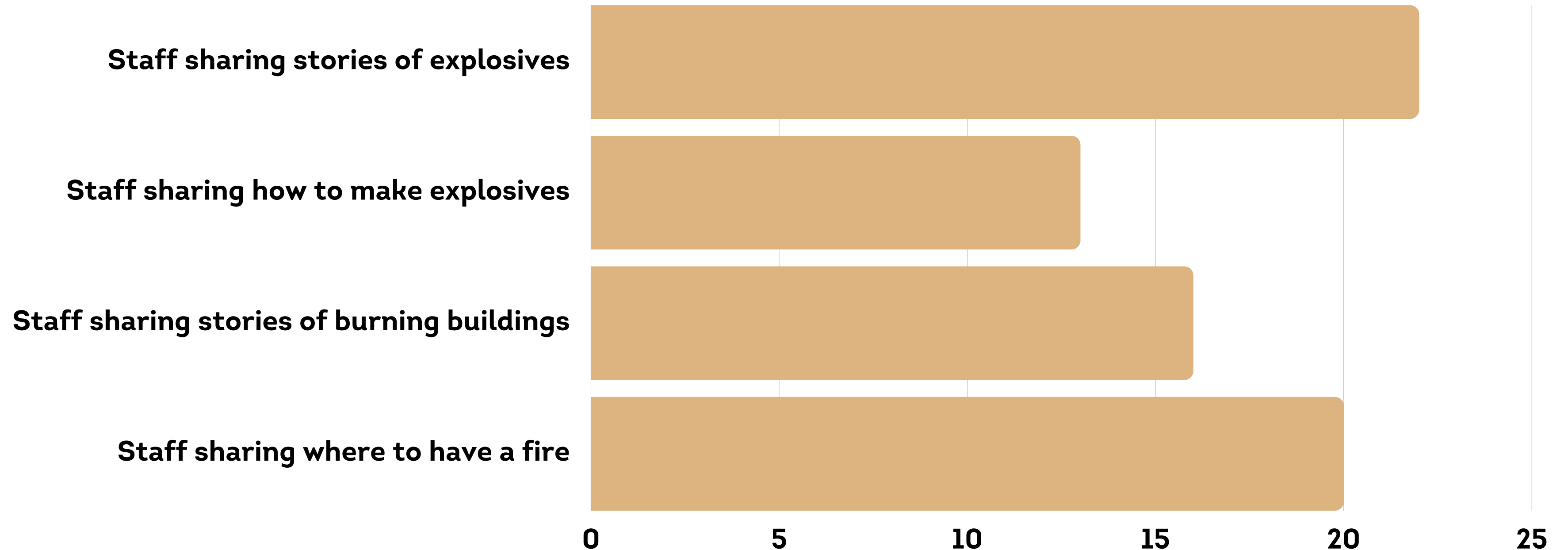
WERE YOU EVER PRESENT DURING A FIRE THAT YOU THOUGHT COULD ENDANGER YOUR LIFE OR WELLBEING?

Never Sometimes Often



PHYSICAL EVENTS: FUN FELONIES

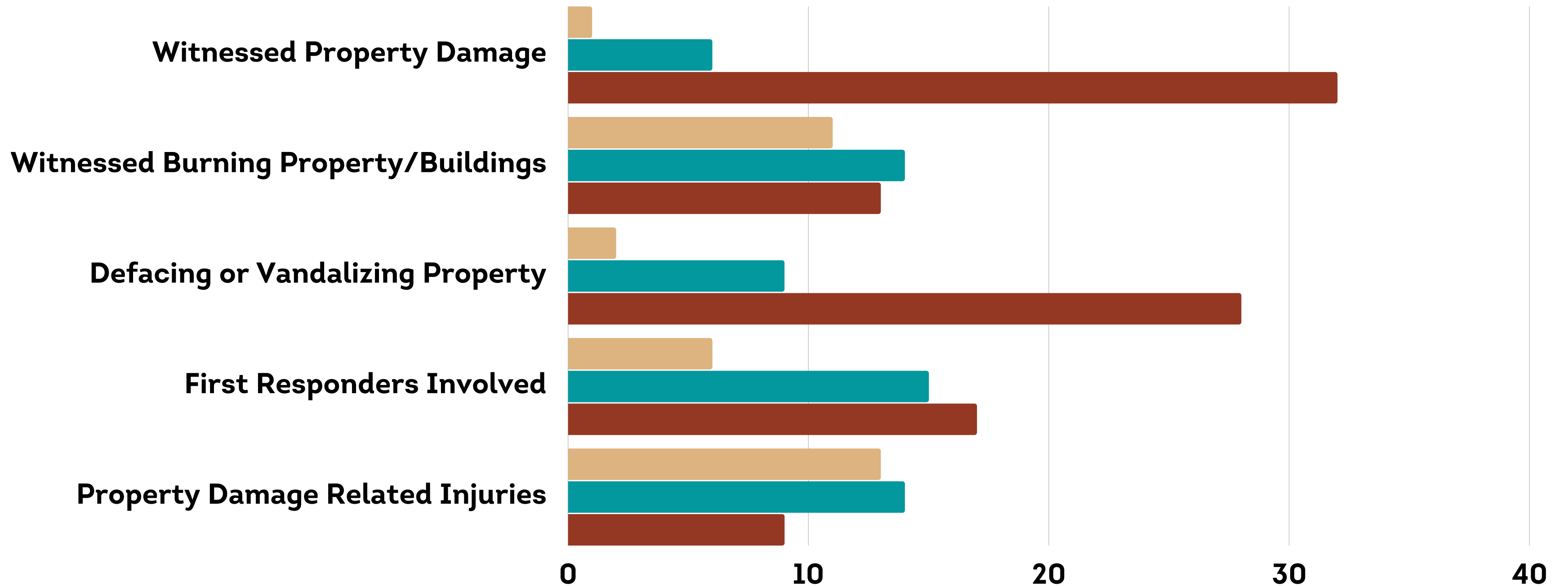
IN REGARD TO STAFF AND FIRES, PLEASE CHECK ALL THAT APPLY



PHYSICAL EVENTS: FUN FELONIES

WERE YOU EVER WITNESS TO PROPERTY DAMAGE THAT YOU THOUGHT COULD ENDANGER YOUR LIFE OR WELLBEING?

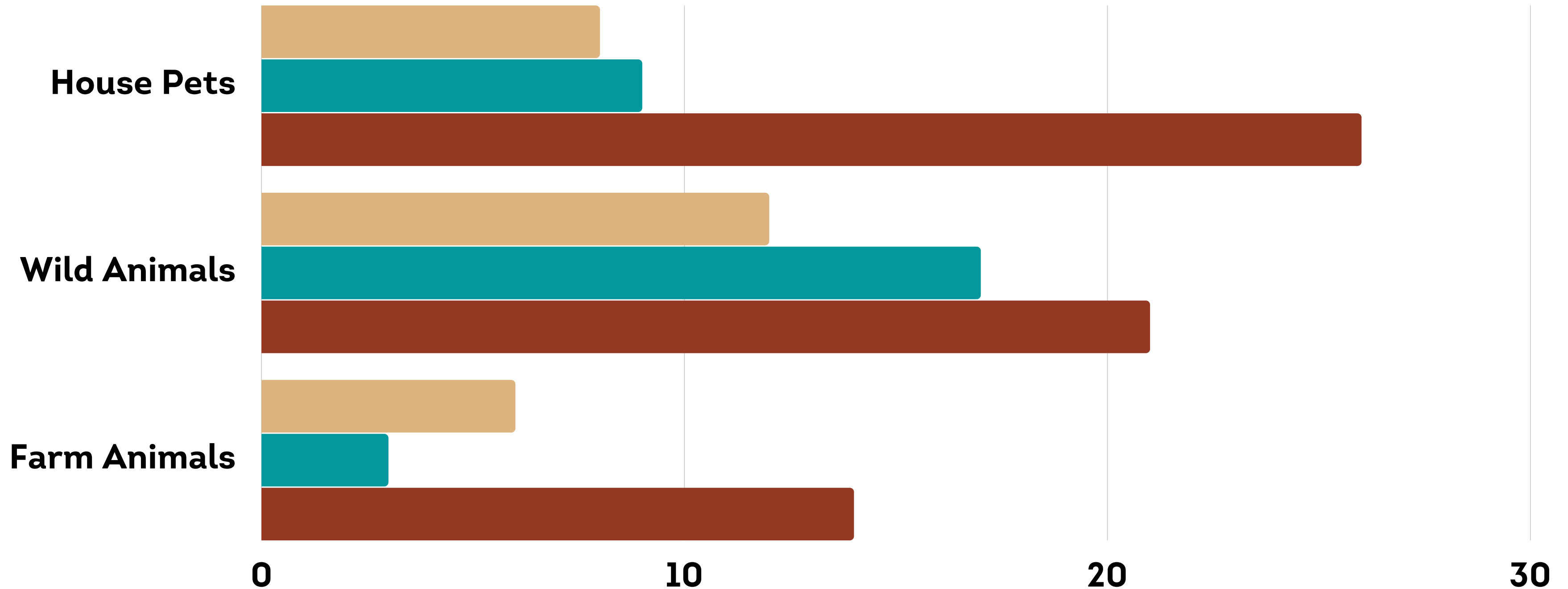
Never Sometimes Often



PHYSICAL EVENTS: ANIMAL ABUSE

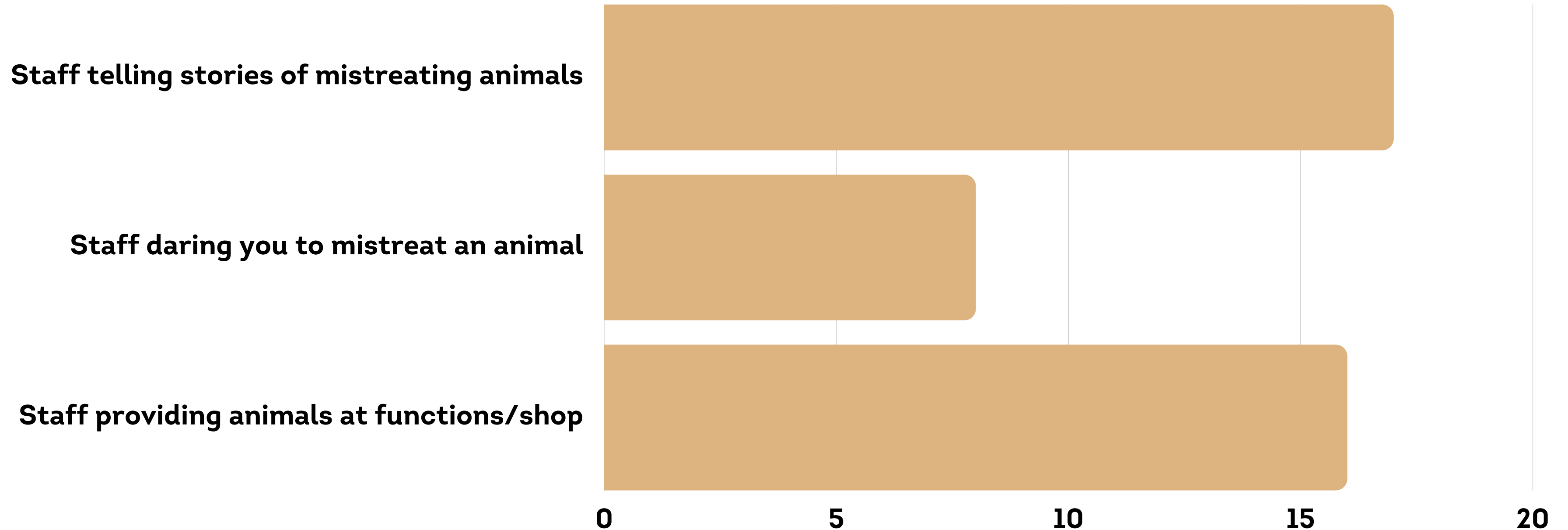
DID YOU WITNESS ANIMALS BEING MISTREATED WHILE IN THE GROUP? CHECK ALL THAT APPLY:

At Function **At the Shop** **At Hangout**



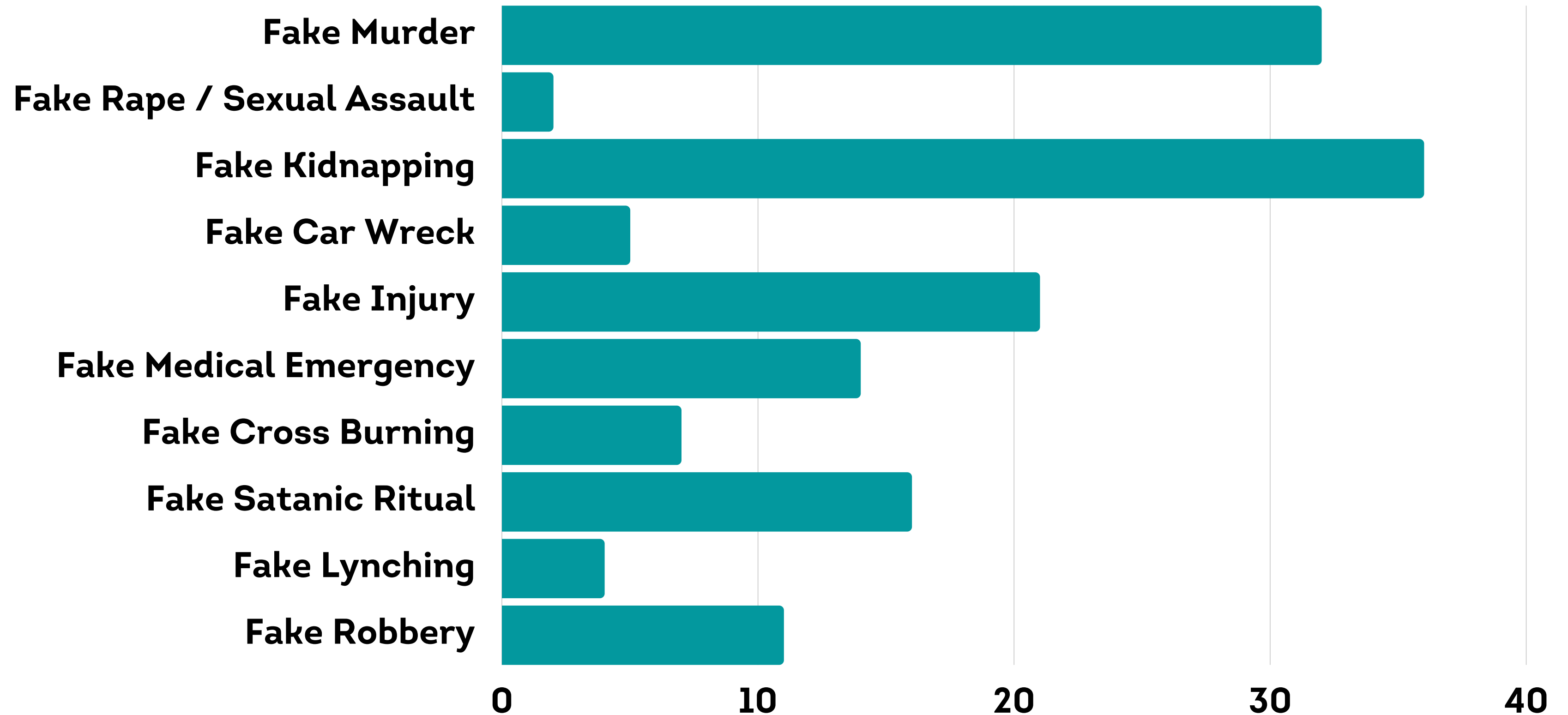
PHYSICAL EVENTS: ANIMAL ABUSE

IN REGARD TO THE MISTREATMENT OF ANIMALS AND STAFF, PLEASE CHECK ALL THAT APPLY



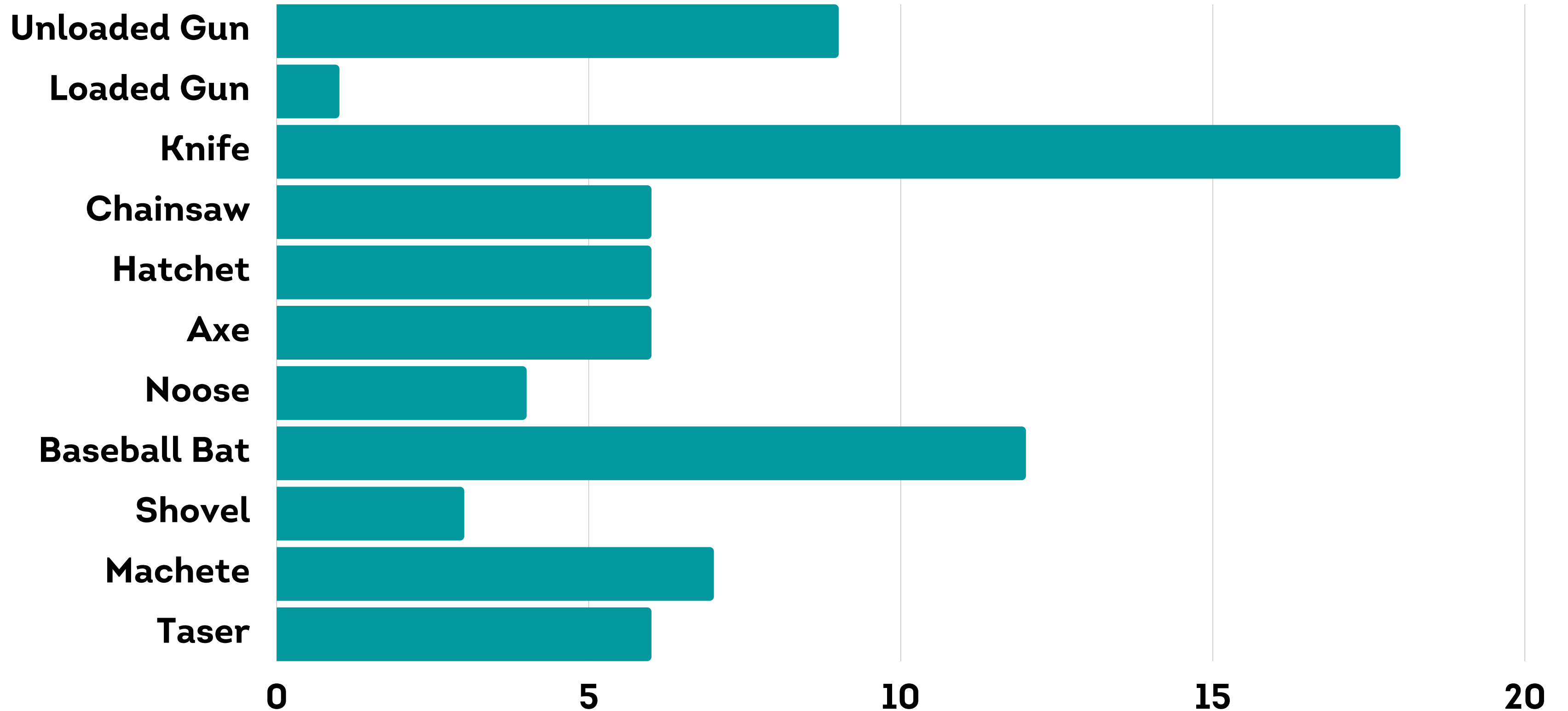
PHYSICAL EVENTS: FEAR MISSIONS

DID ANY FEAR MISSION YOU PARTICIPATED IN INCLUDE:



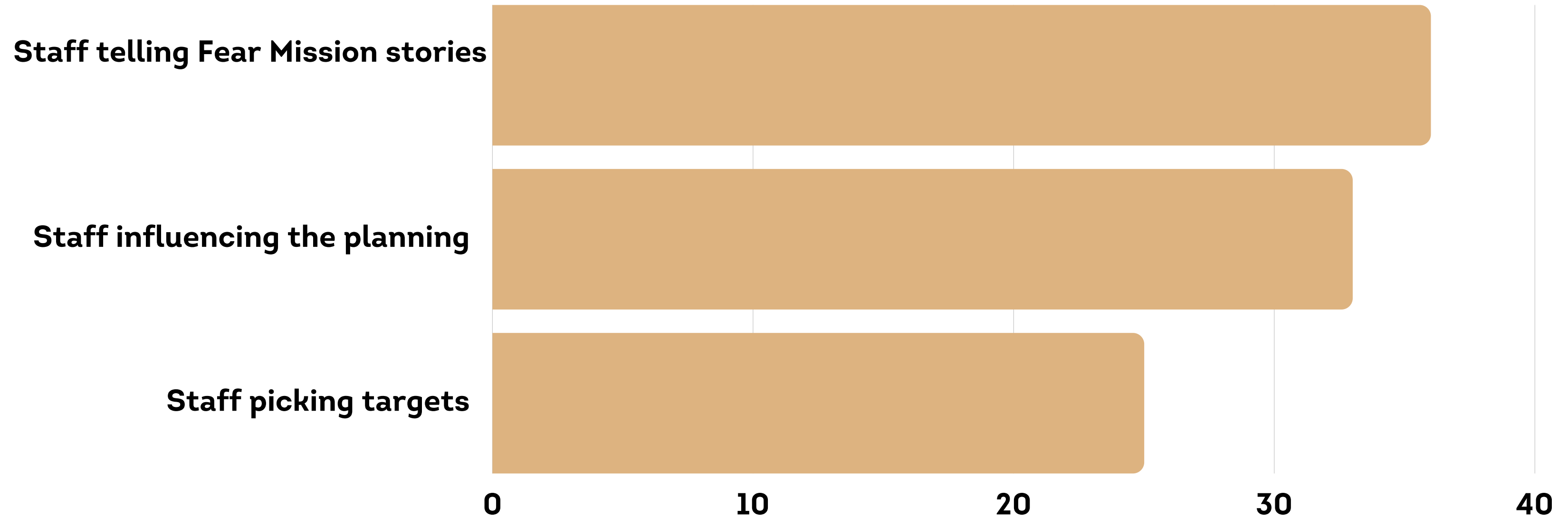
PHYSICAL EVENTS: FEAR MISSIONS

WERE ANY WEAPONS INVOLVED WITH FEAR MISSIONS YOU PARTICIPATED IN?:



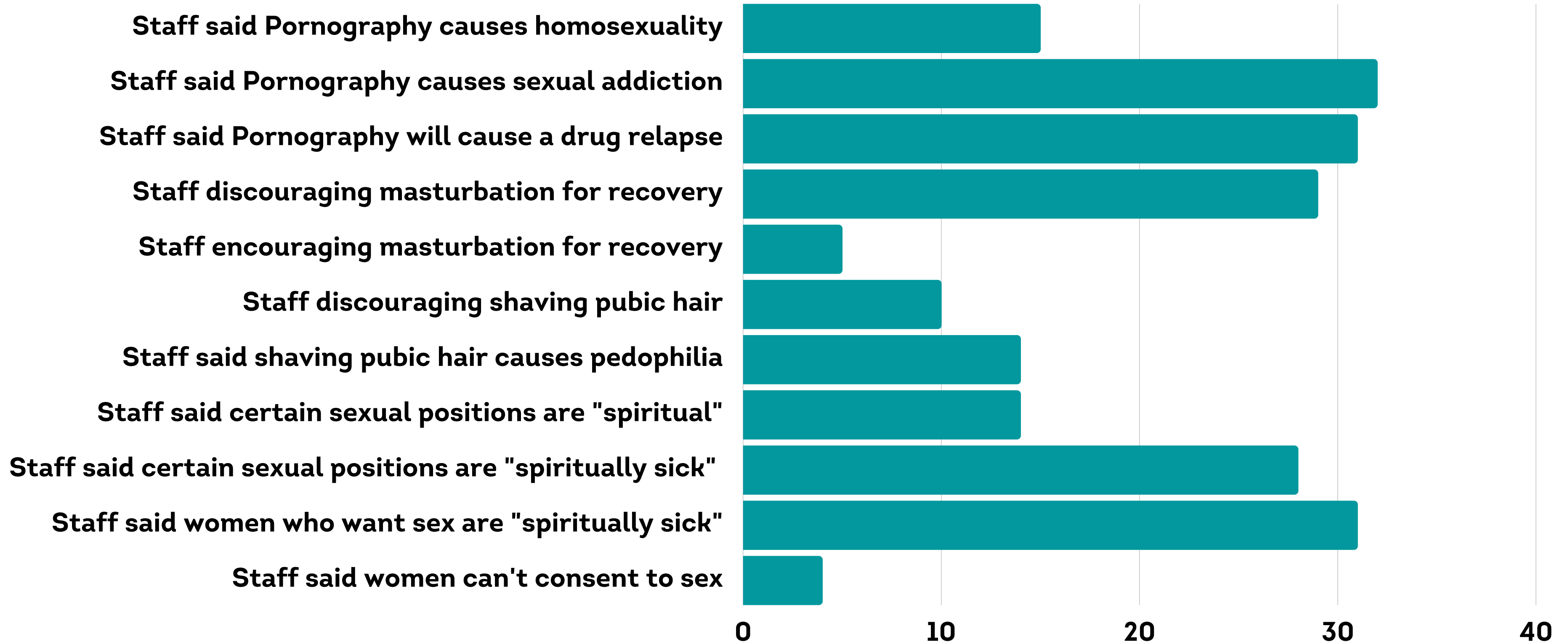
PHYSICAL EVENTS: FEAR MISSIONS

IN REGARD TO FEAR MISSIONS AND STAFF, PLEASE CHECK ALL THAT APPLY



SEXUAL & INAPPROPRIATE EVENTS

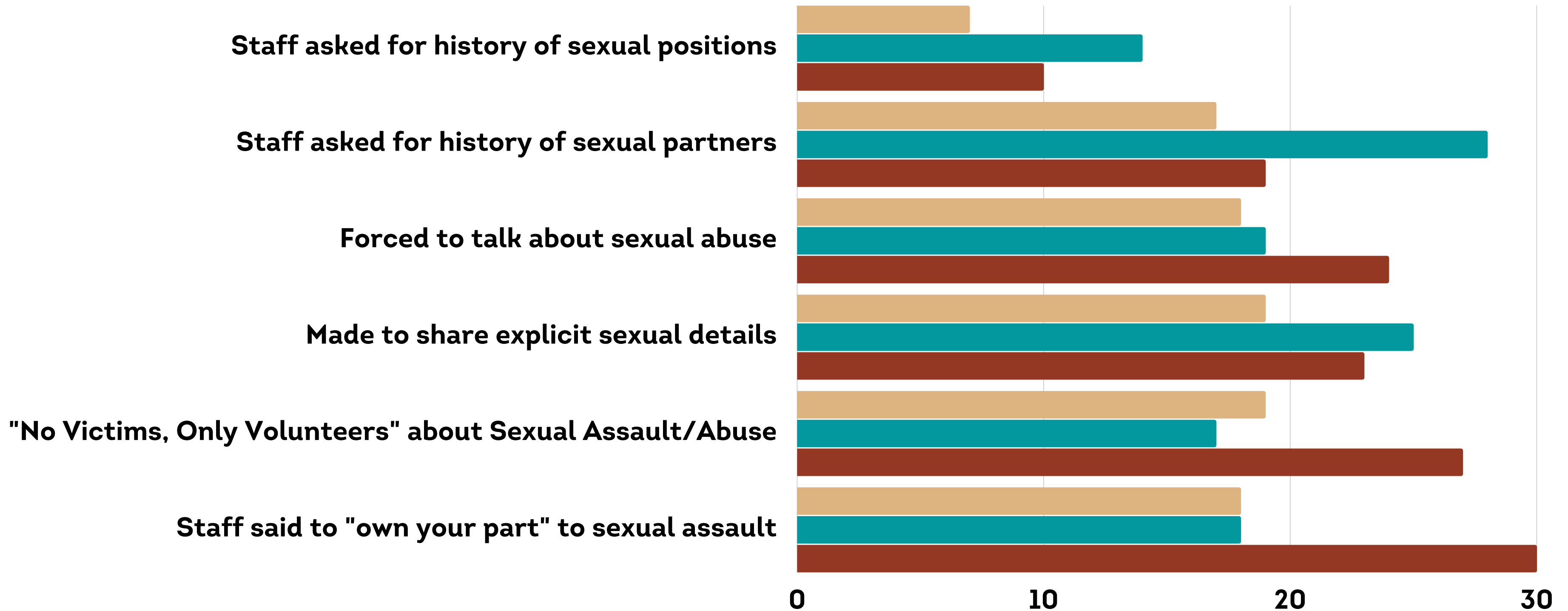
DID YOU WITNESS STAFF TELLING YOU OR OTHERS INAPPROPRIATE THINGS IN REGARD TO SEXUAL CONDUCT & RECOVERY FROM SUBSTANCE ABUSE?



SEXUAL & INAPPROPRIATE EVENTS

DID YOU PERSONALLY EXPERIENCE STAFF SAYING OR DOING ANY OF THESE THINGS IN A PUBLIC OR PRIVATE SETTING, OR DID YOU WITNESS IT BEING SAID OR DONE TO OTHERS? CHECK ALL THAT APPLY

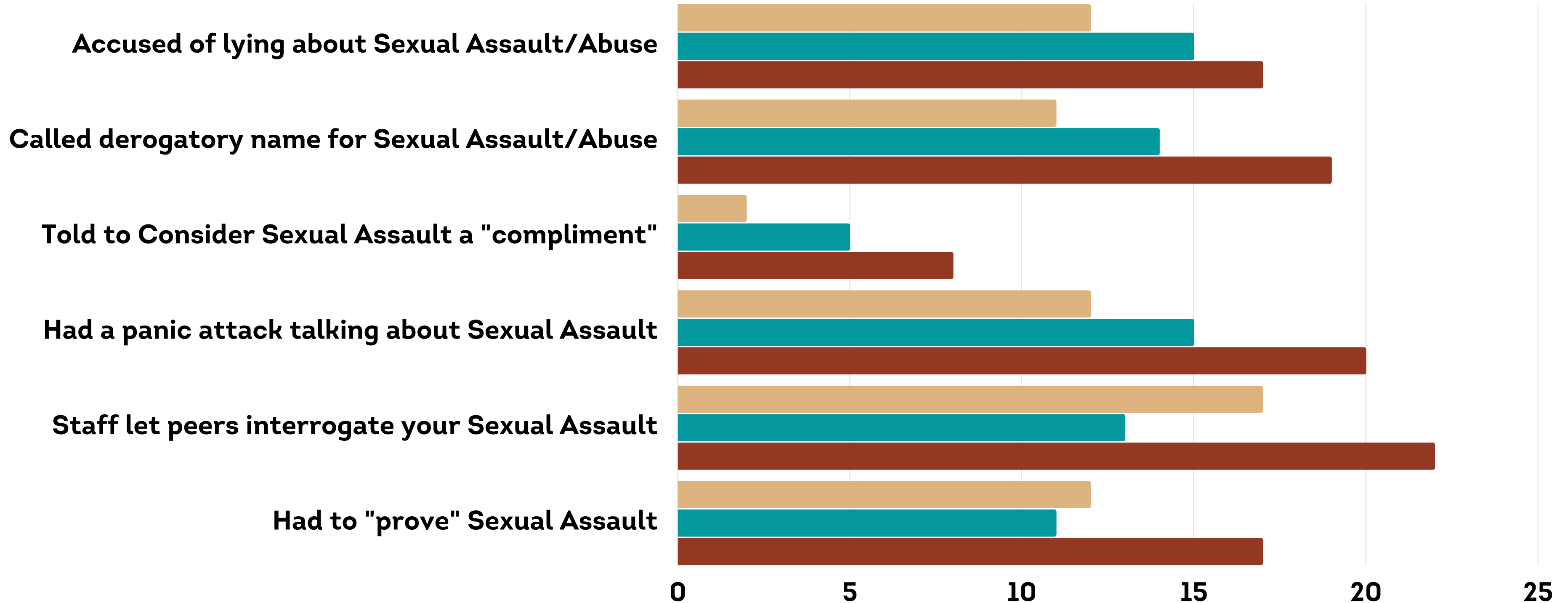
Publicly (OP, S1, S2, etc.) Privately (Staff Appt. / Staff Sponsor) Witnessed



SEXUAL & INAPPROPRIATE EVENTS

DID YOU PERSONALLY EXPERIENCE STAFF SAYING OR DOING ANY OF THESE THINGS IN A PUBLIC OR PRIVATE SETTING, OR DID YOU WITNESS IT BEING SAID OR DONE TO OTHERS? CHECK ALL THAT APPLY

Publicly (OP, S1, S2, etc.) Privately (Staff Appt. / Staff Sponsor) Witnessed



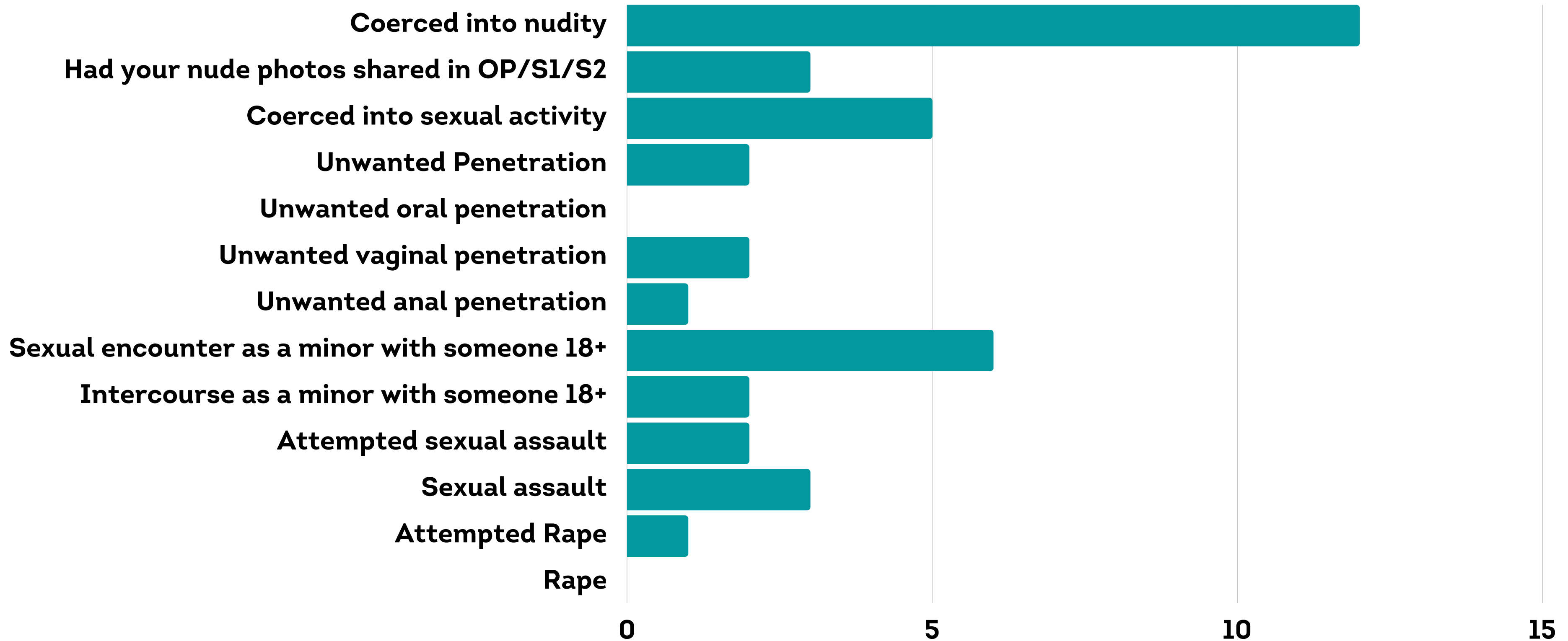
SEXUAL & INAPPROPRIATE EVENTS

DID ANY OF THE FOLLOWING HAPPEN TO YOU DURING YOUR TIME IN THE PROGRAM?



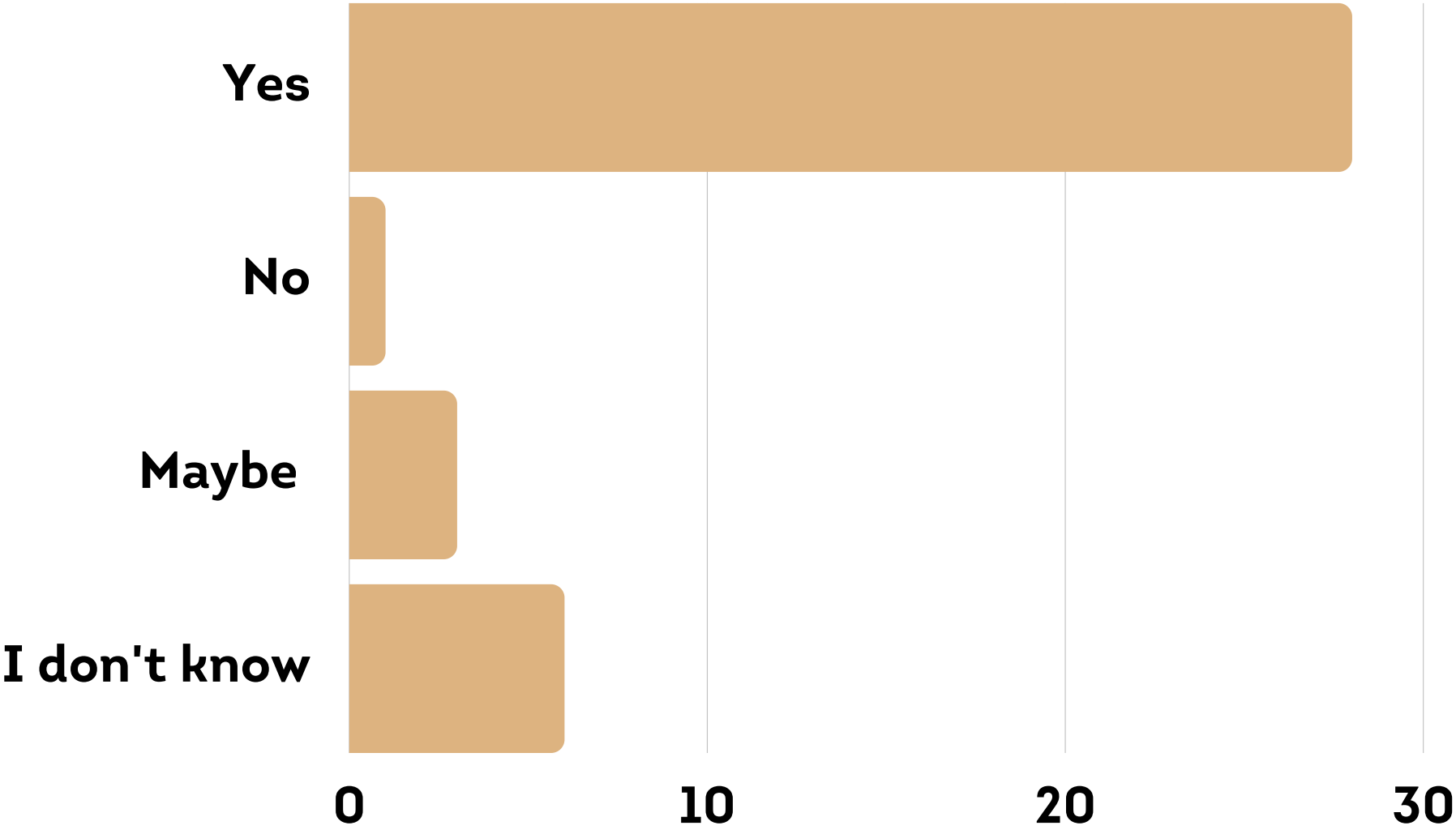
SEXUAL & INAPPROPRIATE EVENTS

DID ANY OF THE FOLLOWING HAPPEN TO YOU DURING YOUR TIME IN THE PROGRAM?



SEXUAL & INAPPROPRIATE EVENTS

WAS STAFF AWARE OF SEXUAL MISCONDUCT IN THE GROUP?

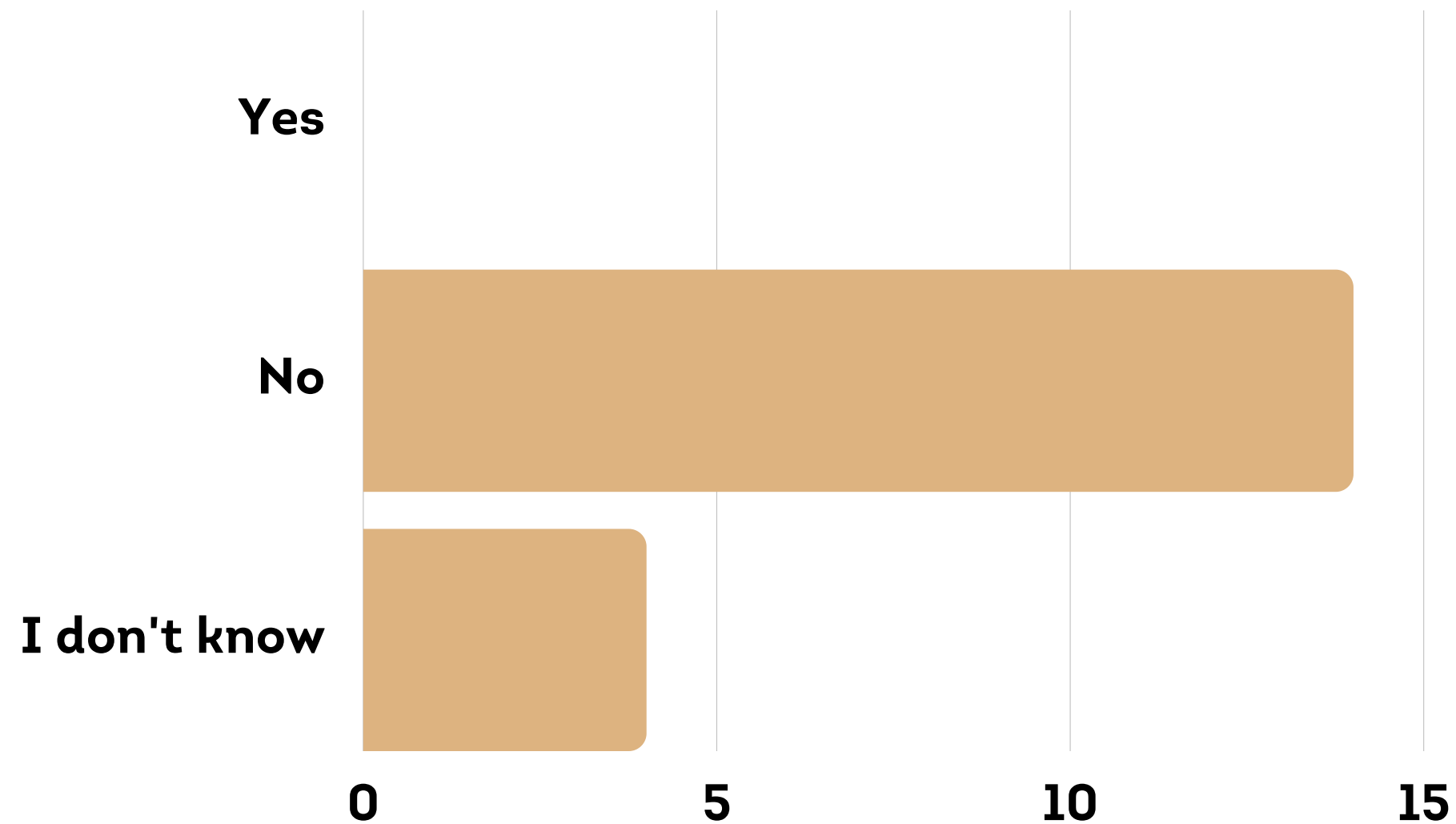


PLEASE NAME STAFF MEMBERS WHO WERE AWARE OF SEXUAL MISCONDUCT

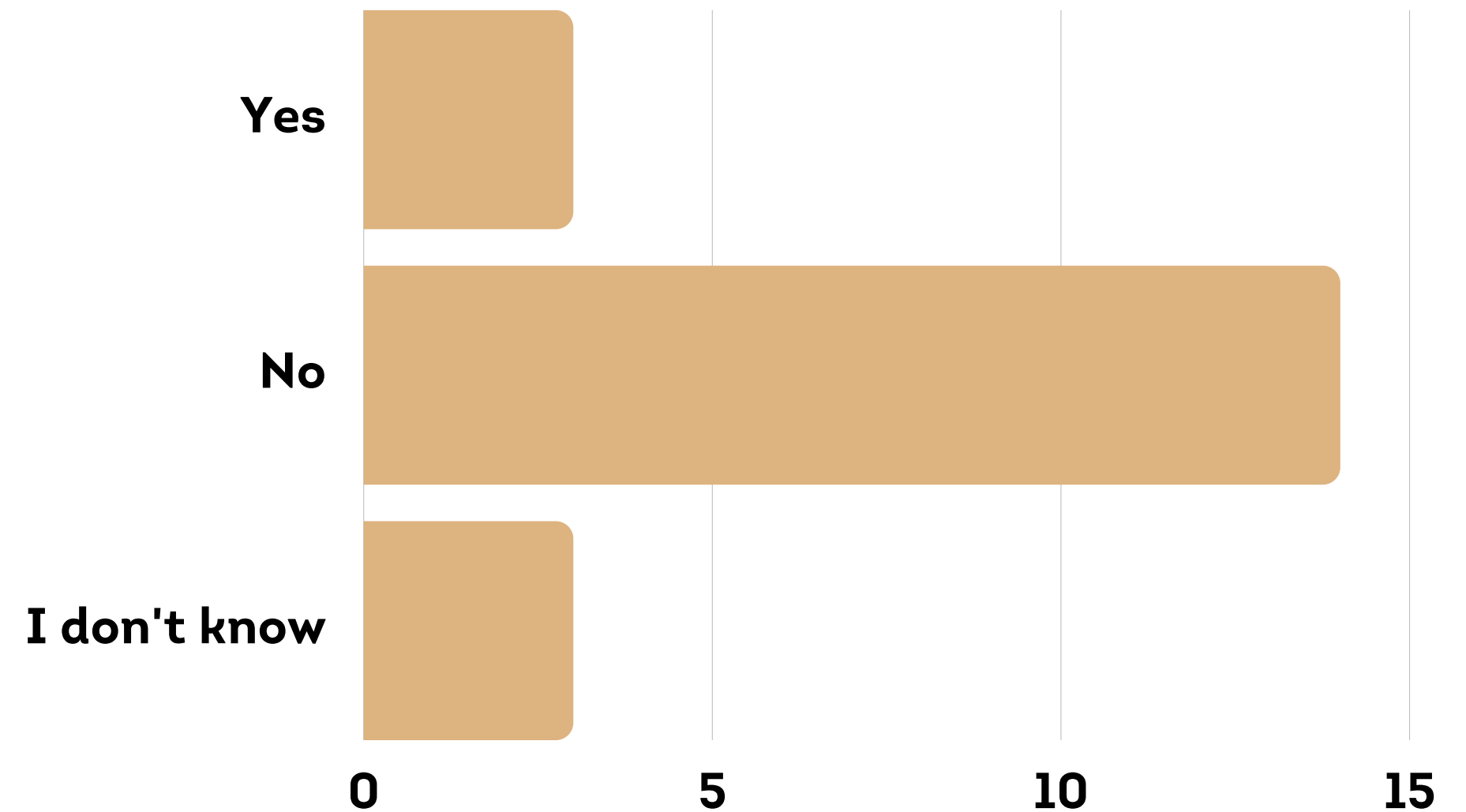
- Steve Winkelmann
 - Nick Kirton
 - Kristen Rollins
 - Timothy Rollins
 - Stephanie Smiley
 - Will Guest
 - Miles Carlisle
 - Nick Crevar
 - Shannon Schendel
 - Glenn Schendel
 - Nick Russo
 - Bethany Adams
- Mike Connors
 - Heather Winkelmann
 - Matt Poole
 - Heather Poole
 - Hayley Schwartz
 - Allison Connors
 - Star Yates Johnson
 - Clint Stonebraker

SEXUAL & INAPPROPRIATE EVENTS

IF YOU EXPERIENCED ANY INAPPROPRIATE SEXUAL CONDUCT IN THE GROUP, WERE YOU OFFERED ANY WAY TO REPORT WHAT HAPPENED TO AUTHORITIES?



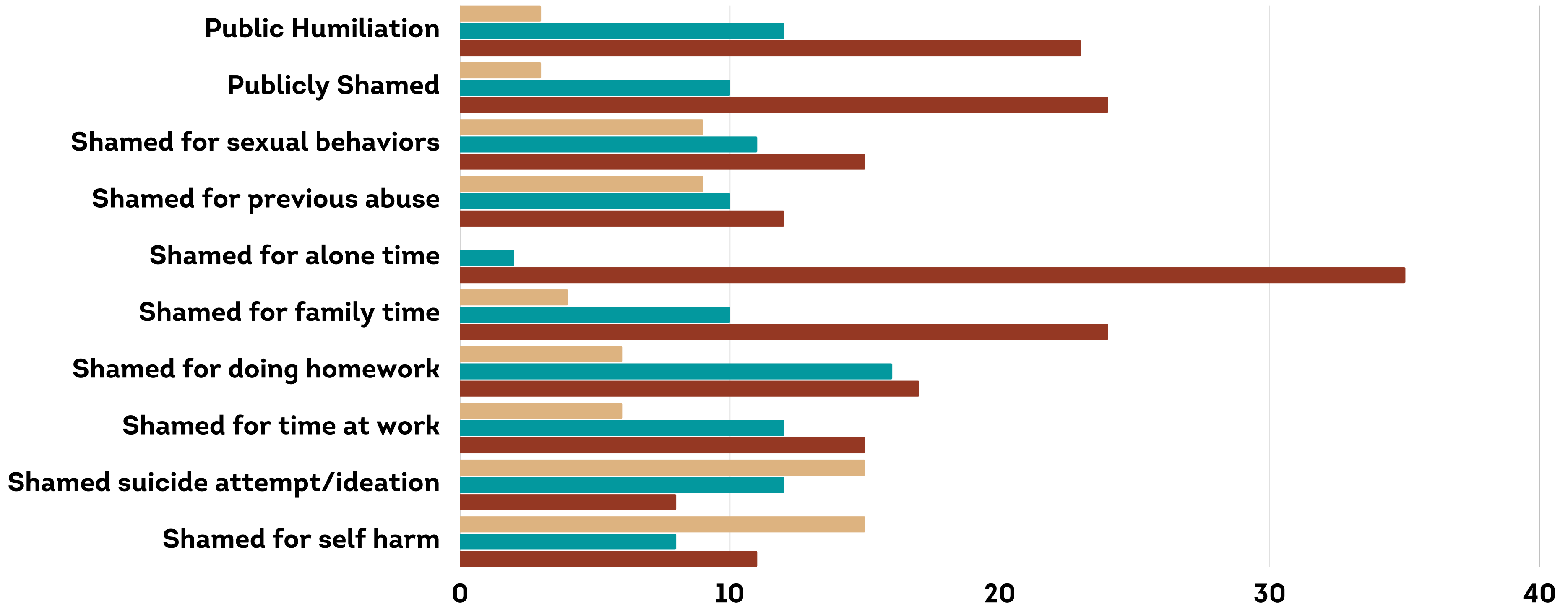
IF YOU EXPERIENCED ANY INAPPROPRIATE SEXUAL CONDUCT AS A MINOR, BEFORE OR DURING YOUR TIME IN THE GROUP, WERE YOU OFFERED ANY WAY TO REPORT WHAT HAPPENED TO AUTHORITIES?



EMOTIONAL/PSYCHOLOGICAL EVENTS

DID YOU EXPERIENCE ANY OF THE FOLLOWING DURING YOUR TIME IN THE GROUP?

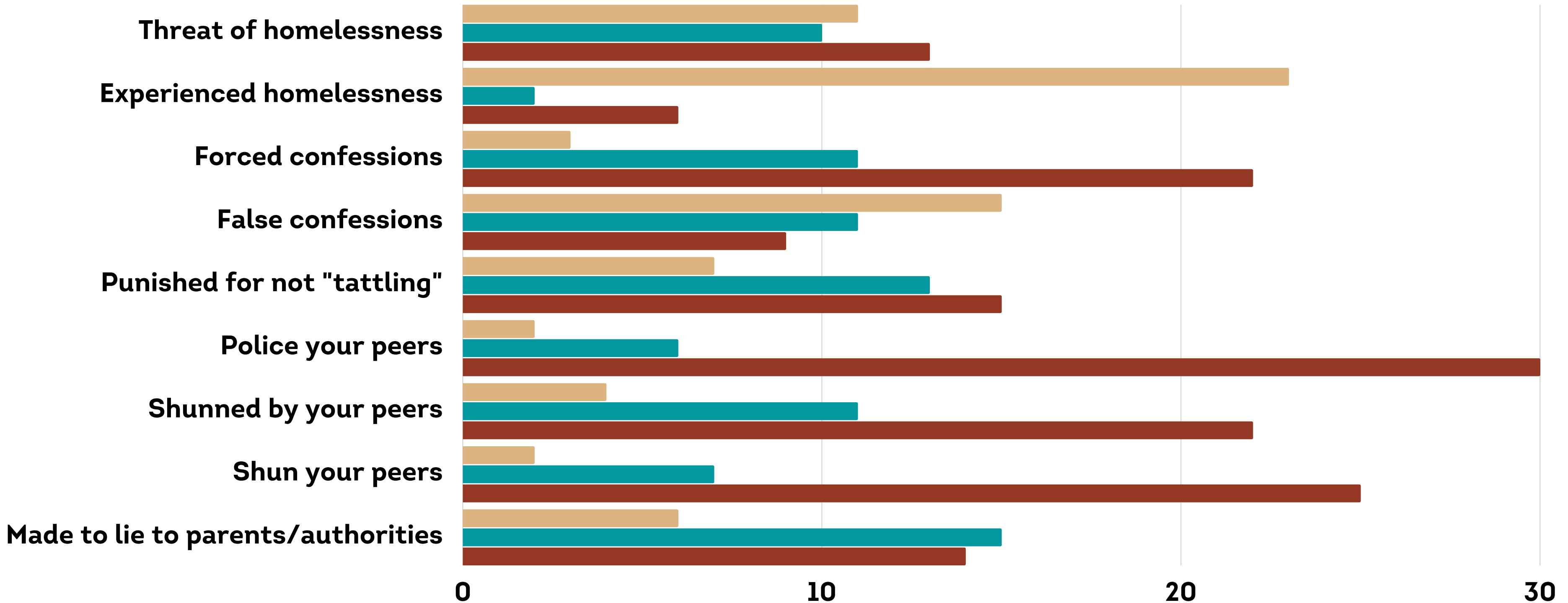
Never Sometimes Often



EMOTIONAL/PSYCHOLOGICAL EVENTS

DID YOU EXPERIENCE ANY OF THE FOLLOWING DURING YOUR TIME IN THE GROUP?

Never Sometimes Often



EMOTIONAL/PSYCHOLOGICAL EVENTS

DID YOU EXPERIENCE ANY OF THE FOLLOWING DURING YOUR TIME IN THE GROUP?



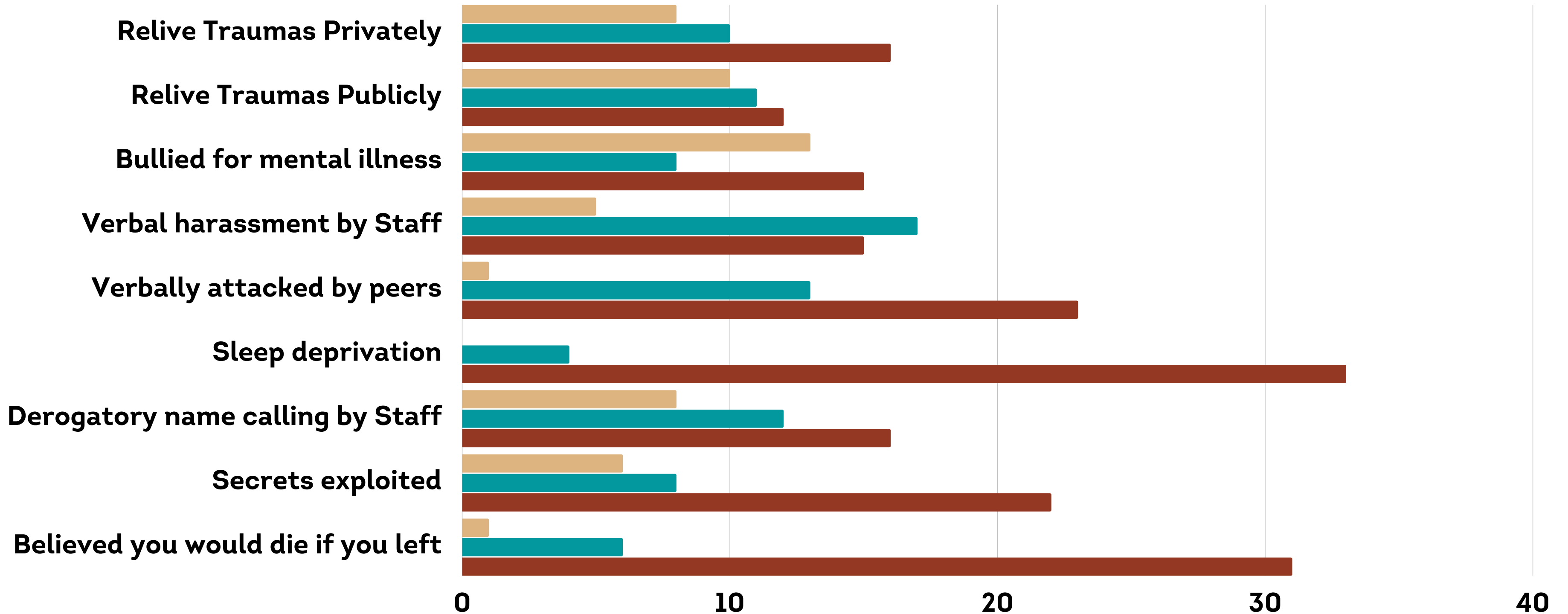
Never



Sometimes



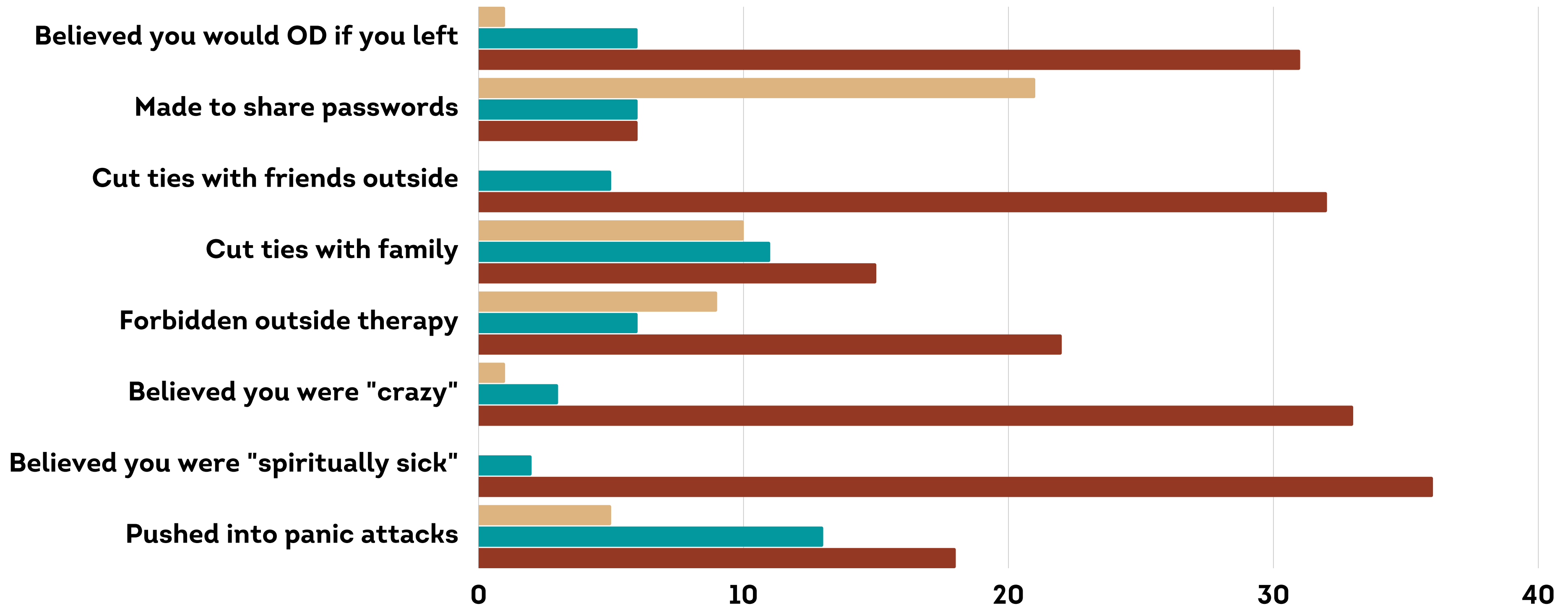
Often



EMOTIONAL/PSYCHOLOGICAL EVENTS

DID YOU EXPERIENCE ANY OF THE FOLLOWING DURING YOUR TIME IN THE GROUP?

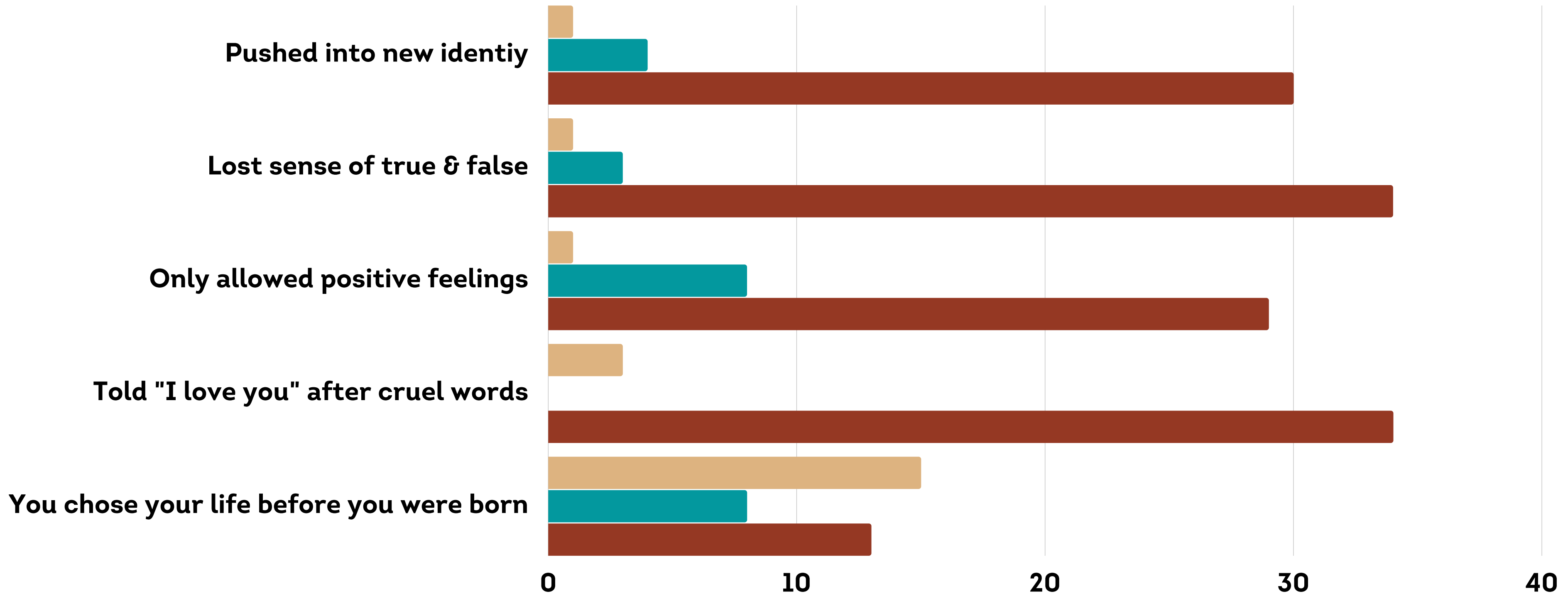
Never Sometimes Often



EMOTIONAL/PSYCHOLOGICAL EVENTS

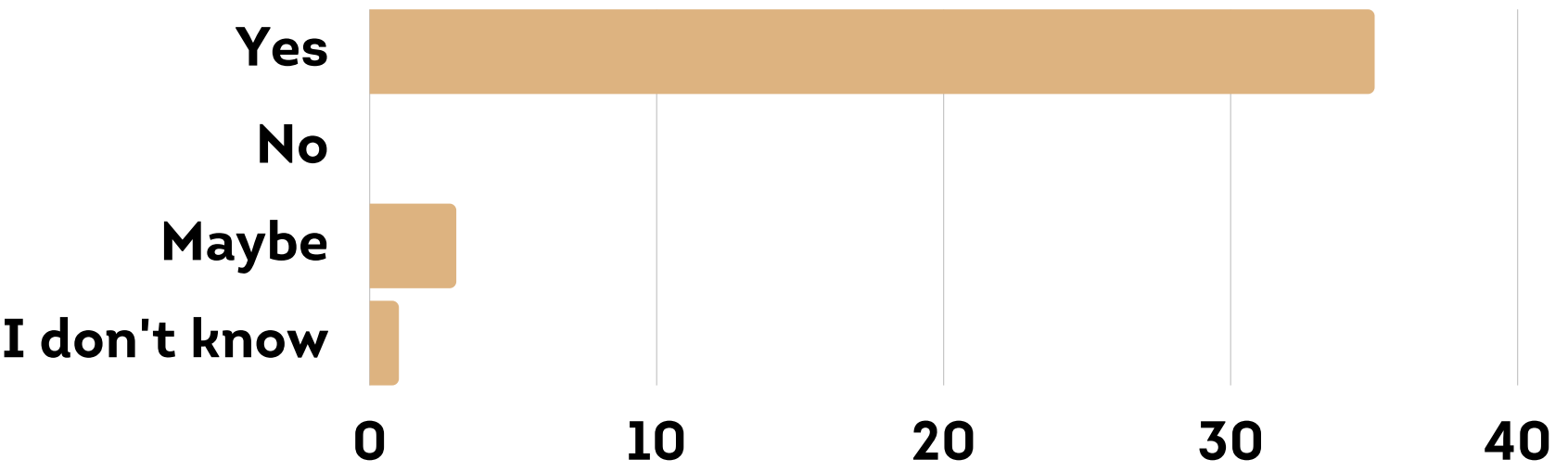
**DID YOU EXPERIENCE ANY OF THE FOLLOWING
DURING YOUR TIME IN THE GROUP?**

Never **Sometimes** **Often**

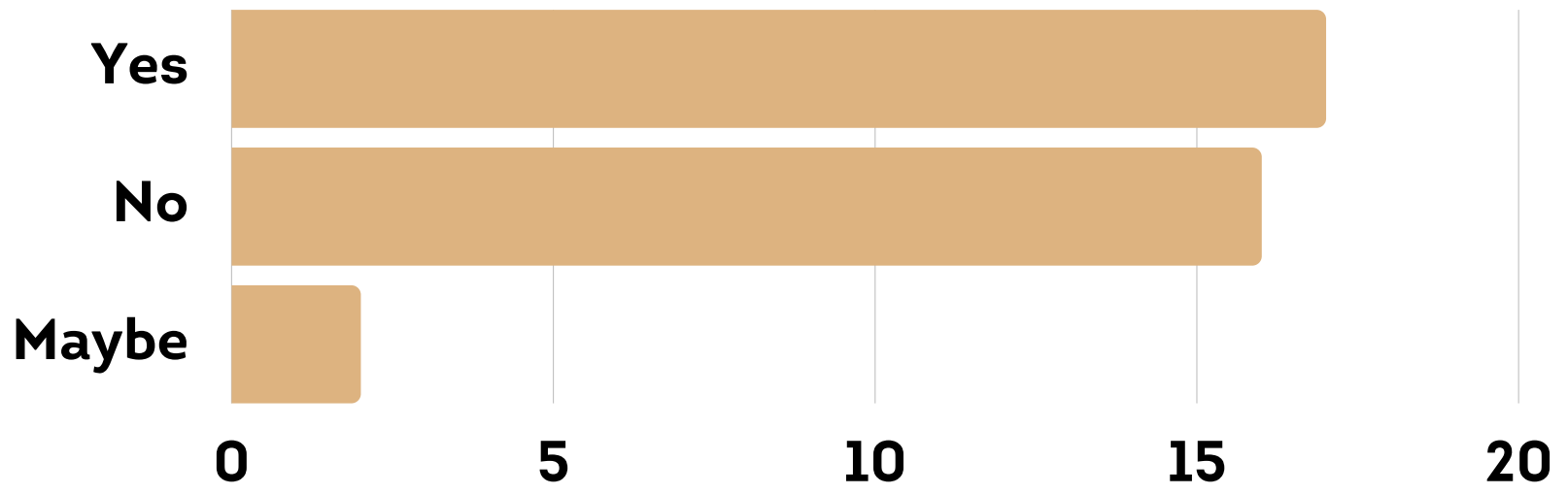


EMOTIONAL/PSYCHOLOGICAL EVENTS

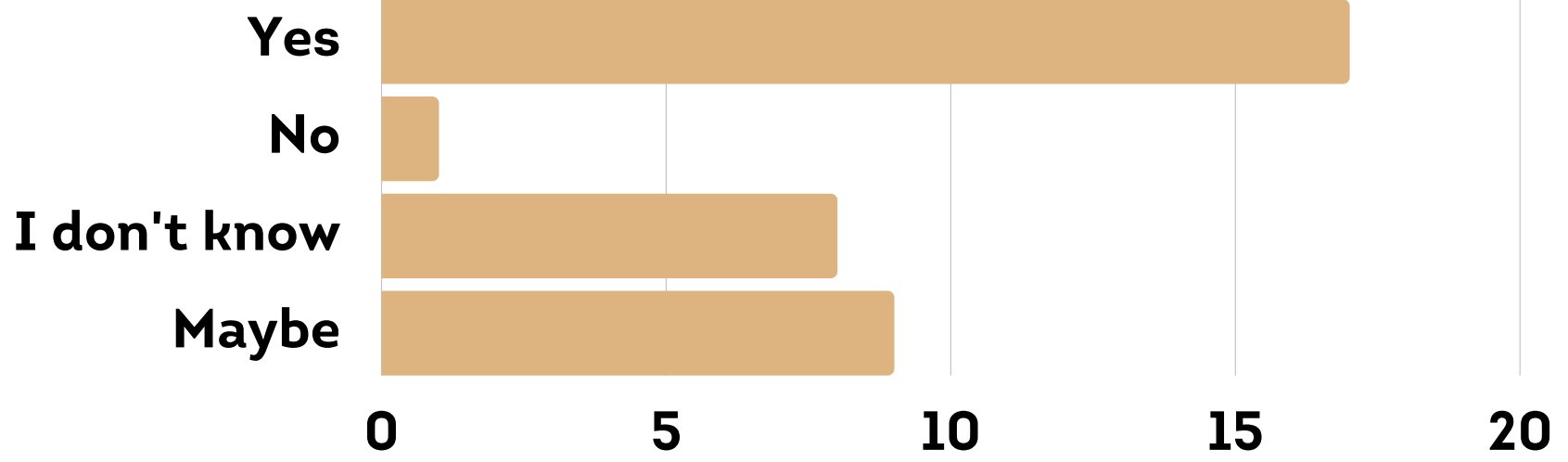
DO YOU BELIEVE YOU EXPERIENCED EMOTIONAL OR PSYCHOLOGICAL ABUSE DURING YOUR TIME IN THE THE INSIGHT PROGRAM?



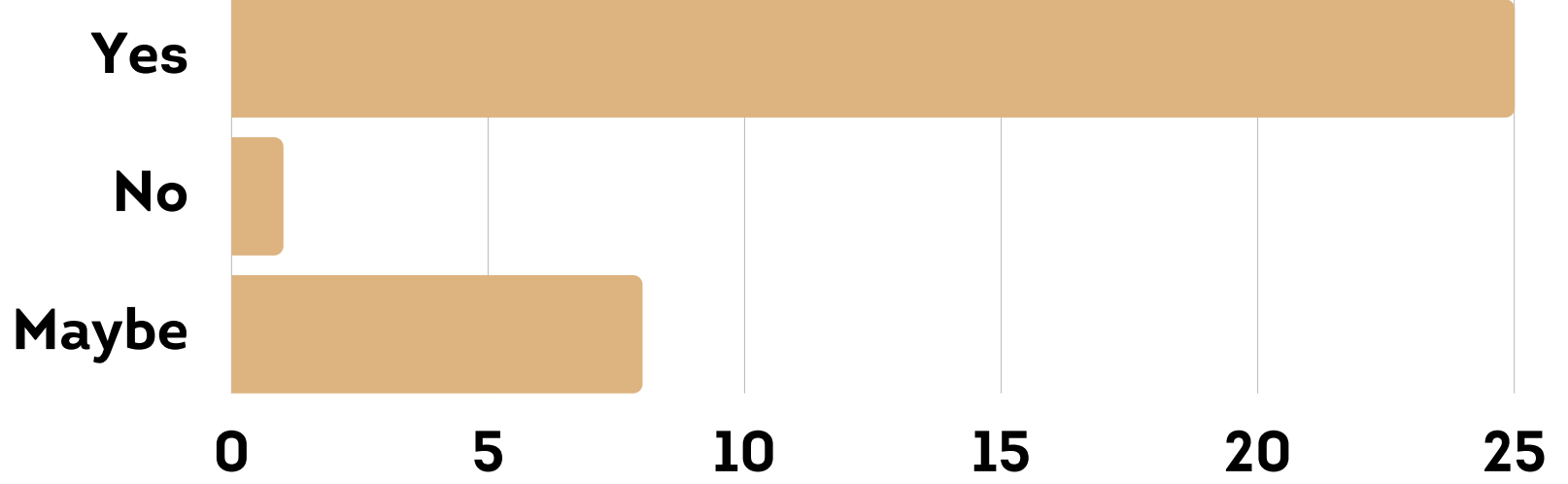
DID YOU EXPERIENCE SUICIDAL IDEATION OR ATTEMPTS WHILE IN THE INSIGHT PROGRAM?



DID STAFF EVER SHARE PERSONAL DETAILS ABOUT YOU TO OTHER GROUP MEMBERS WITHOUT YOUR CONSENT?

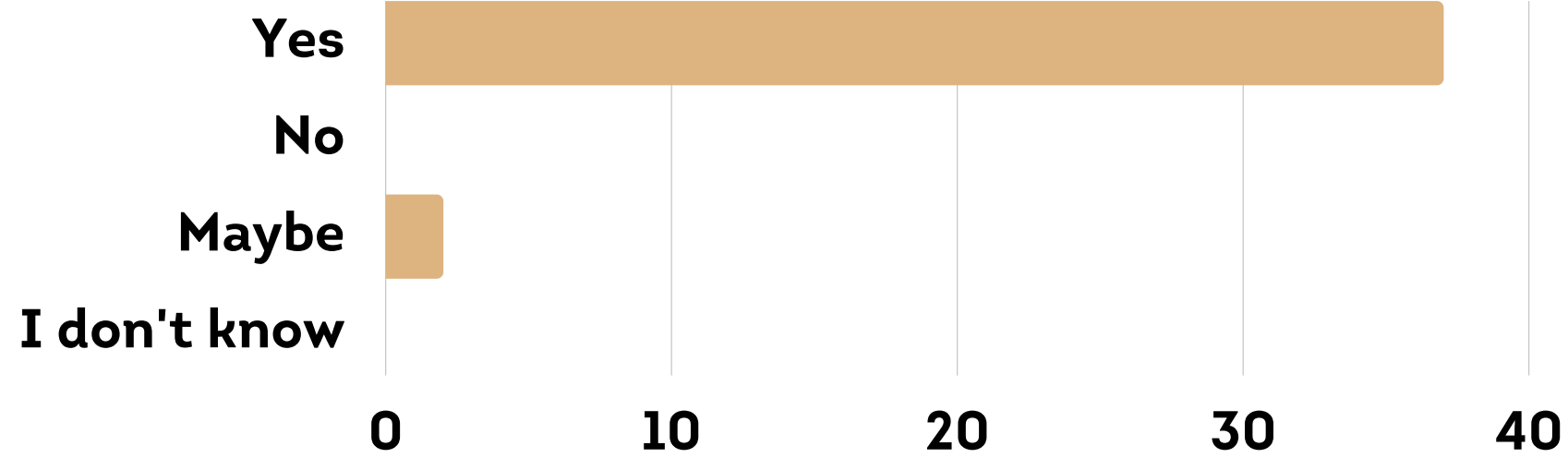


DID STAFF EVER SHARE PERSONAL DETAILS ABOUT OTHER GROUP MEMBERS TO YOU? THIS INCLUDES FORMER GROUP MEMBERS.

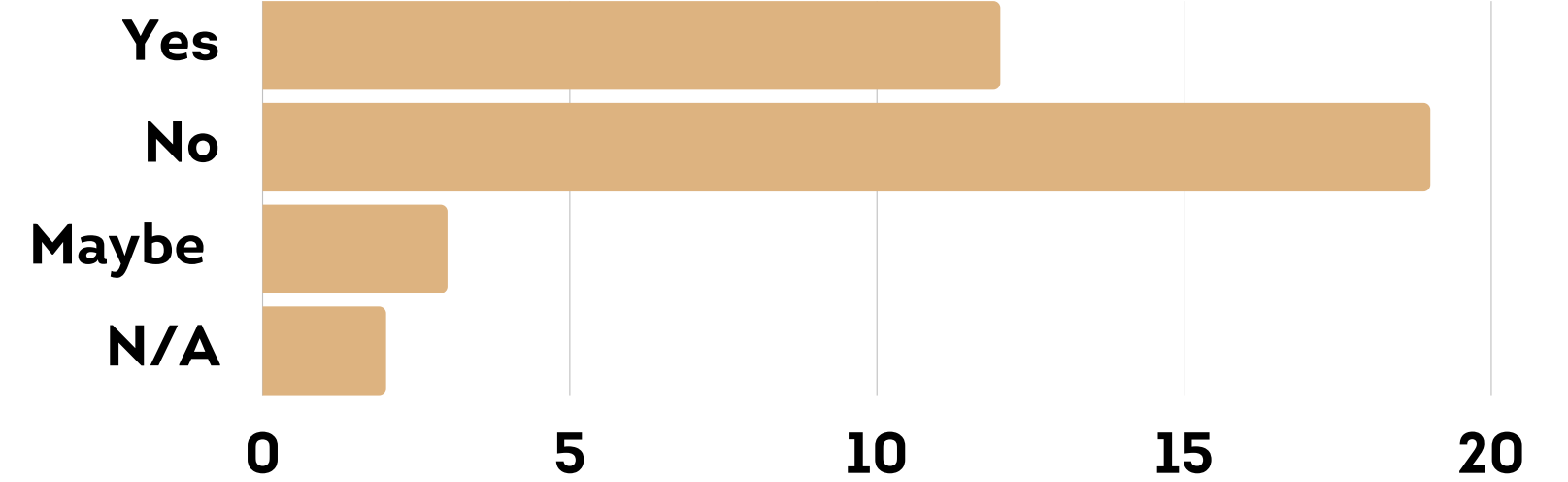


HEALTH RELATED EVENTS

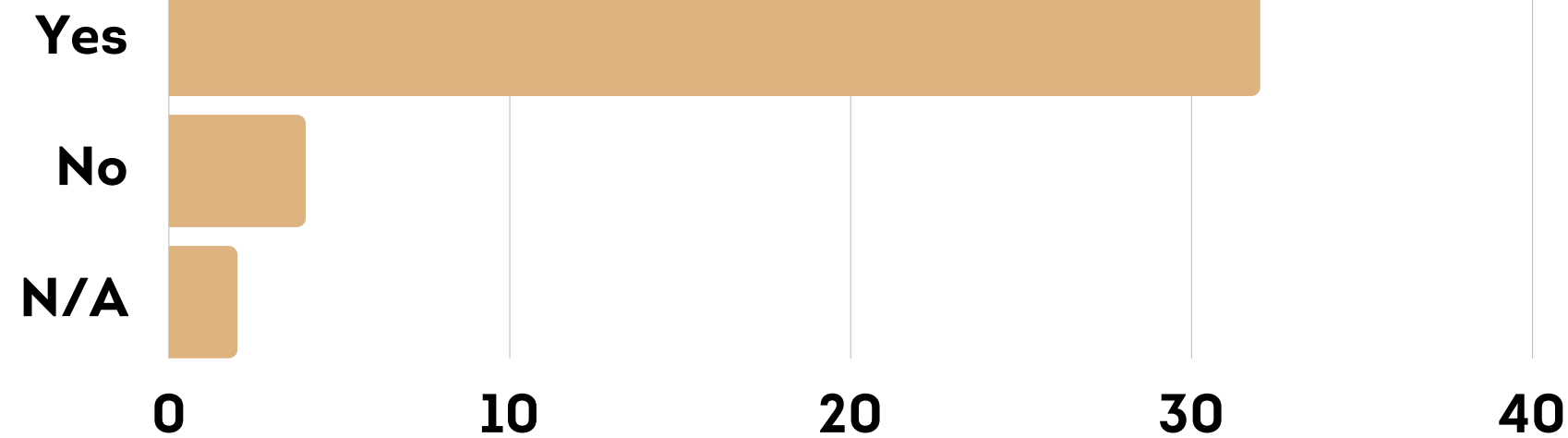
DO YOU BELIEVE YOU EXPERIENCED EVENTS THAT WERE HARMFUL TO YOUR MEDICAL HEALTH AND WELLBEING?



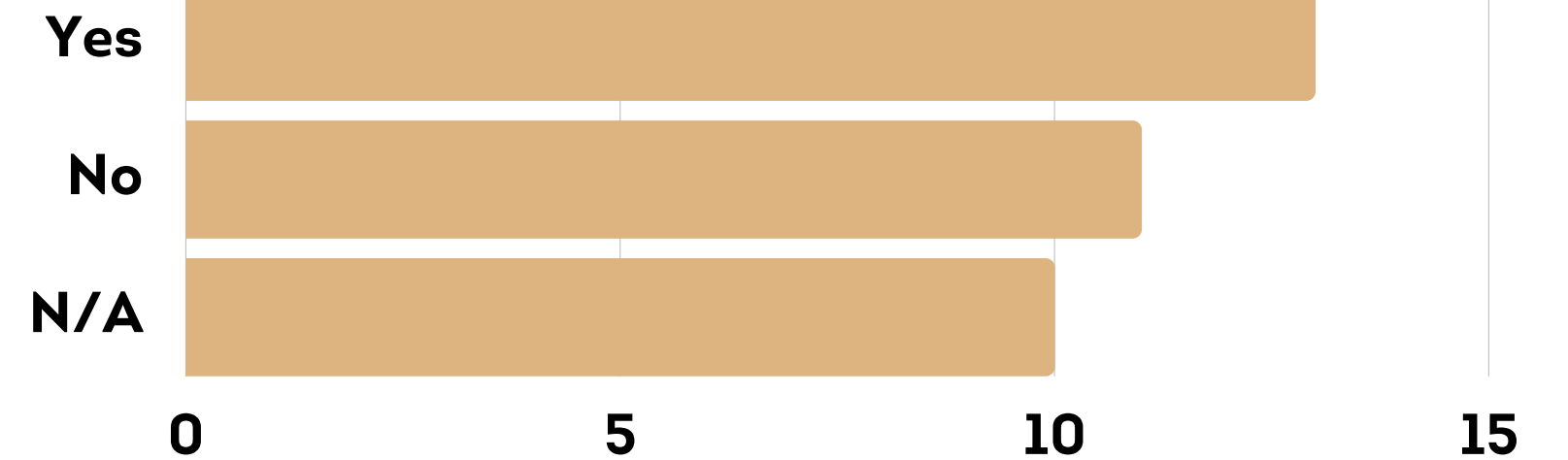
DID YOU OR YOUR PARENTS DISCUSS WITH YOUR DOCTOR ABOUT GETTING OFF MEDICATION AT THE STAFF'S DIRECTION?



DID STAFF REQUEST YOU GET OFF OF MENTAL HEALTH RELATED MEDICATIONS?

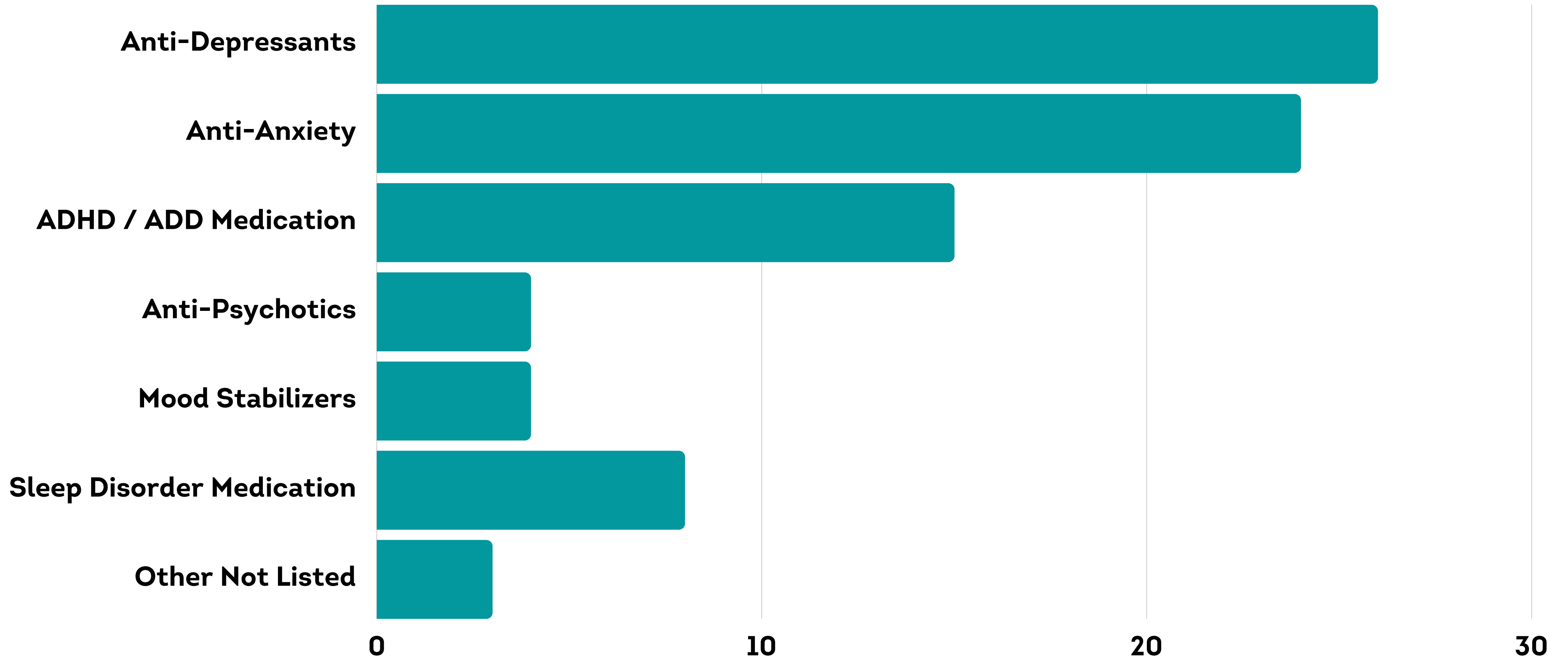


DID STAFF REQUEST YOU GET OFF OF PHYSICAL HEALTH RELATED MEDICATIONS?



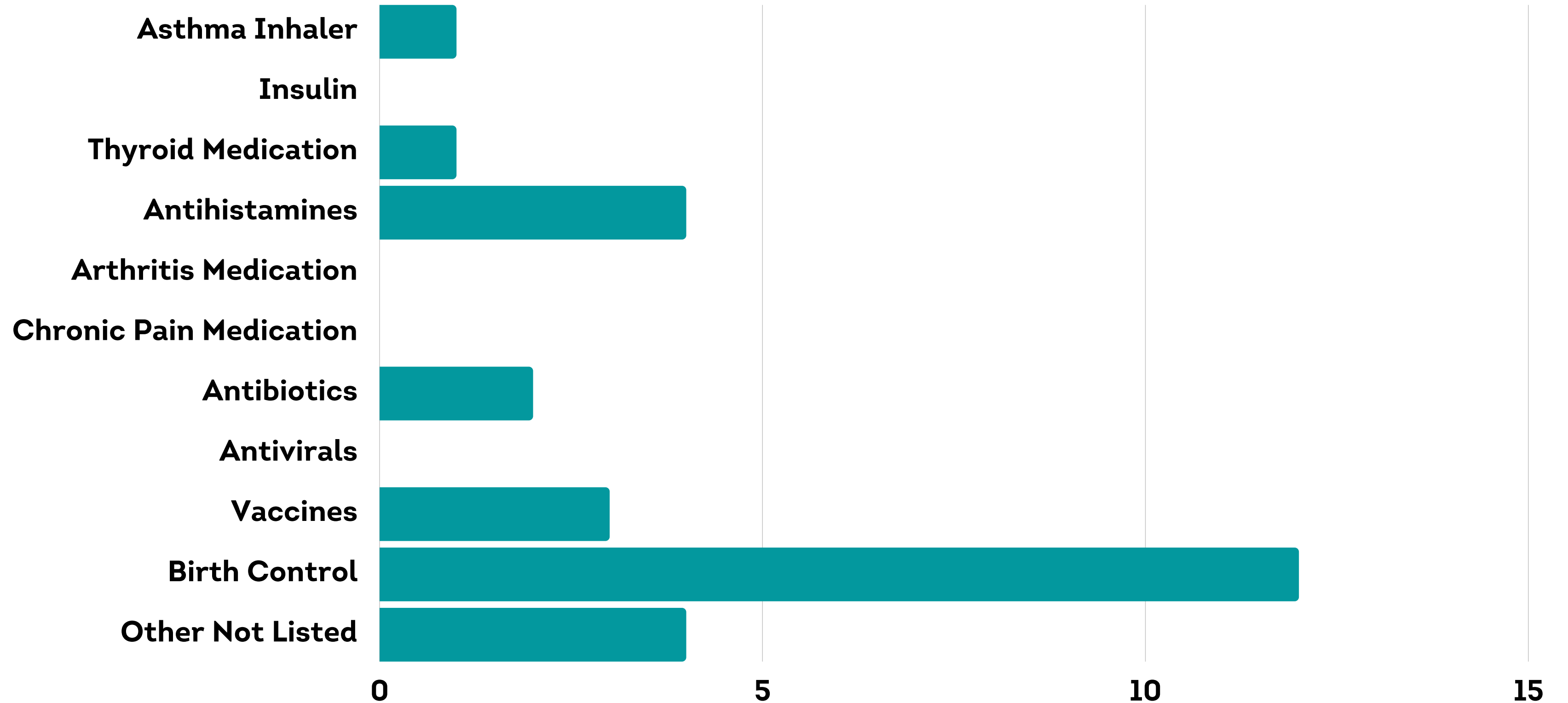
HEALTH RELATED EVENTS

WHICH MENTAL HEALTH RELATED MEDICATIONS DID STAFF DISCOURAGE YOU FROM TAKING?



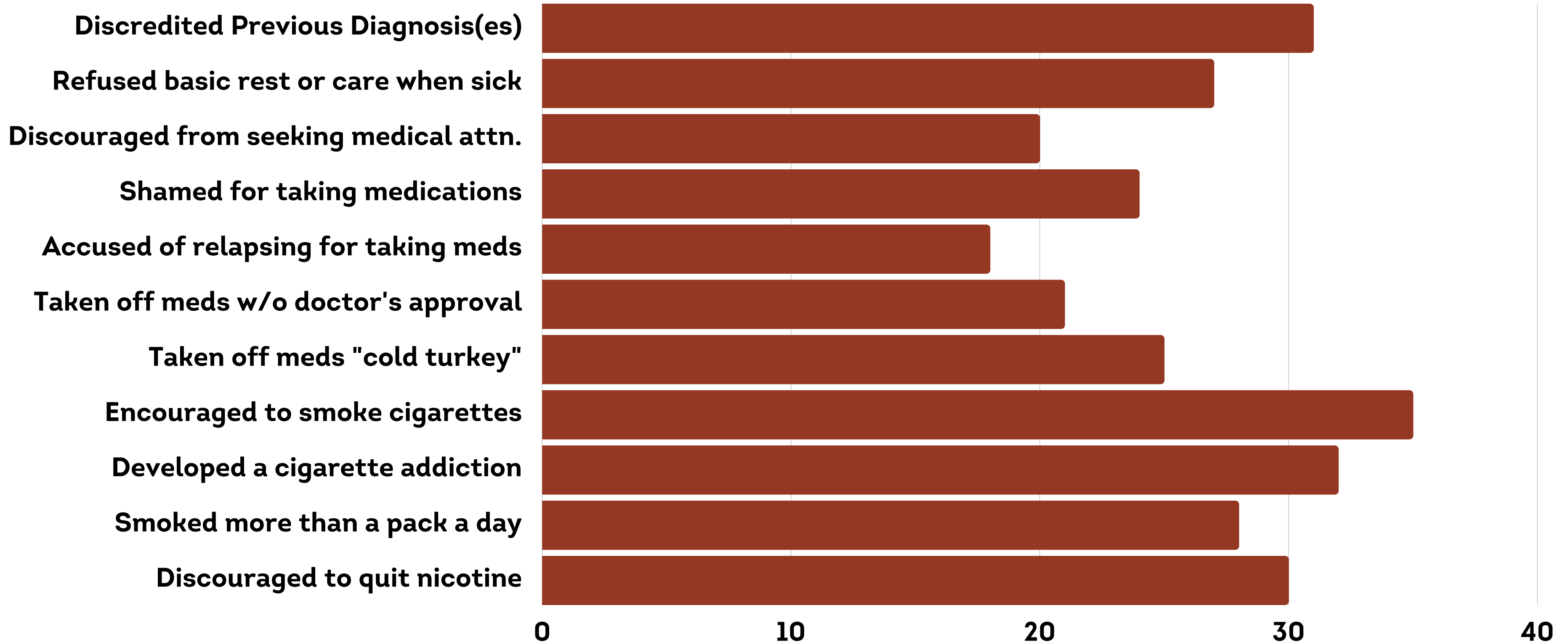
HEALTH RELATED EVENTS

WHICH PHYSICAL HEALTH RELATED MEDICATIONS DID STAFF DISCOURAGE YOU FROM TAKING?



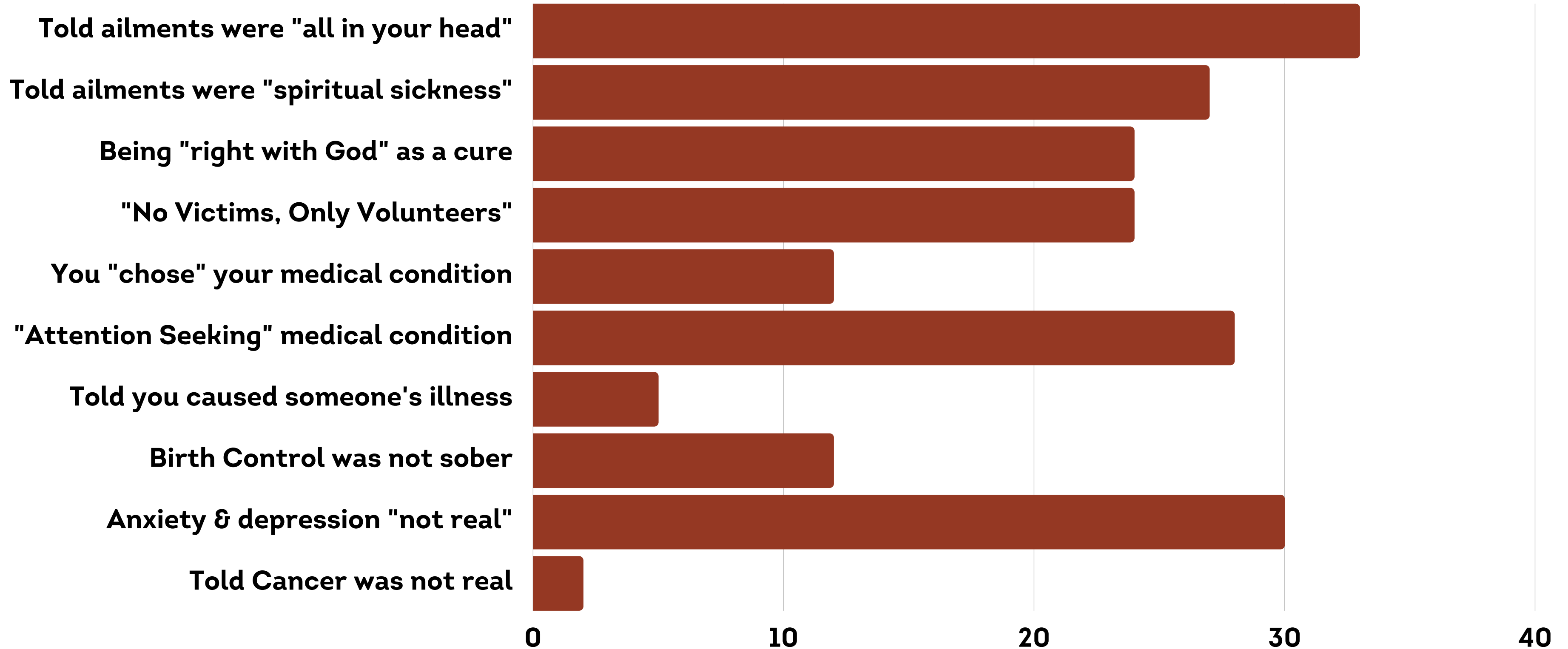
HEALTH RELATED EVENTS

DID YOU EXPERIENCE ANY OF THE FOLLOWING IN REGARD TO YOUR HEALTH AND WELLBEING WHILE IN THE GROUP?



HEALTH RELATED EVENTS

DID YOU WITNESS STAFF TELLING YOU OR OTHERS INAPPROPRIATE MEDICAL OPINIONS?



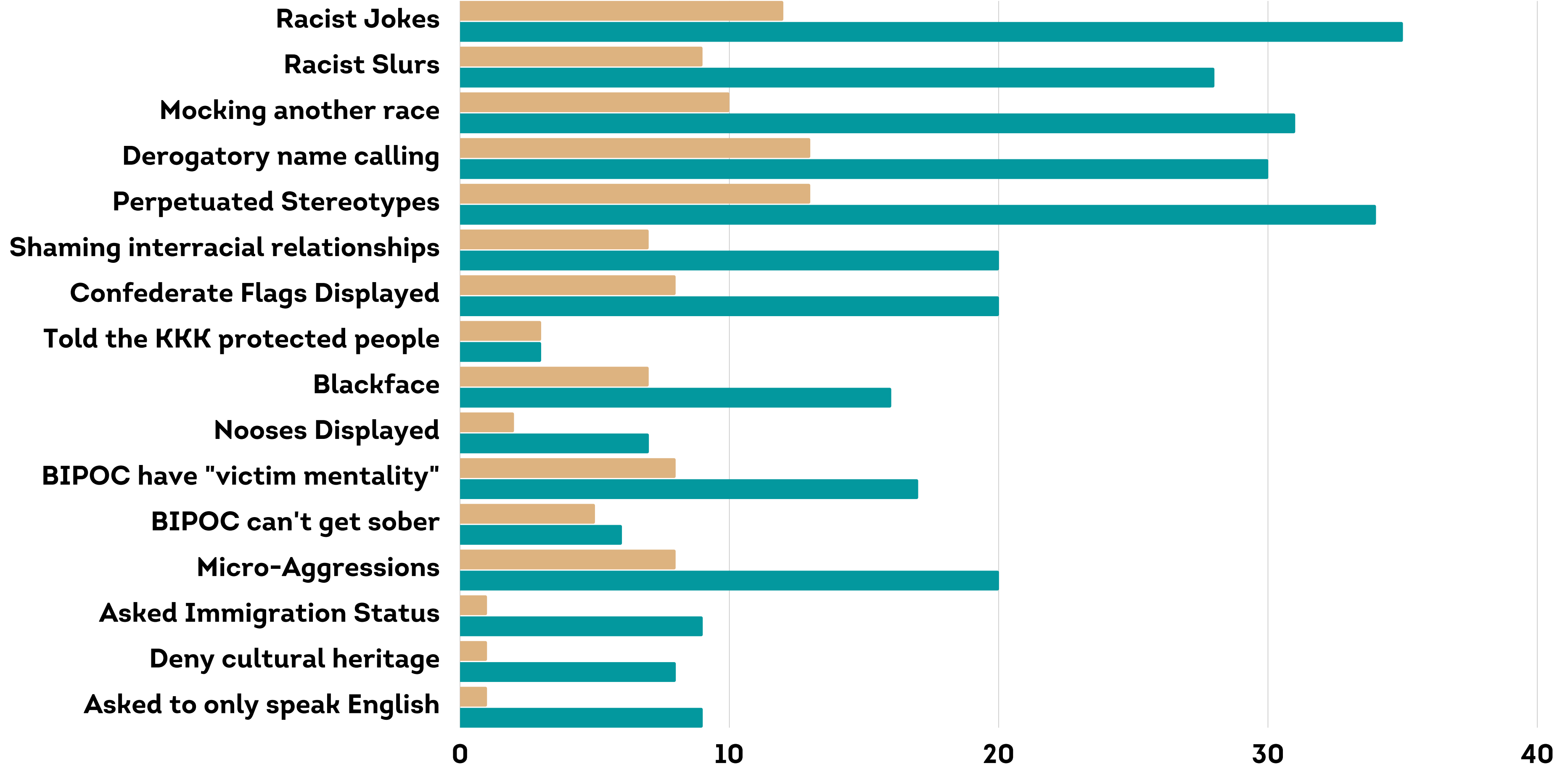
DISCRIMINATION



Staff said/did to you

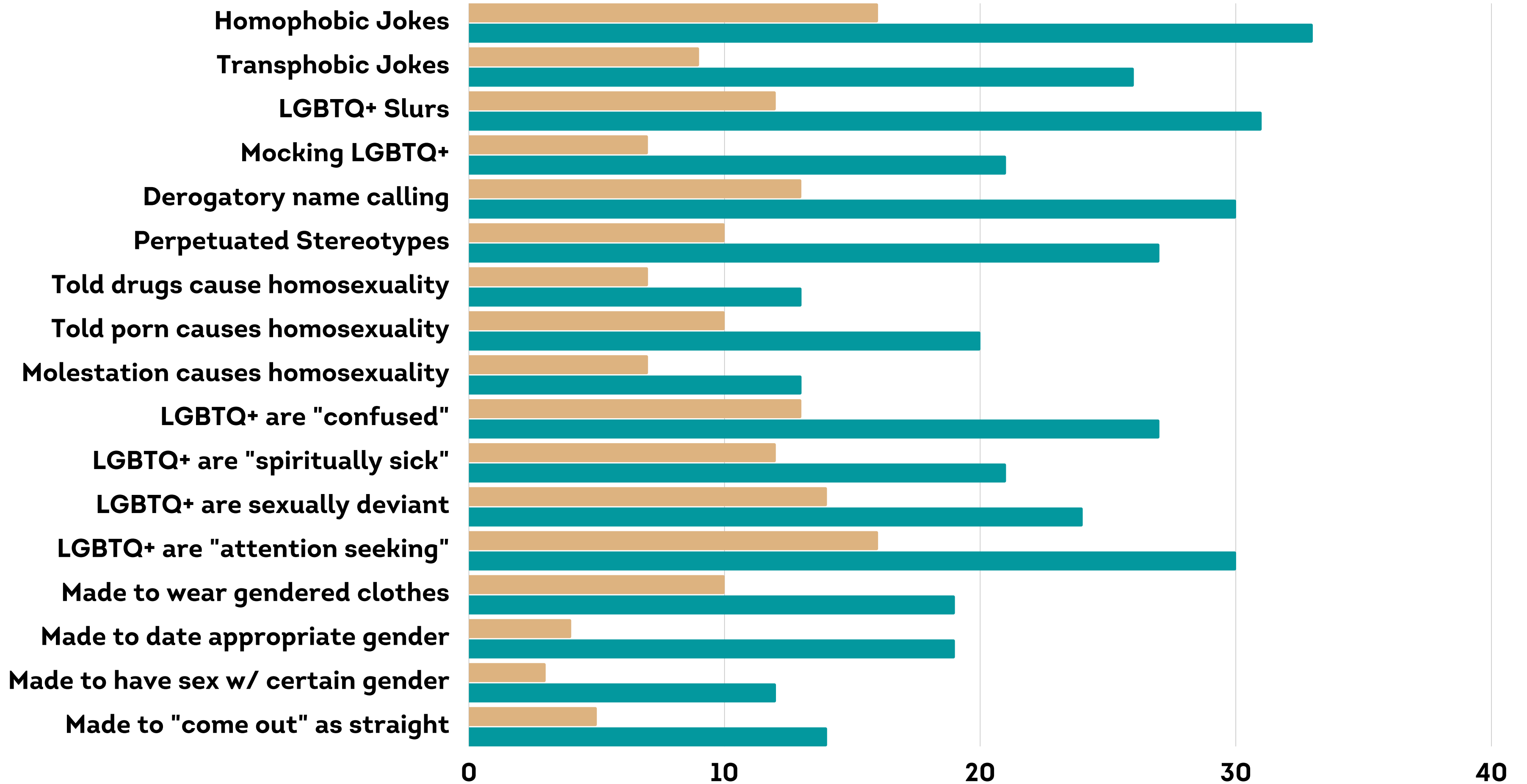


Witnessed



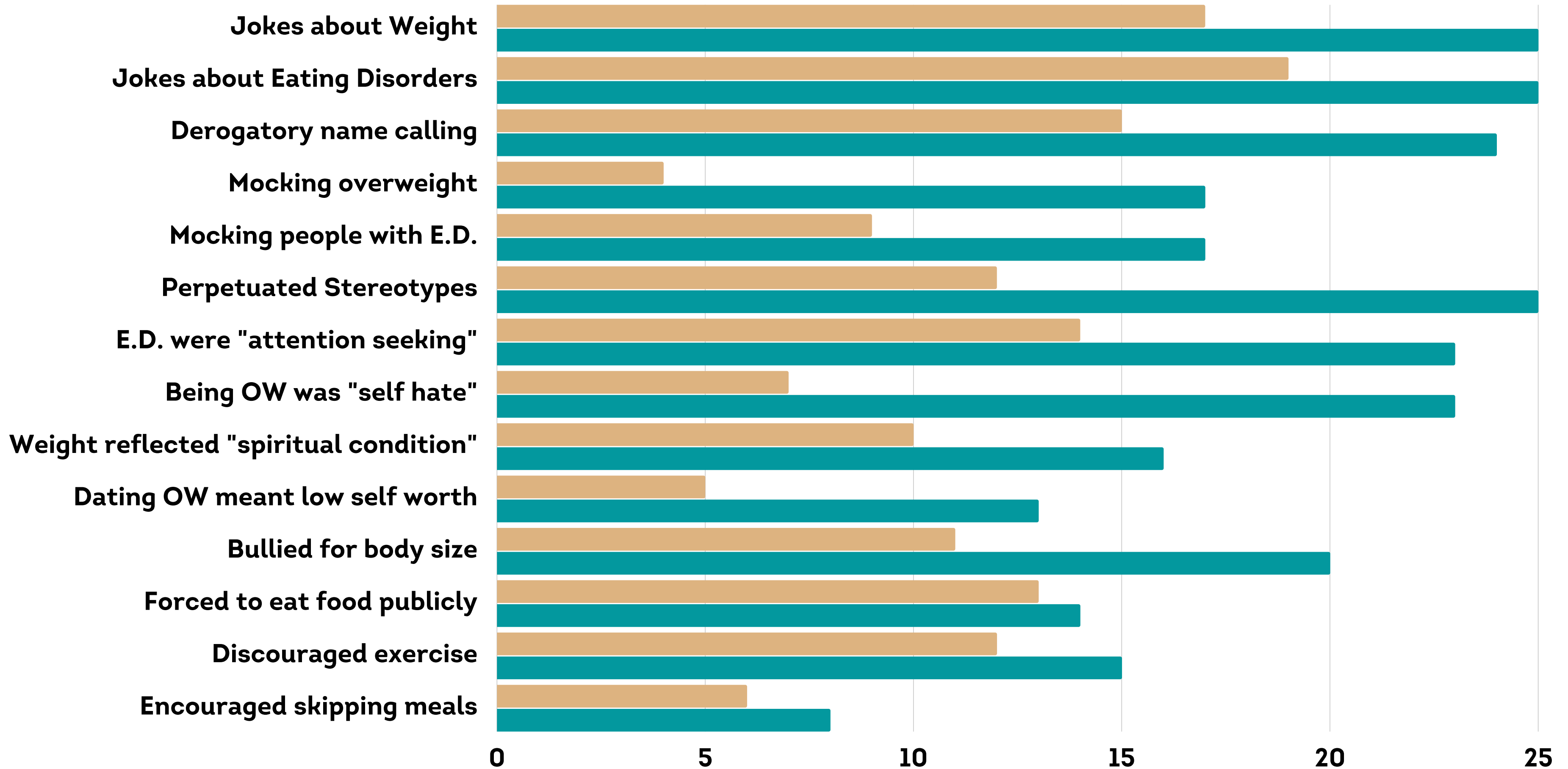
DISCRIMINATION

■ Staff said/did to you ■ Witnessed



DISCRIMINATION

■ Staff said/did to you ■ Witnessed



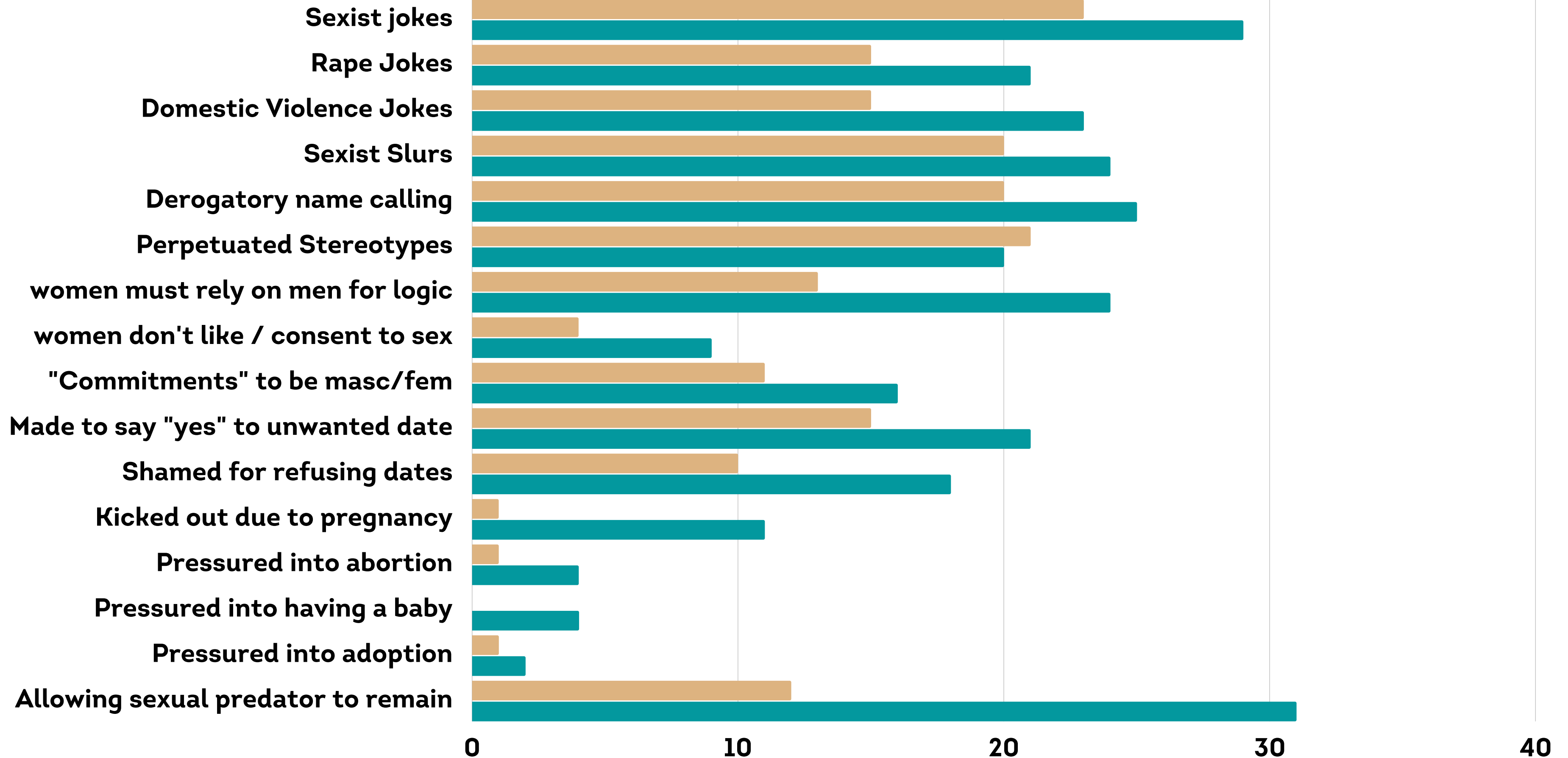
DISCRIMINATION



Staff said/did to you



Witnessed



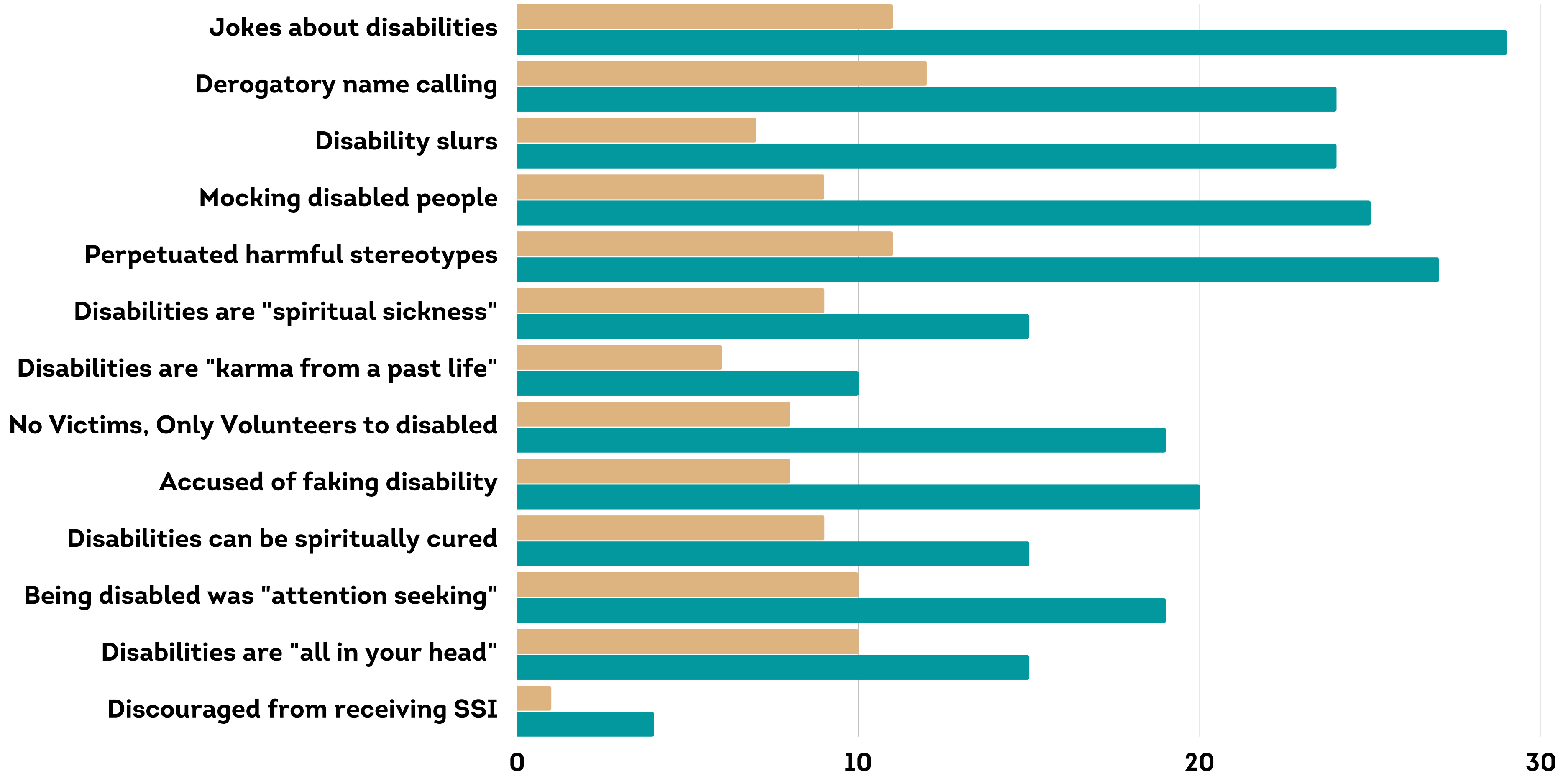
DISCRIMINATION



Staff said/did to you



Witnessed



DISCRIMINATION



Staff said/did to you



Witnessed

Jokes about beliefs/faiths/religion



Jokes about Holocaust



Religious Slurs



Derogatory name calling



Perpetuated harmful stereotypes



Mocking Beliefs



Other beliefs were wrong/evil



Told Holocaust wasn't real



Told Holocaust "did some good"



Swastikas Displayed



Shamed for belief/faith/religion



Discouraged from religion/belief

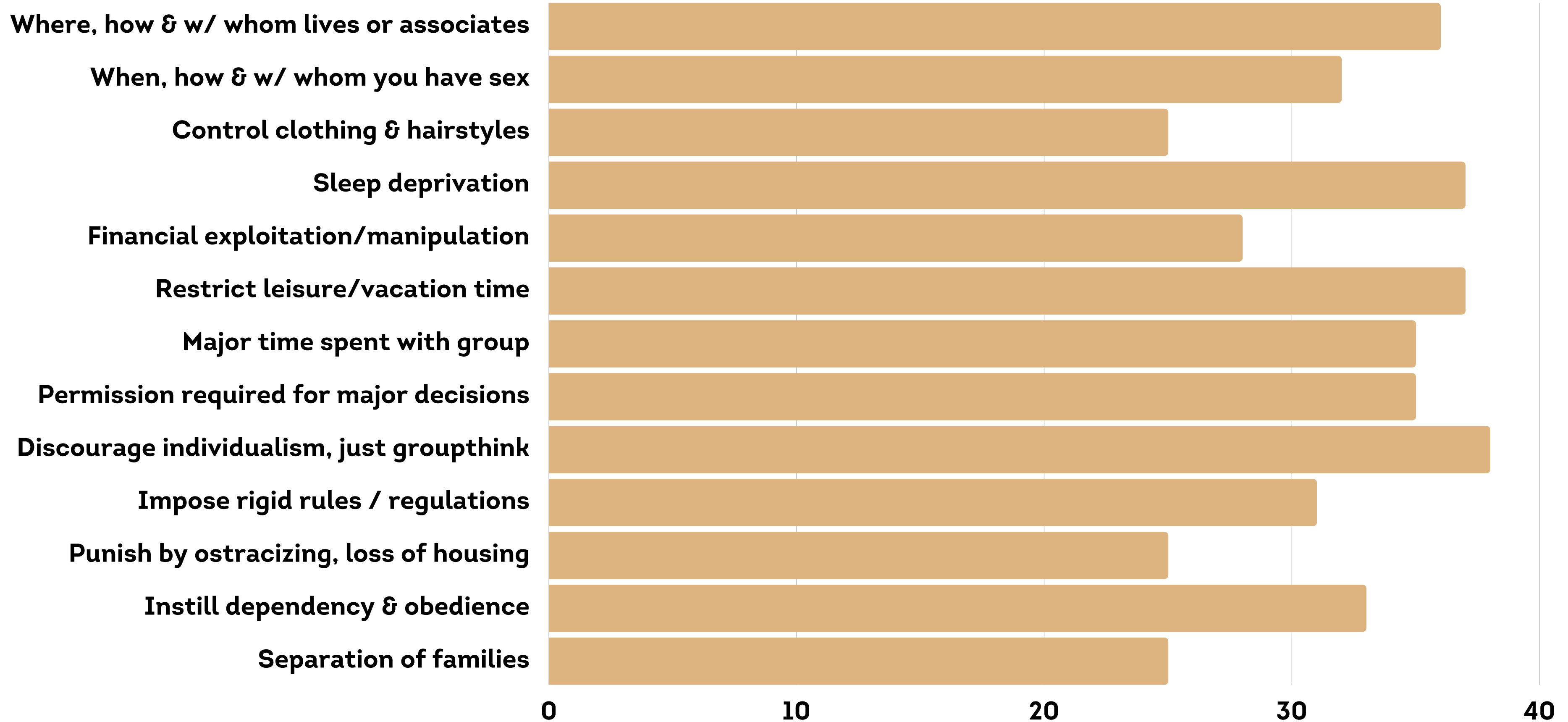


Made to convert to another religion

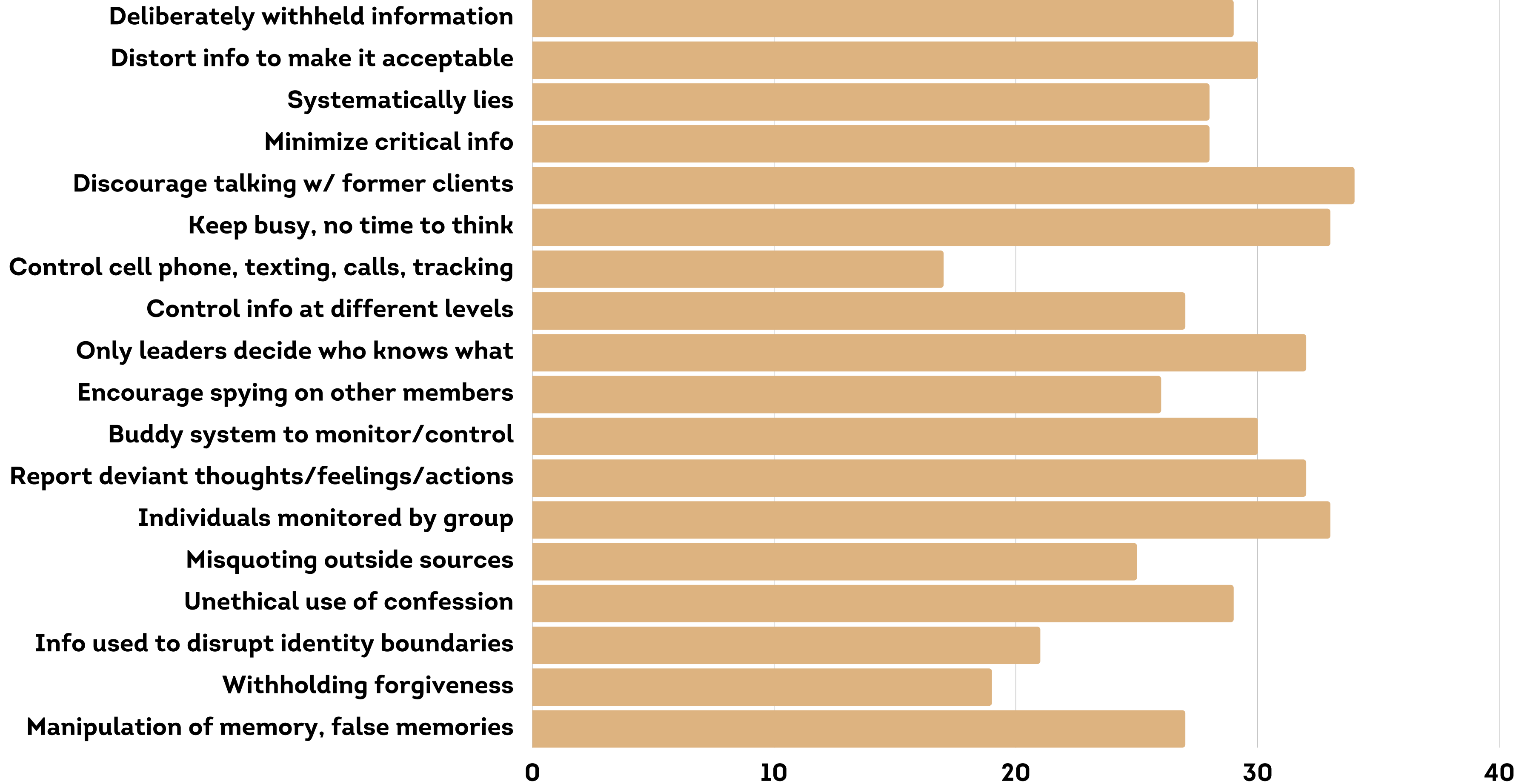


0 5 10 15 20 25

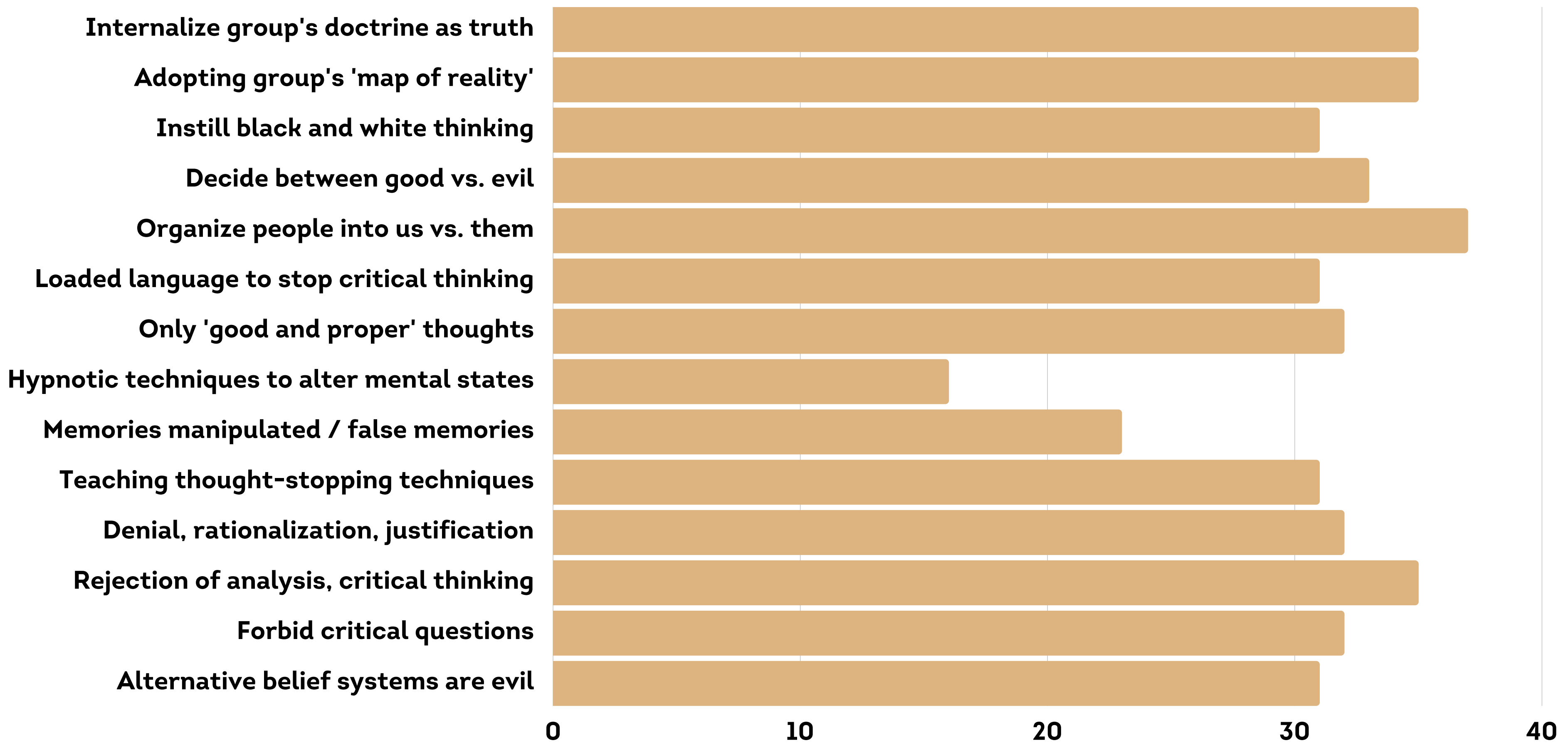
UNDUE INFLUENCE: BEHAVIORAL



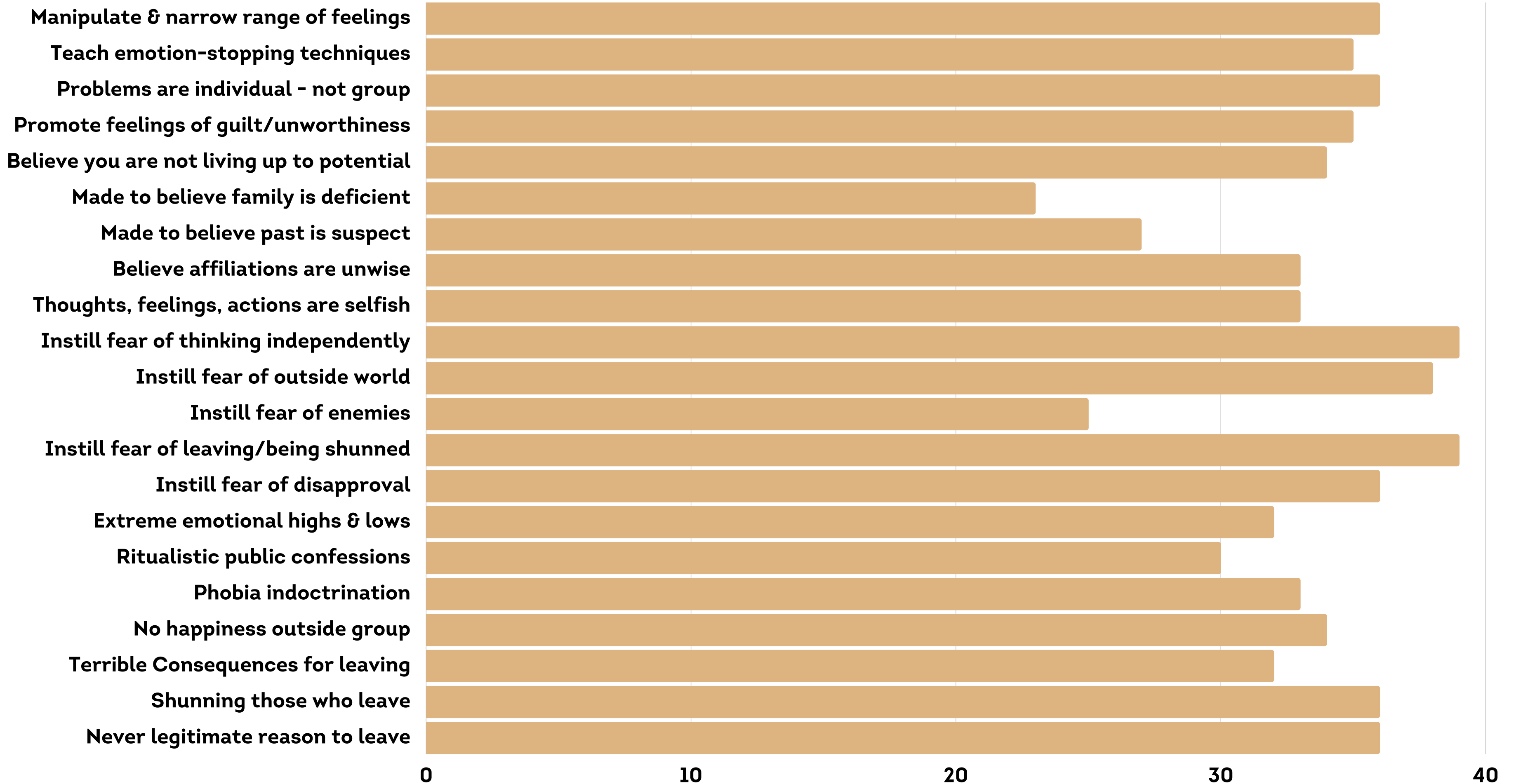
UNDUE INFLUENCE: INFORMATION



UNDUE INFLUENCE: THOUGHT

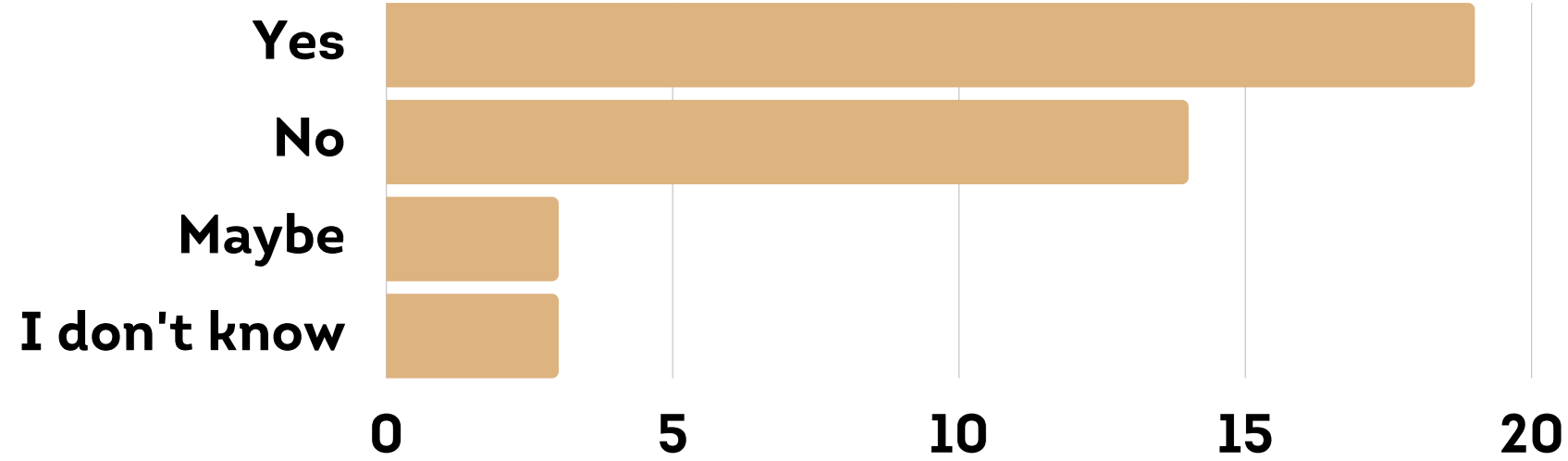


UNDUE INFLUENCE: EMOTIONAL

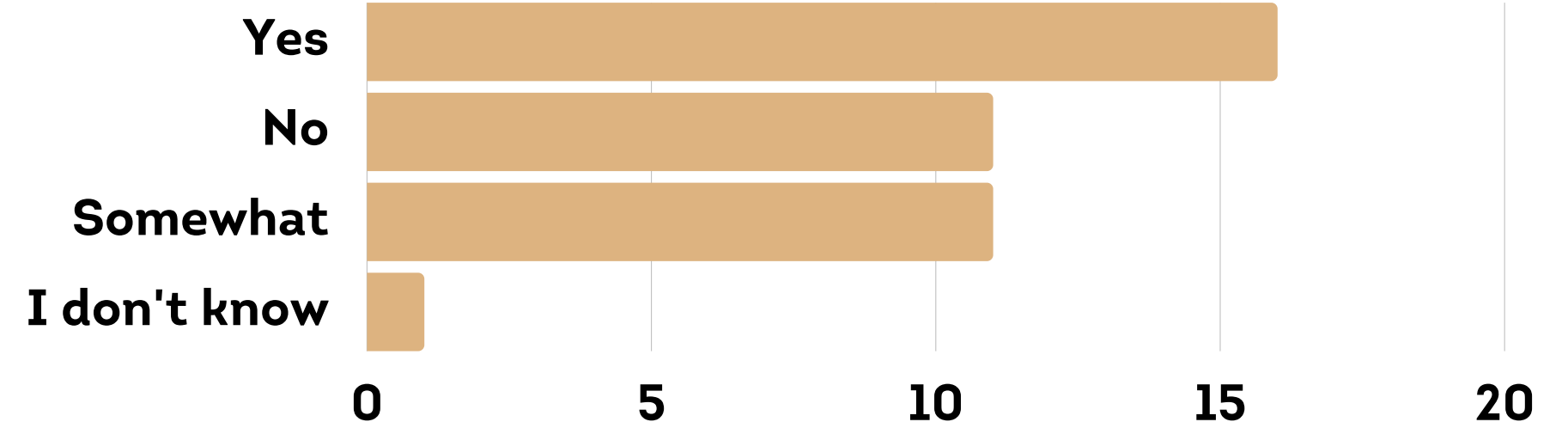


LONG TERM IMPLICATIONS

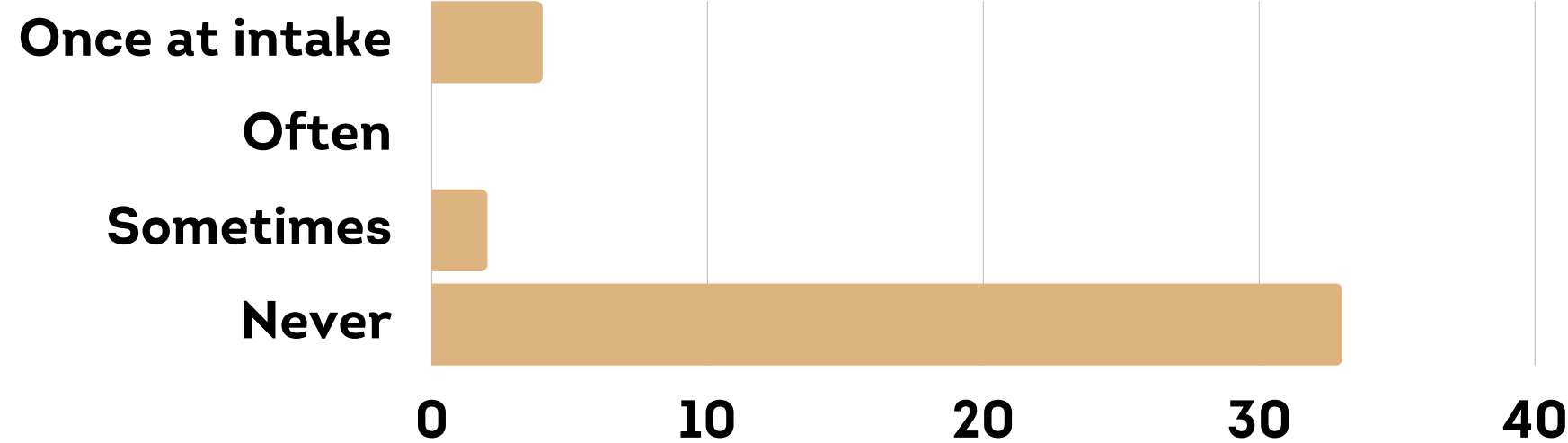
DO YOU PERSONALLY BELIEVE YOU SUFFERED FROM CHEMICAL DEPENDENCY / DRUG ADDICTION WHEN YOU ARRIVED AT THE PROGRAM?



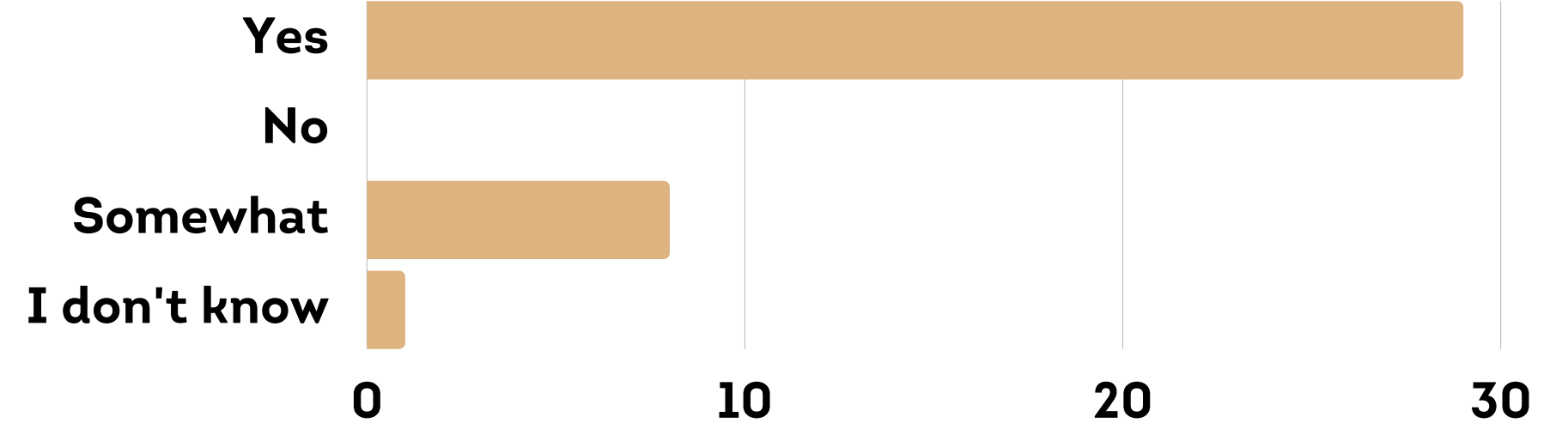
DO YOU FEEL THE PROGRAM ENCOURAGED YOU TO EXAGGERATE OR LIE ABOUT YOUR SUBSTANCE ABUSE HISTORY?



WERE YOU DRUG TESTED IN THE PROGRAM?

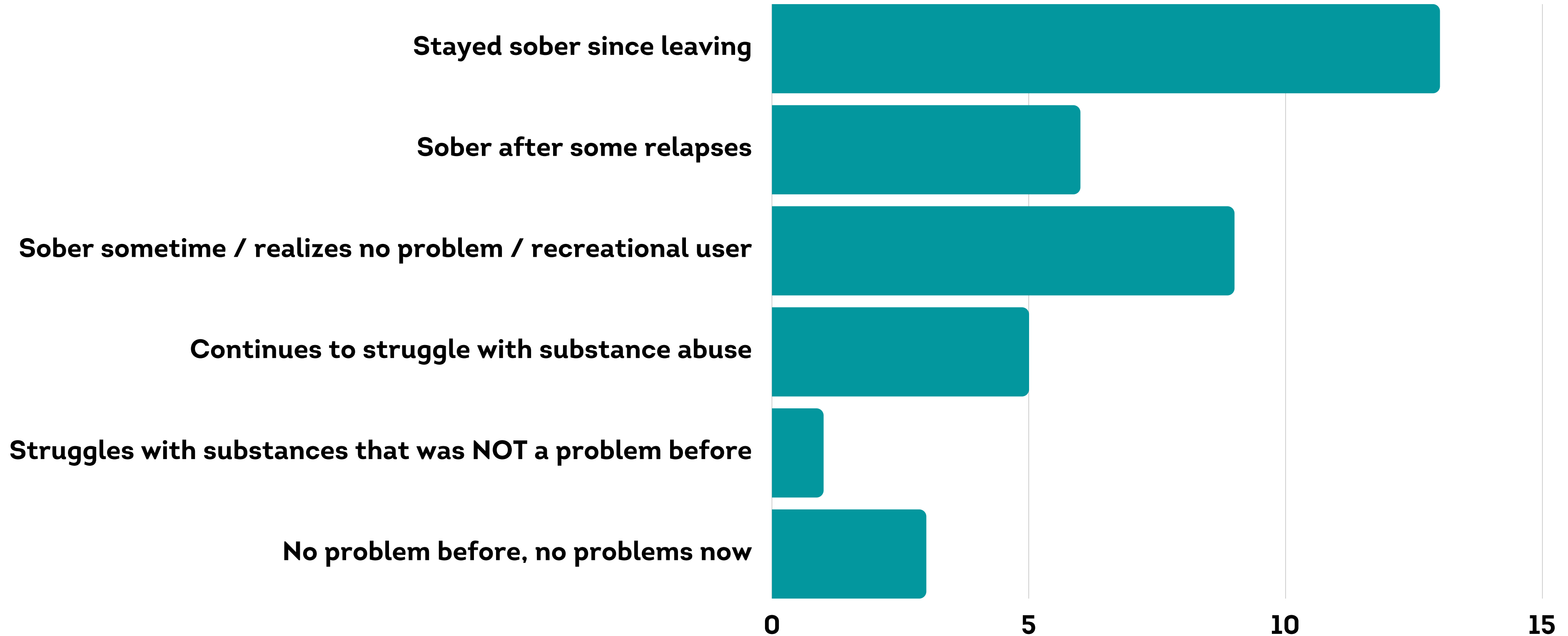


DO YOU BELIEVE THAT YOUR EXPERIENCE IN THE GROUP HAS HAD LONG TERM NEGATIVE HEALTH IMPLICATIONS?



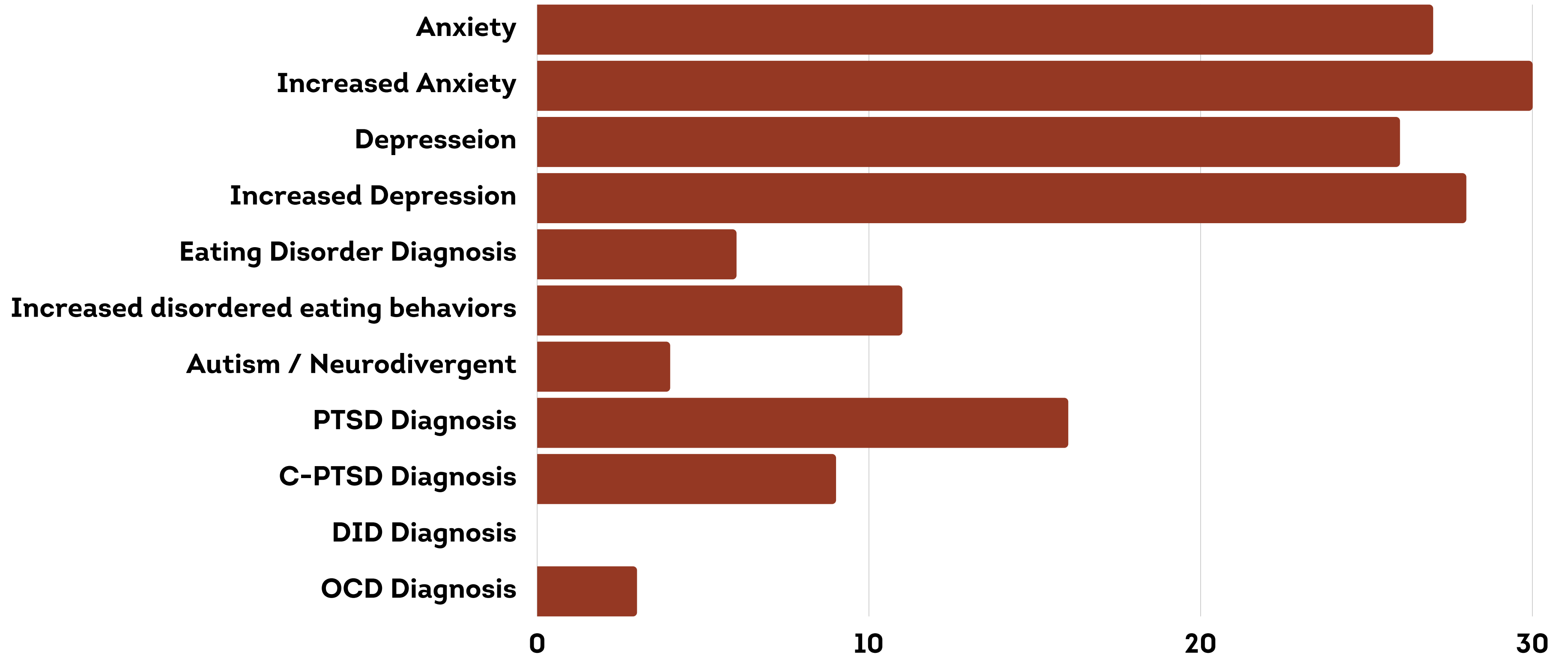
LONG TERM IMPLICATIONS

AFTER LEAVING THE PROGRAM, HOW WOULD YOU JUDGE YOUR CURRENT STATUS WITH NARCOTICS OR ALCOHOL?



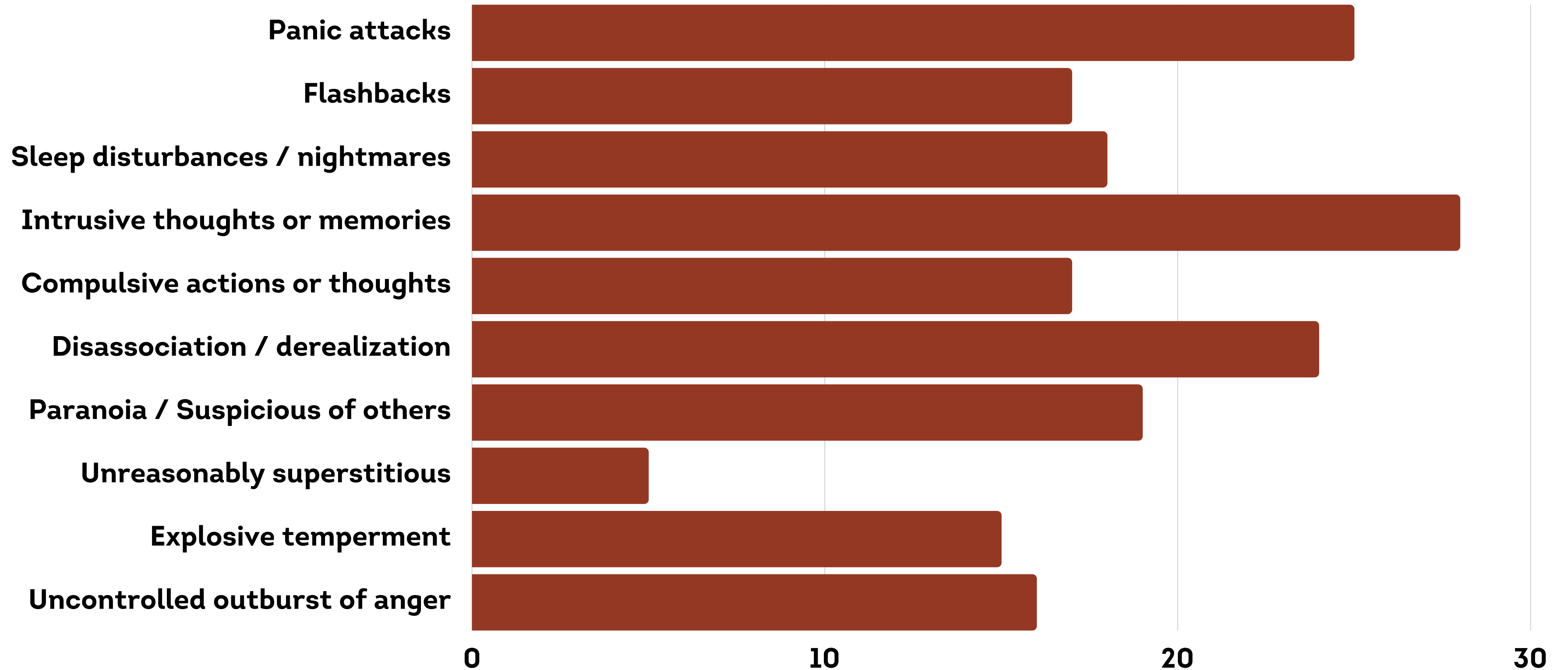
LONG TERM IMPLICATIONS

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS/ISSUES/DIAGNOSIS SINCE YOUR TIME IN THE GROUP?



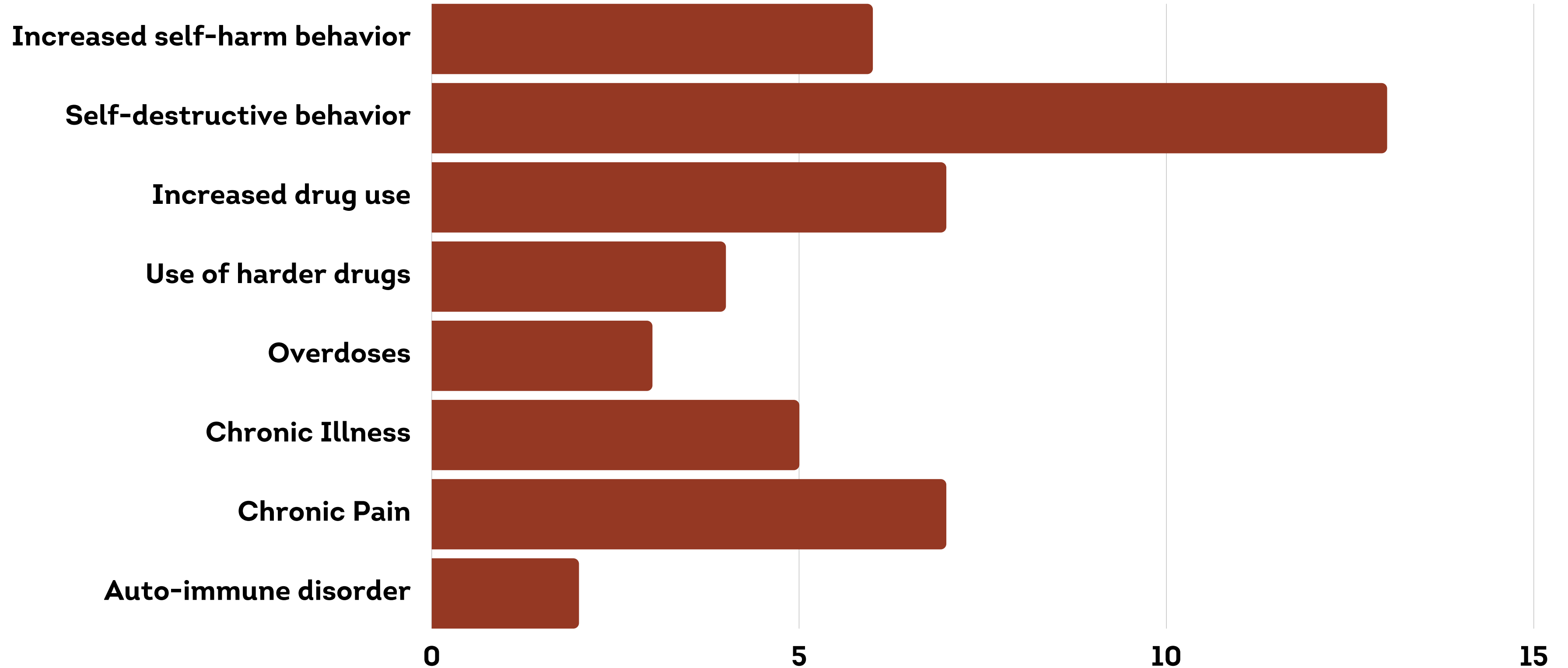
LONG TERM IMPLICATIONS

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS/ISSUES/DIAGNOSIS SINCE YOUR TIME IN THE GROUP?



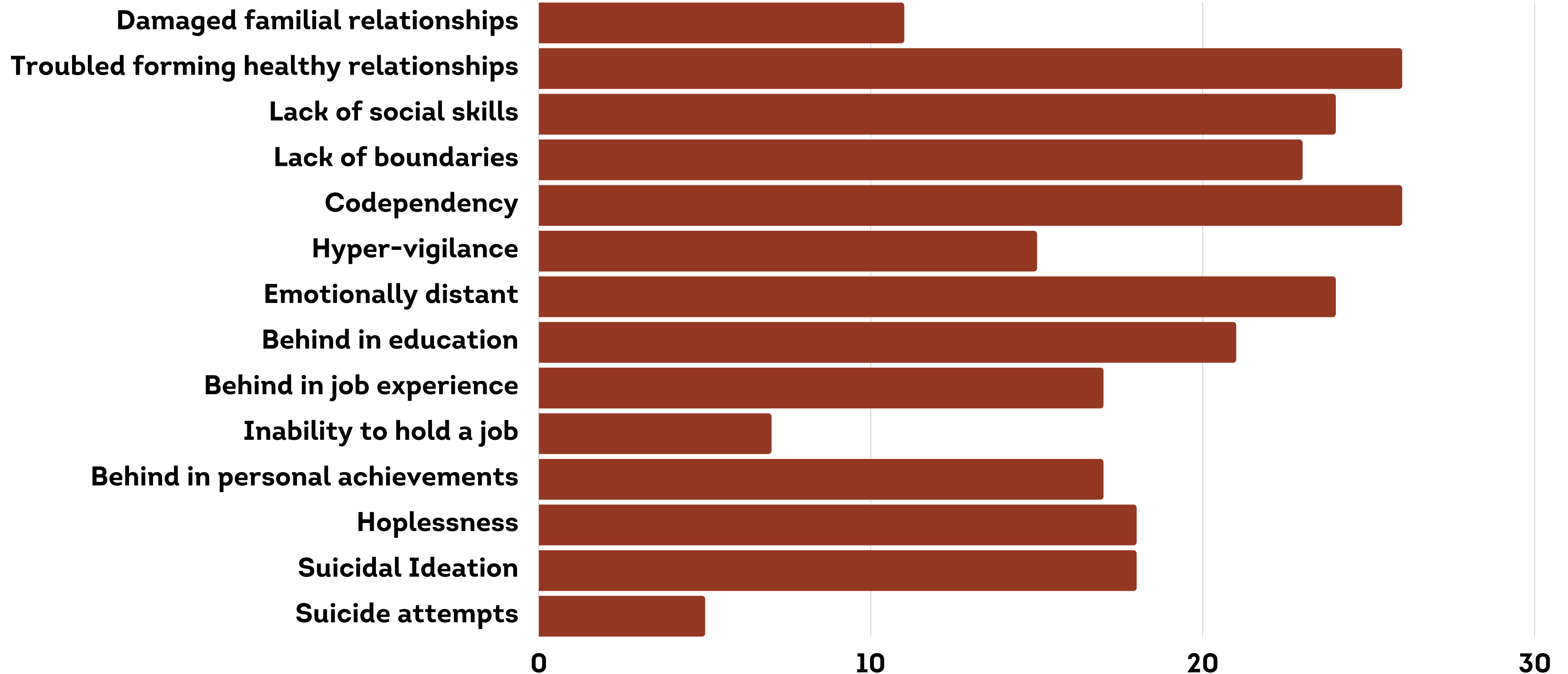
LONG TERM IMPLICATIONS

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS/ISSUES/DIAGNOSIS SINCE YOUR TIME IN THE GROUP?



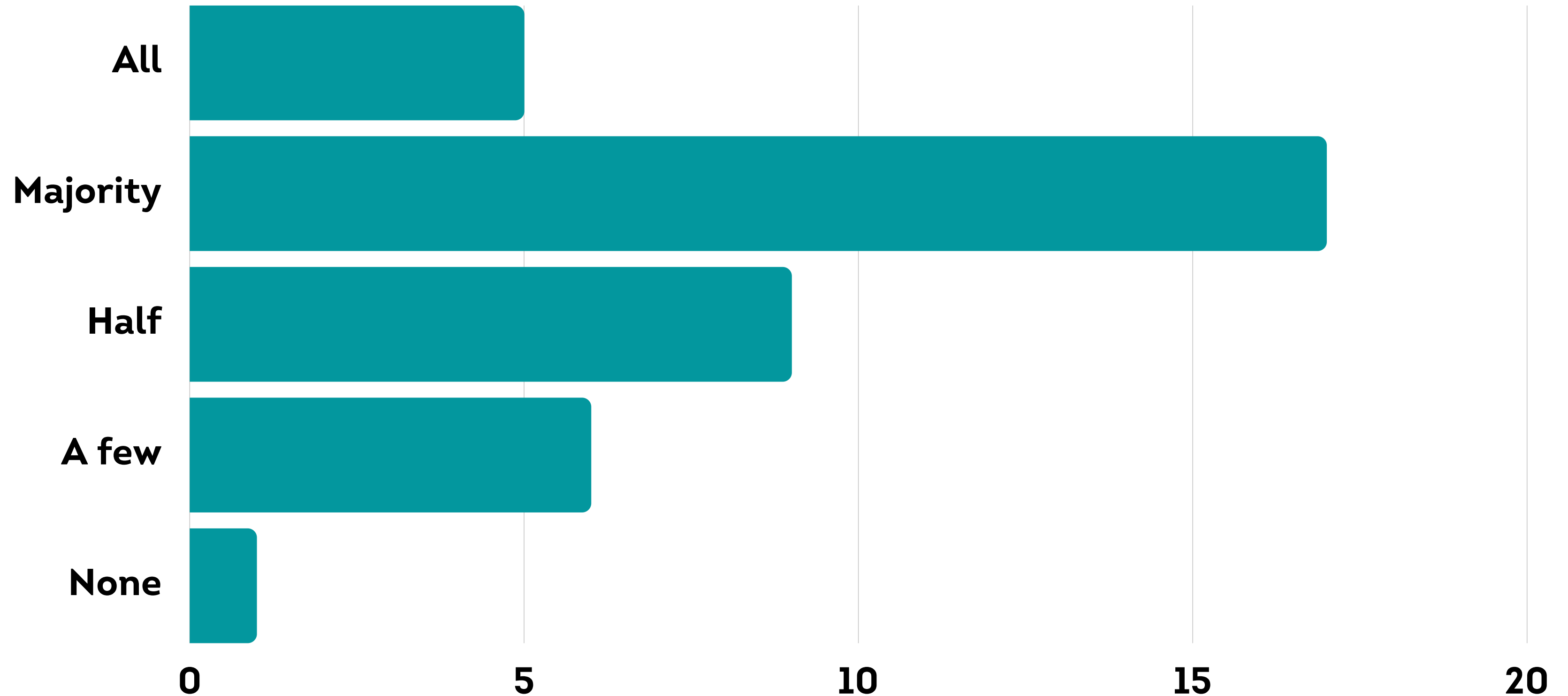
LONG TERM IMPLICATIONS

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS/ISSUES/DIAGNOSIS SINCE YOUR TIME IN THE GROUP?



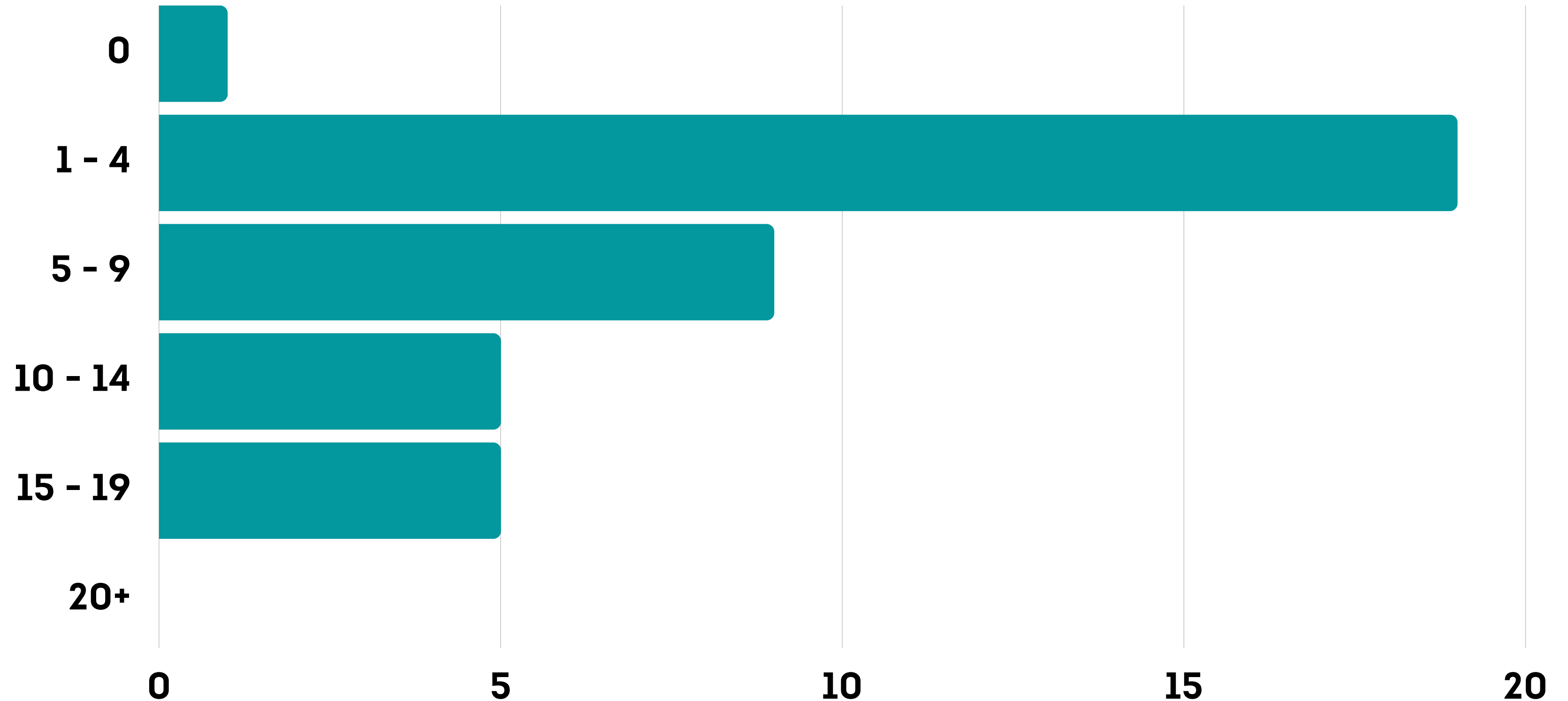
LONG TERM IMPLICATIONS

HOW MANY OF THESE SYMPTOMS/ISSUES/DIAGNOSIS DO YOU ATTRIBUTE TO YOUR TIME IN THE GROUP?



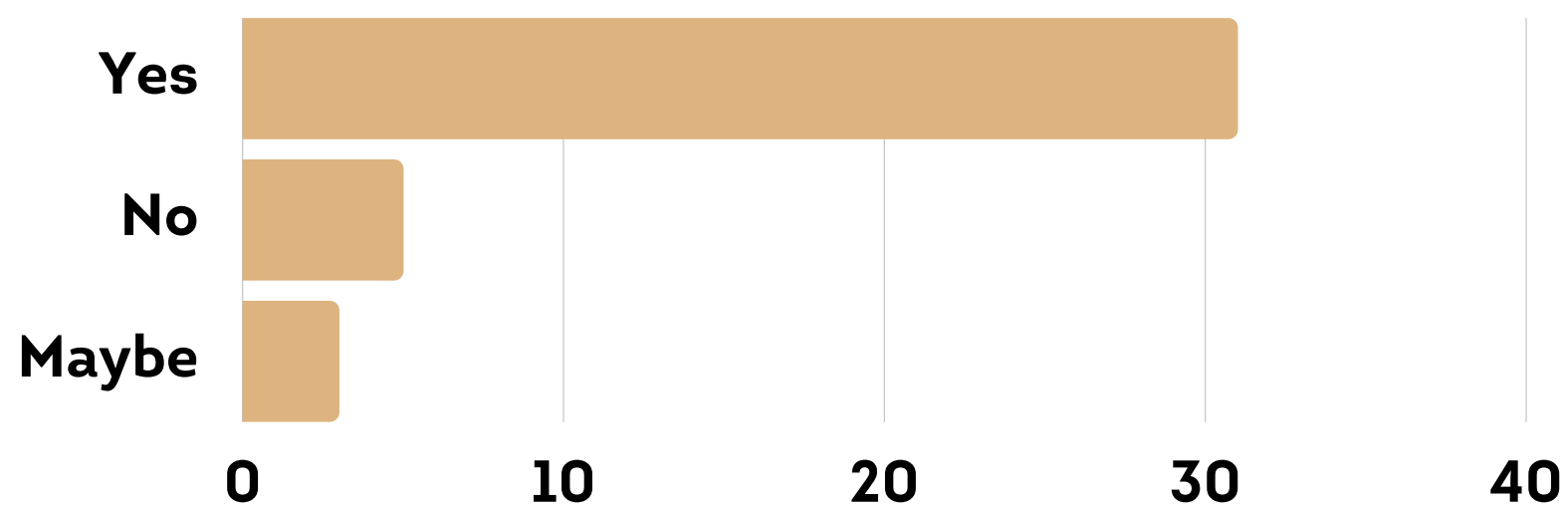
LONG TERM IMPLICATIONS

SINCE YOUR TIME IN THE GROUP, HOW MANY MEMBERS HAVE YOU KNOWN TO DIE BY SUICIDE OR OVERDOSE?

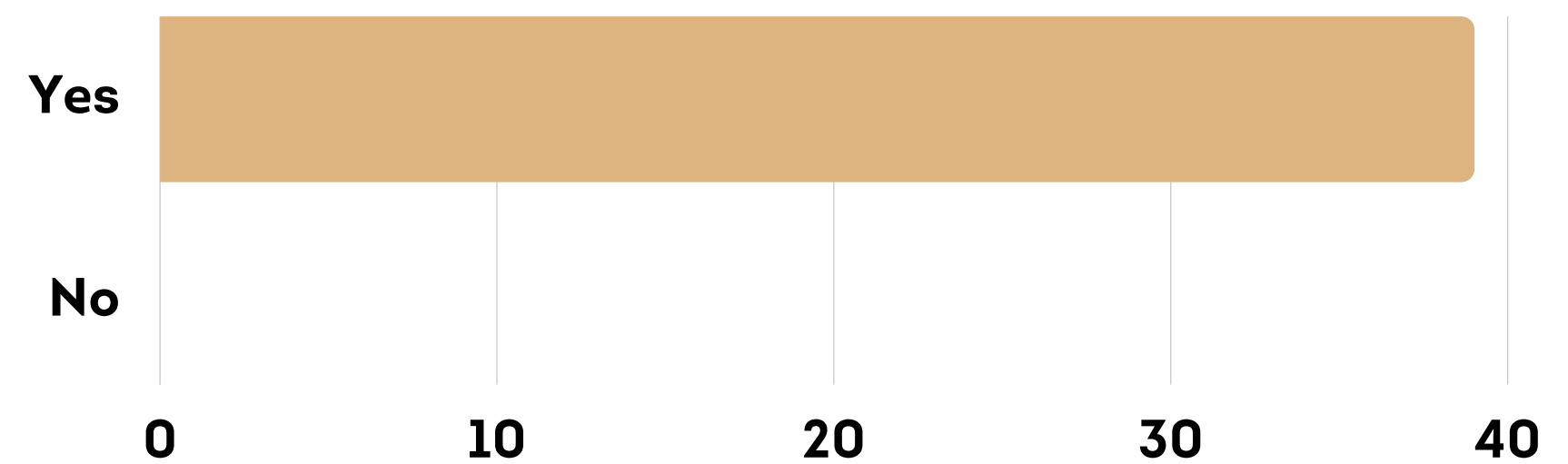


LONG TERM IMPLICATIONS

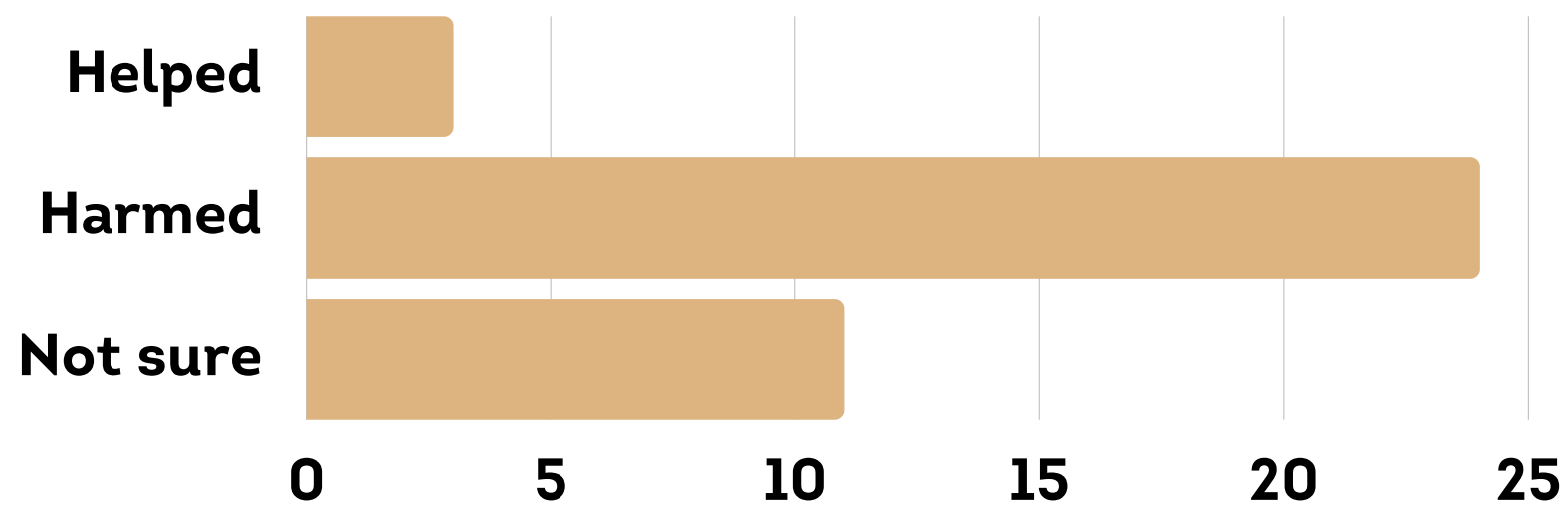
DID YOU EXPERIENCE BEING SET BACK IN SCHOOL DUE TO THE GROUP?



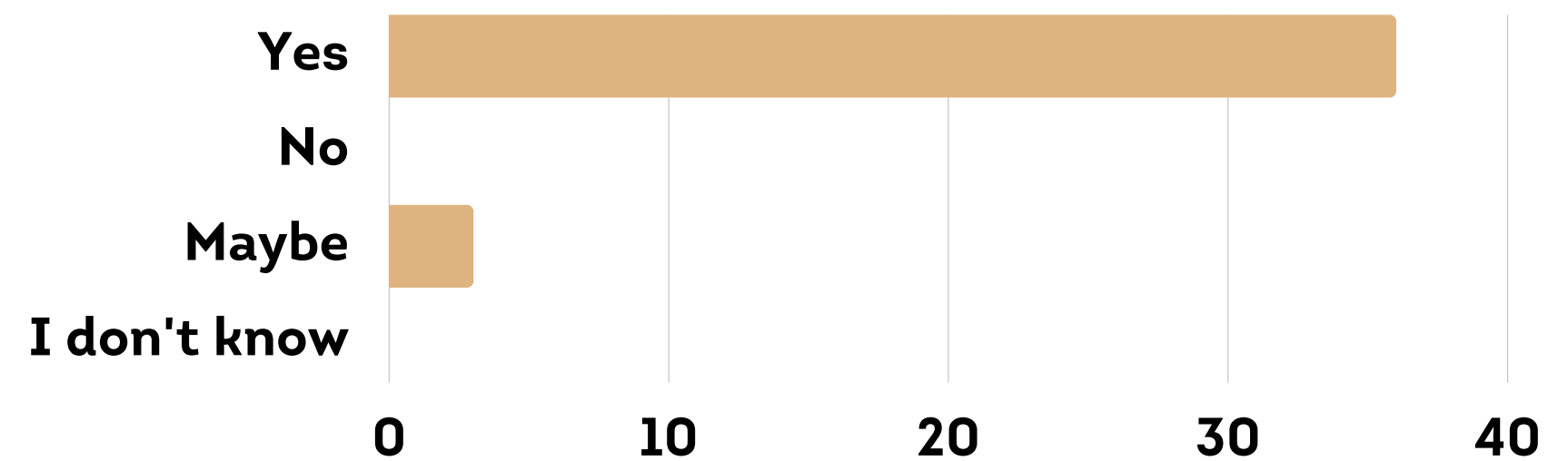
DO YOU FEEL THAT THE PROGRAM MISTREATED ITS CLIENTS?



DO YOU FEEL YOUR EXPERIENCE IN THE GROUP PREDOMINATELY HELPED OR HARMED YOU?

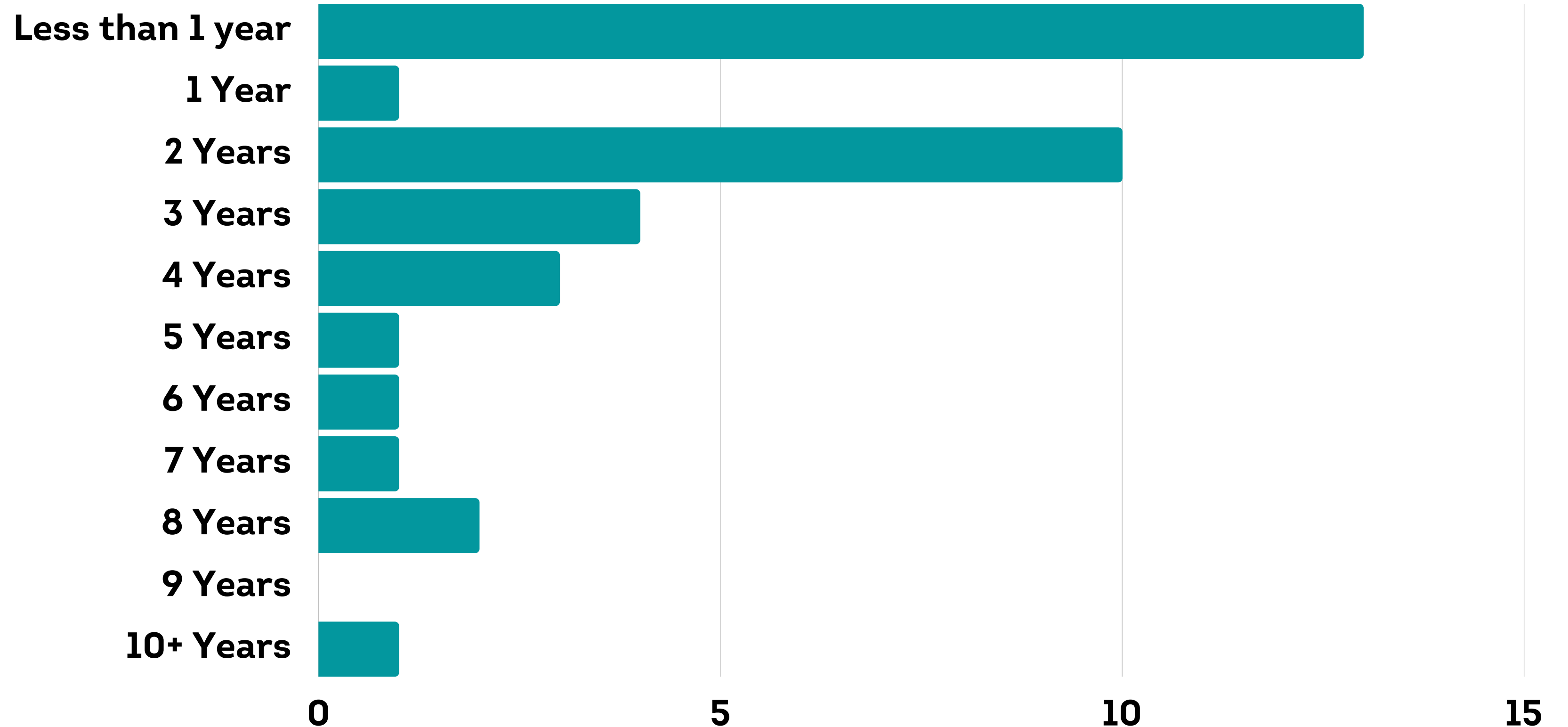


DO YOU BELIEVE THAT ENTHUSIASTIC SOBRIETY PROGRAMS ARE ABUSIVE?



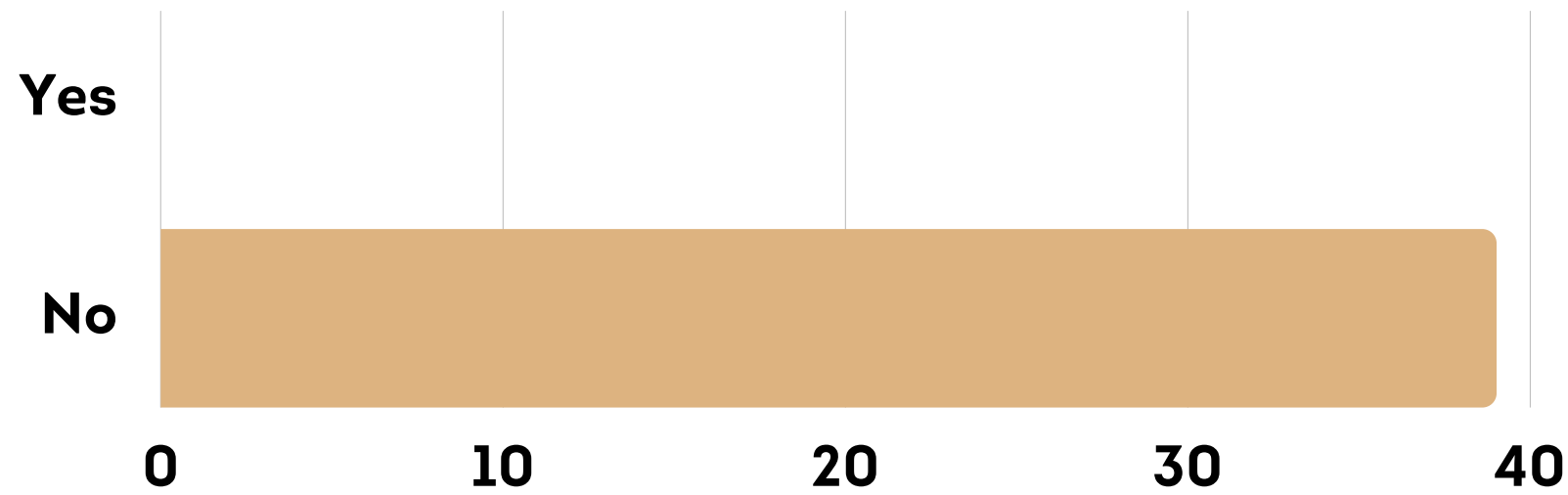
LONG TERM IMPLICATIONS

HOW LONG DID IT TAKE YOU TO REALIZE THE PROGRAM'S MISTREATMENT OR ABUSE?

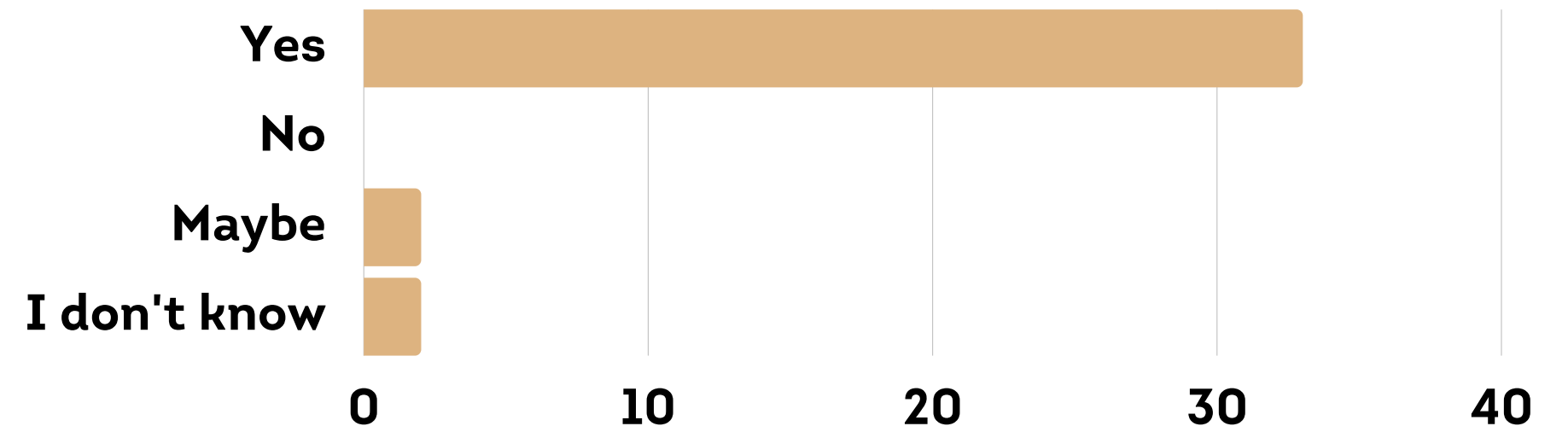


LONG TERM IMPLICATIONS

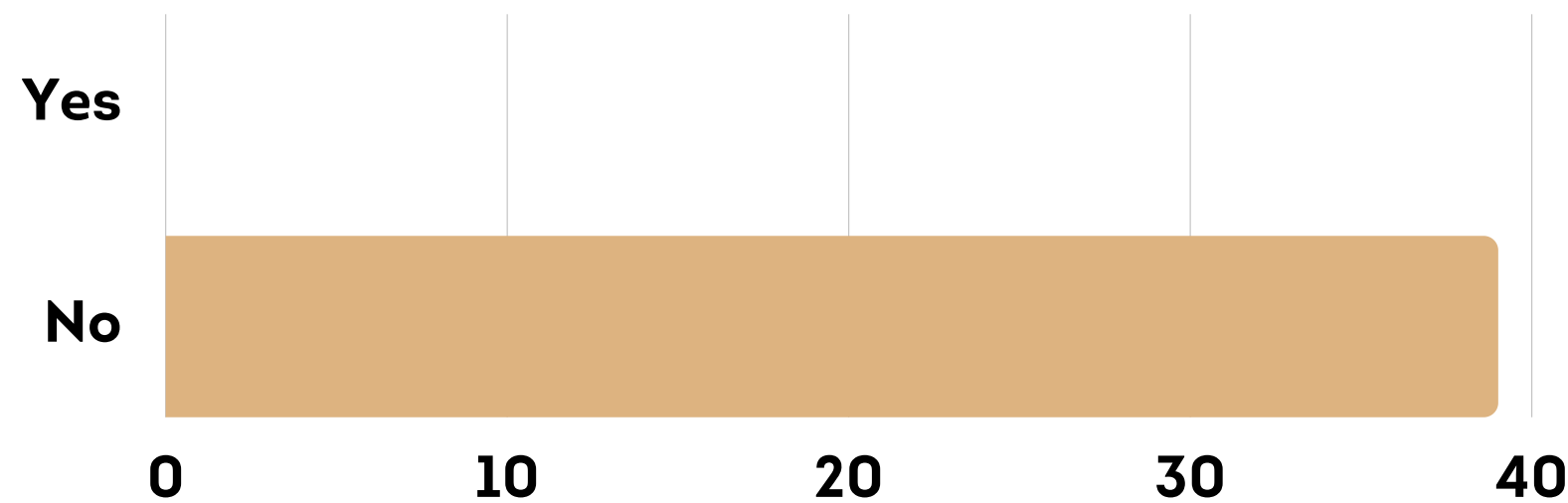
DO YOU FEEL STAFF WERE QUALIFIED TO BE YOUTH DRUG REHABILITATION COUNSELORS?



DO YOU FEEL YOUR GUARDIANS WERE KEPT INTENTIONALLY IN THE DARK ABOUT YOUR TREATMENT?



DO YOU THINK YOUR GUARDIANS WERE AWARE OF THE FULL SCOPE OF YOUR EXPERIENCE WHILE YOU WERE IN THE GROUP?



DO YOU THINK YOUR GUARDIANS WOULD HAVE A DIFFERENT VIEW OF THE PROGRAM IF THEY KNEW WHAT WENT ON?

