PRELUDE TO INTERVENTION

Penned By, Paul Michael Weiland

I. The Most Important Things

- A. We are here to be of service
- B. Do all things with love, and you can never break anything that can't be fixed
- C. Loving the person in front of you matters more than anything you know
- D. All action and technique should serve the virtue not the other way around
- E. If it ain't fun you ain't doing it right
- F. Fun principles and fuck the rest
- G. Sense of humor with self and others is a crucial commodity
- H. The mind, counseling technique, your schtick, your knowledge, and your skill are all ever evolving- the principle of love is constant
- I. There is no I in team, but there are 2 in intervention
- J. Responsible to not responsible for (make sure you really understand that)
- K. Gratitude- we get to do this for a living
- L. Passion is everything we do
- M. Passion is contagious
- N. Passion is inspired by God and freedom

II Personal Program

- A. Cannot transmit what you do not have
- B. God takes care of those who stay close to him and do his work well
- C. Definition of happiness (always evolving)
- D. The audience is watching people hear a fourth of what you say and see your actions four times more that you think
- E. Always strive to grow mentally, emotionally, physically, and along spiritual lines
- F. Fill your own cup-have a life
- G. Being a part of the force
- H. Living in the chi
- I. Have your own money straight-live within your means
- J. Do you have a clear perspective of money, different people make different salaries, and you get what you need
- K. Ownership- the program ain't your daddy, nor is the director, nor is your sponsor, nor is Yaphet
- L. Spirits talk to spirits
- M. We are all responsible for our own happiness

III. Professionalism

- A. We are the bet
- B. Always have your next move established be that an intake or your next appointment

- C. BE ON TIME
- D. Be confident- act as if everything that has happened you expected to happen (beware of arrogance)
- E. If you get surprised cop and use it to your advantage
- F. Being in touch with sense of urgency when a teen ager is using drugs and alcohol
- G. Remember they are coming to see you, for that reason they deserve your best
- H. If a kid has a drug problem, there is no better place in the universe or parallel universe better for them to get sober
- Parents are sick without getting the parent you don't have the kid
- J. Don't take a parents feelings personally
- K. Parents are people too they are coming to see you for help. THEY ARE NOT YOUR PARENTS
- L. People recognize and follow passion and confidence
- M. Believe that you are the best and an expert in what you do
- N. Professionalism is defined as commitment, passion, love, integrity, being who you say you are, and knowledge-let the fun begin

IV. Severity

- We work on the cancer ward
- B. We deal with the most prized possession of a parent their child be aware of the gravity (Shelby, Sprout, Wendy, Olivia, and you)
- C. This is a fatal disease
- D. Addicts are not the only people that die from drugs and alcohol
- E. My momma told me you don't mess with people's kids and mess with people's stuff-we do both
- F. You are the image of the program to that family

V. Money

- A. We are worth what we charge, in fact we are a bargain
- B. Never be apologetic for what we charge
- C. Treatment funds the program
- D. We do not work here to get rich, but we deserve to get paid for the work that we do
- E. You get what you pay for
- F. Parents monetary investment in treatment is part of what makes this program work
- G. If you have your personal feelings about money straight this is easy, if not it will be a challengelet the fun begin

VI. Your Schtick

- A. Believing in yourself (confidence)
- B. Complete belief and trust that the program does work
- C. Experience, love, and understanding
- D. You're in training because of your personal program and your powerful personality, it is the combination of the two that create your schtick
- E. Always be humble and teachable

- F. A good interventionist is a great translator
- G. Our treatment is a great product-all you have to do is explain that
- H. You are already a success just keep doing what you're doing
- I. Taking the principles that are proven and combining your personalities with them
- J. Being a good detective
- K. You can learn a lot about people by listening they will give you details about themselves that are crucial to the intervention
- L. The principles and passion of the point (that's a lot of P's) are most important not necessarily explaining something exactly like someone else would
- M. Positive con (confidence)
- N. Enjoying being in the hero business
- O. Enjoying all aspects of the intervention

The Art of Intervention

Young Person

A. What are you doing?

- Establishing trust between you and the young person
- 2. Having fun / turning young person on to recovery
- 3. Gathering details about young person to assist in making best assessment of needs and a plan for treatment
- 4. Honesty- young person opening up and being honest
- 5. Seeing the problem-young person seeing need for recovery
- 6. Hope-young person believing there if a better way of living
- 7. Commitment- young person understanding their part in the recovery process (6 & 7 usually more appropriate after meeting parents and establishing a plan for tx.)
- 8. Important note: When talking to a teenager, you have to be cool but not arrogant; you have to interested but not grossly enmeshed; they should feel important but not think you okayness depends on their decision (visual aid)

B. How you do it (Universal Schtick)

- 1. You look really happy to be here, did your parents drag you here?
- 2. I'm not a cop, a shrink, and I don't work for your parents (nothing to lose by being honest.)
- Dope- The Meaning of Life!
 - a. Magic
 - b. First time getting high story
- 4. Getting high changed from "the happenin" to what I do before I do anything
 - a. Phone call story
 - Defining the progression subtly
- Exchange stories to illustrate progression
- 6. Progression
 - a. Bing story
 - b. Story that defines bottom

- c. Must make sense- no A to Q
- 7. It wasn't a law, school, parents, shrink, guys who want to kick my ass, chick who wouldn't do me, friend, or God hates me problem----It was a ME problem (common denominator)
- 8. Void
 - a. Uncomfortable in our own skin
 - b. Dope magically make it go away
 - c. Dope stopped working
- 9. Tangled web going to bed and my head won't stop running
- 10. Last time you had thirty days without chemicals in your body
 - a. Confront pothead logic
 - b. It's easy to quit I've done it a thousand times (Mark Twain)
 - c. Alcohol counts
 - d. Jail or treatment time doesn't count
- 11. Acid description
 - a. Can't explain the way sobriety feels to someone who has never experienced it
 - b. If I could make you feel the way I feel you would be in
- 12. If this wasn't better I would be getting high
 - a. Brief description on how much better life has gotten due to recovery
- 13. How many friends do you want?
 - a. Explain quality and amount of friendships due to sobriety
- 14. What can I tell your folks?
 - a. Convince young person to give as many facts as possible, assuring them you are not going to get them in trouble
 - b. DO NOT BREAK THIS TRUST
 - c. Don't expect parents to keep a secret
- 15. I am going to hang with your folks and get them cool, your job is to do whatever it takes...and you know everything's all right everything's fine

C. Important Details

- 1. Medication
 - a. Are they currently on, or ever been on medication
 - b. What kind of medication
 - c. Were they getting high when they were diagnosed
 - d. Who diagnosed them
 - e. Are they currently seeing a doctor
 - f. If they are on medication do they take it as prescribed
 - g. Do they have a history of abusing medication
 - h. Were they honest with their doctor, remember we lie
 - i. Do they have any suppositories because Marcos desperately needs some HAHAHAHAHA
- 2. Treatment
 - a. Prior treatment history
 - b. Are they currently in treatment
 - c. Therapists, shrinks, counselors, Indian shamans all count
- 3. Legal History
 - a. Past legal history Are they currently on probation or parole
 - b. What for?

- c. Looney versus normally abnormal are they appropriate
- 4. If they offer sexual history
 - a. Current or past relationships that are relevant
 - b. They may talk about abuse (potential reporting)
 - c. Notice their affect
- 5. Get their take on their parents
 - a. What their marriage is like
 - b. Potential bitch and bastard
 - c. From the mouths of babes
- 6. 12 Core Functions
 - a. Intervention
 - b. Screening
 - c. Assessment started- thoroughly done after admit
 - d. Counseling
 - e. Need for referral (?)

I. Parents

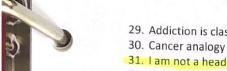
A. What are you doing?

- 1. Building confidence in you and the program
- 2. Explaining the philosophy of our program
 - a. Detailed use history
 - b. Emotional status
 - c. Progression
- 3. Disease concept
- 4. Confronting denial
- Parent first step
 - a. Defining dis-eae
 - b. Defining unmanageability due to child's use
- 6. Sense of urgency
 - a. Treating now rather than later
 - b. More important than anything
- 7. Treatment
 - a. Description
 - b. Parent's role
- 8. Trust
- 9. Hope
- 10. Willingness
- 11. Commitment

B. or not to be How are you doing it? (Universal Schtick)

- 1. Method to the madness
 - Describing the group
 - b. Describing the staff

- I'm going to tell you what's going on but your kid can't get in trouble- category of themes
 - Young person can't get in trouble for being honest
- 3. How long kids been getting high
 - a. Details
 - b. Don't roll
- 4. White knight
- 5. Can't con a con
- 6. Staff
 - a. Accountability
 - b. Honesty
- 7. We are the best at what we do-because it is all that we do
- 8. Teenagers think that they are bullet proof
- 9. It's going to be more fun than getting high
- 10. Marijuana is dangerous because it does so little wrong
 - a. 3 degrees
 - b. Hawaii
 - c. Delta 0 THC
 - d. Emotional arrest/ intellectual twisted/ experientially advanced
- 11. Getting high for 6 months is not experimentation- it's the beginning of progression (a + b = c)
- 12. Abuse-dependence-addiction-treatment is all the same
- 13. Emotional arrest-intellectually twisted-experientially advanced-explaining how that plays out in all areas of their lives
- 14. 80-90% of any high school students have experienced chemicals (includes everything from weekend warriors - to daily abusers)
- 15. Led Zepplin to Marilyn Manson and Tupac in 30 years (envelope being pushed)
- 16. 12 years old anticipating getting high the way a 16 year old anticipates getting a drivers license
- 17. Getting high is not a phase
- 18. If parents go high and made it, they know people that didn't
- 19. We are a drug abuse program- not a drug addict program
- 20. Society and MTB are not teaching principles and morals (it's hip to be amoral, asexual, bisexual, and pierced)
- 21. These kids are not lacking in intelligence and willpower- it takes both to get high (when you place both on a foundation of low self worth you come up with creative powerful ways to selfdestruct)
- 22. Addictive personality: con, manipulative, isolation, sociable, RAGE, depression (normal teen multiplied with use)
- 23. Foreign management- not their kid
- 24. A kid getting sober is about them learning to deal with themselves internally
- 25. Learning to have a lifestyle that is better and cooler than getting high
- 26. Peer pressure works, make it positive
- 27. Choosing your battles wisely JR smokes, swears and has an earring sober- we are doing great
- 28. Meds
 - a. Were they diagnosed getting high
 - b. Did they lie to the shrink
 - c. Was the problem or symptom diagnosed
 - d. Get off foreign management before you know
 - e. Addicted get high to medicate
 - f. DSM IV rule out



- 29. Addiction is classified as a disease because it is progressive and fatal if not treated correctly
- 31. I am not a head hunter we only put people in treatment if they are appropriate and willing
- 32. If the kid had cancer and I were a cancer specialist I wouldn't suggest cancer support group meetings-they need chemo
- 33. Getting high is the problem (tack in the foot)
- 34. Unless parents got their kid high the first time, or woke up everyday planning to psychologically cripple them- it's not their fault, it's not their fault, "Screw you man", it's not their fault
- 35. You have to treat the inside for a person to really change
- 36. If you don't treat the internal cancer the sores on the skin won't go away (12 Steps are physical, emotional, and spiritual healing)
- 37. Willingness is relative 3 F's/1 commitment
- 38. Someone who is getting high is not capable of clean intentions, they have been living a lie
- 39. Bricks and Sticks (comprehensive TX)- time Mon-Fri, individual appointments, parent appointments, individual tx plan set up in staffing by input of parents and school)(Your giving them a detailed description of the massively big picture)
- 40. A new foundation and a tool box- (first 4 Steps, honesty, accountability, open mindedness, willingness, and ownership) (explain length of stay)
- 41. Parents choosing their battles
- 42. Other things life may suffer while getting sober
 - a. Getting sober is hard work
 - b. Priorities
 - c. School
 - Sports
 - Girl Scouts
 - Under water basket weaving classes
- 43. They will not deal with all their issues in treatment they may not be ready to deal with some issues until they have some time sober
- 44. WE charge \$8500.00 for treatment and it's a bargain
- 45. We are not going to cure them from being teenagers (refer back to 26)
- 46. The ideal situation is- for a kid to hang out, have fun, and do treatment
- 47. Getting sober has to be more fun and intense than getting high
- 48. Temporary not permanent
- 49. We all want to see the young person as a happy, successful, sober citizen this is where it starts
- 50. This is an art not a science
- 51. Parents (including step) need to be committed or treatment will not work
- 52. Prepare for the roller coaster
- 53. Make alcohol and/ or drugs inaccessible while JR is in treatment
- 54. Parents need to talk to school and Doctor where applicable
- 55. We don't want to be Jr's parent, we want to teach the parent what to do with a teenager in recover (get them a copy of Beyond the Yellow Brick Road- have them read the parent chapter
- 56. Jr. will succeed with the tools he is given in sobriety . He will be motivated because he likes himself. This will not be for his parents, but for himself
- 57. If Jr. stays sober, you will get your kid back
- 58. At the very least, we will ruin their highs
- 59. More treatment may be necessary
- 60. No guarantees, you can pay for treatment not for recover



- 61. Parents role is vital
- 62. Since you believe your kid needs treatment, let me talk to them one on one. Let them own treatment by making a decision to go in
- 63. Laugh with the parent remember they are real people
- 64. Use your experience relating to their child-this gives them hope and belief in the recovery
- 65. Talk about your life today including your relationship with your parents (stick to the positive)
- 66. Don't take parents at their word make sure they leave the office with a plan you both agree on
- 67. Lovingly let them know my way or the highway (your not Mr. Poipull and Mr. Pink Some udda guy on some udda job is Mr. Poipull)
- 68. Any questions apply 1-67
- 69. Insert sexual joke here (that's what she said)

C. Important Stuff

- 1. Revisit I-C
- 2. Guilt checks
 - a. Reestablish parent commitment
 - b. Can't buy sobriety
- 3. All details are important about JR
 - a. Adopted Where is the other parent
 - b. Head injuries
 - c. Diabetic
 - d. Sexual history
- 4. Releases signed
 - a. If consultation is necessary
 - b. P.O.
 - c. Doctor
 - d. Therapist
- 5. Other parent
- 6. Core functions
 - a. Screening (is parent loony)
 - b. Beginning of assessment
 - c. Intervention
 - d. Counseling

III. Parent Said Yes (closing pitcher)

A. What are you doing?

- 1. Redefining willingness for Jr
- 2. Hope-detailing
- 3. Commitment
 - a. Kid



- b. Parent
- c. Intake

B. How are you doing it (Susie's willing schtick)

- 1. How willing are you (Jr)
- 2. I think that you need to do outpatient
- 3. Are you willing to have lots of fun and learn how to be sober
- 4. Commitments
 - a. 3 F's
 - b. No hanging with old friends
- 5. You don't have to stay sober the rest of your life
 - a. Getting high will always be there
 - b. You already know what getting high is like- you don't know what getting sober is like (refer to the last time they had 30 days)
- 6. Turn Jr onto how much fun OP is (what they win)
 - a. OP counselor
 - b. Group
 - c. Get out of school
 - d. Freedom
- 7. Reestablish need for treatment
 - a. Progression
 - b. Heavy or light depending on the kid
- 8. High's will be higher (avoid the Stewart Smalley)

C. How are you doing it (kids unwilling schtick)

- 1. It's your choice, go to meetings, and think about it until our next appt
- 2. Talk to parents you can catch more fly's with honey than you can vinegar- let's see what they decide in a week
- 3. If Billy is still getting high and not willing we will teach parent to own their shot (ex Tx Here or somewhere)

D. Everyone is in! (Final act)

- 1. Thoroughly understand choice and commitment
 - a. parent
 - b. Billy
- Commitment
 - a. 8-14 weeks
 - b. Hours of operation
 - c. All meetings and functions
 - d. Walk through paperwork
 - e. Update OP counselor on Billy and his parents



E. Important Bits

- 1. Intake completed thoroughly
- 2. School (we don't do school)
- 3. Work
- 4. Girlfriend/Boyfriend
- 5. Sports or clubs
- 6. Vacations
- 7. Review all important stuff (IC, IIC)
- 8. Core functions completed
 - a. Screening
 - b. Intake
 - c. Orientation
 - d. Assessment
 - e. Tx Planning
 - f. Counseling
 - g. Consultation (doctor, PO, school)
 - h. Referral (if necessary)
 - i. Cl. Education-disease concept
 - i. Crisis Intervention
 - i. Reporting obligations
 - 1. Physical
 - Sexual
 - ii. Suicidal/ideation
 - iii. Relapse/ relapse prevention
 - iv. Still getting high
 - k. Reports and record keeping
 - I. If it is not written down it did not happen (referral, reporting obligations, etc)
 - m. Case management
 - i. First staffing
 - ii. Consultation

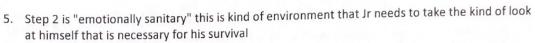
IV. Step 2

A. What are you doing?

- 1. Responding to Susie's need for more intensive treatment
- 2. Establishing the need with parents
- 3. Giving the need with the parents
- 4. A and II A / describing that S2 is a different form of treatment rooted in the same philosophy not advance IOP

B. How do you do it/ Universal Schtick

- 1. Defining for the parent how IOP is not enough to meet Susie's needs
- 2. We've tried chemo now we need to do surgery
- 3. The sickest of the sick go to Step 2
- 4. I mentioned this in the beginning because my gut said (refer to it's an art not a science)



- 6. Sober Disneyland
- 7. Pinnacle of enthusiasm
- 8. The best treatment on the planet
- 9. The relapses have shown that she needs more than what IOP can give her
- 10. We can get Susie what she needs before she relapses
- 11. If they are willing repeat IIID and refer to step
- 12. Explanation of why Step 2 is so effective
 - a. The staff
 - b. The amount of attention
 - c. Stripping away defenses
- 13. Earth science analogy
- 14. Step 2 won't cure them



BEST PRACTICES FOR BUSINESS AND LIFE By Bill Corbett

To better serve others, I must work relentlessly to know myself. It is a process of uncovering, discovering and discarding who I'm not, and then building on who I truly am.

I must tear down the walls I built between my business and personal lives. I only have one life. The richness comes from weaving them together, and selflessly and confidently sharing my tapestry with the world.

Meet people where they are, not where you are, or where you think they should be.

Listen deeply, not only to the spoken words, but also to the words, message and questions behind the words.

Take 100% responsibility that your listener hears your message.

I have the right and the responsibility to become a teacher, as long as I remain a student.

Five away only your overflow. We need to stay in a fit condition spiritually, mentally, physically and emotionally in order to have enough to share with others. The overflow will attract people to us. Our job is to keep the window clean, so the light shines through.

Stop judging others. We don't know where they started from. They probably have grown more than I have. If I started at zero or minus three, they may have started at minus ten. The people I resent the most are very much like me...Oops.

I don't have any secrets that are damaging to me. I have two men who know everything about me. We can do together, what I cannot do alone.

> Sometimes our presence is more important that our words.

Kindness is the greatest wisdom of all. It works in the boardroom, the Hospice room, the therapists office, and the funeral home.

I have the right and the responsibility to confront inappropriate behavior in my area of responsibility, both in business and personal arenas.

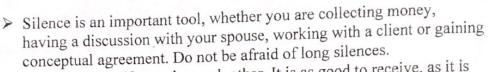
P 970.284.8074

F 970.284.8075

E bill@corbettbusinessconsulting.com



310 S. Cleveland Avenue Loveland, CO 80537



Listening is a gift we give each other. It is as good to receive, as it is to give.

> Love is action; it's a verb, not a noun.

Call a mentor, ask them what to do, do it.

> Those most horrible things that were done to me, and that I did to others, are my most precious gifts today, because they enable me to reach a still suffering person when no one else can; not the psychiatrist, the priest, the doctor, the family or a friend. What a gift, what a responsibility, in both business and my personal life.

> Be persistent, in building on your core strengths, in overcoming the obstacles that keep you in the herd, in learning/mastering the skills needed to become the expert in your field, and in getting the check

every time.

This is the success formula: You will succeed if you stay close to a professional community, accountable to it, participate in it, ask for help, implement the solutions, and share your expertise.

Work with a mentor, of course. But, in addition, participate in a mastermind group, have an accountability partner for projects, and choose one or two 'buddies' that are where you want to be in a year or two (when you play tennis with someone better than you, you improve rapidly).

> Stop with the, yeah buts.

> The need to be 'right' can waste an inordinate amount of time.

> Stand up for what you believe in, articulate it clearly, and move on.

> Do something big (important) everyday.

> Make a list of five nice things to do for yourself, do at least one everyday and keep adding to the list.

> Fight to deliver the outcomes the client needs, even if they don't know or believe.

MEEHAN INSTITUTE

FOR COUNSELOR TRAINING APPLICATION PACKET Fall 2015



MEEHAN INSTITUTE FOR CONSELOR TRAINING

MISSION STATEMENT

Dedicated to excellence in the education of professional addiction counselors. Committed to following the principals of the Twelve Steps and the belief in God to enable our clients and us to achieve recovery.

Resolved to bringing unity, love, and understanding to all those with whom our lives come in contact. Devoted to our personal recovery first, and the need to be accountable to God and those we serve. Following the principles of Enthusiastic Recovery and strictly adhering to the highest ethical standards of our profession. Being willing to live in "a glass house" in our personal and professional lives. Maintaining always that our clients' best interest and welfare come first.



Welcome to the Fall 2015 Meehan Institute for Counselor Training class. For the next 12 weeks you will have the opportunity to prepare yourself for what will hopefully be a long and joyful career in the field of alcohol and drug abuse counseling. The staff at Insight will do everything in our power to share with you our experience in counseling and how to deal with the personal issues that come up when working in this field. We realize that you have no frame of reference for what to expect so please ask any questions and voice any concerns that come up. It is our responsibility to respond to your needs and it is your responsibility to communicate your needs. Above all apply the principles of honesty, open mindedness, and willingness in order to maintain the level of humility necessary to learn everything that is available to you. We are glad you are here and hope you enjoy your experience.

God Bless,

Clint Stonebraker

Executive Director

The Meehan Institute / The Insight Program

GENERAL INFORMATION CORE FACULTY

Clint Stonebraker, CAC II, CSAC, CCS, LISAC, CADC, Executive Director of Stonebraker's Inc

Matt Meyer, CSAC, CADC, CAC I, CCS: Program Director, Alternate Clinical Supervisor of The Insight Program.

Glenn Schendel, CSAC, CAC II, CADC II, ICADC, CCS: Alternate Clinical Supervisor, Volunteer Senior Counselor of The Insight Program. Recovery Residence Manager of Step Two South and Step One.

Steven Winkelmann, CADC, CSAC, CAC I: Intake Coordinator, Alternate Clinical Supervisor of The Insight Program, Charlotte North Carolina.

Steven Jaffe, M.D., Board certified Child and Adolescent Psychiatrist, 30 years experience as a Child and Adolescent Psychiatrist, President of the Georgia Council for Child and Adolescent Psychiatry, and the Associate Professor of Child and Adolescent Psychiatry at Emory University in Atlanta, Georgia.

Mike Weiland, CRADC, ICADC: Program Director of the Crossroads Program in St. Louis Missouri.

Amy Weiland, CRADC, ICADC: Administrator, Senior Counselor of the Crossroads Program in St. Louis Missouri.

Frank Szachta, CRAADC: Executive director of the Cornerstone Program in Denver Colorado.

Josh Azevedo, **LISAC**, **CAC II**: Executive director of the Pathway program in Phoenix Arizona.

Kate Klein: Director of Full Circle in Arizona

TUITION:

Tuition is \$5,800.00 and does not include the cost of the textbooks. PAYMENT IS EXPECTED IN FULL AT THE TIME OF APPLICATION.

LIVING EXPENSES:

It is <u>your responsibility</u> to cover all living expenses (including rent, food, etc.), and establish living arrangements if needed prior to beginning training.

BASIC APPLICATION REQUIREMENTS:

- 1. Recommendation from a director of an enthusiastic sobriety program
- 2. High School diploma or equivalent
- 3. At least 18 years of age

DISCIPLINE POLICY:

THE FOLLOWING ARE REASONS FOR EXPULSION FROM THE TRAINING PROGRAM:

- 1. The use of alcohol or other drugs in an abusive manner
- 2. Dishonesty, plagiarism
- 3. Repeated tardiness
- 4. Excessive, unexcused absences
- 5. Breech of ethical standards

CONTACT INFORMATION:

For additional information contact Glenn Schendel at (770) 889-1399.

The Meehan Institute admits students of any race, color, nationality or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality or ethnic origin in the administration of its educational policies, scholarship, loan programs and other school-administered programs. The Meehan Institute is an equal opportunity employer.

THE MEEHAN INSTITUTE

CLASSROOM PROGRAM

The Meehan Institute is a program designed for individuals interested in a counseling career and learning in an enthusiastic environment. The Meehan Institute has been providing training since 1992.

The Meehan Institute is an approved NAADAC (The Association for Addiction Professionals - www.naadac.org), GACA (Georgia Addiction Counselors Association - www.gaca.org), and ADACB-GA (Alcohol and Drug Abuse Certification Board of Georgia - www.adacbga.org) education provider. In many states credentialing boards require that a percentage of education received have a provider number specific to that board. Classes offered by the Meehan Institute with provider numbers from these three certifying boards are as follows:

Alcohol 6

Counseling Theories 6

Crisis Intervention 6

Documentation 6

Drugs of Abuse 6

Ethics 6

Group Counseling 8

Neurobiology of Addiction 6

Overview of the Counseling Process 6

Treatment Admission 8

Assessment 6

Co-Occurring Disorders and Medication Therapy 2

Cultural Diversity 6

DSM-IV-TR Substance Related Disorders 2

Eight Counseling Communication Skills 6

Functions of Counseling 6

Group Counseling with Adolescents 6

Overview of Addiction and Addiction Treatment 6

Review of the 12 Core Functions 6

Treatment Planning 6

The number listed after each class represents the contact hours of each class. Certified counselors are required to continue their own education with drug and alcohol specific classes. The class content was developed for counselors seeking initial certification, however experienced counselors may attend classes as well.

The content of the classes offered by the Meehan Institute prepares participants with the knowledge needed to pass the written and oral test required for certification. Classes are based on the 12 core functions of the substance abuse counselor and the global criteria defining each function. These include:

- 1. Screening
- 2. Intake
- 3. Orientation
- 4. Assessment
- 5. Treatment Planning
- 6. Counseling
- 7. Case Management
- 8. Crisis Intervention
- 9. Client Education
- 10. Referral
- 11. Reports and Record Keeping
- 12. Consultation

Other classes cover a variety of skills utilized by the professional drug and alcohol abuse counselor. Subject matter includes community networking (how to build working professional relationships with other programs and agencies), HIV/AIDS education, and facilitation of a support group, shift counseling in a residential setting, and working with families. Written and oral test are also administered under the same parameters as the written and oral testing administered by credentialing boards.

A unique characteristic of The Meehan Institute is the opportunity students have to gain valuable experience while participating in the training program. Working in conjunction with The Insight Program in Georgia students "shadow" staff members in individual and group counseling situations. This gives the students a feel for counseling while in training. In general, one day a week is spent training in actual counseling situations. This gives a needed perspective for the classroom material to be internalized, as well as ample opportunity to discuss specific counseling situations individually with an experienced counselor.

The Meehan Institute also focuses on personal and professional development. The skills needed to be a successful drug and alcohol abuse counselor include the application of tools in order to avoid professional burnout. Power equals responsibility, and understanding personal practices that enhance professional performance is a necessity for the professional counselor.

The Meehan Institute does not guarantee that students will gain employment. Upon completion of the Meehan Institute it is ultimately up to the individual to find employment or an internship position.

TUITION

Please return the completed application with a letter of recommendation and fees (\$5,800.00) no later than August 17th, 2015. Please contact Glenn Schendel with questions regarding the application process. Classes begin 10am August 24th 2015 at the main Insight office.

Please make checks payable to: The Meehan Institute

Mailing address: 5110 Old Ellis Point Roswell, GA 30076

Thank you!

IF APPLICATION AND TUITION IS NOT IN BY THE ABOVE DATE, OR IS INCOMPLETE, YOU WILL NOT BE ADMITTED INTO THE MEEHAN INSTITUTE FALL 2015 SESSION.

TEXT BOOKS

REQUIRED BOOKS:

- 1. Beyond the Yellow Brick Road, by Bob Meehan
- Drugs, Society, and Human Behavior by Ray Oakley and Charles Ksir (15th edition look for this used, currently \$18 on Amazon)
- 3. Loosening the Grip by Kinney and Leaton (10th edition acceptable, look for this used currently \$20 on Amazon)
- 4. Big Book of Alcoholics Anonymous
- 5. Getting Ready to Test: A Review / Preparation Manual for Drug and Alcohol Credentialing Examinations (**provided by The Meehan Institute**)

SUGGESTED BOOKS:

- 6. DSM-V, American Psychiatric Association (available for loan do not purchase!)
- 7. Bumper Stickers, by Bob Meehan (suggested like the yellow line on the highway is a suggestion)
- *Beyond the Yellow Brick Road must be read before Training begins*
- *You must provide your own copies of all REQUIRED textbooks*
- *The SUGGESTED books will be available on loan from the Meehan Institute*
- *You must provide your own supplies (paper/notebook, pens, etc.)*

APPLICATION CHECK LIST:

	1. Completed Application (with appropriate signatures)
	2. Copy of High School Diploma or G.E.D.
	3. Letter of Recommendation
	4. Personal Check or Cashier's Check for \$5,800.00 (this does not include the cost of textbooks)

Please send applications to: The Meehan Institute 5110 Old Ellis Point

Roswell, GA 30076