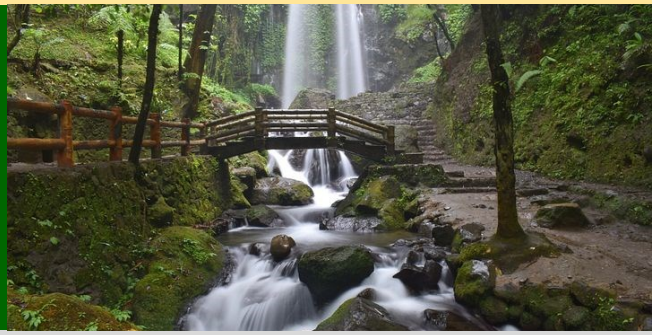
NCAOCA NEWS

Spring 2023

Official Newsletter of the North Carolina Addiction and Offender Counselors Association

NCAOCA NEWS



Official Newsletter of NCAOCA

ANNOUNCEMENTS

.

Stop by our NCAOCA Booth at the 2023 NCCA Annual Conference February 10-11, 2023

.

Be on the lookout for our annual newsletter

.

Interested in being a member? Reach out to ***stephanie.robinson@uncp.edu***

.

Have a Contribution for the Newsletter?

Email your submission to: **Whitney.akers@uncp.edu**

Inside This Issue

2022-2023 Executive Officers

President: Stephanie Robinson
President-Elect: Richard Kurr
Vice President: Whitney Akers
Past President:
Secretary/Treasurer: Ali Davis
Newsletter Editor: Whitney Akers

NCAOCA News Sections

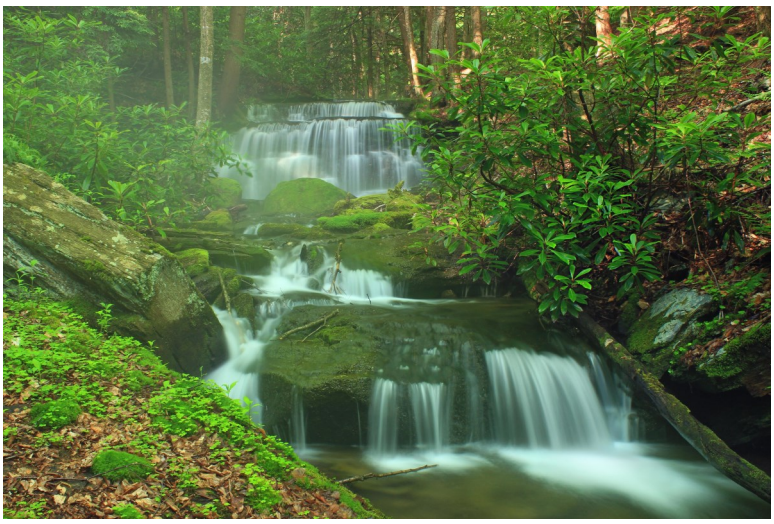
WELCOME: Letter from our president. Meet the board.

NCAOCA and Community Happenings: Events or happenings within our division and our surrounding communities related to counseling incarcerated clients and/or clients with substance-related and addictive disorders.

Legislation on the Horizon: Pieces considering pertinent legislation to our division and those we serve.

Advocacy in Action: Discussion of advocacy considerations, actions, or measures pertaining to counseling incarcerated clients, clients with addictions, and/or marginalized communities impacted by addiction and the criminal legal system.

Clinical Insights: Exploration of approaches to counseling incarcerated clients and/or clients with addictions, as well as discussion on the current state of counseling and research.



Inside This Issue

Welcome:

NCAOCA & Community Happenings:

Advocacy in Action:

Clinical Insights:

WELCOME

Who We Are

NCAOCA seeks to advance practice among counseling professionals working with clients with addiction and/or criminal justice involvement. The division is modeled after the International Association of Addictions and Offenders Counselors and promotes research and practice to improve the lives of substance-affected or criminal justice-involved individuals and families.. If interested in becoming more involved with the chapter, please do not hesitate to **reach out**!

Letter from Our President
Dr. Stephanie Robinson

Greetings, NCAOCA Members!

It is with great pride that I submit this message to each of you in the very first edition of **NCAOCA News!** I am incredibly excited to lead this division for the 2022-2023 year and even more excited to work collaboratively with an amazing NCAOCA Executive Committee. As your current division President, my focus this year is to reinvigorate and re-energize our division. Afterall, the work we do as counselors who work with clients with addictive use disorders as well as those impacted by the legal system requires a community of professionals invested in enhancing and advocating our practice to benefit the individuals we serve.

As a leadership team, we have already begun the exciting task of creating new opportunities for this division- starting with this exciting newsletter. We will be releasing another edition of NCAOCA News at the end of spring. We have also updated the NCAOCA Bylaws and will be sending out the revised edition soon for all members to read, provide feedback, and adopt. Attending the NCCA Annual Conference in February? NCAOCA is sponsoring a presentation titled, Cultivating Client Empowerment to Ethically Reduce the Frequency and Impact of Addictive Use Disorder. We hope you attend. While at the conference, make sure to stop by the NCAOCA booth to pick up your NCAOCA swag and to say hi! We also plan to offer a **FREE** CEU webinar to all NCAOCA members at the end of Spring. If you want to present, please let us know. Finally, we will need new leadership for the 2023-2024 year, so be on the lookout for an email calling for officer nominations.

(continued on next page)

WELCOME

Letter from Our President
Page 2 of 2

In order for NCAOCA to continue to grow, we need input, involvement, and energy from NCAOCA members. I challenge each of you to encourage your colleagues to join the division, consider running for a 2023-2024 leadership position, or submit a piece for the next edition of *NCAOCA News*.

I look forward to meeting you at the annual NCCA conference in February, and please don't hesitate to contact me if you have questions, suggestions for the leadership team, or would like to become more involved with NCAOCA.

Stephanie Robinson, PhD, LCMHCS, LCAS, CCS, AADC, NCC
Stephanie.Robinson@uncp.edu

https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

WELCOME

Meet the Board

President
Dr. Stephanie Robinson

Stephanie Robinson, PhD, LCMHCS, LCAS, CCS, AADC, NCC is an Assistant Professor in the Department of Counseling at the University of North Carolina at Pembroke. Dr. Robinson is also the Graduate Certificate in Addiction Counseling (GCAC) Coordinator, CACREP Liaison, and Wilmington Initiative Coordinator at UNCP. Dr. Robinson is licensed as both a Licensed Clinical Mental Health Counselor-Supervisor and a Licensed Clinical Addictions Specialist, Certified Clinical Supervisor. Nationally, Dr. Robinson is certified as an Advanced Alcohol and DRug Counselor and National Certified Counselor. In addition to her work at UNCP and serving as NCAOCA's current President, Dr. Robinson is a North Carolina Addictions Specialist Professional Practice Board (NCASPPB) member and has served as an IC&RC AADC examinations subject matter expert and AADC Job Analysis subject matter expert.

Dr. Robinson is passionate about educating, training, and supervising budding counselors, specifically those who are passionate about working in the area of addiction counseling. Dr. Robinson thoroughly enjoys supervising dually licensed LCMHC-A and LCAS-A counselors on their path toward licensure.. Dr. Robinson has previously worked in addiction treatment centers, college counseling centers, and in private practice. Dr. Robinson's writing and research interests are in educating and training addiction counselors and advancements in professional counseling and addiction counseling licensure policy.

Vice President
Dr. Whitney Akers

Whitney P. Akers, PhD, LCMHC, NCC, ACS (She/They) is an Assistant Professor in the Department of Counseling and the Director of the Clinical Mental Health Counseling Program at the University of North Carolina at Pembroke. A National Certified Counselor, an Approved Clinical Supervisor, and a Licensed Clinical Mental Health Counselor (NC), Dr. Akers' clinical experience includes counseling in community agency, inpatient, spiritual care, hospital/integrated care, detention center, school, equine therapy, and private practice settings. Dr. Akers has also worked as a part of a SBIRT team supervising addictions counselors on a Level 1 Trauma Unit and collaborated in facilitating a multi-year grant to infuse addictions-specific training into core counseling courses in UNCP's Department of Counseling. Dr. Akers' research interests center on the ways in which people who identify as LGBTQ+ experience outness, how intersections of queerness and race, class, ability, spirituality, and ethnicity influence mental health and wellness, and how these intersectional lived-experiences are impacted by the current sociopolitical climate in terms of access to safety, survival, and personhood. Additionally, Dr. Akers engages in participatory action research strategies in an effort to support marginalized populations, challenge oppressive power structures, and enhance communal resiliency.

https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

WELCOME

Meet the Board

President-Elect
Richard Kurr

Richard C Kurr M.Ed. LCMHC-A, LCAS-CSI, ICAADC, NCC "Rick" Kurr is a Nationally Certified Licensed Clinical Mental Health Counselor and Licensed Clinical Addiction Specialist currently working private practice serving the Cumberland County and extended community. Originally from Puerto Rico, Rick went on to serve in the military (Army) for fifteen (15) years. Rick participated in multiple military deployments to Afghanistan and Iraq and lived for parts of his life in other countries such as Colombia, The Republic of South Korea, England, and Germany. After the service, Rick earned his bachelor's degree in Psychology from Methodist University and his Master's degree in Counseling from the University of North Carolina at Pembroke. Although no longer in the military, Rick believes service to the community has many forms and is worth pursuing in any chapter of our lives. Currently, he is a mental health counselor serving the mental health of our community in a local private practice.

Secretary/Treasurer
Ali Davis

Ali Davis, Ph.D., LCMHC, LMHC, QS, is a licensed clinical mental health counselor, qualified supervisor (NC), licensed mental health counselor (FL), and an adjunct instructor in the Department of Human Services at Blue Ridge Community College. Dr. Davis' clinical experience includes community mental health, curriculum development for a women's trauma-informed intensive outpatient program, inpatient care, private practice, and volunteer counseling with the Free Clinic. Dr. Davis' research is focused on counselor education and supervision, specifically evidenced-based practices for justice-involved clients, counselor experiences, and the social construction of technology.

https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

NCAOCA & Community Happenings

NCAOCA Booth at the 2023 NCCA Conference

Visit the NCAOCA Booth at the 2023 NCCA Conference!

Dates: February 10-11, 2023

For new and current members, we will have NCAOCA swag to share with you! Please come by, say hello, and grab a bag!

2023-2024 NCAOCA Officer Elections

Are you interested in getting involved with the NCAOCA Board? We look forward to holding officer elections in Spring 2023. Please stay tuned for more information and details!

https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

NCAOCA & Community Happenings

NCCA 2023 NCAOCA Sponsored Session

Saturday, February 11, 2023
3:30 pm – 5:00 pm

Cultivating Client Empowerment to Ethically Reduce the Frequency and Impact of Addictive Use Disorders

Session counts for 1.5 CEU clock hours

Promoting client empowerment to achieve a sense of mental wellness is considered such a critical component of our work as professional counselors that it is a required ACA competency and a basis for development of the therapeutic relationship (American Counseling Association, 2014; Toporek & Daniels, 2018). Despite the emphasis on empowerment in our profession, counselors providing addiction treatment services often encounter, and may even adopt, professional practices that are antithetical to our professional counseling principles and that do not support client autonomy and empowerment as a primary goal (Bielenberg et al., 2021; McGinty & Barry, 2020). While there are recent hopeful signs that addiction treatment options are expanding and that dominant narratives around addictive use disorders are changing in society, much work remains to be done in a field where less than ten percent of those with a substance use disorder access treatment (Substance Abuse and Mental Health Services Administration, 2021). In fact, the stigma associated with receiving addiction treatment continues to be a significant reason that individuals do not seek care (Bielenberg et al., 2021; McGinty & Barry, 2020). This presentation explores the disconnect between client empowerment and what is often provided in traditional addiction treatment settings. In addition, this presentation will explore how professional counselors can approach clients across the continuum from prevention to treatment to maintenance with an emphasis on client empowerment as the primary goal.

Presenters: Pete Rubinas & Dr. Stephanie Robinson

Pete Rubinas is a Clinical Mental Health Counseling student at UNC Pembroke. He also works part-time as the Organizational Culture Change Facilitator for the non-profit organization SMART Recovery USA. Pete is particularly interested in the role that families and friends can play in promoting empowerment of loved ones struggling with an addictive use disorder. As a volunteer, he facilitates SMART Recovery meetings in Chapel Hill for both those struggling with addictive use disorders and their families and friends. He is a member of NCCA and NCAOCA.

Stephanie Robinson, PhD, LCMHC-S, LCAS, CCS, AADC, NCC is an Assistant Professor in the Department of Counseling at UNC Pembroke. Dr. Robinson is the Graduate Certificate in Addiction Counseling Coordinator at UNCP and the current President of the NCAOCA. Her research interests include addiction treatment and advances in addiction counseling licensure policies. She has worked in addiction treatment centers, college counseling centers, and in private practice settings.

https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

NCAOCA & Community Happenings

WELCOME NEW NCAOCA MEMBERS

Ali Davis Ph.D., LCMHC, LMHC, QS

The NCAOCA board would like to welcome our newest members from the graduate certificate in addictions counseling program at the University of North Carolina Pembroke! Go Braves!

New NCAOCA Members, please stop by our booth at the NCAOCA Conference to say hello and grab your goody bag!

Our mission is to promote research and practice to improve the lives of substance-affected or criminal justice-involved individuals and families.

You can find more information regarding membership on our website:

https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

North Carolina Counseling Association 2023 Conference:

https://www.n2ca.org/annual-conference

https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

Advocacy in Action

Language Matters: Contemplations and Responses to the Use of "Offender" Language

Whitney P. Akers, PhD, LCMHC, NCC, ACS

As the Vice President of the North Carolina Addiction and Offender Counselors Association (NCAOCA), I find myself often thinking about the impact of societal systems of power and oppression on our language, as well as the impact of our language on these systems. Particularly, I contemplate the name of our organization and the labeling of system-involved individuals as "offenders", and I connect this to my role as a counselor educator working with the next generation of counselors. I wonder how this language impacts the ways in which counselors-in-training prepare to counsel and conceptualize a client deemed to be an "offender". I wonder how this word activates bias and how this language-turned-label shifts a counselor's ability to hold a space of empathy, compassion, and nonjudgement. In essence, how can a counselor engage in nonjudgmental practice when the label of "offender" is directly connected to a judgment from the "criminal justice system", as just or unjust as it may be?

George and Mangla (2019) argued that the system of mass incarceration relies on "dehumanizing language to sustain and legitimize its abuses" (para. 4) and further ingrain the stigma facing people who have experiences of incarceration. Furthermore, Kurdyla (2023) addressed how the current U.S. criminal legal system and mass incarceration have emerged out of a framework of moral panics grounded in white supremacist domination and racial injustice. The labels used for system-involved people are often reflective of this history. For example, researchers have referred to "offender" language, as well as other related terms, as "derogatory, stigmatizing, biased, and dehumanizing" (Tran et al., 2018, p. 2). Counselors may disrupt these systems of violence by answering the American Counseling Association's (ACA) Code of Ethics call to action to "respect the dignity" of clients (ACA, 2014, p. 4), and "advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients" (ACA, 2014, p. 5). These ethical mandates extend to our use of intentional, destigmatizing language in our

(Continued on next page)

Whitney Akers, PhD, LCMHC, NCC, ACS (she/they) is an Assistant Professor and the Clinical Mental Health Counseling Program Director at UNC-Pembroke. They are also in private practice in Greensboro, NC, serving LGBTGEQIAP+ clients. Whitney incorporates advocacy into their clinical work and scholarship, engaging in participatory action research strategies in an effort to support marginalized populations, challenge oppressive power structures, and enhance communal resiliency.

https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

Advocacy in Action

Language Matters: Contemplations and Responses to the Use of "Offender" Language

Whitney P. Akers, PhD, LCMHC, NCC, ACS

clinical practice with system-involved clients. In fact, this type of advocacy has historically been woven trough the fabric of mental health professions.

For example, in the field of addiction counseling, advocates have worked tirelessly to replace stigmatizing language with destigmatizing alternatives, including advocating for the use of person-first language and moving away from moralistic, punitive terms like "drug/substance abuse", "drug/substance abuser", and "addict" in exchange for terms like "substance use" and "person with a substance use disorder" (Broyles et al., 2014; National Institute on Drug Abuse, 2021; Tran et al., 2018). How might we also do this to allow for less stigma and more liberation in our work with system-involved clients?

You may have noticed alternatives to "offender" language in this piece already. I appreciate the term "system-involved" people or clients, because it reflects their involvement with the criminal legal system as an adjective, not an identity or noun. Tran et al. (2018) also offered examples of person-first language including, "Person who is incarcerated; person who experiences incarceration; person in detention/jail/prison; person living in detention/jail/prison; person involved in, or experiencing the criminal justice system" (p. 3). Regarding system language, I also intentionally use the language of "criminal legal system" as opposed to "criminal justice system", because the criminal legal system is built upon foundations of oppression, domination, and state violence, and therefore is often not just in its proceedings or rulings. Counselors may also defer to our clients to understand the language they may use for themselves and the meanings they ascribe to these words. When counselors adopt these shifts in language, we avoid collapsing our clients under stigmatizing labels solely defined by their experience of incarceration or within the criminal legal system, and instead, we are able to prioritize our individual client's needs and honor the multiplicity of their lived experiences (Tran et al., 2018).

https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

Advocacy in Action

Language Matters: Contemplations and Responses to the Use of "Offender" Language

Whitney P. Akers, PhD, LCMHC, NCC, ACS

References

American Counseling Association. (2014). ACA code of ethics. https://www.counseling.org/resources/aca-code-of-ethics.pdf

Broyles, L. M., Binswanger, I. A., Jenkins, J. A., Finnell, D. S., Faseru, B., Cavaiola, A., Pugatch, M., & Gordon, A. J. (2014). Confronting inadvertent stigma and pejorative language in addiction scholarship: A recognition and response. *Substance Abuse*, *35*(3), 217–221. https://doi.org/10.1080/08897077.2014.930372

George, E., & Mangla, R. (2019, October 1). How dehumanizing language fuels mass incarceration. Common dreams. https://www.commondreams.org/views/2019/10/01/how-dehumanizing-language-fuels-mass-incarceration

Kurdyla, V. A. (2023). Locked in, then locked out: What counselors should know about the war on drugs and mass incarceration. NCAOCA News (Official Newsletter of the North Carolina Addiction and Offenders Counseling Association), 15-18.

National Institute on Drug Abuse (2021, November 29). *Words matter: Terms to use and avoid when talking about addiction*. https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

Tran, N.T., Baggio, S., Dawson, A. O'Moore, E., Williams, B., Bedell, P., Simon, O., Scholten, W., Getaz, L., & Wolff, H. (2018). Words matter: A call for humanizing and respectful language to describe people who experience incarceration. *BMC International Health Human Rights, 18 (*41), 1-6. https://doi.org/10.1186/s12914-018-0180-4

Advocacy in Action

Locked In, Then Locked Out: What Counselors Should Know About the War on Drugs and Mass Incarceration

Victoria Kurdyla, PhD

As a criminologist, I dedicate my teaching and research to exploring how structural and cultural forces intertwine and shape human behavior and attitudes. A clear example of this complex interplay is our societal construction of drugs. Our collective knowledge of different drugs, our attitudes towards drug use, and our support for various drug laws have been greatly shaped by societal forces, reflecting broader societal fears of race, immigration, and economic hardship. Through moral panics targeting individual drugs and racialized populations of drug users, punitive government policies were created, resulting in an era of mass incarceration which has had profound and unequal impacts on individual drug users and their families. As counselors understanding this social and political context is necessary to truly advocate for clients who have been involved in the criminal legal system.

Moral Panics and the Construction of Drug Laws

Most illicit drugs have been the subject of a moral panic. This term describes a heightened feeling of fear widespread among a large number of people that some moral evil threatens the well-being of society (Cohen, 2011). The threat can be real or imaginary, but the panic is always disproportionate to the reality of the threat (Cohen, 2011). Furthermore, moral panics produce hostility towards those identified as engaging in the threatening behavior (Cohen, 2011). Moral panics are always the product of a larger sociopolitical context. While focused on a particular threat, these panics often symbolize a larger fear of changes to the status quo (Cohen, 2011). As a result, moral panics are often utilized by government officials, lobby groups, grassroots organizations, and/or the media to gain more widespread support for policy changes that will address these larger concerns (Cohen, 2011).

(Continued on next page)

Victoria Kurdyla, PhD, (she/they) is an assistant professor in the Department of Sociology and Criminal Justice at the University of North Carolina at Pembroke. Her research focuses on victimization and criminalization within queer and transgender communities.

Advocacy in Action

Locked In, Then Locked Out: What Counselors Should Know About the War on Drugs and Mass Incarceration

Victoria Kurdyla, PhD

Drug-related moral panics have commonly symbolized underlying racial anxieties in US society (Alexander, 2020). For example, several moral panics erupted in the 1980s tied to crack cocaine, including one panic about so-called "crack babies". Though a derivative of powder cocaine, crack cocaine emerged in the 1980's as a cheaper alternative, and quickly it became associated with poorer Black users who were criminalized disproportionately for its usage (Alexander, 2020). As crack usage grew, a moral panic arose about babies whose mothers smoked crack while pregnant. According to this panic, crack exposure led to irreversible neurological and psychological damage (Alexander, 2020). These babies were expected to grow into "violent, government-dependent adults" (Alexander, 2020). However, such fears were based upon misinterpreted studies and racially-charged political discourse rather than fact (Alexander, 2020). While it can be risky to use crack cocaine when pregnant, the severity of these expected outcomes was unfounded and disproportionate to the actual risk (Alexander, 2020). Nonetheless, this moral panic fueled a growing War on Drugs and the era of mass incarceration.

The War on Drugs and Mass Incarceration

Despite being entirely unfounded or blown out of proportion, drug-based moral panics have profoundly shaped public policy. In the 1970s, President Nixon proclaimed "drug abuse" as public enemy number one in America. By the 1980's, President Reagan declared a War on Drugs. From President Nixon onward, this focus on drugs led to a series of tougher laws and changes in law enforcement practices (Alexander, 2020).

First, the federal government passed laws increasing federal funding to local law enforcement agencies as an incentive to participate in the War on Drugs. Local agencies were expected to prioritize drug enforcement, increasing arrests for drug possession (Alexander, 2020). Additionally, the War on Drugs led to increased mandatory minimum sentencing laws. Mandatory minimum sentencing laws require a minimum prison sentence for certain crimes, removing judicial discretion to reduce sentencing based on personal or environmental circumstances. Overall, shifts in law enforcement meant more people are entering into the prison system, and mandatory minimums meant people are staying in prison for longer sentences, ultimately leading to an era of mass incarceration (Alexander, 2020).

(continued on next page)

Advocacy in Action

Locked In, Then Locked Out: What Counselors Should Know About the War on Drugs and Mass Incarceration

Victoria Kurdyla, PhD

The phrase "mass incarceration" describes the distinctive expansion of imprisonment in the United States since the mid-1970's (Alexander, 2020; Wakefield & Uggen, 2010). Since the 1970's, the US prison population has quintupled with over 1.5 million people in prison in 2016 (Alexander, 2020; Carson, 2018). Furthermore, more people are in prison and jails today for drug offenses than were incarcerated for all offenses in 1980, and Black men are disproportionately represented in the prison population despite not using or selling drugs at higher rates than white people (Alexander, 2020).

This outcome is not incidental. Criminologists have linked the War on Drugs to larger anxieties stemming from the large-scale social movements of the 1960's and 1970's (Alexander, 2020). Decades later, aids to the Nixon administration have admitted that their focus on drug use was strategically formulated to roll back some of the gains associated with the Civil Rights Movement (Alexander, 2020). Crime became code for race, and the drug-related moral panics of this time targeted Black communities (Alexander, 2020). In response to crack cocaine, congress passed a mandatory minimum sentencing law in 1986 requiring the sale of one gram of crack cocaine be treated similarly to the sale of one hundred grams of powder cocaine (Alexander, 2020). Because crack cocaine usage was strongly associated with Black communities, this seemingly race-neutral law led to harsher sentences for Black drug users.

The Collateral Consequences

Countless lives have been impacted by the War on Drugs, and public attitude has been dramatically shaped by the moral panics which fueled this war. Even as people are exiting prisons and returning to their communities, the mark of a felony record can cause many structural barriers to reintegration (Keene et al., 2018; Massoglia & Pridemore, 2015; Wakefield & Uggen, 2020). Scholars have found that system-involved individuals face legal discrimination in employment and housing (Alexander, 2020; Keene et al., 2018; Wakefield & Uggen, 2010). Additionally, system-involved individuals have higher rates of chronic health problems, infectious diseases, and mental health concerns, though many may lack access to affordable and quality healthcare upon release (Massoglia & Pridemore, 2015).

(continued on next page)

Advocacy in Action

Locked In, Then Locked Out: What Counselors Should Know About the War on Drugs and Mass Incarceration

Victoria Kurdyla, PhD

A historical understanding of the structural and cultural forces that have disenfranchised millions of system-involved people and their families is necessary to effectively advocate for clients. Situating a client's experience within this context can also help counselors to understand the larger structural concerns that disadvantage people impacted by addiction and the criminal legal system and to advocate for necessary criminal legal reforms. This knowledge can also help counselors to check their personal biases which may have been shaped by moral panics and the resulting cultural discourse related to substance use.

References

Alexander, M. (2020). *The new jim crow: mass incarceration in the age of colorblindness. The New Press.*

Carson, E.A. (2018). *Prisoners in 2016. Washington, DC: Bureau of Justice Statistics. https://bjs.ojp.gov/content/pub/pdf/p16.pdf*

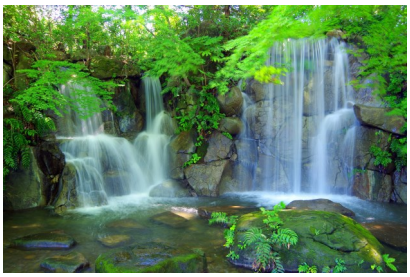
Cohen, S. (2011). *Folk devils and moral panics. Routledge.*

Keene, D.E., Smoyer, A.B., & Blankenship, K.M. (2018). Stigma, housing, and identity after prison. *Sociological Review, 66(4). https://doi.org/10.1177/0038026118777447*

Maruschak, L.M. & Bronson, J. (2021). *Parents in prison and their minor children. Washington, DC: Bureau of Justice Statistics. https://bjs.ojp.gov/library/publications/parents-prison-and-their-minor-children-survey-prison-inmates-2016*

Massoglia, M. & Pridemore, W.A. (2015). Incarceration and health. *Annual Review of Sociology, 41, 291-310. http://www.jstor.org/stable/24807600.*

Wakefield, S. & Uggen, C. (2010). Incarceration and stratification. *Annual Review of Sociology, 36, 387-406. https://doi.org/10.1146/annurev.soc.012809.102551*



https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

Clinical Insights

Addiction Counseling Resources in North Carolina

Stephanie Robinson, PhD, LCMHCS, LCAS, CCS, AADC, NCC

Interested in becoming dually licensed as a LCMHC and LCAS? Check out the requirements for licensure with the North Carolina Addition Specialist Professional Practice Board (NCASPPB).

Need a referral for a Licensed Clinical Addictions Specialist (LCAS) in North Carolina? Check out how many LCASs are in your county in the chart below.

County	LCAS	County	LCAS	County	LCAS	County	LCAS
Alamance	0	Cumberland	84	Johnston	45	Randolph	
Alexander	1	Currituck	1	Jones	5	Richmond	
Alleghany	4	Dare	21	Lee	15	Robeson	
Anson	1	Davidson	23	Lenoir	5	Rockingham	
Ashe	7	Davie	6	Lincoln	8	Rowa	
Avery	2	Duplin	4	Macon	11	Rutherford	15
Beaufort	12	Durham	107	Madison	4	Sampson	7
Bertie	1	Edgecombe	11	Martin	5	Scotland	10

https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

Clinical Insights

Addiction Counseling Resources in North Carolina

Stephanie Robinson, PhD, LCMHCS, LCAS, CCS, AADC, NCC

Need a referral for a Licensed Clinical Addictions Specialist (LCAS) in North Carolina? Check out how many LCASs are in your county in the chart below.

County	LCAS	County	LCAS	County	LCAS	County	LCAS
Bladen	5	Forsyth	102	McDowell	15	Stanly	11
Brunswick	34	Franklin	10	Mecklenburg	4	Stokes	6
Buncombe	235	Gaston	44	Mitchell	6	Surry	14
Burke	14	Gates	2	Montgomery	6	Swain	5
Cabarrus	32	Graham	1	Moore	22	Transylvania	6
Caldwell	16	Granville	11	Nash	14	Tyrrell	0
Camden	2	Green	4	New Hanover	113	Union	32
Carteret	18	Guilford	141	Northampton	1	Vance	6
Caswell	0	Halifax	8	Onslow	40	Wake	292
Catawba	35	Harnett	9	Orange	32	Warren	0
Chatham	14	Haywood	22	Pamlico	1	Washington	3
Cherokee	3	Henderson	44	Pasquotank	6	Watauga	33
Chowan	4	Hertford	5	Pender	13	Wayne	34
Clay	2	Hoke	8	Perquimans	1	Wilkes	24
Cleveland	9	Hyde	0	Person	2	Wilson	9
Columbus	6	Iredell	46	Pitt	138	Yadkin	4
Craven	23	Jackson	21	Polk	8	Yancey	5

https://www.n2ca.org/ncaoca---north-carolina-addiction---offenders-counselor-association

Clinical Insights

Mass Incarceration and Children of Incarcerated Parents: Mental Health and Advocacy Considerations

Sha'nee Wasson, MA Ed & Whitney Akers, PhD, LCMHC, NCC, ACS

Considering that the United States' history is founded upon and continues to uphold racist structures and institutions, counselors must understand and address the historical trajectory of state violence from slavery, to reconstruction, to Jim Crow, to mass incarceration and its impact on the mental health of youth of color with incarcerated parents. The United States has the highest numbers of incarcerated individuals in the world (DuVernay, 2016). A 2018 report revealed that while African American and Latine individuals made up 29% of the population in the United States, Black and Brown individuals made up 57% of incarcerated individuals (The Sentencing Project, 2018). Furthermore, based on the 2019-2020 National Survey of Children's Health, an estimated 7% of the youth population from age 0-17, or 4,876,251 youths, had experienced at least one parent being incarcerated (Child and Adolescent Health Measurement Initiative, 2020). With the continued growth in rates of incarceration, that number has likely greatly increased in 2023. Few researchers have explored the disproportionate impact of parental incarceration on youth of color, but there have been calls to better understand and reduce harm through measures like "racial equity impact assessments" (Annie E. Casey Foundation, 2016, p. 8).

Relatedly, impact assessments could provide insight into children's needs throughout the processes associated with parental incarceration. For example, typically, there are many voices present in the sentencing process, but the child of the incarcerated parent's voice is often not heard (Boudin, 2011). Researchers recommend increasing opportunities for child-parent relationship building during a parent's incarceration through the integration of family-friendly visitation policies and spaces, consideration of the impact of location/placement on children and families, and offering support through family counseling and parental education classes (Annie E. Casey Foundation, 2016). Children of incarcerated parents are exposed to nearly five times as many adverse childhood experiences (ACEs) during the time of their parents' incarceration (Turney, 2018).

(Continued on next page)

Sha'nee Wasson, MA. Ed. (she/they) is a recent graduate from the Clinical Mental Health Counseling program at the University of North Carolina at Pembroke. Sha'nee has a passion for supporting diverse clients as they navigate mental health experiences related to LGBTQ+ identities, depression, and trauma.
Contact: shaneewasson@gmail.com

Clinical Insights

Mass Incarceration and Children of Incarcerated Parents: Mental Health and Advocacy Considerations

Sha'nee Wasson, MA Ed & Whitney Akers, PhD, LCMHC, NCC, ACS

Furthermore, the impacts of parental incarceration on youth development include increased trauma experiences and strain due to parental absence, changes in food or housing security (Warren et al., 2019), as well as a lack of access to adaptive coping mechanisms when feeling anger, isolation, fear that can lead to externalizing behaviors (Kjellstrand et al., 2018). The impacts of this trauma on the mind and body can cause an increase in stress hormones that place youth at risk for lifelong medical conditions such as diabetes (Saif, 2019).Youth might also experience barriers to socioemotional development due to the manner in which incarceration interrupts attachment to a primary caregiver, and depending on their family constellation, they might move into the role of a parentified child (Warren et al., 2019). Additionally, youth might encounter stigma within the school setting, contributing to a decrease in school functioning and achievement (Dallaire et al, 2010). These findings pertaining to overarching mental health, social, and familial impacts of parental incarceration highlight the dire need for counseling services geared toward supporting children of incarcerated parents, as well as counselors trained in the specialized mental health support services that can facilitate youth wellness.

Clinical Considerations

When counseling children of incarcerated parents, counselors must be prepared to support children in addressing the new emergence of stressors due to the jarring shift in their family system upon their parent's incarceration. Counselors can offer wraparound support through scheduling counseling sessions "prior to and after visits with the incarcerated parent" (Warren et al., 2019, p.192). Relatedly, Warren et al. (2019) advocated for the utility of both small group and individual counseling within the school setting. In clinical mental health settings, individual, family, and group counseling can further offer holistic, comprehensive support.

When considering counseling interventions with youth of incarcerated parents, trauma-focused approaches, such as Trauma Focused Cognitive Behavioral therapy (TF-CBT), can support young clients in processing and coping with childhood traumatic separation related to parental incarceration (Cohen & Mannarino, 2019). Creative approaches including expressive arts therapy can support children in developing an understanding of their emotional processes and responses while creating a pathway to process experiences that might be difficult to verbalize (Warren et al., 2019). Widening the lens to support the full family system, Garofalo (2020) proposed Cognitive Behavioral Family Therapy (CBFT) and Structural Family Therapy as modalities that may enhance family cohesion and equip the family with coping skills and tools in preparation for the incarcerated parent to reenter the family system upon their release.

(Continued on next page)

Clinical Insights

Mass Incarceration and Children of Incarcerated Parents: Mental Health and Advocacy Considerations

Sha'nee Wasson, MA Ed & Whitney Akers, PhD, LCMHC, NCC, ACS

Advocacy Considerations

Counselors have a call to action to act as advocates in our work with family systems in which a parent is incarcerated. As advocates, we can call for the decriminalization of substance use, the advancement of racial equity of drug policy within the criminal legal system, and the increasing of client access to addictions counseling (NAADAC, 2022). Pertaining to addictions counseling, counselors can write to senators to support Family Support Services for Addiction Act of 2021 to increase SAMHSA funding nonprofits to support families by expanding addiction treatment services (NAADAC, 2022). This targeted advocacy for decriminalization can help to frame addiction as a chronic health condition as opposed to a moral failing, and can reduce shame, stigma, and criminality associated with substance use while enhancing the availability of harm-reduction approaches (Wogen & Restrepo, 2020).

Counselors can also conduct research to elucidate mental health harms from the impacts of mandatory minimum sentencing and impact assessments to enhance insight into children's socioemotional needs throughout the processes associated with parental incarceration. For example, many voices are present in the sentencing process, but the child of the incarcerated parent's voice often remains unheard, thus failing to understand needs and protective measures for child's mental and emotional wellness (Boudin, 2011). Relatedly, counselors can use developmental frameworks to advocate for increased opportunities for child-parent relationship building during a parent's incarceration through the integration of family-friendly visitation policies and spaces (Annie E. Casey Foundation, 2016). We must consider the impact of an incarcerated parent's location/placement on children and families and offer family system support through family counseling and parental education classes with incarcerated and non-incarcerated parents (Annie E. Casey Foundation, 2016). Furthermore, we can act as liaisons to connect non-incarcerated parents to financial support resources, as incarceration and the associated loss of a financial provider leads to change in financial stability (Golden & Ladha, 2021).

Counselor Training Recommendations

Within counselor education, counselor educators can increase culturally-responsive education and supervision practices to deepen student/counselor awareness of the unique intersections within BIPOC communities inequitably impacted by racism within the criminal legal system. This intentionality can enhance counselor competence and engagement with intersecting systems of oppression and state control on an individual, familial, and systemic level. Additionally, counselor educators can challenge students/counselors to unpack and deconstruct bias regarding parent ability to

(Continued on next page)

Clinical Insights

Mass Incarceration and Children of Incarcerated Parents: Mental Health and Advocacy Considerations

Sha'nee Wasson, MA Ed & Whitney Akers, PhD, LCMHC, NCC, ACS

care for children and worthiness as a parent if present or history of incarceration exists and integrate into coursework readings, case studies, and role plays involving diverse family systems, including those with incarcerated parents. Furthermore, advocacy for increased addictions-specific training within counselor education programs has the potential to increase numbers of LCMHCs and PSCs capable of offering addictions-specific care.

Discussion

Deeper understanding of clinical considerations and implications in counseling youth with incarcerated parents as well as advocacy measures to enhance counselor support of these populations can support counselors in providing liberatory care. Furthermore, enhancing awareness of the unique intersections within these communities will strengthen counselor competence as they support clients in engaging with intersecting systems of oppression and state control on an individual, familial, and systemic level.

Resources for Youth

- Children of Incarcerated Parents: Considerations for Professional School Counselors – The Professional Counselor (nbcc.org)
- Why Black and Brown Birds Can't Fly: The Impacts of the Trauma to Prison Pipeline on Queer and Transgender People of Color (escholarship.org)
- Our Children's Place (ourchildrensplace.com)
- Rainbows For All Children: Home | Rainbows
- National Mentoring Resource Center: National Mentoring Resource Center. A Program of OJJDP.

References

Alexander, M. (2010). *The new jim crow: Mass incarceration in the age of colorblindness. The New Press.*

Annie E. Casey Foundation. (2016, April). A shared sentence: The devastating toll of parental incarceration on kids, families and communities. *Policy Report Kids Count.* *https://assets.aecf.org/m/resourcedoc/aecf-asharedsentence-2016.pdf*

Boudin, C. (2011). Children of incarcerated parents: The child's constitutional right to the family relationship. *The Journal of Criminal Law & Criminology, 101(1), 77–118.*

Clinical Insights

Mass Incarceration and Children of Incarcerated Parents: Mental Health and Advocacy Considerations

Sha'nee Wasson, MAEd & Whitney Akers, PhD, LCMHC, NCC, ACS

References

Brown, E. C., & Barrio Minton, C. A. (2017). Serving children of incarcerated parents: A case study of school counselors' experiences. *Professional School Counseling, 21(1). https://doi.org/10.1177/2156759X18778811*

Child and Adolescent Health Measurement Initiative (2020). 2019-2020 National survey of children's health (NSCH) data query. *Data Resource Center for Child and Adolescent Health. https://www.childhealthdata.org/browse/survey/results?q=8759&r=1*

Cohen, J. A., & Mannarino, A. P. (2019). Trauma-focused cognitive behavioral theory for childhood traumatic separation. *Child Abuse & Neglect, 92, 179-195. https://doi.org/10.1016/j.chiabu.2019.03.006*

DuVernay, A. (Director). (2016). *13th [Film]. Kandoo Films.*

Garafalo, M. (2020). Family therapy in corrections: Implications for reentry into the community. *Journal of Correctional Health Care, 26(3), 240-248. https://doi.org/10.1177/1078345820938350*

Golden, E., & Ladha, T. (2021). Financial health and criminal justice: The stories of justice-involved individuals and their families. Financial Health Network. https://finhealthnetwork.org/wp-content/uploads/2021/09/StoriesofJustice-InvolvedIndividuals.pdf

King-White, D., & Jeffries, S. (2019). An eight-session exploratory group model for children of incarcerated parents. *School Social Work Journal, 43(2), 1–17.*

Kremer, K. P., Christensen, K. M., Stump, K. N., Stelter, R. L., Kupersmidt, J. B., & Rhodes, J. E. (2021). The role of visits and parent–child relationship quality in promoting positive outcomes for children of incarcerated parents. *Child & Family Social Work. https://doi.org/10.1111/cfs.12872*

NAADAC. (2022, March 25). *Advocacy. https://www.naadac.org/advocacy*

Pollard, S. (Director). (2012). *Slavery by another name [Film]. TPT National Productions.*

Schirmer, S., Nellis, A., & Mauer, M. (2009). Incarcerated parents and their children. *The sentencing project: Research and advocacy for reform. https://www.sentencingproject.org/publications/incarcerated-parents-and-their-children-trends-1991-2007/*

The Sentencing Project (2018, April). *Report to the United Nations on racial disparities in the United States criminal justice system. https://www.sentencingproject.org/publications/un-report-on-racial-disparities/*

Clinical Insights

Mass Incarceration and Children of Incarcerated Parents: Mental Health and Advocacy Considerations

Shane Wasson, MAEd & Whitney Akers, PhD, LCMHC, NCC, ACS

References

Turney, K. (2018). Adverse childhood experiences among children of incarcerated parents. *Children and Youth Services Review, 89(1), 218–225.* https://doi.org/10.1016/j.childyouth.2018.04.033

Warren, J. M., Coker, G. L., & Collins, M. L. (2019). Children of incarcerated parents: Considerations for professional school counselors. *The Professional Counselor, 9(3), 185-199.*

Wogen, J. & Restrepo, M. T. (2020). Human rights, stigma, and substance use. *Health and Human Rights, 22(1), 51-60.*

Clinical Insights

Exploring the Use of Wilderness Therapy for the Treatment of Addictive Use Disorders

Ross Brown & Stephanie Robinson, PhD, LCMHCS, LCAS, CCS, AADC, NCC

Wilderness therapy (WT) is an evidence-based therapeutic treatment approach that integrates individual and group counseling in an outdoor or wilderness setting (Bettman et al., 2021). While limited, research has demonstrated that it is an effective approach for many mental health issues, to include depression, anxiety, and substance use disorders (Bettman et al., 2021; Demille et al., 2018; Fernee et al., 2017). Clients engaging in WT participate in backpacking, hiking, and even learning survival skills while addressing their mental health needs and working toward their individual therapeutic goals and objectives. WT has been shown to be especially beneficial for adolescents struggling with substance use disorders and who may have demonstrated a resistance to more traditional approaches to addiction treatment or have difficulty navigating their home environment (Bettman et al., 2016). In this brief overview of WT, we will explore the benefits and limitations of WT for adolescents struggling with substance use disorders. The first author will also provide a first-hand account of their experience working in a WT setting.

Wilderness Therapy

The use of WT for emotional wellness can be traced to the 1800s (Bettman et al., 2021; Demille et al., 2018; Fernee et al., 2017). Considered to be an alternative to residential treatment, WT offers clients the opportunity to engage in traditional individual and group counseling while immersed in a natural setting, typically one that is unfamiliar to the client (Bettman & Tucker, 2011). WT programs typically span 7-12 weeks in length, depending upon the type, and are offered to both women and men (Bettman et al., 2016). WT is thought to be effective because it separates the client from many familial or cultural stressors and triggers (Bettman el al., 2021), and as a therapeutic intervention, it relies on many of Yalom's curative factors, most notably, universality, group cohesiveness, interpersonal learning, installation of hope, and recapitulation of the primary family group (Yalom & Leszcz, 2020). Clients engaging in WT learn survival skills like building their shelter/tent and preparing food, bow drilling (a hand-crafted device used to rub two sticks together to help make a fire), water filtering, knot tying, wood runs, and learning how to identify local plant fauna, to name a few (Bettmann et al. 2008; Clark et al., 2004).

Ross Brown is clinical mental health student at the University of North Carolina at Pembroke. He's from Snow Hill, North Carolina, has a passion and deep respect for wilderness and Ashtanga Yoga, and plans to incorporate elements of both into his future practice.

Clinical Insights

Exploring the Use of Wilderness Therapy for the Treatment of Addictive Use Disorders

Ross Brown & Stephanie Robinson, PhD, LCMHCS, LCAS, CCS, AADC, NCC

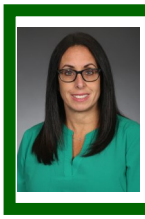
During their WT experience, clients are provided many opportunities to rely on and trust each other as a group (Clark et al., 2004). The goal of WT is to promote client growth and change through the challenges associated with living in a wilderness setting, using survival skills, and depending on others all within a safe environment (Conlon et al., 2018). Research has also demonstrated that concentration, self-esteem, self-efficacy, impulse control, mood, and resilience all improve by being immersed in a natural, or wilderness setting (Bettman, et al., 2021).

Wilderness Therapy for Adolescents with Substance Use Disorders

Adolescents with addictive use disorders are the most common population who seek and receive WT treatment (Demille, et al., 2018; Hoag, et al., 2014). As a therapeutic approach for addiction related issues, clients engaging in WT benefit from the absence of the addictive substances or problematic behaviors while in this natural setting and are provided with the opportunity to reflect and grow (Fernee, et al., 2019). Additionally, by integrating abstinence-focused coping skills into the WT program, clients are able to develop better control over impulses and greater insight into their emotions. Through this emotional awareness and regulation, coupled with the removal of substances, clients are better equipped to rely on healthy coping as opposed to maladaptive coping, which may result in continued substance use (Hessler & Katz 2010). WT programs often also seek to address rebuilding fractured familial attachments (when possible) as well as developing healthier and supportive friendships with peers (Bettman et al., 2008). By developing more stable familial and peer relationships, adolescents struggling with addictive use disorders can rely on healthier support systems when triggered by stressors that would typically result in relapse (Bettmann et al. 2008; Bettmann & Tucker 2011).

During WT, emotions can often become overwhelming and many challenges and expectations are often met with resistance; however, clients in WT settings are provided the opportunity to explore and discover the emotional roots of their substance use disorder and develop practical and personalized coping strategies (Russell et al., 2017; Bettmann et al., 2013).

(Continued on next page)



Dr. Stephanie Robinson is an Assistant Professor in the Department of Counseling at UNCP and the current President of NCAOCA. Dr. Robinson's writing and research interests are in educating and training addiction counselors and advancements in professional counseling and addiction counseling licensure policy.

Clinical Insights

Exploring the Use of Wilderness Therapy for the Treatment of Addictive Use Disorders

Ross Brown & Stephanie Robinson, PhD, LCMHCS, LCAS, CCS, AADC, NCC

Limitations of Wilderness Therapy

Like all treatment approaches, WT is not without limitations. The most significant limitation for WT is the small amount of research available that demonstrates its effectiveness (Bettman, 2021). Researchers have also been unable to determine exactly why WT is effective (Bettman, 2021; Fernee at al., 2017). Additionally, adolescents engaging in WT often do so involuntarily. Many are required to attend WT programs by parents, guardians, or the legal system potentially resulting in a lack of willingness to change and autonomy (Bettman et al., 2012). An added challenge is the cost associated with engaging in WT, which can range from $12,000 to $100,000, making this form of treatment cost prohibitive for many individuals (Scott & Duerson, 2010).

My Experience as a Wilderness Field Instructor

Working as a Wilderness Field Instructor (WFI), my main priority was to keep the clients safe. My role was to offer my clients 24-hour support- connect with them, make them feel heard, seen, and validated, and assist in their efforts to establish and build healthy connections and relationships with other clients in the program.

During the first few weeks of treatment, clients typically demonstrated significant denial related to being in the program. Many clients at this stage often engaged in intense bargaining, which involved sending several “bail-out” letters home. Once adjusted to being in WT, clients typically began working on their individual goals and objectives that were created collaboratively with WT therapists. It is also at this stage where clients began to willingly volunteer to help their group with daily tasks. After becoming invested in the WT process and when group cohesion and trust was achieved, the more profound and intense therapeutic work occurred. It was at this stage in treatment when clients began to directly address the maladaptive behaviors that lead them to the wilderness (i.e., substance use, behavioral issues, etc.).

As a WFI, I witnessed firsthand the successes and challenges that clients encountered along their transformative WT journey- beginning from the emotional rollercoaster of their first day through the difficult process of self-exploration leading to change and growth. I was fortunate to converse with students who were experiencing WT as their very first treatment attempt and those who attended residential treatment programs prior to their WT experience. Although each client had different perspectives and experiences, most expressed how they found solace in the opportunity to reflect and ponder their negative and unhealthy relationship with substances with minimal distraction in the serenity of nature. Furthermore, most clients conceded that they never felt safer in any other treatment program or environment, which oftentimes included their homes. The sense of peace from that safety reportedly gave them clarity and a feeling of sanctuary that they did not want to lose.

Clinical Insights

Exploring the Use of Wilderness Therapy for the Treatment of Addictive Use Disorders

Ross Brown & Stephanie Robinson, PhD, LCMHCS, LCAS, CCS, AADC, NCC

References

Bettmann, J. E., Demong, E., & Jasperson, R. A. (2008). Treating adolescents with adoption and attachment issues in wilderness therapy settings. *Journal of Therapeutic Schools and Programs, 3, 116-136.*

Bettman, J. E., & Tucker, A. R. (2011) Shifts in attachment relationships: A study of adolescents in wilderness treatment. *Child & Youth Care Forum, 40(6), 499-519. doi:10.1007/s10566-011-9146-6*

Bettman, J. E., Russel, K. C., Parry, K. J. (2013). How substance abuse recovery skills, readiness to change and symptom reduction impact change process in wilderness therapy participants. *Springer Science+Business Media New York. 22:1039-1050. doi:10.1007/s10826-012-9665-2*

Bettmann, J. E., Gillis, H. L., Speelman, E. A., Parry, K. J., Case, J. M. (2016). A meta-analysis of wilderness therapy outcomes for private pay patients. *Journal of Child and Family Studies, 25 (9), 2659- 2673. https://doi.org/10.1007/s10826-016-0439-0*

Bettman, J. E., Kouris, G. M., Anderson, I. M., & Casselman, B. (2021). Wilderness as healing environment: Treating adolescent substance misuse in wilderness therapy. *The Psychoanalytic Study of the Child, 74(1), 249-264. https://doi.org/10.1080/00797308.2020.1859270*

Clark, J. P., Marmol, L. M., Cooley, R., & Gathercoal, K. (2004). The effects of wilderness therapy on the clinical concerns (on axes I, II, and IV) of troubled adolescents. *Journal of Experiential Education, 27(2), 213-232.*

Conlon, C. M., Wilson, C. E., Gaffney, P., & Stoker, M. (2018) Wilderness therapy intervention with adolescents: Exploring the process of change. *Journal of Adventure Education and Outdoor Learning, 18(4), 353-366. doi:10.1080/14729679.2018.1474118*

Demille, S., Tucker, A.R., Gass, M., Javorski, S., Vankanegan, C., Talbot, B., & Karoff, M. (2018). The effectiveness of outdoor behavioral healthcare with struggling adolescents: A comparison group study a contribution for the special issue: Social innovation in child and youth services. *Children and Youth Services Review, 88, 241-248. doi:10.1016/j.childyouth.2018.03.015*

Fernee, C., Gabrielsen, L., Andersen, A., & Mesel, T. (2017). Unpacking the black box of wilderness therapy: A realist synthesis. *Qualitative Health Research, 27(1), 114-129. doi:10.1177/1049732316655776*

Fernee, C. R., Mesel, T., Andersen, A. J. W., Gabrielsen, L. E. (2019). Therapy the natural way: A realistic exploration of the wilderness therapy treatment process in adolescent mental health care in norway. *Qualitative Health Research, 29(9), 1358-1377*

Hessler, D. M., & Katz, L. F. (2010). Brief report: Associations between emotional competence and adolescent risky behavior. *Journal of Adolescence, 33(1), 241-246.*

Clinical Insights

Exploring the Use of Wilderness Therapy for the Treatment of Addictive Use Disorders

Ross Brown & Stephanie Robinson, PhD, LCMHCS, LCAS, CCS, AADC, NCC

References

Hoag, M., Massey, K., & Roberts, S. (2014) Dissecting the wilderness therapy patient: Examining clinical trends, findings, and patterns. *Journal of Experiential Education, 37(4), 382-396. doi:10.1177/ 1053825914540837*

Russell, K. C. Gillis, H. L., Kivlighan, D. M. (2017). Process factors explaining psycho-social outcomes in adventure therapy. *American Psychological Association 54(5), 273-280.*

Scott, D. A. & Duerson, L. M. (2010). Continuing the discussion: A commentary on "Wilderness therapy: Ethical considerations for mental health professionals." *Child & Youth Care Forum, 39(1), 63-68. doi:10.1007/s10566-009-9090-x*

Tucker, A. R., Combs, K. M., Bettmann, J. E., Chang, T., Graham, S., Haag, M. Tatum, C. (2018). Longitudinal outcome for youth transported to wilderness therapy programs. *Research on Social Work Practice, 28(4) 438-451. doi:10/1177/1049731516647486*

Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy (6th ed.). Basic Books.*

NCAOCA News Editor

Dr. Whitney P. Akers PhD, LCMHC, NCC, ACS (she/they) is an Assistant Professor in the Department of Counseling and the Director of the Clinical Mental Health Counseling Program at the University of North Carolina at Pembroke. Dr. Akers' clinical and research interests center on the ways in which people who identify as LGBTGEQIAP+ experience outness, how intersectionally diverse lived experiences are impacted by the current sociopolitical climate in terms of access, perceived levels of safety, and identity pride. Dr. Akers has worked in multitude of clinical settings including a level 1 trauma unit in which she provided SBIRT and addictions counseling and juvenile justice services in which they supported system-involved adolescent clients and advocated for larger system reforms. Dr. Akers serves as a the chair of the SAIGE Research and Scholarship Committee, a reviewer for the Journal of LGBT Issues in Counseling, the President for SAIGE-NC, and the Vice President for NCAOCA.

Thank you for reading!