

Lifetime Achievement in Counseling Series: An Interview with Cherylene McClain Tucker



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Each year TPC presents an interview with an influential veteran in counseling as part of its Lifetime Achievement in Counseling series. This year I am honored to introduce Cherylene McClain Tucker, supervisor of a day treatment program and a lifelong learner and advocate. In this interview, she shares how her experiences in criminal justice, addictions counseling, and mental health counseling intersect to support the mental health and wellness of the whole person. I am grateful to Dr. Joshua Smith and Dr. Neal Gray for highlighting the ongoing contributions of leaders in the profession for the TPC readership.

—Richelle Joe, Editor

Cherylene McClain Tucker, NCC, MAC, LPC, LCDC, is a Program Supervisor with the Tarrant County Community Supervision and Corrections Department (CSCD) in Fort Worth, Texas. She holds a Bachelor of Science in criminal justice from St. John's University, and Master of Arts degrees in both professional counseling and marriage and family therapy from Amberton University.



Tucker is an active member of several organizations. She is a board member of the Texas Certification Board of Addiction Professionals, and she is a member of the Tarrant County College Mental Health Advisor Committee. Recently, she has been selected to be a mentor with the NBCC Foundation and the Association for Addiction Professionals (NAADAC) Minority Fellowship Program for Addiction Counselors, where she will be mentoring future addiction counselors.

Tucker has also received several awards: the 2016 Counselor of the Year Award from the local chapter of the Texas Association of Addiction Professionals; the 2016 Elvies Smith Counselor of the Year Award from the State Board of the Texas Association of Addiction Professionals; and the 2017 Lora Roe Memorial Addiction Counselor of the Year Award from NAADAC.

Prior to her current position, Tucker has worked with the addicted population as a case manager, as an addiction counselor in a hospital setting, and in the criminal justice system as a parole officer.

In Tucker's current position, she is the program supervisor over the day treatment program in an intensive treatment program within adult probation. She currently oversees eight different modalities of treatment that address substance use disorders, mental health issues, and cognitive distortions. Tucker also collaborates with stakeholders in the community to assist probationers with gaining autonomy and becoming pro-social members of their community.

1. What led you to pursue a degree in counseling compared to other helping professions?

What initially led me to the helping professions was my academic interest in criminal justice. While pursuing my undergraduate degree at St. John's University, I completed an internship with Nassau County Probation Department. Here I observed the DWI Unit. It was suggested that if I wanted to pursue a career in probation, I needed some work history in social service. It was suggested the best place to do this was working in foster care. I took the suggestion; I obtained a job at Catholic Home Bureau. This is where my passion was awakened.

I began working with adults caught in the grips of addiction in 1987 as a caseworker in New York City for the Catholic Home Bureau Agency. This was the peak of the crack epidemic. This was also the era when HIV was still an unknown disease. Early on I saw how addiction impacted the lives of people and how their families were being destroyed. Working as a caseworker, I felt I was not doing enough to help and desired to help this population more. I returned to school to acquire my substance abuse training at Molloy College in 1991 as a Credentialed Alcoholism Counselor (CAC). In 1993, I began working in the therapeutic field of addiction as an addiction counselor at Kings County Hospital, in Brooklyn, New York. Here I was able to help those caught in the grips of addiction from various areas of life, not just foster care.

Many of my clients had lengthy histories of abuse, neglect, mental health issues, or involvement in the criminal justice or foster care setting. This encouraged me to want to learn more and pursue my graduate studies. In 2009, I returned to school and obtained my master's degree in professional counseling, and I returned again in 2016 and obtained my master's degree in marriage and family therapy. I became a Licensed Professional Counselor in 2018.

2. Recently, you were awarded the Lora Roe Memorial Addiction Counselor of the Year Award from NAADAC, the Association for Addiction Professionals. What has been your experience working in both mental health and addiction settings? What challenges or barriers have you encountered as a counselor in this area?

As I mentioned before, working with addiction intrigued me. There were so many different facets of addiction. As I began to understand addiction and alcohol and substance use disorders in the *DSM*, I noticed clients coming into treatment for their addiction had endured long histories of untreated mental health issues. A lot of the referrals from social service agencies were of people who had endured untreated trauma histories. Those mandated to treatment by the criminal justice system many times had untreated and undiagnosed mental health issues.

One of the barriers I encountered early on was not being a dual-licensed counselor and not being able to address those co-occurring disorders because I was only an addiction counselor, licensed to only treat substance use disorders. I knew in order to be effective, I needed to treat the whole person and not just the addiction portion. This gave me the drive to pursue a higher-level education and licensure in order to treat the whole person. A challenge I recognized was that once a person left to pursue a higher level of education, they would pursue a higher level of pay, which many times is not being offered in a substance use disorder treatment setting. I worked many years in a treatment setting, and because I did not have a master's-level degree or license, my salary did not match my years of experience. This did not deter me from the field. My passion for helping people causes me to stay in this field. Counseling has given me the ability to help people find their hope and develop coping skills to manage their emotions. However, I know that many of my peers have left the field due to the low level of pay.

3. In your view, what can be done, or needs to change, to address or overcome these challenges and barriers? Specifically, there has been a push in more recent years for addiction counseling to require graduate-level training. How does this help or hinder the profession and the clients we serve?

I want to start by saying, I am grateful for my formative years I had at Kings County Hospital. Working as an addiction counselor in the trenches gave me my foundation in addiction counseling. This is where I knew I was called to do this career. What I think needs to happen is that there needs to be more incentives for counselors who are working in addiction, especially those who transition from working as a non–master’s-level counselor to a master’s-level counselor. There is a significant difference in pay when working as a non–master’s-level counselor, as opposed to being a master’s-level counselor working in mental health. While in graduate school, there were not as many conversations about working in addiction as there were about working in mental health once you became a fully licensed counselor. I understand that when you complete graduate school, many students have debt and they are eager to become recognizable therapists. Working in the trenches with people is very hard. However, if there was more emphasis on the rewards of working in addiction as opposed to the war stories, there may be more of an interest for clinicians coming into the field. The rewards of working in addiction are helping the families, not just the identified client, and creating safety in communities. When people get sober, they commit fewer crimes and this reduces recidivism. It creates a better economy. When we diminish drug use in communities, those sober individuals return to the work force. I think it would be great if there was more of an emphasis on addiction counseling in graduate-level training. A higher level of course work brings value. I believe this would allow the retention level of staff to be more consistent. Being a master’s-level counselor also allows insurance companies and consumers to invest in treatment that has higher skilled professionals, and this increases that monetary value of the job—another component that supports staff retention.

4. You also have a strong background in the field of criminal justice and corrections. In your opinion, how do drug reformation and policy changes to criminalization impact the criminal justice system and addiction counseling? Have you seen any advancements in care and rehabilitation as a result of these changes?

Drug reformation and policy changes for the use of marijuana and the continuing rise of opioids impact the criminal justice system greatly. Drug addiction impacts a myriad of things. It impacts the individual, their family, the community, the judicial system, and health care, just to name a few. The local criminal justice system is designed to protect and serve the community. In the past, professionals in law enforcement and the criminal justice system lacked education and knowledge about addiction and mental health, which has caused many problems, especially in minority communities. I do believe today that many law enforcement agencies and criminal justice agencies are improving. They are hiring more professionals with knowledge of addiction and mental health and establishing collaborative relationships. SAMHSA offers a training for the criminal justice community, “How Being Trauma-Informed Improves Criminal Justice System Responses.” Several community supervision and corrections departments are now training their staff to be trauma informed. On a local judiciary level, because drug reformation has become an issue, many marijuana laws are being reviewed and how these will be managed legally. This continues to be an ongoing concern.

5. As counseling professionals, we have a duty to promote social justice and advocate on behalf of our clients and profession. What has been your experience in this area and what shifts have you noticed within the profession and socially to illustrate this commitment?

As a Licensed Professional Counselor working in the criminal justice system for the past 17 years, I have had the opportunity on a regular basis to advocate for clients. In addition to my various duties as a program supervisor over the intensive treatment program at Tarrant County CSCD, I collaborate with two specific courts: FAIP (Felony Alcohol Intervention Project) Court and DWI Misdemeanor Court. In both courts, I am the therapist that offers input during court discussions with the judiciary, attorneys, and officers regarding substance use disorders and mental health as it pertains to clients/probationers. There are other courts within Tarrant County CSCD that collaborate with the judiciary, attorneys, officers, and counselors. What is most rewarding is that the judiciary welcomes the voice of the clinicians in the courtroom, and they value our feedback.

For example, there have been several clients who were experiencing a lot of anxiety. As a result, they were using illicit substances to manage their anxiety. During different court conferences, the judge asked me for my thoughts and feedback. We agreed that I would meet with these clients while they were in treatment in our Intensive Outpatient Program. Upon meeting with these clients, it was evident that they needed to meet with their medical doctor or psychiatrist. The clients were agreeable to this. Once the client was seen by their primary doctor or psychiatrist, we were able to explore the origin of the anxiety and those things that triggered the anxiety. I was able to share with the judge the progress of the clients. The judge was very patient with these clients and allowed these clients to work through some of these issues. Clients were allowed to heal and improve their cognition, causing them to stop using illicit substances and be successful on their probation.

6. What has been your experience when interacting with national and local organizations, such as ACA, NAADAC, NBCC, etc.? Do you feel supported by professional organizations or leaders, and has this changed throughout your career?

I am honored to say that I am a member of TCA (Texas Counselors Association), NAADAC (Addiction Professionals) and its local branch (TAAP-Texas Association of Addiction Professionals), and hold certifications from NBCC (National Board for Certified Counselors). Each of these organizations are diligently working on behalf of the counseling profession and for the counselors. The organizations keep us abreast of legislative changes and create policies and implement trainings that support counselors. I feel these organizations are key elements that help to better our profession.

7. Throughout your years of practice, what has been your experience when collaborating with other mental health, addiction, and medical professionals? How would you describe coordination of care and treatment options currently as we continue to navigate COVID-19 pandemic-related concerns?

I believe over the years, mental health, addiction, and medical professionals have become more collaborative. Here in North Texas, there are several collaborations that are working together to serve the client. Recently, I was selected to be a stakeholder and to be on the Community Advisor Board with a research project with Texas Christian University (TCU) that is working with our local city hospital, the mental health community, and the criminal justice community to address issues with those who have been infected with HIV and have an opioid use disorder within the criminal justice system. Here the researchers are looking at creating seamless lines for this population of people to receive services.

TCU has created a community medical mobile unit to offer services to people in lower socioeconomic communities that are involved in the criminal justice system and those who are receiving mental health services. As a representative in the criminal justice community that offers therapeutic services, they can offer services to our clients. There are other collaborative services that are being offered in the community—connecting the local city hospitals and the mental health community and bridging these gaps in services. The increase of teletherapy has allowed services to go on uninterrupted during the height of the COVID-19 pandemic.

8. For future mental health and/or addiction counselors, what advice would you have regarding their involvement in advancement and future development of the profession?

My advice for future clinicians—once you identify your passion, continue to be a forever learner. Our field is ever evolving. Working in addictions, new drugs are always on the rise. We must stay on top of things as changes are coming about. When I started in this profession in 1987 as a caseworker, the *DSM-III* was the clinical reference. By the time I became an addiction counselor in 1993, the *DSM-III-TR* was the clinical reference. Here we are in 2023, and the new clinical reference is the *DSM-5-TR*. Participating with local or national associations allows us to be a part of transitions within and around our profession. Create a voice in our profession that helps to support future clinicians.

This concludes the eighth interview for the annual Lifetime Achievement in Counseling Series. TPC is grateful to Joshua D. Smith, PhD, NCC, LCMHC, and Neal D. Gray, PhD, LCMHC-S, for providing this interview. Joshua D. Smith is an assistant professor at the University of Mount Olive. Neal D. Gray is a professor at Lenoir-Rhyne University. Correspondence can be emailed to Joshua Smith at jsmith@umo.edu.