

In the Day & Life of A Mental Health Counselor Working In Opiate Maintenance Therapy

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(In honor of Mental Health Awareness Month this month, I want to share a brief inside look and perspective on working with the 1 in 15 U.S Americans who have a substance abuse disorder and co-occurring disorders (COD), according to the National Alliance of Mental Illness website, www.nami.org)

As a Licensed Mental Health Counselor, I wake up and work in the trenches of America's opioid addiction: a methadone clinic in one of America's top rural cities, Espanola, New Mexico, a small town plagued with a heroin problem (plus other substances) and people with mental health issues. I sit with clients each week who struggle with drug addiction and CODs. I see new Intakes each week who have been previously diagnosed with a COD, taking prescriptions, and enrolling in an Opiate Maintenance Therapy (OMT) program. I work in a small clinic with a nurse, a front desk assistant, regional manager, and a doctor. Now there are those who think it would be difficult to work at a methadone clinic, but I've learned after several years and clinics, it is not.

As someone who opens the clinic before sunrise, and located in a high-risk drug area, I am not alarmed during morning opening at the presence of any suspicious activity. Yes aware, and alert. Quiet, open, parking lot space, I drive up and walk to the workplace ready to unlock the gate, preparing for every patient that walks in my small, nicely decorated office. Motivational posters, plants, and gentle music sounds fill my calm, relaxing office space. "IF YOU CAN MAKE TIME TO DEAL, YOU CAN MAKE TIME TO HEAL," a saying I have come up with, printed and posted in bold print on one of my office walls. Clients like it because it speaks to their hearts and minds on the path of change with drug addiction. Creating a motivational space for my clients is just as important as the motivational, inspirational words posted on the walls.

Also, staff attitude in the early morning hours (before sunlight) is highly important. Like any work environment, you have callouts, firings, new hirings, good days, don't-feel-good days, and days of conflict between staff, staff & patient, patient & patient. Unlike other clinics where I've had to dramas of breaking up fights or staying on office lockdown because of a patient carrying a gun, or finding heroin needles in the parking lot, and attempted thefts, my present clinic is smaller, and intimate community of clients who do not fit the stigmas of drug addiction portrayed in the media.

For clients who experience their lives in trauma and crisis, as a counselor, your office space sets the tone for building a therapeutic alliance with the client. *How do they feel when they are sitting across from you? What does it look like?* Even sound is very important. I have a white noise machine that blocks out noise to maintain confidential sessions. Because clients are sharing confidential information, it is important for them to know they can trust the counselor in sharing their issues.

During an Intake session, we also screen for CODs and then refer to local mental health agencies in surrounding areas based on the results of that assessment. If they are documented as having current COD diagnoses, it is my duty to remain in touch with their psychiatrists or psychologists. I grew up believing when I heard the phrase "mental health" I associated it synonymously with the word "crazy." In real life, real time, and space, it looks completely different than how it is portrayed on TV and movies. Sure, at other clinics in some corners of the world, this may be true, but in my experience, at this present clinic, I encounter hard-working individuals and

families (poor and low-income) who are suffering from childhood traumas, intergenerational traumas, and systemic traumas with minor, low-risk behavioral issues (on property). The stereotypical image of an individual with mental health issues and drug addiction I do not see but hear quite differently from their mouths and read documents in their profiles. I see individuals in crisis who are making small and big efforts to end an addiction.

In OMT counseling, I use a variety of therapeutic approaches such as Motivational Interviewing, Cognitive Behavioral, Solution-Focused, Person-Centered, Dialectical Behavior Therapies, psychoeducation activities, and basic Life Skills education. Beyond any approach, I use basic, active, reflecting listening skills, and asking open-ended questions.

And yes, there are individuals who have severe traumas that require higher levels of care. I've seen those types of clients and they are always referred to another mental health professional because their case was outside my scope of practice.

Now, I have met non-mental health professionals who don't agree with my kind of work I do (in a methadone clinic setting) because they disagree with the idea of "substituting one drug for another" as it is popularly known in the OMT industry and their taxes going toward Medicaid-funding for the addiction. They also believe "once an addict, always an addict." Even clients hold these same attitudes along with family members and friends. I beg to differ. "Methadone and buprenorphine are not a life sentence," I communicate to new Intakes. I've had a history of witnessing clients who have tapered off methadone, eliminated all illicit substances, and are living successful lives. I've listened to both sides of the argument, seen achievements, and also receive notice of deaths (overdose, suicides, etc.). It is different for every client that walks through my door.

Through my window, I see efforts to change each week by couples, mothers, fathers, grandmothers, grandmothers, professionals, court-mandated clients, and the homeless who are eager and ready, 5 days a week to receive their dosage of methadone, standing in line, or at the booth drinking the pink bitter liquid (I've heard), or see the doctor. I hear and listen to their traumatic life stories, legal issues, medical health issues, relationship issues, desperate for money, shelter, begging, fighting amongst themselves, family members, friends, strangers each day to survive, and struggling to build positive, healthy futures for themselves and their families. For me, true mental health is more than about a diagnosis or treatment. It's a return to spiritual wholeness of peace and flow; resiliency and connection; restorative mental health and moving beyond trauma.