

Encouraging Clients to Dream



“Every single counselor and paraprofessional participates in HIV early intervention here at Newport.”

- Chief Operating Officer Joy Moseri (above, left) with SA/HIV counselor Berneice Harris

This quarter, Newport Integrated Behavioral Healthcare linked eleven HIV-positive clients to medical care. All eleven had been previously diagnosed - clients whose HIV treatment was derailed by a substance use disorder, homelessness, little or no social support, and/or a lack of insurance. Helping HIV-positive clients overcome these barriers to return to care is a remarkable success. At the heart of the story says Dr. Joy Moseri, DBA, MA, LPC, NCC, CACII, is teamwork and HIV early intervention services that are fully integrated.

“Just like clients go in and out of drug treatment, they go in and out of HIV treatment,” says HIV and SA counselor Berneice Harris. “So we make it easy for them to disclose their HIV status.” At Newport, staff members engage the client in a conversation about their medical diagnoses at five different points, starting with a nursing assessment on admission to detox. The second opportunity to disclose is during the psychiatric evaluation. The third is a biopsychosocial assessment by a counselor or social worker. The fourth opportunity is the HIV education prevention group that Harris leads every Monday. And the final opportunity to disclose their HIV status comes when they meet with the discharge planner. HIV-positive clients are discharged to a program that specializes in HIV treatment along with support for substance use disorders.

Discharge Planner Ericka Williams has a technique for motivating clients to continue their recovery after they leave Newport - in this case motivating HIV-positive clients to return to care. “I use what I call a miracle question like: *What if this problem were gone?* to help clients paint a picture of what they want their life to look like,” says Williams. For individuals with an HIV diagnosis, while there is no cure, adherence to treatment can produce miraculous results.

Finding ways to encourage clients to make healthy choices is something Berneice Harris has given a lot of thought. “It empowers people. For our clients empowerment is crucial because they see themselves as someone who has always made bad choices. And everybody that they are connected with feels the same. So their level of hope has been compromised by their own negative view of themselves, the self-defeatist conversation that they have with themselves.”

One way that Harris promotes healthy choices is to encourage clients to imagine a better life. “I ask them what their dreams are. They all want the same things: a stable place to live, a better job, a second chance with family, to be loved. So I point out that it’s hard for people to love someone who doesn’t love themselves. I challenge them to give themselves the greatest gift of all: to love themselves.” This can be a foreign concept to people caught in the downward spiral of addiction. So Harris offers her definition: love means making healthy choices. “And when you make healthy choices, guess what? Other people will gravitate toward you instead of moving away from you and your dreams can manifest. Some dreams may take five or 10 years. Some dreams could take just a day. But whatever mistakes you may have made in your past life, it’s never too late to start pursuing new dreams.” ■



Ericka Williams