

How one therapeutic community is responding to HIV and AIDS

SPREAD OF HIV among drug abusers means residential drug units will have to review their philosophies, methods of operation and their relationships with their client groups. Alpha House has always been modelled along traditional concept-based therapeutic community lines, where high demands are put on residents who are placed in stress situations to help them develop and discover their own potential through coping with these situations.

Anyone with a drug problem who is known to be HIV-positive, or is suffering from AIDS-related complex or AIDS itself, is welcome to apply to Alpha House. Each case is assessed on an individual basis. Over the last two and a half years, an average of over five per cent of residents at Alpha House have been HIV-positive. We are expecting a steady increase in this population over the next 18 months to two years and are preparing ourselves for an HIV-positive population possibly as high as 50 per cent in three years' time.

The advent of HIV and AIDS has led us to totally review our method of working. The following are some of the conclusions we came to: we hope they will provide discussion points and stimulation for other residential units in similar situations.

STRESS. HIV-positive residents should not be exposed to undue stress. Stress can be a factor in suppressing the body's immune system: the implications for someone who is HIV-positive may be enormous. It could trigger the development of the AIDS-related complex or the full AIDS syndrome. Agencies should therefore be building stress reduction into their residential programmes. Alpha is tackling this in a number of ways:

- ▶ In the hierarchical structures we operate, the emphasis is being moved away from personal achievement and individual 'promotion' through the structure towards people working together to achieve a common objective.
- ▶ Opportunities for relaxation periods and yoga are being included in the working day.
- ▶ The amount of free time is being increased.
- ▶ Residents are being taught about stress and stress management — how to cope with conflict and stressful situations in a healthy way.

GROUPWORK. The encounter group has always been a basic therapeutic tool in concept houses and is itself a valuable way

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Anger in Alpha House, where confrontation has been the major therapeutic tool. Now AIDS is forcing a rethink.

AIDS IN THE HOUSE

Nowhere is the re-evaluation of drug services forced by HIV and AIDS more painful than in the traditional concept-based therapeutic communities, with their uncompromising philosophies and hierarchical regimes. But, as this report shows, far-reaching changes may be needed.

Stewart Dickson and Jane Hollis

of relieving stress. But in groups of this kind, it is important to be aware of the dangers of pushing people to extremes to achieve an emotional catharsis — particularly if this is going to leave them weakened, shaking and distraught.

Alongside encounter groups, Alpha is moving towards a more open, nurturing style of groupwork with a great deal of positive support and sharing. More work is also being done in areas such as massage, fantasy, relaxation and individual counselling rather than groupwork.

DIET AND HEALTH. Alpha House has always emphasised the importance of a healthy diet and residents are taught how to plan and prepare meals based on a sound knowledge of nutritional principles. We are now looking even further into diet, especially the use of pre-packed food and additives, and teaching these skills to residents.

Employment of staff with nursing backgrounds will be needed in the future, particularly in relation to working with residents showing signs of suffering ill-effects from HIV-infection. These staff will also have a counselling/health care role in

the community and would be used for external as well as internal education.

SPLITEES. Residential agencies need to work a great deal more positively with residents who leave prematurely. Counselling facilities and points of contact with the agency need to be set up to help provide the increased moral support they may need, particularly if they are HIV-positive. No good can come out of a situation where someone who decides to leave a treatment programme does so under a negative cloud, having been ostracised by everyone.

People leaving prematurely will need a great deal of help and support in the wider community, particularly if they are HIV-positive. If they are intent on resuming drug use, we need to consider whether to refer them direct to a clinic which will prescribe for them on a maintenance basis, in order at least to get them into a healthy environment away from the street scene with all its implications.

TESTING. In the past, Alpha House has offered the HIV antibody test to residents after approximately three months resi-

PATCHY RESPONSE TO HIV IN RESIDENTIAL REHABS

How typical is the example of Alpha House in confronting the issues raised by HIV and AIDS? To get some idea, *Druglink* conducted a 'straw poll' of 12 residential rehabilitation houses, including concept-based therapeutic communities, houses primarily providing supportive accommodation, and private clinics.¹

In general, the projects contacted said they operated on the assumption that all prospective residents are HIV-positive, without insisting on testing for HIV as a pre-condition of entry. The Ley Community has been suspended from SCODA for insisting on testing but told us they merely discussed testing with prospective residents. Clouds House canvasses residents about admitting somebody known to be HIV-positive; so far, no applicant has been turned down by the existing residents.

Once there, residents in all the projects surveyed have access to voluntary testing on demand, but in the four concept houses run by Phoenix and in the Coke Hole Trust, this is available only after a minimum three months in residence, mainly to allow for a settling-in period. All clients are given pre-test counselling, but the involvement of staff in this varies from the well developed counselling base at Phoenix, who have been counselling HIV-positive residents for at least two years, to a reliance on external counsellors with specific expertise. The Ley Community, for example, provides counselling but also works closely with the Harrison Unit at the Radcliffe Infirmary in Oxford.

There appears to be a contradiction in the fact that while most houses *assume* their residents are HIV-positive, there has been a very patchy policy response in terms of adjusting the environments of these communities to this assumption. Only basic safety rules about dealing with spilt blood had been adopted by all the projects.

dence: latest informed opinion is that this should be delayed until at least six months. We still believe residents should be offered testing and have the opportunity to look at the life problems involved in being HIV-positive in the supportive framework of our treatment unit.

However, there are a number of issues around the test: eg, if the results get on to medical records, insurance companies will refuse to insure people found to be HIV-positive and may charge an increased premium merely if they have had the test. In the early days residents used to ask for a test, but our figures for 1986/7 show a movement away from testing. In pre-test counselling, staff now, if anything, give more emphasis to the possible negative consequences of being tested.

SEXUALITY. Many drug abusers have never had a sexual relationship without being under the influence of drugs or alcohol, and have doubts and fears about themselves as sexual people.

Those HIV-positive especially need the reassurance of knowing they can still be sexually attractive, loved and needed. This can lead them to disregard the practical

information they have been given. There is the danger of going headlong into a sexual relationship, not practising safer sex and possibly picking up sexually transmitted diseases. In someone who is HIV-positive, these can cause further damage to the immune system and be more troublesome than usual. There is, of course, also the risk of their passing HIV on to their partners.

Residents need more than factual information about safer sex. It is important to provide a range of opportunities for them to talk about their fears, doubts and expectations about their sexuality in single-sex groups, mixed groups and individual counselling sessions. At Alpha, residents are also helped to ask for and give non-sexual warmth, physical contact and intimacy.

We also need to look at sexual relationships in the therapeutic community, especially if they are not allowed but are nevertheless furtively happening. For therapeutic reasons, particularly to do with the past sexual exploitation of female residents, Alpha still bans sex within the programme, but there is a live debate about whether to recognise that it happens

However, when HIV or AIDS are actually identified in the house, there can be rapid rethinks of care and hygiene practices. An example is ROMA, which houses addicts who are still using drugs. There the presence of an AIDS sufferer highlighted the need to forge links with a wider range of care professionals and prompted consideration of major changes in domestic hygiene procedures, such as the employment of domestic staff and the use of dishwashing machines.

Whether or not stress management is an issue seems to depend in part on the nature of the therapy. It is more likely to be addressed in concept houses such as those run by Phoenix — which recognised at an early stage that their traditionally confrontational approach would have to be reviewed — than in projects like the Coke Hole Trust, where no confrontational groupwork is conducted.

Even so, staff at Coke Hole have discussed teaching stress-reducing techniques to individuals, and where one client was admitted actually suffering from AIDS, he was "allowed" not to confront this until ready, which in this case took a year. Although not a direct response to HIV and AIDS, the private Charter Clinic has adopted a less confrontational variety of the 'Minnesota method' and has stress counsellors on the premises anyway for its psychiatric patients.

AIDS has led Phoenix to adopt a more "sophisticated" approach to healthy eating, while the Charter Clinic's resident dietician is seen by any HIV-positive resident. Others, like the Coke Hole Trust and the Cranstoun Project, routinely emphasise healthy living without taking any special policy decisions in the light of AIDS.

All the houses contacted conduct some kind of in-service training in relation to AIDS and HIV, albeit very rudimentary in

most cases. Phoenix's staff have developed particular counselling skills over the past few years, and their advice is sought by other agencies. However, most houses don't want to make a 'big thing' about HIV and AIDS and this affects decisions, not only on staff training, but also on recruitment. There is nothing to suggest specialist staff are being sought; more than one house commented that it was difficult enough to get the right kind of staff without trying to find those with 'specialist' skills.

A ban on sexual relationships between residents seems to be universally enforced. Most houses admitted the rule is probably flouted, but the response to this varies. At Phoenix condoms are available without residents having to ask. Some other houses say condoms are available on request but enforce a strict no-sex rule on residents, under threat of expulsion — it's unknown how far this may deter residents from asking. Suffolk House gives condoms to those leaving the project. Safe sex advice is generally incorporated into discussions on healthy living.

It would appear overall that a review of a house's methods only occurs when staff are faced with a resident who is *known* to be HIV-positive, even though they are already working on the basis that all residents may be infected. One spokesperson admitted they were stumbling in the dark on how best to proceed on a number of issues. Others seem to have their eyes tightly shut, hoping to wake up and find it's all been a bad dream. □

1. The projects contacted over the telephone were: Phoenix (with four houses), Suffolk House and the Ley Community — all concept-based therapeutic communities; the private clinics Charter Clinic (Chelsea) and Clouds House; the ROMA Drug Project; the Coke Hole Trust; Chatterton Hey; and the Cranstoun Project in Esher.

and to take measures to minimise any harm, such as providing condoms.

STAFF. The entire staff team should be involved in re-evaluating the programme. Ex-addict staff especially may be torn between, on the one hand, loyalty to traditional ways of working they perceive as having achieved their own successful rehabilitation, and on the other, the needs of a changing and increasingly vulnerable client group.

All staff members need to closely examine their own fears, taboos and inhibitions in the areas of sex, death and bereavement. There will also be an increasing need to support staff working closely with people who are dying.

THE TRADITIONAL concept-based therapeutic community, whose main tools are encounter, confrontation, pressure and negative reinforcement, must change or become increasingly unacceptable to referral agencies. Therapeutic community staff need to take on new roles in facilitating residents in a movement towards positive change — change that must now encompass staying healthy, not just drug-free. □