

Journal of Adolescent Health & Welfare

VOLUME 4 NO 1 SPRING 1991

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THE BRITISH "JOURNAL OF ADOLESCENT HEALTH AND WELFARE" is the journal
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30 CRYSTAL PALACE PARK ROAD; LONDON SE26 6UG

CHARITY NO 296080

Letter from the Editor

Dear Colleague,

I sit typing the 'spring' issue of volume four shivering in the arctic conditions which have confined me indoors. At least being isolated by the snow has meant that I can sit in one place for a few hours and catch up on the journal.

The cold weather was our fault, you realise! We have brought a group of colleagues over from Siberia to spend three weeks with us at Youth Support - the snow followed their route almost exactly to our door. The trip was succesful eventually although it was difficult explaining to Siberians why all transport in London stopped at the sight of a snowflake - while in the Urals everything carries on as normal until at least 30 degrees below!

Our visitors included a paediatrician interested in adolescent care and drug abuse, language teachers, scientists and economists - we are planning joint research programmes and student exchanges. We also had a group of six formers from Moscow who I hope will be able to exchange with a London school.

Many thanks to all individuals and institutions who hosted our visitors during their stay.

If any schools, colleges or individuals wish to visit the Soviet Union on our travel and exchange schemes - please write in NOW as the 1991 groups are being booked - a form is included in this journal.

The main news this issue is our 'official opening' on saturday 13th April - PLEASE COME. Bring colleagues. Promote our unit. Some members will have received invitations - but please come anyway - details in journal - If you want to reserve Disco tickets please telephone Lisa on 081-650 6296.

Best wishes,

Dr Diana Birch MBBS DCH MRCP MD
Director "YOUTH SUPPORT".

Patrons: Dame Josephine Barnes; Sir Frank Mills.

CHARITY NO 296080

AFFLICTION FOR MEMBERSHIP OF THE "YOUTH SUPPORT"

"FORUM ON ADOLESCENT HEALTH AND WELFARE"

PLEASE COMPLETE IN BLOCK CAPITALS AND SEND to:-
YOUTH SUPPORT 30 Crystal Palace Park Road SE26 6UG
Cheques payable to YOUTH SUPPORT

I would like to join the "FORUM ON ADOLESCENT HEALTH AND WELFARE" I enclose £20 registration fee which covers my first years membership (journal included in cost).

NAME POSITION.....
ADDRESS.....
.....
..... PHONE.....

WE ARE UPDATING OUR MAILING LIST - PLEASE COMPLETE FORM WITH YOUR CORRECT ADDRESS AND DETAILS IF YOU WISH TO CONTINUE ON THE LIST - THANK YOU.

Youth Support

GRAND OPENING

DISCO

8pm - MIDNIGHT

13 CRESCENT ROAD, BECKENHAM, KENT.

MEETINGS MEETINGS MEETINGS
 MEETINGS MEETINGS

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IAAH - CONGRESS at Montreux Switzerland - July 3-6 1991

YOUTH SUPPORT are running a workshop on teenage pregnancy

Details of booking available from office on receipt of SAE

Please book soon.

For those who are unable to attend we will be publishing some notes of the proceedings at a future date.

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Dates for your diary.....

BOOK NOW for - workshops in the autumn term -

- Russian experience holiday - 31st July - 14th August

* * * * * * *

6th Annual Meeting - Forum on Adolescent Health and Welfare

Venue - Royal Society of Medicine; 1 Wimpole Street

Date - Thursday 17th October

Time - 6pm - 9pm.

The theme will be 'The care system - Does it work for Teenagers?'

Registration fee £10 non members / free to members (who are paid up for year).

Please contact Youth Support office for further information and preliminary booking - 081 650 6296.

We look forward to seeing you all there.

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In this issue we focus on the Education Unit at Youth Support House. The following questions and answers should give a general picture of our service. For further information or to enquire regarding placements - please contact Youth Support House 081 650 6296 - or see us in action on open day!

Education at Youth Support

The Motto of Youth Support is

"Youth Are Our Resource For The Future".

However, without education much of this valuable resource can be wasted and never achieve full potential.

Education is a path to freedom. A girl who can obtain education, get a job and have some measure of success in life does not have to resort to obtaining value from repeated early childbirth. She can value herself as a woman rather than solely as a mother. The same is true for young boys who may have fallen through the net of education, may have truanted and have little confidence in their ability.

Education - in the broad sense - is thus a very high priority of our work at Youth Support.

* * * * *

Who is our education aimed at?

Our Education programmes are based on two main levels - those of statutory school age and - those over school age

All residents at Youth Support House are involved in Education and have a tailor-made programme drawn up during their first weeks at Youth Support.

Day attenders referred by Education Authorities or Social Service agencies will negotiate their timetable before admission.

We will accept any young person, male or female, who we feel may benefit from attendance.

* * * * *

What does our education cover?

For pupils of 'school age' the usual academic school subjects are included at a standard appropriate to past achievement. Many of our young people will have been out of formal education for some time or may have had problems in conforming to mainstream school conditions - behavioural, learning difficulties and social problems such as homelessness, abuse or early pregnancy may all have prejudiced their educational progress. Our teaching methods and timetables accommodate such difficulties and provide teaching in small groups or on a one to one basis.

Older students may participate in academic classes or remedial work if they wish but the main emphasis of their programmes will be on life skills, coping strategies and being able to survive in the outside world.

All students will be involved in home economics, cooking, and life skills teaching. They will also cover child development and child care and parenting skills training.

Optional subjects include craft and needlework, art, music, project work, physical education and swimming. Computing skills and business studies are also available.

* * * * *

What are the end results?

Our main aim in Youth Support is to furnish our Young People with skills which they can make use of in their everyday lives when they leave the unit. We wish them to become independent people able to care for their children and support themselves. Acquiring skills will instil self esteem and confidence.

A monitoring system of skill assessment is in operation which gives both student and teachers guide-lines as to progress and future planning.

External examinations are taken by students at their appropriate attainment level.

All students are given certificates of achievement at the end of their course.

* * * * *

How is the unit staffed?

Youth Support Education Unit is staffed by qualified teachers who cover general subjects and specialised teachers who are called on when the need arises. Permanent staff include a head teacher and assistant, music teacher and part time specialists.

* * * * *

What support does the unit have?

Curriculum planning advice and staff support is available to the unit from special advisers in local Education departments. Our advisory committee includes senior education officers from several authorities and further education.

The Education Unit is supported by the medical and therapy programme in Youth Support House, including medical and nursing staff, a Dance and Movement therapist and care workers who involve students in projects and a social programme.

Local firms and individuals assist in placing students for work experience and all attenders are expected to involve themselves in this scheme.

* * * * *

Special projects -

It is our aim to provide experience in situations where practical skills may be built on. Our students run a small shop selling confectionery, charity goods and baby care items to their peers and to staff. Ordering, planning and accounting is all done by the students. A lunch club for local elderly people gives extra responsibility to students and allows them to build links with the local community. This also fosters a sense of caring for others. Students are also involved in planning social events and fund raising for charity.

* * * * *



"Are You My Sister, Mummy?" reports the findings of over ten years work with more than 150 very young girls, their boyfriends, families and children, telling their poignant stories in a compassionate and empathetic manner.

Youth Support House

13 CRESCENT ROAD,
BECKENHAM,
BR3 2NF.
081-650 6296
081-659 3309
(24 HOUR-FAX)

Youth Support House is an innovative project delivering care to children and young people.

We are unique in providing care, education and therapy in a residential setting.

Come and visit our unit on -

OPEN DAY

Saturday 13th April 1991

1pm - 4pm

Programme of events:-

- 1pm Thanksgiving service and 'House Blessing'
- 1.30pm Opening ceremony
- 1.30 - 4pm Spring fair
Demonstration and displays of work at Youth Support
- 8pm- midnight Grand opening Disco

"THE PREVENTION OF HIV/AIDS IN YOUNG PEOPLE"

(What can they be told?)

Can anything be done? With the high percentage of cases amongst teenagers what can be done to stem the tide? This conference will address these issues and others and will be of benefit and interest to all those involved with young people.

Programme

Chairman - Dr. Diana Birch, Director of Youth Support

Introduction

"Epidemiology & the current position"

Dr. N. Gill, Director, CDSC PHLS Colindale

"Non sexual spread of HIV"

Jane Wilson, Muir House drug project, Edinburgh

"The Impact of HIV Infection on contraceptive practice"

Dr. Phyllis Mortimer, S.C.M.O., Croydon

"Health Education matters!"

Workshops -

What can they be told and where should we start?

Are current Health Promotion/Education Programmes useful or not, and to whom should they be targeted?

Is the material used in Health Promotion/Education adequate/available

Can we stay objective when talking to the young?

Do we have to "shroud - wave"? - equating sex with death?

How should we confront the denial of AIDS?

Our study day on HIV infection in the young was held on 27th February 1991 at St Bartholomew's Hospital in conjunction with the Society of Public Health. The day was well attended with 80 delegates and thus the discussions were both lively and difficult to summarise.

We will be printing information about all the talks and the workshop results over the next few months and will be interested to hear comments from members so that we can draw up some kind of recommendations with regard to health education and teaching about HIV.

This issue starts the ball rolling with the picture painted by Jane Wilson from Edinburgh of counselling and the role of women in the preventive scene.

JANE WILSON: Clinical psychologist working in the Muirhouse/Pilton Drug Project, Edinburgh. Previously spent six years in San Francisco training in and working with both addiction and AIDS. This included two years working in a womens polydrug abuse programme.

The advent of HIV and AIDS effects everyone. The impact on women, however, is particularly acute. In drug using communities women are especially vulnerable as both users and sexual partners of users. They also carry the burden of becoming a vector for perinatal transmission.

Initially it was thought that education and information about the virus would activate changes in behaviour. It has become increasingly evident that while the basic facts about HIV transmission are known, the expected corresponding behaviour changes, especially the adoption of safe sex practices by women, has not occurred.

It would now seem that counsellors have a dual role. They must not only provide education and information about HIV and AIDS but, more importantly, they need to address the complex task of engaging women to examine and alter the psychosocial factors which often precipitate, sustain and reinforce their current unsafe, high risk sexual practices.

As yet, we can prevent very little if they're not talking to us! I'd like to concentrate on two aspects; barriers to counselling and barriers within counselling which may prevent women from receiving the services they require to take care of themselves in the face of this epidemic. Clearly, some of these blocks apply to men as well but it is the specific way in which women respond which is of interest to us here.

BARRIERS TO COUNSELLING

1. DISTRUST AND HOSTILITY TOWARDS PROFESSIONALS AND AUTHORITY

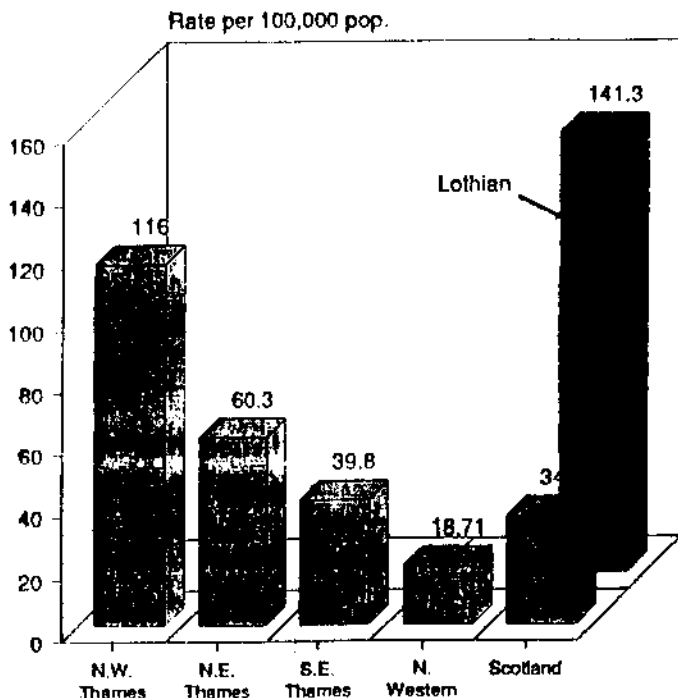
- a) Class
- b) Power

There may be a class bias in the counselling offered. Most trained counsellors are 'middle class'. Women from drug using communities are predominantly 'working class'. Counsellors may well experience themselves as having both personal and professional power which is socially legitimated. The women being counselled, however, quite often experience themselves as extremely powerless on both a personal and social level.

2. DISREGARD FOR THE COUNSELLING PROCESS

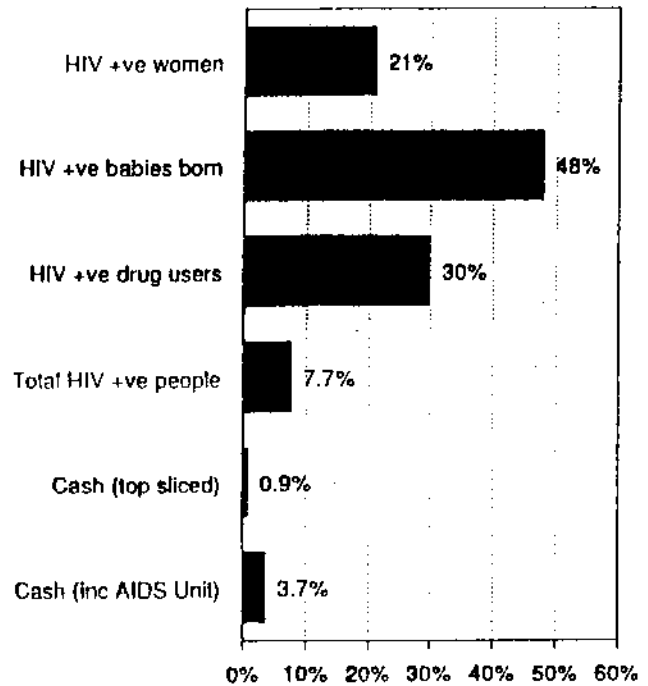
- a) Value
- b) Status

HIV Antibody Prevalence
U.K. "top 6" areas
Reports to 31/3/90



Lothian's share of Britain's
AIDS problems and resources
(Problems to 4/90, resources FY 90-91)

% of Britain's total



Talking to a professional counsellor about problems is often seen as a major failure and an inability to cope. Neither can be tolerated or admitted. Women also fear that they will be seen as 'crazy' if they are referred to or seek some form of counselling. Also, talking about problems is abstract whereas survival in these communities is concrete. Practical assistance in the form of Giro's, food vouchers and houses are valued far more than counselling. For women, counselling can be especially problematic in that it raises the question of 'needs'. Women have traditionally focused away from exploring or expressing their needs. They have also been socially encouraged to transform their own real need and see them as identical to those of others, usually men and children.

3. SHAME, FEAR AND GUILT

It is still seen as socially reprehensible for women to be dependent on illicit drugs. This jeopardises their role as society's carers. Coming forward and identifying themselves as users may intensify their sense of failure. If there are children involved, the women may not only feel intense guilt over not achieving the 'mothering' standard but she may be very afraid that if she discusses her drug use or that of her man's, her children may be taken from her.

4. RESISTANCE TO INVOLVEMENT

Users generally tend to engage in distance creating manoeuvres to protect themselves from involvement and to avoid getting close to and trusting another person. Women users, in particular, may have internalised the social condemnation of their behaviour and may therefore, be even more resistant to coming forward. Rather than risk exposure they will remain more acutely isolated.

5. APPROACH/AVOIDANCE CONFLICT

Users will often adopt testing and challenging behaviour to gauge the counsellor's ability to withstand problems or to measure the counsellor's capacity to cope with their overwhelming feelings of dependency. Many women suppress these abandonment and dependency feelings by remaining trapped deep in the revolving door push/pull behaviour.

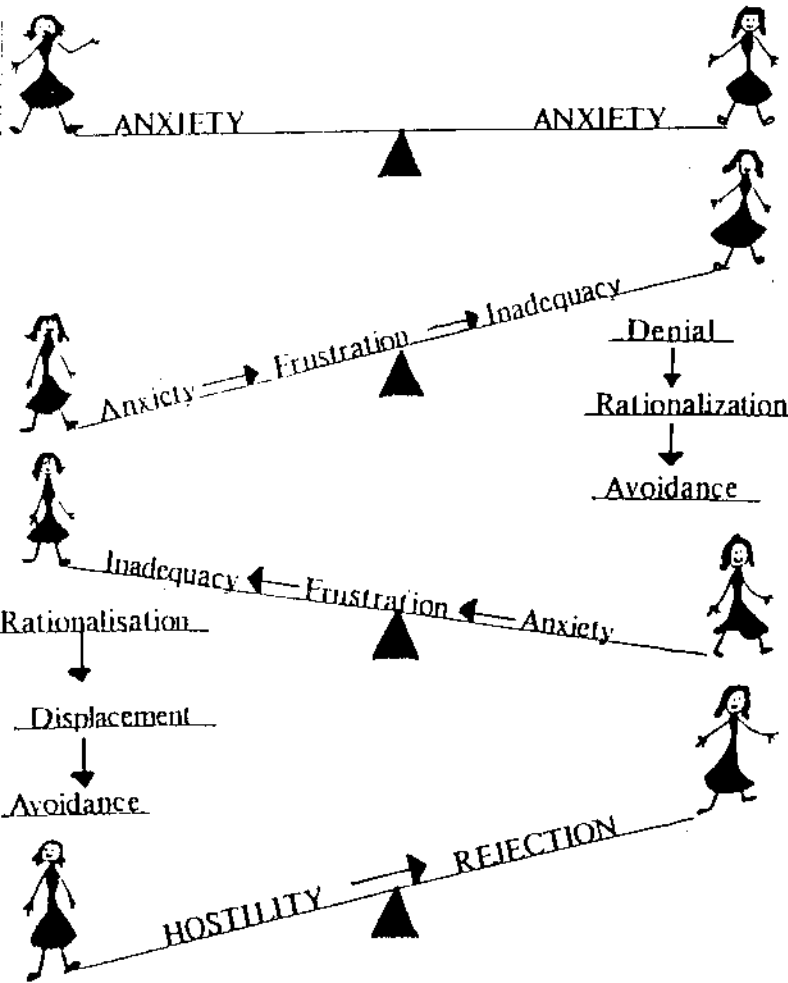
Any combination of these can present as the first wall of resistance and will need to be both recognised and acknowledged if we hope to do effective work. If women do manage to overcome these barriers they often face another set of problems which arise within the counselling process itself.

BARRIERS WITHIN COUNSELLING

In the diagram I have illustrated some of the problems which can occur within the counselling process. If not acknowledged and dealt with, they can sabotage any fruitful work attempted in the area of preventative counselling.

EMOTIONAL PROCESS

Counsellor Client



A. Both counsellor and client will have some anxiety about the counselling session at the start. For the counsellor, this often takes the form of generalised concern about the AIDS epidemic, pressure to educate and counsel on prevention and a desire to achieve behavioural change where required. For the client, there may be apprehension about the session itself, concern about what information she may be given and how it affects her personally, and anxiety about what may be expected or requested of her.

B. Initially, a counsellor's anxiety can be contained or reduced by the structure and activity of the 'educative' component of the counselling e.g. presenting the basic facts about HIV/AIDS, assessing the level of risk and, perhaps, offering harm reduction strategies. The client, however, may become increasingly anxious during the course of the session because the information offered doesn't appear helpful. On one level she can well understand the importance of the facts, e.g. using condoms to prevent the spread of AIDS but at a deeper level she knows she will not follow this through and act on it. She may begin to feel bad ... about herself. Here you begin to achieve the opposite of what you set out to do. Rather than enhance her sense of competency you feed her feelings of inadequacy.

C. At this point we can expect resistance to surface either in the form of outright rejection or passive compliance. Defences/barriers will be activated to maintain an already fragile sense of self and negative feelings that may have been elicited will not be projected. Many of us come across these defences quite often:

DENIAL: "The government is just trying to scare users",

RATIONALISATION: "My friend's been sleeping with someone who is HIV positive for over 9 months and she's OK, so I'll be fine too",

AVOIDANCE: They don't attend at all. If they do attend they bring a bigger crisis which must be solved. They attend inoculated with enough drugs to make them immune to feelings ... yours or theirs.

D. When the client's defences are in operation this can also have an effect on the counsellor. She can begin to feel ineffectual and inadequate for the task and goal she may have set for herself. She too will need to dislodge these negative feelings. If not thoroughly worked through in support/supervision her own defence system will take over, e.g.

RATIONALISATION: "This is an unmotivated and difficult client group",

DISPLACEMENT: "If only the other person/G.P./Social Worker/Drugs Worker would get their act together",

AVOIDANCE: "This should really be referred on to the other agency".

Feelings of failure can be experienced by both counsellor and client. For the counsellor, however, negative attitudes about counselling become reinforced often leaving her feeling more helpless and alone than before she began.

Along with the emotional confusions which can arise in the counselling process there may be differing perceptions about what the implications are:-

Active forward planning	versus	Existing in the moment
Independence	versus	Deep dependency needs
Response ... ability	versus	Internalised powerlessness.
Sexually assertive behaviour	versus	Socially learned and culturally reinforced sexual passivity.
Self protection	versus	Selflessness.
Self regard	versus	Primacy of needs of others Submission to sexual desires of men.
Forfeit prospect of parenthood/ childlessness	versus	Importance of status and identity as 'mother' in the community.

It should also be noted that 'fear' of HIV/AIDS as a motivating factor for change often backfires in terms of information processing and there is an 'optimal anxiety level' necessary to stimulate action. If the anxiety level is too low no change will occur. Conversely, if anxiety is raised beyond this optimal point, appropriate action is impaired or misdirected. For women in particular, both of these extremes can happen. She may become overwhelmed and immobilised by the contradictions as they surface or, on the other hand, the spectre of HIV/AIDS is placed along a continuation of 'life-long' traumas which she has survived.

By becoming desensitised and fatalistic about her life, the impact and consequences of the virus will be deadened. The powerlessness these women often feel is a psychological phenomena which also has social roots. Often their oppression is suffered on an economic, political and psychological level. Women have internalised their powerlessness as a reflection of their own self worth which often leaves them with feelings of despair, defeatism and fatalism. It allows them to accept aspects of their world and themselves which they know to be contrary to their own best interests.

The work of prevention is a far more challenging task than we initially imagined. Education on HIV transmission and availability of condoms will have little effect on actual prevention with women if the underlying psychological dynamics are not addressed. Women can often be trapped by their passivity, a sense of being unable to act in the world and their perceptions of the rewards of pregnancy and parenthood. In this context the modification of sexual behaviour to reduce the risk of HIV is a formidable undertaking. The questions around women and AIDS and consequently counselling in this area, cannot be separated from wider issues on women's role in society. To be effective in our attempts to develop preventative strategies, we must recognise and acknowledge the social, political and psychological influences on women.

HIV/AIDS IN EDINBURGH

Edinburgh has:

1% of the U.K. population

23% of all women in the U.K. known to be HIV +ve

50% of all children born to women known to be HIV +ve

Youth Support House

13 CRESCENT ROAD,
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YOUTH SUPPORT PROGRAMME OF TRAINING SESSIONS AUTUMN 1991

Youth Support Workshops - Autumn Term 1991

The following programme of workshops are held at Youth Support House, 13 Crescent Road, Beckenham. All run from 2.30 to 4.30pm on wednesday afternoons. Cost £20 per workshop or £60 for course of four.

Series 1 - suitable for any professional working with young people.

- 18th September 1991 "Teenage Pregnancy"
- 2nd October 1991 "Teenage belief systems - that old black magic"
- 16th October 1991 Self Esteem in Adolescence
- 30th October 1991 Finding the 'true self' in adolescence - the dilemma for teenagers with a disability.

Series 2 -

We are planning a series of training workshops suitable for nursery workers and those working with young children. These will cover aspects of child development, vision, hearing and psychological development.

- 25th September 1991 - General child development - 0-2years
- 9th October 1991 - General child development 2 - 2 years +
- 23 October 1991 - Special senses - vision and hearing
- 6th November 1991 - Psychology and emotional development.

Teachers - Do you have difficulty relating to some of your pupils? Do you find talking about sexual issues or abuse emotionally taxing? We are running professional support groups to confront some of these difficult issues - Tuesday afternoons from 17th september 1991. Fee £15 per session or £10 if attending three or more sessions. Dates 17, 24 sept; 1, 8, 15, 22, 29 oct; 5 nov.

For all courses please apply to: Youth Support House
13 Crescent Road
Beckenham
Kent BR3 2NF
Telephone: 081 650 6296

Cheques made payable to: Youth Support
Charity No. 296080

Firm bookings with remittance.

Name Tel No

Address

.....

Designation

.....

Booking For



International Association for Adolescent Health