

The whole world was shocked by the massacre of 16 children in Scotland this March. It seemed barely credible that only a month later another similar slaughter could occur on the other side of the world, in Tasmania. The effects on the community of previous disasters prompted the UK government to commission a report from the Disasters Working Party convened by Cruse Bereavement Care (the Allen Report, HMSO, 1991). This recommended that each district prepare a team, co-ordinated by social services, of trained counsellors and mental health professionals to offer appropriate intervention following a disaster.

A survey of the response to this report showed that only a fraction of districts had read or implemented the recommendations, and even fewer had any plan for responding to psycho-social needs in such an event. *File on Four* researchers (BBC Radio, April 9) found that the result is often chaotic and can bring counselling into disrepute.

Yet we have evidence (see p17) that the high incidence of post-traumatic symptoms in children affected by disasters can be alleviated by brief trauma/grief-focused psychotherapy. In this issue we publish an article on a training programme in child trauma counselling (p17). We hope to report on other innovative programmes which are soundly based on research and should help to allay the concerns expressed recently about the value of counselling.

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HIV infection: systemic family therapy with the bereaved



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HIV disease became a major health problem over a decade ago and there remains no cure. The quality and expectancy of life for those affected is improving but, nonetheless,

mortality related to HIV disease continues to challenge medical, nursing and social care practice. Working in the field of HIV has brought into sharp focus the concept of loss and the benefits of using systemic family therapy, an approach which considers the family as a whole, to deal with the range of issues arising for individuals and their close contacts.

EFFECTS OF HIV INFECTION ON BEREAVEMENT

The death of the patient with HIV infection can be the beginning of a new problem. Specific issues related to HIV infection increase this possibility¹.

Death of young people

Many HIV-related deaths are young people, unaccustomed to illness. Death may be more difficult to accept because expected milestones have not been reached, and the natural life cycle of parents dying before children is reversed².

Health care workers' reactions to HIV illness and death may be more personal than is the case with some other illnesses. Having a similar age group and background to the majority of their patients makes it more difficult for them to remain neutral and maintain professional boundaries³.

Same-sex and bisexual couples

The close bonds or 'marriage' between same-sex couples have contributed to a wider definition of family, which

EDITOR'S NOTE

AIDS has been described as the modern plague. It is difficult to remember that it 'became a major health problem' less than 15 years ago. Riva Miller, with her colleague Robert Bor, set up the first counselling service for patients infected with HIV at the Royal Free Hospital where the Ian Charleson Unit offers a comprehensive medical service. Riva had trained as a family therapist and found that the Milan school of family therapy, developed by a team of Italian psychiatrists (Selvini-Palazzoli, Boscolo, Cecchin and Prata) best enabled her to help the families of the patients who were dying or had died of AIDS. Here she illustrates some of the principles on which she bases her work and her useful bibliography will enable those interested to take their understanding further.

Training courses in systemic family therapy are available in several parts of the UK and of the world. In Zimbabwe, from where I have just returned, there is a flourishing family therapy institute and much of their work is with HIV-infected families since the disease is rife in Africa. The WHO has estimated that over half of the population of Zimbabwe is HIV-positive. In many families the children are doubly orphaned and there may be no-one left alive in their family to care for them.