

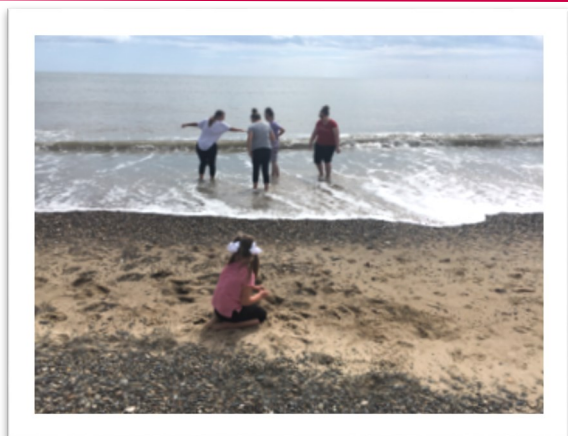


Photo from Railway Street, Dublin 1

ACET NEWS

Autumn 2017

ACET (AIDS Care Education & Training) Ireland provides care for those affected by HIV, and education & training services on HIV and related issues.



You are welcome to the Autumn 2017 edition of ACET News!

Thank you for your ongoing support which enables us to provide care and education throughout the North Inner City, Dublin, and around the country.

See inside this issue for updates on **care, education and work with migrant faith communities**, staff changes and more!

new activity or place;

- Making a plan for self-care going home.

There are times the care staff might sit with someone who is overwhelmed by illness or financial worries and at that moment and in that time it can feel as if there are no windows, no doors, no possibilities - just a dark room. Our respite work helps cast a light on where those windows and doors are hidden, so someone may then be free to dwell in possibility, and even more so.

A special thanks to **Trinity Church Network, Dublin City Council and CDYSB** for supporting the summer youth & family project this year.



Dwelling in Possibility

Hansi Chisnall, youth & family care worker, explains the nature of respite, an integral part of our care.

Poet Emily Dickinson beautifully wrote:

*I dwell in Possibility –
A fairer House than Prose –
More numerous of Windows –
Superior – for Doors –*

I think of respite (both residential and non-residential) as a space where possibilities can grow and hope can be nurtured. When we support people outside of their everyday - where chaos and isolation, often because of HIV and addiction, co-exist - and help them access places of beauty, joy and rest, suddenly the view out their “window” broadens. And this might look like:

- Time and space to process challenging life events without the stress of home;
- Ability to re-connect and communicate better with family members while out together;
- Rejuvenation and refreshing of mind and body through a

If you would like to support ACET's work, our bank details are:

Bank of Ireland, O'Connell St, Dublin 1

BIC: BOFIE2D IBAN: IE82 BOFI 9000 3360 9597 90

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Standing order forms are available from the office.

Donate



It is your support that enables us to do all that we do—thank you!

Interfaith turns and strategic walking tours: news from ACET Education.

Project Hope, our work with migrant-led faith communities took an interfaith turn this summer. Richard Carson was invited to meet with members of the local mosque in the Rialto area as Imam Ismail generously hosted at Friday prayers. As well as explaining the work of ACET, Richard illustrated how the story of Jesus on the Road to Emmaus inspires our work. Some follow-up time allowed other leaders in the mosque to explore themes of HIV-related stigma with Richard. We are already looking to extend this work and with other local mosques.



Over the years we have worked with many faith communities from many backgrounds as we support them in responding to HIV and a range of issues from sexual health to integration. We regularly find that these communities are poorly connected to one another, often even unaware of one another's presence locally. In order to address the complex issues of HIV, integration, addiction, social exclusion and more we are seeking to link leaders both to each other and to the stories of the local communities in which they worship.



From top: Temple-fronted Greek Revival Presbyterian church, now just a façade; detail on wall of Magdalene Laundry; the cross marking the former Magdalene Laundry in the heart of the Monto, Dublin's former red-light district; Sean McDermott and Lower Buckingham Streets.

One example of how we achieve this is in the **North East Inner City of Dublin** where we are bringing church leaders and members on **walking tours** of the local community. The area is rich with 250 years of challenge and resilience and by telling these stories it opens the eyes of leaders to the role of their own congregations in engaging with the mission God has given them. Recently one leader commented "It was brilliant! I am already sharing the stories with my members. It has really changed how we view ourselves in the area."

Your hamper could make a difference to an ACET family's Christmas this year! Please contact us for more information.



ACET is committed to keeping your information safe.

The EU's **General Data Protection Regulation** comes into force in May 2018, replacing the existing Data Protection Act.

What does this mean for you?

Because we have known many of you for years, we may not necessarily have records of you 'opting in' to receive information and updates from us. At this point, ACET is asking that if you are **NO LONGER INTERESTED** in being on our mailing list, please let us know. Send an email to dublin@acet.ie with **UNSUBSCRIBE** in the subject line or write to us at the address below. If we do not hear back from you, we will assume that you have given us permission to remain in our database.

ACET uses names and addresses for the purpose of communicating our news, thanking our donors and notifying them of their donation totals. These records are kept in Salesforce CRM, an online encrypted database. We DO NOT share this information with any other organisation or individual.

For more information about our governance and accountability, see *Financial Accountability* and *Fundraising Policy* under the *Our Story* dropdown menu on the [ACET website](#).



Thank you again to **Trinity Church Network** whose September coffee bar raised €612 for our work in the North Inner City.

It is your support that enables us to do all that we do—thank you!

Relationship, communication and restoration are key values for ACET, and key aspects of our counselling service. Counsellor / Educator Vivienne Morrow-Murtagh tells you more about her role.



You are an Imago therapist and a certified trauma therapist: what does that mean?

I build on ordinary Rogerian (person-centred) therapy and add in Imago therapy, which is working with twos – often couples, but could be any two people, with the therapist as facilitator. The essence of Imago is that we are all in relationship, so issues come out of that, and need to be faced in that context. The staff I supervise [6/month for professional overseeing in a supportive, supervisory role, with a therapeutic overlap] don't come in as pairs, but they bring the impact of working with others, so in some way the Imago concept is there too.

Trauma is always there; it is primarily a physiological response, and attachment trauma from childhood is a main factor behind addictions, self-destructive behaviours and chaos in adulthood. Confused, avoided or ambivalent attachment underlies a lot of trauma and takes a longer process of working out than a one-off event such as a car accident does.

Do you use these techniques day to day?

I would use Imago questions and concepts without the dialogues. It's crossing a bridge, moving into someone's world with empathy, not sympathy or pity. I use trauma therapy a lot, but only once the client feels safe. It can be difficult when there are big gaps between seeing people – often because of hospitalisation or general chaos in their lives – so sometimes it's like rebuilding relationships with them again.

With clients what issues do you see coming up consistently?

Broken attachments undergird all the issues I see.

And with staff supervision? For staff, it is being overwhelmed by brokenness, picking up the transference of tragedy in the people they work with. They often just need space to set it out there, to see it.

What is your favourite part of training?

I love when there is energy and dynamism and a connect in the group I'm teaching. Seeing people get energised about something they're learning is amazing. I especially love it when God comes in with an anointing to the teaching.

What interesting training have you received yourself lately? How do you see this being useful in your work with ACET?

Two recent courses have been *Interpersonal Neurobiology* which explores the effect of therapy on the brain, and how it is impacted by life experiences, and *Positive Neuroplasticity*, how our brains can be changed by our minds. The HEAL model (**H**ave a positive experience; **E**nrich it; **A**bsorb it; **L**ink it) fits with a Christian worldview: “..whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about these things.” Philippians 4:8

How do you deal with the issues and trauma you hear about?

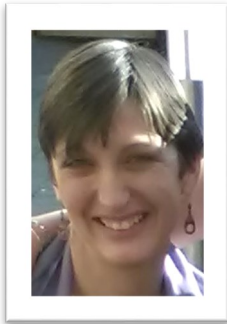
I have both individual and peer supervision. Also I really practice the Biblical perspective of considering the lilies, and I have very good relationships. The non-judgemental relational space of ACET holds me; it is such a safe place to relax in and that helps everything. And a sense of humour is a very good thing!

Do you have any quote you want to give us?

I've been thinking about “They made me caretaker of the vineyards, but I have not taken care of my own vineyard,” from Song of Solomon and the necessity of self-care, which is the opposite of selfish.

It is your support that enables us to do all that we do—thank you!

Because of maternity leave and a career break, ACET has seen staff come and go in the past few months. Karen, Lynn, Andrew and Olivia give you their impressions below.



Karen Thompson, administrator

It was exciting to get a closer experience of ACET, an organisation which I have long supported and much admire due to the down-to-earth, loving and non-judgmental approach to their work, caring for those on the margins in a real and genuine manner.

My up-close experience not only affirmed the impression I had but deepened this conviction that the ACET model of examining our own attitudes and prejudices and **building up relationships with people is a powerful witness and a humbling challenge to us all** to support and really empower those around us to be the people God created them to be, without asking for anything in return and without looking for “results” in whatever form that may take in each situation.

Lynn Caldwell, administrator



In mid-December, my family and I travelled to my home of origin, Vancouver Island on Canada's beautiful west coast, to spend time with my parents who were undergoing some health challenges. With one child in Transition Year, it seemed like a good time to go and have an extended time with my family and let our children experience more of life in Canada.

‘Beginning, middle, end, rest’ is written on the whiteboard in the ACET office, a reminder to breathe between projects, meetings, moments. It is great to be back and with returning, I'm mindful to find that rest in the midst of settling in again.

Andrew Sloane, adult care worker



I experienced the immense privilege of working with both new and old clients, and one theme throughout the work was noticing the place that ACET has in their lives. I was accepted by long-standing clients, despite being a new face, because of their previous experience of ACET staff accepting them, listening to them, and working alongside them through

difficult parts of life in such a personal way. **The care and understanding with which our clients are thought of, spoken about, and engaged with will always have an impact on how I work with people.**

Over the summer I continued to work in Dublin 1, although in a very different setting! I worked in a cafe on Talbot Street. Since August I've been working for Solas Project in Dublin 8, running a targeted after schools club for 6 and 7 year olds. It's busy work but I'm really enjoying it!

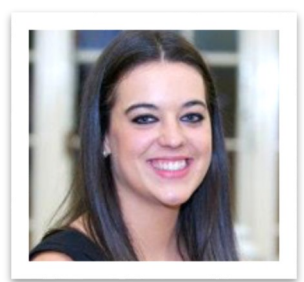
All that's left to say is thank you to all the staff, clients, volunteers and board that make up the ACET family.

Olivia Corbett, adult care worker

Returning to work after maternity leave brought with it the familiarity of longstanding client relationships but also a refreshed perspective on new social challenges for clients. This has been most evident in areas of **housing and health**.

In recent months a few clients and their families have become homeless, entering into the long and complex process of waiting to be housed. Other clients who have migrated to Ireland have been unable to afford secure accommodation in Dublin and have moved to isolated areas on the outskirts. We liaise with housing associations and provide advocacy for clients while also acknowledging there are few quick solutions.

As well as health interventions for HIV and Hepatitis C, we also support clients who have further diagnosis including pancreatitis, cirrhosis and other immunosuppressant conditions. We encourage people to engage with their health care plan by attending appointments, adhering to medication and having open discussions with doctors and clinicians. We also continue to link with clinical social workers, as well as mental health and psychiatric services as part of broader client care plans.



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