Bathhouse Counselling

TowelTalk Evaluation Report

2009-2010

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EXECUTIVE SUMMARY

This report documents the pilot year of TowelTalk, a bathhouse counselling program developed and implemented in Toronto. The report covers the findings from a process evaluation of the program. The evaluation was carried out from April 2009 to August 2010 and included: a needs assessment survey with bathhouse patrons, pre- and follow-up interviews/focus groups with bathhouse management and staff, as well as outreach workers and volunteers, feedback forms completed by men who used the service, interviews with program staff, and program data collected in the first year of the program.

TowelTalk is a collaborative project, funded by the Ontario Ministry of Health and Long-Term Care, AIDS Bureau, and housed at the AIDS Committee of Toronto (ACT). TowelTalk offers brief, walk-in counselling to men in four of Toronto's bathhouses, with the possibility of follow-up counselling (up to eight sessions) at ACT, and streamlined referrals for longer-term counselling with some community partners. TowelTalk is an innovative program that seeks to address the psychosocial issues that have an impact on HIV risk for gay, bisexual, and other men who have sex with men.

In the first year of the program, there was one counsellor in place who developed and coordinated TowelTalk, as well as carried out 88 counselling sessions with men in bathhouses, eight of whom continued to access TowelTalk counselling at ACT. The program was able to reach the men we hoped to reach: 61% of men who accessed the service came from racialized communities, and of those who identified themselves as being in a relationship, 88.2% described their relationship as closed, and 36.1% indicated to the counsellor that their primary partner was a woman.

Counselling sessions last between 10 and 45 minutes, and in the first year, averaged 28.2 minutes, although there was some variation by bathhouse. The issues raised during sessions varied, but the most common issues that emerged included relationship issues, guilt and shame, bathhouse issues, HIV/AIDS, loneliness/isolation, and homophobia. If an issue was not resolved during a session, or the patron indicated an interest in counselling, follow-up counselling was offered, although most remained single sessions.

We found that TowelTalk introduced a new service to men, and complemented the outreach activities already available in bathhouses. The coordination work necessary to introduce a new and innovative program had positive impacts on the relationships among outreach programs, and between these programs and the bathhouses. After its first year, TowelTalk was well-supported by the bathhouse community (bathhouse management and staff, outreach programs, patrons), and received positive feedback from men who accessed counselling. Although further evaluation and continued program monitoring is important for this program, we have found that TowelTalk is able to address needs related to sexuality, sexual health, and mental health.

There are certainly challenges to implementing a mental health intervention in a sexually-charged environment. TowelTalk is offered in a context where men do not expect to access a counselling service and are more likely to hit on the counsellor than ask to talk about their feelings. The counsellor needs both skill and tolerance to move what is often a sexually-charged dynamic into a therapeutic counselling

session. Opportunities to debrief on the experience of providing counselling in bathhouses, and ongoing clinical supervision, have been important supports for the bathhouse counsellor.

It has also been a challenge to speak to men who have accessed the program. The evaluation team hoped to hear from men who accessed counselling in one of two ways: ongoing feedback forms and anonymous follow-up telephone interviews. Men did complete the feedback form, but only one individual completed a more detailed follow-up interview. In the future, we hope to speak with men who have accessed the service to better understand their experience of accessing counselling in a bathhouse, as well as the program's impact on their health and well-being.

This report is organized to provide readers with a detailed understanding of TowelTalk and the bathhouse context. It provides an introduction to TowelTalk's history and the program's structure, as well as a description of Toronto bathhouses and the different outreach programs that provide services within them. The bulk of this report is focused on TowelTalk, and includes demographic information about the men who accessed the service, an explanation of the kinds of issues raised during bathhouse counselling sessions, and a description of what sessions are like. The last section of this report is focused on TowelTalk's evaluation and includes a discussion of the level of support for TowelTalk, identifies program challenges, suggestions for improvement, and key programmatic elements.

PROJECT BACKGROUND

TowelTalk is pilot project funded by Ontario Ministry of Health and Long-Term Care, AIDS Bureau. The project is a collaborative effort between several organizations involved in HIV prevention and health promotion activities. TowelTalk aims to augment current sexual health promotion services by placing a professionally-trained counsellor in four of Toronto's male bathhouses. The counsellors offer bathhouse patrons anonymous and brief counselling sessions (lasting between 10 and 45 minutes), as well as referrals to other health and social services. Counselling takes place in a private room in the bathhouse. Counsellors also provide short-term follow-up counselling (up to eight sessions) to some service users at ACT, and can provide streamlined counselling referrals to some community partners.

Placing a professional counsellor in male bathhouses is one response to current research findings, that complex psychosocial issues shape gay, bisexual, and other MSM's vulnerability to HIV (Adam et al. 2005; Adam et al. 2008; Hart et al. 2008; Haubrich et al. 2004; Stall et al. 2003). A counsellor is able to work with the complex psychosocial issues that shape MSM experiences, as well as address situational issues that emerge for men in the context of quick-sex environments (Adam 2005). Research evidence also indicates brief counselling can be effective in reducing risk behaviours (Gibson et al. 1998; Kamb et al. 2008). TowelTalk may enable men who would not seek counselling in traditional counselling settings to access this service because it "comes to them." remains anonymous, and feels easier to access (Rutledge et al. 2001; Spielberg 2003).

The initial idea to place counsellors in a bathhouse came from *Mr. Sexxx*, an HIV prevention program that provides one-on-one counselling in Steamworks bathhouses in Berkeley and Chicago. Steamworks' health promoter presented *Mr. Sexxx* at the Ontario Gay Men's Sexual Health Summit in February 2007. Interest grew quickly, and with direction from the Ontario Ministry of Health and Long-Term Care, AIDS Bureau, a Program Advisory Committee (PAC) was struck and work on the project began.

Although *Mr. Sexxx* has been active in the bathhouses for several years, it had not been formally evaluated to assess its effectiveness as an HIV prevention program, nor its impact on the bathhouse environment. TowelTalk is not the implementation of *Mr. Sexxx* in Toronto bathhouses. TowelTalk draws from the *Mr. Sexxx* experience in Berkeley and Chicago, but developed within the specific context of Toronto, drawing on the expertise of PAC members.

The evaluation of TowelTalk followed formative and process evaluation structures, seeking to gather relevant information in order to inform program development, as well as identify key elements of the program's structure. We had a number of questions, which focused on the feasibility of implementing a mental health intervention in a sexualized environment. In this report, we will address the following questions:

- How do outreach programs fit within the bathhouse environment?
- Is there support from the bathhouse community (outreach workers and volunteers, bathhouse patrons, bathhouse staff) for a service like this?
- Will TowelTalk augment what is already being provided by existing sexual health outreach programs, or will it be a duplication of services?
- Will men access a professional counselling service in the bathhouse?
- Will counselling sessions in the bathhouses feel safe and private?
- Will TowelTalk be able to link priority populations of men to other services (does the program lead to referrals)?
- In what ways does the intervention have an impact on the bathhouse environment?
- How might the service be improved?

TOWELTALK DEVELOPMENT & PROGRAM STRUCTURE

The AIDS Bureau invited sexual health organizations that provide outreach in bathhouses, mental health organizations, and researchers with expertise evaluating counselling interventions to join TowelTalk's PAC. The composition of the PAC includes members with the following affiliations:

- Asian Community AIDS Services (ACAS)
- AIDS Committee of Toronto (ACT)
- Alliance for South Asian AIDS Prevention (ASAAP)
- Africans in Partnership Against AIDS (APAA)
- AIDS Bureau (ex officio)

- Black Coalition for AIDS Prevention (Black CAP)
- Centre for Addiction and Mental Health (CAMH)
- Centre for Spanish Speaking Peoples (CSSP)
- David Kelley Services (Family Service Toronto)
- Hassle Free Clinic
- School of Social Work (McMaster University)
- Mount Sinai Hospital
- The Toronto People With AIDS Foundation (PWA)
- HIV Prevention Lab (Ryerson University, Psych)
- Toronto Public Health

TowelTalk developed as a collaborative initiative, housed at ACT. Day-to-day oversight of the program falls under the responsibility of ACT, but larger pieces of the program structure were developed with the advice and expertise of PAC committee members.

Once the bathhouse counsellor/coordinator was in place in January 2009, the basic components of the program were developed. The bathhouse counsellor worked closely with the M2Men Network[1] (also represented on the PAC) to develop relationships with bathhouse management, and identify the basic structure of bathhouse shifts, as well as decide on shift days and times. He also carried out presentations with outreach workers at the different ASOs to introduce them to the program. Drawing from their experience with single-session counselling interventions, program staff developed a streamlined referral process, enabling men who were not HIV-positive[2] who accessed the program, to move to longer-term counselling services without the delay of a wait list. The streamlined referral process is available to counselling services at Mount Sinai, David Kelley Services, the Centre for Addiction and Mental Health, and Shout Health Clinic.

Posters (8.5"x11") (Appendix I - 2009 TowelTalk Poster) were developed in April 2009, and distributed in bathhouses, bars, and community organizations. The counsellor and manager of the program worked closely with the evaluation team to identify emerging issues and develop appropriate evaluation and monitoring tools. By May 2009, TowelTalk was active in four bathhouses.

CURRENT PROGRAM GOAL AND OBJECTIVES

The goal of TowelTalk is to reduce the transmission of HIV and other sexually transmitted infections, and improve the overall sexual health of diverse communities of gay, bisexual and other men who have sex

[1] The M2Men Network is a network of the organizations that carry out bathhouse outreach in Toronto. M2Men first developed in 1992 (originally called the Gay Men's Education Network, GMEN), and the level of activity has varied over the years. M2Men enables organizations to share information about what they are seeing in bathhouses, strategize about ways to engage bathhouse management and patrons in their work, identify issues related to working in a sexually-charged environment, coordinate services, and discuss emerging issues and trends related to gay men's sexual health.

[2] Men who are HIV-positive are able to access long-term counselling services at the AIDS Committee of Toronto, as well as David Kelley Services, without the delay of a wait list.

with men through increased access to psychosocial counselling and other support and community services. TowelTalk operates with four program objectives:

Objective 1
Provide a professional assessment, counselling and referral service to men in bathhouses to assist them in discussing issues related to their sexual health, including drug and alcohol use, coming out, disclosure of HIV status, relationship issues, depression and anxiety, isolation and marginalization, adjusting to life in Canada, shame and guilt, difficulty negotiating safer sex, body image issues and sexual identity issues.

Objective 2
Provide an affirming, supportive experience related to sexuality, sexual choices, and sexual identity for men in the bathhouse environment.

Objective 3
Foster the development of a supportive relationship between the counsellor and the patron/client, and support the sense of community developed through existing community outreach programs.

Objective 4
Initiate a dialogue about the role that drugs and/or alcohol may play in the sexual lives of men and their ability to maintain sexual health; to promote harm reduction in collaboration with community outreach programs; and to provide referral information for men who are concerned about their use of drugs and/or alcohol and are interested in seeking support to address those concerns.

EVALUATION PROCESS

TowelTalk's evaluation component was developed with the program's design, and began just as the program was becoming active in the bathhouses. Before beginning the evaluation process, we first sought and were granted ethics approval from the Research Ethic Boards of McMaster University, the Centre for Addiction and Mental Health, and Ryerson University. We gathered data from a number of different sources, and when possible, pulled out key pieces of information in order to inform program development.

This report draws on the following:

Needs assessment survey (115 completed)
In March and April, 2009, we circulated a needs assessment survey (Appendix II – Needs Assessment Survey) to bathhouse patrons in the four bathhouses where TowelTalk would be active. The survey was circulated by M2Men Network outreach workers during outreach shifts, and was available in both English and Spanish. The survey captured basic demographic information of survey respondents and included questions to assess respondents' interest in and support of a bathhouse counselling program, as well as potential issues or concerns that could be raised in counselling. Data from the survey were entered into a SPSS database and analyzed by the HIV Prevention Lab at Ryerson University.

Pre-intervention interviews/focus groups with bathhouse managers and outreach workers and volunteers (four with bathhouses and six with outreach programs)
Pre- interviews and focus groups were conducted with bathhouse managers and outreach workers and volunteers from April to June, 2009. Questions were focused on issues related to program development, as well as assessing support for TowelTalk. Interviews and focus groups were coded and analyzed using Nvivo software.

Follow-up interviews/focus groups with bathhouse managers and outreach workers and volunteers (three with bathhouses and seven with outreach programs)
Follow-up interviews and focus groups were conducted between February and April 2010, about 10 months after the first interview/focus group. Questions here were focused on people's experiences with TowelTalk, their assessment of how TowelTalk was working, their level of support for the program, and their recommendations or suggestions for improving the program.
All interviews and focus groups were audio recorded and transcribed. Interviews and focus groups were coded and analyzed using Nvivo software.

Feedback forms (43 completed – 48.9% of TowelTalk service users)
Feedback forms (Appendix III – Feedback Form) are one-page questionnaires that ask patrons who have accessed TowelTalk to comment on their experience of accessing counselling in a bathhouse. The counsellor offers the patron a feedback form at the end of a session, and he can complete it in the room, returning it to the counsellor in a sealed envelope, or complete it on his own time and leave it in the TowelTalk drop box which is located near the front entrance of the bathhouses. Patrons can also complete the feedback form online, although few have done so (two were completed online in the first year of the program). Most patrons preferred to complete the form in the room with the counsellor. Data from the feedback form was entered into a SPSS database and analyzed by the HIV Prevention Lab and Ryerson University.

Interviews with TowelTalk service users (1 conducted)
For 4 months (September to December 2009), interviewers were available to receive calls from men who had accessed the counselling service for an anonymous telephone interview. During these months, the counsellor offered each patron who accessed counselling a business card with the TowelTalk logo at the end, a phone number, and the times an interviewer would be available (Appendix IV – Follow-up Interview Card). The counsellor would explain that the 10 minute interview would be anonymous and that incoming phone numbers would not be recorded. Interviewees would receive a downloadable $20 gift card in appreciation of their time.

Unfortunately, the majority of TowelTalk users did not want to take the business card, and after four months we had only conducted one follow-up interview. The questions focused on the patron's experience of counselling in the bathhouse and any recommendations they had for the program.

The telephone follow-up interview was not audio recorded. Instead the interviewer took detailed notes during the interview. Because only one interview was completed, it was reviewed by the evaluation committee, but was not coded or analyzed.

Interviews with program staff (two interviews)
Interviews with program staff took place in March and April 2010. These interviews focused on the staff's experience and process of developing and implementing the program. These interviews were audio recorded and transcribed. Because it would not be possible to conceal the identity of program staff, they had an opportunity to review the interview transcript and remove comments or language they were concerned could have a negative impact on themselves or their work. Using Nvivo software, the interviews were coded and analyzed.

Ongoing program data collection (data entered up to February 9, 2010)
The bathhouse counsellor collected information relating to shifts, sessions, and TowelTalk service users during each shift (Appendix V – Shift Summary Sheet, and Appendix VI – Counselling Session Form). This information is used for program development and monitoring, and continues to be used as the program moves forward. The information collected by the counsellor was entered into a SPSS database and analyzed by the HIV Prevention Lab of Ryerson University.

OUTREACH AND THE BATHHOUSE CONTEXT

Male bathhouses are licensed commercial venues where men can have sex with other men. For many, they are an important part of Toronto's gay community, although some men who visit bathhouses identify as bisexual or heterosexual. They are often perceived as a place where there is considerable risk of HIV transmission (Adam et al. 2008, Haubrich 2004), where normative silence often governs sexual activity, making safer sex sometimes difficult to negotiate (Adam et al 2005, 2008), and believed to be frequented by "hard-to-reach" MSM[3] that are most vulnerable to HIV transmission (Binson et al. 2001, Elwood and Greene 2005, Spielberg 2003).

Bathhouse staff and outreach workers who participated in our evaluation of TowelTalk described the four bathhouses that host the TowelTalk program as offering distinct or different environments (according to patron "type," vibe, drug use, outreach programs, and amenities). These differences were clearly and consistently articulated by all of our evaluation participants. Most bathhouses are located near the "gay village," however those located in other parts of Toronto are known to draw MSM (because the location feels less conspicuous for them). The cost can vary from $9 for a two-hour "nooner" (11 a.m. to 1 p.m.) on a weekday, to $50 for a private room for 12 hours on a weekend. Some bathhouses offer membership,

[3] MSM, or men who have sex with men, is an epidemiological term used to describe men in terms of sexual behaviour rather than sexual orientation. Throughout this report however, MSM will be used to describe only men who have sex with men who do not identify as gay or bisexual.

which reduces the cost of frequent use of the facilities. However, bathhouse managers told us that this was not a popular feature in Toronto as it reduces an individual's anonymity in the bathhouse.

All bathhouses offer some sort of wet area, but this varies from basic steam, sauna, and shower facilities, to venues that also offer Jacuzzi and whirlpool use to their patrons. All bathhouses offer private rooms, and some also have larger playrooms and sling rooms. Most bathhouses offer some social areas, like a lounge or bar. Larger bathhouses hold special event nights, like "lights-out night," "jerk-off night" or "bear night," as a means to attract patrons. Toronto Public Health provides some condoms to Toronto bathhouses, and bathhouses are encouraged to make condoms available, for free, to patrons. However, the availability of condoms varies by bathhouse.

Bathhouses are key venues for HIV/AIDS prevention work (Binson and Woods 2003; Elwood and Green 2005; Spielberg et al. 2003, Woods et al. 2001). All of Toronto's male bathhouses offer some HIV prevention and sexual health promotion services through the outreach programs of community-based organizations. Currently, there are seven different organizations offering several types of outreach programs: sexual health promotion, harm reduction, poz prevention, HIV and syphilis testing and counselling, and now, TowelTalk bathhouse counselling.

The most common form of bathhouse outreach offered by AIDS service organizations (ASOs) is focused on sexual health promotion. Paid outreach workers or trained volunteers (not all programs work with volunteers) carry out shifts, usually three hours each, handing out condoms and lube, and offering bathhouse patrons opportunities to ask questions about sexual health or services related to sexual health. Most bathhouses have some sort of "outreach room," which is near the front of the venue. The room is designated for outreach activities, and often contains outreach materials (pamphlets, brochures, condoms and lube), as well as a table and chairs. Some programs are mandated to reach particular populations of men (African, Caribbean, and Black men, for instance) and conduct outreach only in bathhouses where those populations are known to frequent. All programs reflect organizational priorities, as well as engage in regional or local campaign-focused activities, such as distributing syphilis campaign material.

Some programs conduct outreach on set days (e.g. every Tuesday and Thursday night), while others plan around the availability of volunteers or workers. A few programs conduct outreach in pairs (i.e. two outreach workers from the same agency) addressing issues of worker comfort and boredom. However, most of the outreach workers we spoke to identified limitations to working in pairs, as patrons are less likely to approach paired workers, and the space in which you can work in the bathhouse is limited. In all basic sexual health promotion programs, outreach workers are fully clothed, and wear a t-shirt or badge indicating which organization they work for.

Outreach workers aim to develop rapport and connection with patrons. They chat with patrons, listen to any concerns or issues patrons may be working through, and offer peer support. Providing referrals is also an important part of most outreach programs, enabling outreach programs to connect men to other programs and services, like HIV testing, social support groups, and volunteering opportunities within their organizations.

There are a number of distinct outreach programs offered in Toronto:

Asian Night in a monthly event offered by Asian Community AIDS Services (ACAS) at Spa Excess. The program developed as a peer outreach program – Asian men who patronize bathhouses are invited to volunteer with the program. They organize and implement the event, which will include small group workshops in private rooms in the bathhouse. Workshop topics range from HIV and STI transmission, to how to give a good hand job. Workshops are led by staff and volunteers, and because Asian Night is a peer event, outreach workers are dressed in towels (with underwear) to emphasize the fun and pleasure of bathhouses,. The evening also includes a dinner with the peer outreach workers, with discussions about their outreach experiences and issues related to the bathhouse context.

The AIDS Committee of Toronto (ACT) offers *harm reduction outreach* in bathhouses. The program is similar to ACT's sexual health promotion outreach, however emphasis is on getting men to talk about drug use and partying. Volunteers are trained to develop those conversations, offer referrals to support safer drug use, and often know of issues related to drugs in Toronto (for instance, if there are bad batches of cocaine circulating in the city). Outreach workers also distribute harm reduction resources and supplies (e.g. safer snorting kits, chewing gum). Harm reduction outreach is held at bathhouses where drug use is more common, and is scheduled for early morning (6 – 9 a.m.) or late evening (10 p.m. – 1 a.m.).

In 2010, The Toronto People With AIDS Foundation (PWA) initiated a *poz prevention program* that includes outreach activities in bathhouses. Peer volunteers are trained to conduct bathhouse outreach by disclosing their positive HIV status and inviting patrons to talk to them about HIV (e.g. what it is like living with HIV, issues related to HIV stigma and disclosure, HIV transmission). Outreach volunteers are also able to answer questions about HIV-related services (including HIV and STI testing), poz prevention and sexual health, and make referrals to STI testing sites, ASOs, and other health and support services.

Hassle Free Clinic provides *anonymous and rapid HIV testing*, as well as syphilis testing in Toronto bathhouses. Testing is provided in all bathhouses each month (some bathhouses offer testing weekly), and workers are paid employees. Hassle Free outreach workers provide pre- and post-test counselling, testing, sexual health information and referrals. Hassle Free shifts last three hours, and outreach workers usually wait in the outreach or clinic room for patrons to approach them. Hassle Free testing shifts are sometimes conducted jointly with sexual health promotion outreach, as well as Asian Night.

THE BATHHOUSE ENVIRONMENT

Even with clear differences articulated between bathhouses, a more or less standard image of the bathhouse environment emerged in our interviews. Bathhouses were described by our evaluation

participants as highly sexual environments where most communication is non-verbal. Participants described bathhouses as a safe space that offers an escape for patrons, allowing patrons to relax in an environment that is mostly private, anonymous, and confidential.

Bathhouse managers described the bathhouse as a friendly, anonymous place for sex and relaxation. They often framed their discussion of the bathhouse environment in terms of its commercial functions, although they were careful not to overemphasize this. Managers identified competition with online hookup sites and the impact of the recent economic downturn as challenges. Some also spoke about new initiatives (e.g. party nights, college nights, workshops, social spaces) to bring in new patrons.

We spoke to outreach workers and volunteers from all of the community-based organizations offering sexual health programs in Toronto bathhouses. Some outreach workers identified as having been or being bathhouse patrons. Others described their experience with bathhouses as limited to the outreach context. In general, outreach workers described the bathhouse environment in terms of both safety and risk. Workers talked about outreach creating safe spaces within the bathhouse for men to ask questions, and described the ways in which patrons manage their sense of safety (by going to bathhouses where they feel welcome or where they would not be identified, for instance). Some workers stressed safety in terms of sexuality and anonymity, describing bathhouses as a non-judgmental space. As one outreach worker told us, "It's a space where people convene nude and are openly erotic in a safe place, and I wanted to say that because there is a lot of danger attached to bathhouses, but there is something safe about how erotic you can be."

When outreach workers framed the bathhouse in these terms, interventions like outreach were championed because they enable ASOs to reach men where they are comfortable, relaxed, and do not feel judged.

When asked to describe the bathhouse environment, outreach workers did not describe bathhouses as risky places nor did they describe them in terms of HIV risk. However, HIV risk did emerge when workers were asked to describe the kinds of issues bathhouse patrons might bring to the counsellor. Outreach workers often linked sexual risk-taking to mental health and other social determinants (rather than directly to the bathhouse environment). For example, one outreach worker told us, "If you're lonely and depressed and if you are drinking while you're there, then it could lead to high-risk behaviour; it affects your decision-making". According to these workers, bathhouse interventions allow ASOs to reach men who are taking risks in terms of their sexual health, and may feel ambivalent about those risks.

> *And people be coming from the clubs and you know, and have had a few drinks and their ambitions are just a little bit lower than before. That's when we need to get them because they're just…that's to me one of the important times to educate them. I wonder if some of my HIV-positive friends, if they had us there when they got into the bathhouse drunk, to be like, "these are your risk factors and now that you're under the influence let's be extra cautious," at least they know that they're supported.*
>
> Outreach worker

Some outreach workers, including the TowelTalk bathhouse counsellor, described the patron's experience of the bathhouse environment as being shaped by the mood of the individual patron. This description or frame allowed workers to position HIV risk in terms of the issues that individual patrons carry with them into the bathhouse, rather than the space itself. It also enabled self-reflection in terms of their position and work in the bathhouse.

> *…the bathhouse can sometimes be a blank slate, and it turns into the experience that I want it to be. So if I have a lot of shit and I bring that shit with me, it turns into a shitty place. And I think that also applies as a counsellor. If I see the bathhouse as a risky place, as an unsafe place, I'm going to find it. If I'm more settled, more relaxed about my own experience there, things tend to flow differently. I think that quality that the bathhouse has for patrons also applies to counsellors.*
>
> Bathhouse counsellor

WORKING IN THE BATHHOUSE ENVIRONMENT

Bathhouses are places that can present certain challenges to outreach programs. Most of these challenges relate to the sexually-charged environment, but challenges related to the physical environment emerged in our focus groups as well.

As mentioned in the previous section, bathhouse managers and outreach workers consistently described the bathhouse environment as an anonymous and safe sexual space for men. In this context, all outreach programs were described as potentially disruptive (by inviting men to talk about concerns or fears that were personal and perhaps identifying, or by interfering with or policing sexual activity, for instance). This was often framed in terms of boundary management, where outreach workers were positioned to cross boundaries (by being a non-sexual actor in a sexual environment), but also expected to maintain boundaries (by clearly distinguishing themselves from patrons, or by staying in the more "public" areas of the bathhouse, for instance).

Different venues had different historical relationships with ASOs and outreach programs. In some bathhouses, outreach programs had been active in the venue since they had opened, and in others the relationship was relatively new. Although all managers expressed concern that the sexual environment could be disrupted by outreach workers, interventions like outreach were framed as a basic corporate responsibility that gave venues legitimacy within the gay community. One bathhouse even identified outreach as a way to tap into different populations, "I basically wanted to get [the outreach program] in here since day one and we've basically said, 'we want to improve our clientele and we think your clientele base would fit in well here.'"

In our interviews and focus groups, both outreach workers and bathhouse managers talked a good deal about their strategies for maintaining the anonymous and sexual space. Although bathhouses differed in terms of the formality of their restrictions, all bathhouse managers had clear ideas about where outreach workers could be in the bathhouse, often expecting them to stay in or near the outreach room, or at least within "public" spaces like a lounge or bar area ("I want to maintain them to the social areas, and I think

that that's more than fair. We don't want them back where the private rooms are"). Bathhouse managers also talked about managing the number of outreach workers or programs present at any one time (one program or up to two workers), managing the frequency of outreach shifts, and restricting when outreach could be present (for instance, in one bathhouse not past midnight). Bathhouse managers also expected outreach workers to make themselves available to patrons, but certainly not proactively approach patrons.

For example:

> *I don't think there is a need for restrictions as long as they respect people's boundaries. And they have to think of everyone as having, at first, the same boundaries. You know, don't offer information unless it's asked. Like I mean, outside their [outreach] room. And don't necessarily walk up to someone who's clearly doing something else, or looking at something else, you know*
>
> Outreach worker

Most of the outreach workers and volunteers we spoke to were aware that they were "guests" in the sexual space, and worked to maintain boundaries and minimize their impact on the sexual environment. Workers spoke about the ways in which they could be distinguished from patrons, as they are fully clothed, and wear something that indicates they are outreach workers. As one outreach worker explained, "We look like we are there to work, similar to security, we got a badge, we got bags. We have everything but walkie-talkies." Outreach workers also echoed the strategies bathhouse managers talked about. They rarely approached patrons, unless it seemed clear that a patron was interested in speaking to them, but was too shy to approach ("They always do at least three circles around to make sure that you're safe for them to approach"). They also had a clear idea about where they could and could not go, not only because bathhouse management set some limits on outreach workers' movements, but also because it did not seem appropriate, would not be particularly effective in terms of outreach, and because they would not feel "safe" from patrons' potential advances ("Usually I try to stay to well-lit areas just for my own personal comfort. I don't like to go to the dark areas, into the really dark corners or into the playroom"). In general, outreach workers indicated that they found it useful to maintain the sexual environment as much as possible. For instance, in talking about the outreach room in one of the bathhouses, an outreach worker told us:

> *I find that as an ongoing kind of thing, it can be like a conversation breaker – [having the TV turned off]. I feel it actually provides a more relaxed environment, because the room…the room is kind of bizarre. I mean a lot of outreach groups use that room, so you have that tacky plastic plants and the mismatched pillows and people have said it is kind of a bizarre room, and the porn just kind of, gives it continuity.*

Most outreach workers spoke about the challenge of being a non-sexual actor in a sexual environment ("It is a sexualized environment and I am not allowed to have sex. It is too much, and everyone is in towels and flashing me"). If outreach workers had been patrons of a bathhouse, their experience of the space was sometimes altered after conducting outreach there, in part, because they no longer saw the space as particularly sexual, but also because they'd lost some of their anonymity. One outreach worker explained:

People will say, 'I've seen you here before', or I'll be working and they say, 'I think I've seen you here last week?' And I was like, 'I wasn't here last week', and they say, 'as a customer.' And I haven't gone back. It really impedes your ability to do outreach, because if they see you again they either want to talk to you about it, or they'll look at you and walk the other way because they feel embarrassed. They've seen you, or they hit on you and you rejected them, or whatever it was, and it really does affect your ability to reach them later.

Many outreach programs include policies that prohibit outreach workers from patronizing a bathhouse for up to 12 hours before and after a shift, to ensure the individual's outreach role is not complicated by their personal bathhouse use. Other programs place no restrictions on outreach workers once shifts have been completed, because they want to promote peer outreach (peers being bathhouse patrons), and emphasize the sex-positive aspects of their program.

Workers indicated that they regularly have to reassert their role to patrons who hit on them, often more than once, and this can feel complicated because they are trying to connect and engage with men in ways that are not typical of the environment. One outreach worker explained,

I was setting up something and bent over and someone came to grab my hips, and he was like "Hi, you want to have some fun?" And I explained, "I am here for the testing," and he was, "Oh, I am sorry sorry sorry!" So he was extremely sorry, and I felt bad for the guy because it's a genuine mistake. You don't want to alienate, so they don't come back to do the testing. It is that fine line where you want to reject them without rejecting them completely from everything, and most guys are OK with that.

And sometimes outreach workers don't get the opportunity to reassert their role. As one worker told us, "We will be standing against this wall and there is all of this space, and they'll wait for another person to walk by, so they can pass just to touch you wherever they feel like, and you can't say or do much because you're in that environment".

Outreach workers indicated that it was rare that they had to be more assertive with patrons when rejecting their sexual advances, and that when this did occur, it was usually because they had already tried more gentle approaches with the patron. Usually, we were told, outreach workers try to use the sexual energy to engage men:

Sometimes I flirt right back…you don't want to be rude. You don't need to treat them bad or be mean about it. As I said, I'll flirt it off, laugh it off… "Haha, you're so funny, you cannot do that. I am actually paid to be here and I have to work." As long as you use it properly they are more receptive, better than if you are standoffish and because it just defeats the purpose of you being there. You can't build relationships if you are standoffish in a bathhouse.

Outreach worker

Finally, the physical environment was described as a challenge for outreach workers. Bathhouses were described as dark and warm, with no windows or airflow ("After three hours I go, 'get me out of here.' It is not a lovely place. There are no windows, there's no airflow. Bathhouses have a very distinct

smell…you want to come home and wash your clothes because it is all over you"). The bathhouse counsellor described the physical environment of some bathhouses as having an impact on sessions:

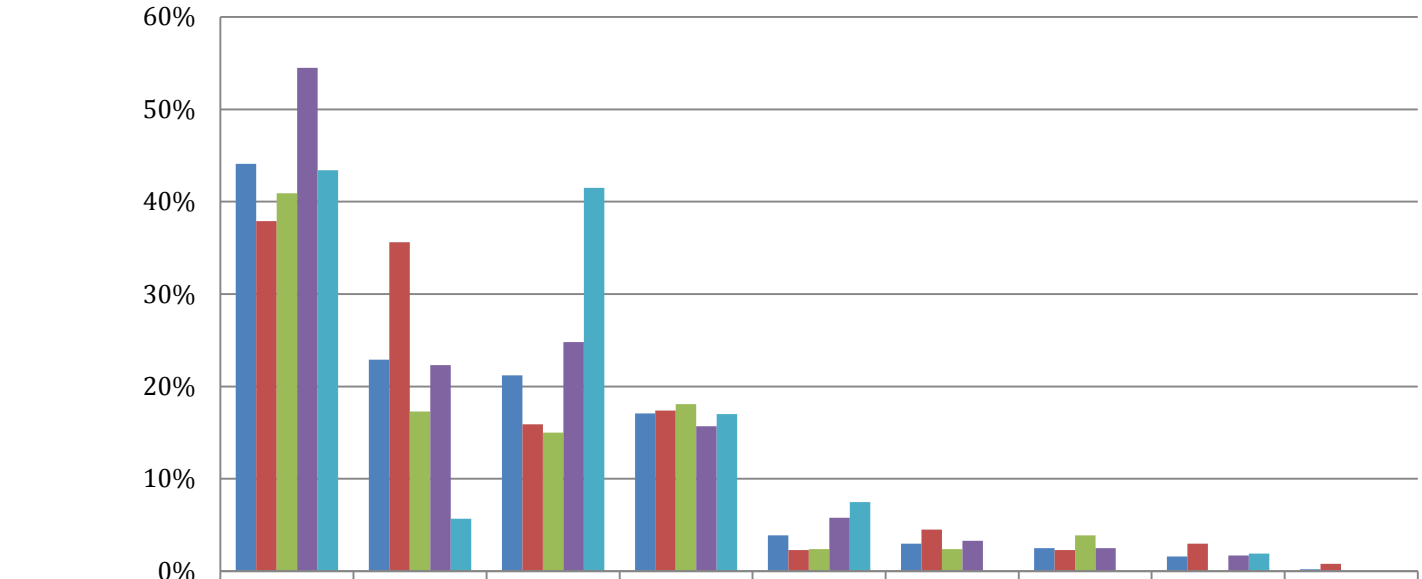
> *I realize that the environment might be too warm once the door is closed. The lamps, and there is no air in the room, and it might get too warm. I'm sweating and the client is sweating, so, it's done. I think [counselling sessions are] influenced by the environment.*

COUNSELLING IN BATHHOUSES

In the first year of the TowelTalk program, one counsellor offered counselling monthly in the four bathhouses. In two bathhouses, sessions are offered in a regular bathhouse room. While the rooms are "private," they are not a traditional counselling space; walls do not reach the ceiling, there is only a bed to sit on, and many rooms include a TV playing porn. Counselling is offered in the outreach rooms of the other two bathhouses.

Before a shift, the counsellor or the bathhouse staff will distribute TowelTalk palm cards around the bathhouse. Palm cards are small cards that indicate the times the program will be offered that day (Appendix VII – TowelTalk Palm Cards). The counsellor will hang an 8 x 11 TowelTalk sign on the door that reads, *The Counsellor Is In*, and in the bathhouses that permit it, will make an announcement letting patrons know that counselling services are being offered. The counsellor will then remain in and around the room until someone approaches him (he does not approach patrons).

In the first year of the program, TowelTalk carried out 75 shifts. The counsellor recorded two different types of interactions with patrons: "contacts" and "sessions." Contacts are brief interactions with patrons lasting less than 10 minutes. The counsellor might use counselling skills during these interactions, but they do not turn into counselling sessions. In the first year, the counsellor had 434 contact interactions. Most often, patrons approached the counsellor with a question about what he was doing there and what TowelTalk was, but these brief interactions can look a bit like sexual health promotion outreach, with patrons asking about condoms and lube, as well as general sexual health questions. Often, the patron is hitting on the counsellor (the most appropriate thing to do in a bathhouse), and the counsellor needs to work with the sexual dynamic in order to explore if the interaction can turn into a counselling session.



	Questions about Towel Talk	Condoms / Lube	Chit Chat	Questions about counsel-ling	Questions about the bathhouse	HIV/STI informa-tion	HIV/STI testing	Sex advice	Drugs and alcohol
All (N=396)	44.1%	22.9%	21.2%	17.1%	3.9%	3.0%	2.5%	1.6%	0.2%
Bath 1 (N=127)	37.9%	35.6%	15.9%	17.4%	2.3%	4.5%	2.3%	3.0%	0.8%
Bath 2 (N=118)	40.9%	17.3%	15.0%	18.1%	2.4%	2.4%	3.9%	0.0%	0.0%
Bath 3 (N=104)	54.5%	22.3%	24.8%	15.7%	5.8%	3.3%	2.5%	1.7%	0.0%
Bath 4 (N=47)	43.4%	5.7%	41.5%	17.0%	7.5%	0.0%	0.0%	1.9%	0.0%

FIGURE 1: QUESTIONS RAISED BY BATHHOUSE PATRONS IN CONTACT INTERACTION WITH COUNSELLOR

WILL PATRONS ACCESS COUNSELLING IN A BATHHOUSE?

When TowelTalk was first implemented, it was unclear if men would actually access the service. Given the nature of the bathhouse – the fact that men are usually there for sex and relaxation, and patronize the space in nothing but a towel – it was fair to imagine that a counselling program might not be utilized much, or would be accessed as a sexual health promotion intervention only. In the first year of the program, however, TowelTalk had 88 counselling sessions with an average of 1.2 sessions and a range of zero to four sessions in each three-hour shift. The evaluation team assessed this as a good beginning.

However, we did not begin the evaluation with a clear benchmark of the number of counselling sessions the counsellor should be expected to reach in each shift. Since part of this period was about testing out different times and days of the week for shifts, there were certainly times that were less successful than others. We found that when the bathhouse was busy, like on a Saturday evening, it didn't make sense for TowelTalk to be there – the venues were too packed, patrons were focused on having fun, and the atmosphere was not at all conducive to reflection or personal conversation.

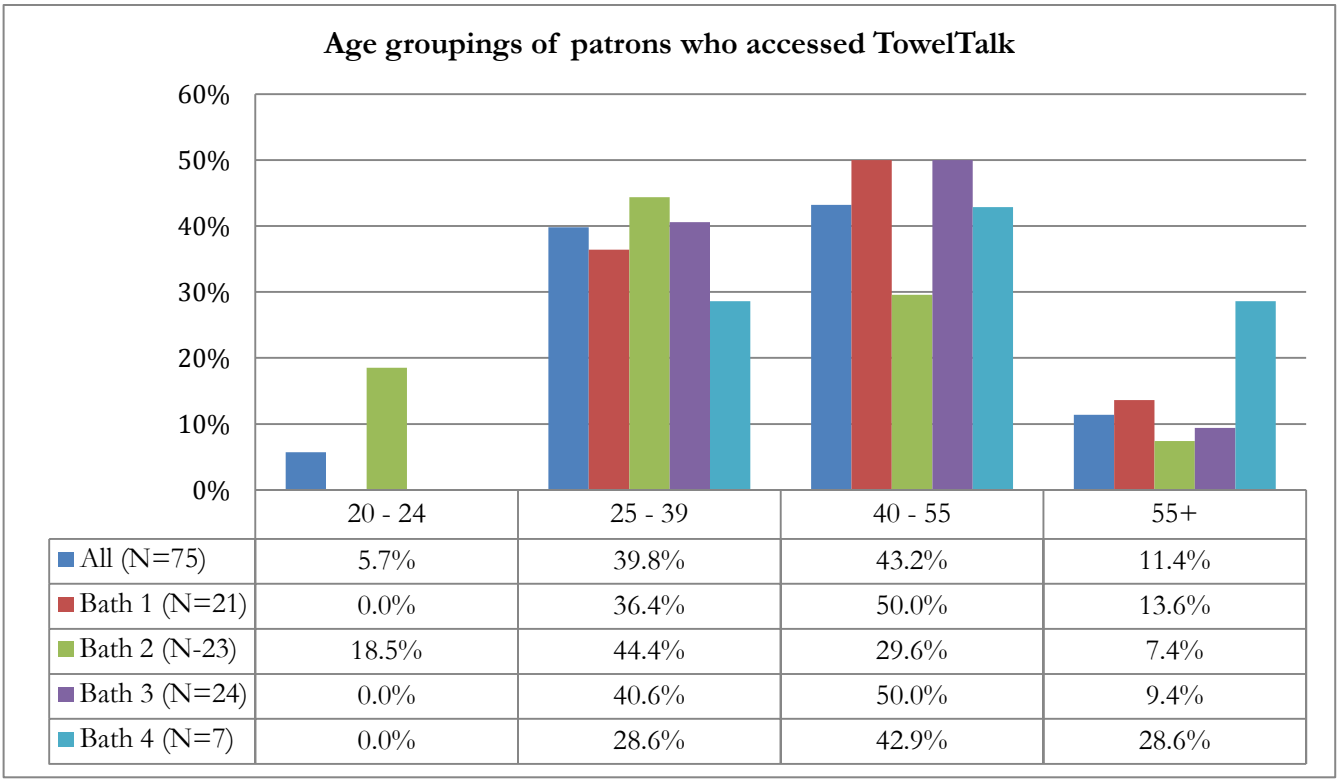
We heard from outreach workers in the various programs that shifts could vary a good deal in terms of how many interactions they had with patrons. Some of this variation was expected, but sometimes a busy night was slow for no particular reason. Outreach programs varied, therefore, in terms of the number of patron interactions per shift (interactions that last from 30 seconds to two minutes), generally from none to five or eight, and on rare occasions 18 or 20. Given the time required for a counselling session, however, we did not expect high numbers. If we compared TowelTalk to HIV and STI testing and counselling, which requires a similar time commitment, we would expect, according to outreach testers, a possible range of zero to five sessions, with an average of two sessions per shift. However, because counselling is a different service, the number of sessions per shift should continue to be monitored and assessed.

WHO ACCESSED THE PROGRAM?

When TowelTalk was first developed, the priority populations within the broad target audience of men who go to bathhouses included: men who use drugs and alcohol to have sex, older men, HIV-positive men, men who are new to Canada, straight-identified and/or bisexual men, trans people, young men, male sex workers, men who seek unprotected anal sex and/or identify with a 'bareback' subculture, and men who are socially or economically marginalized due to a range of factors. Within this listing, certain populations were targeted in terms of shift times at particular bathhouses (for instance, having shifts from 6 to 9 a.m. on Sundays or Mondays to catch men who had been partying at the bathhouse and were now "crashing"). Other populations were included in the monitoring and evaluation components of TowelTalk, to assess whether the program could reach them. We recorded demographic data that included: age, ethno-racial background, first language, relationship status and relationship orientation, and present drug use.[4] We also recorded key themes or issues that the patron talked about as a way to capture issues like 'barebacking,' sex work, immigration issues, trans issues, employment and poverty, coming out issues, as well as issues related to HIV status and broader sexual health concerns. Now that the program has been in place for over a year, the priority populations that were first identified should be reassessed.

Although there are some variations by bathhouse, 43.2% of men who accessed the program in the first year were between the ages of 40 and 55, followed by 39.8% of men who were between the ages of 25 and 39.

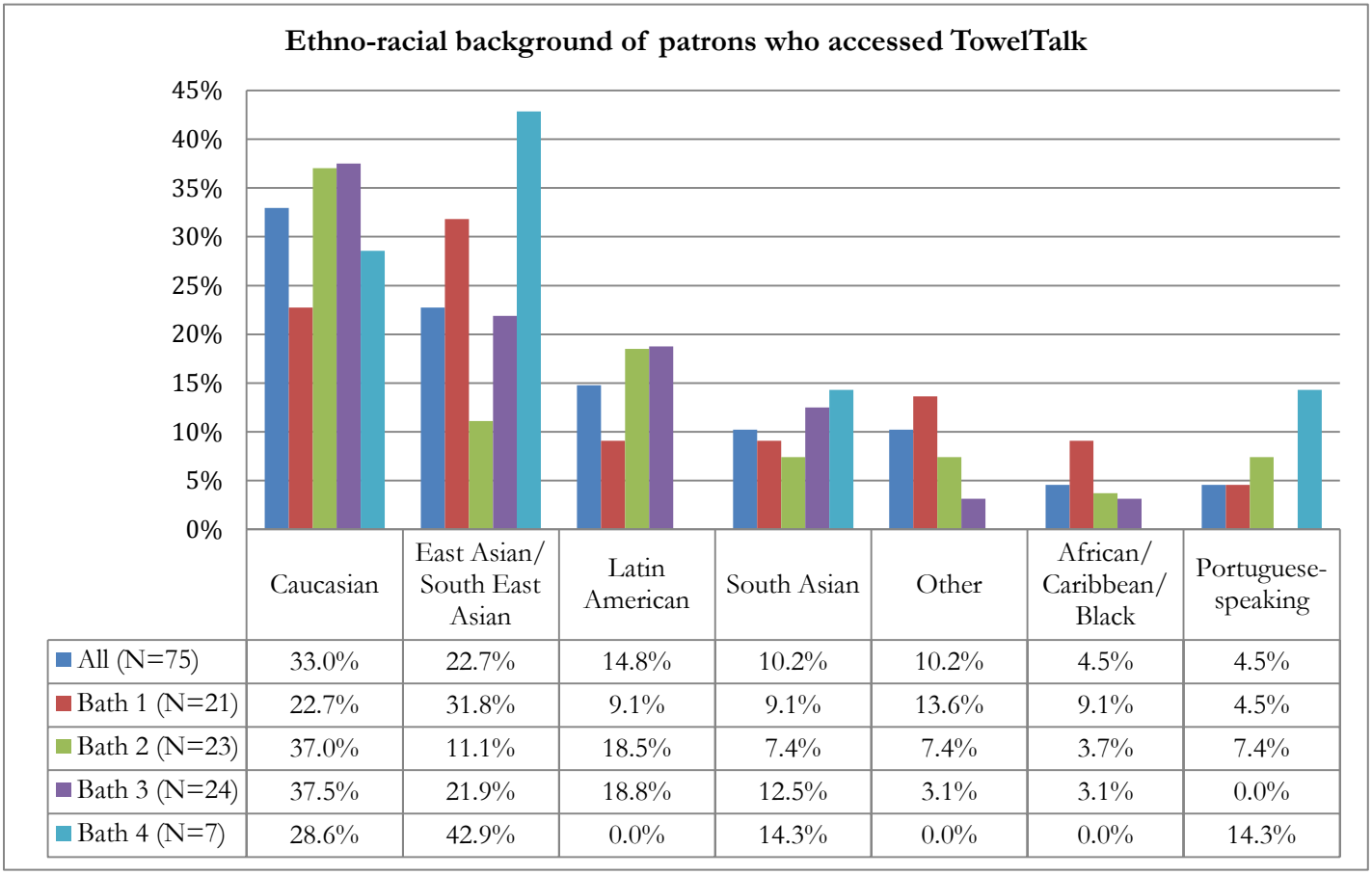
[4] Most often, this information was disclosed during a session. However, if it was not, the counsellor would either indicate that he had no information (i.e. relationship status was not disclosed), or he would record his estimation in the boxes provided (i.e. age = 40s). The limitations on the data provided through counselling sessions should be kept in mind when reviewing the counselling session data.



	20 - 24	25 - 39	40 - 55	55+
All (N=75)	5.7%	39.8%	43.2%	11.4%
Bath 1 (N=21)	0.0%	36.4%	50.0%	13.6%
Bath 2 (N-23)	18.5%	44.4%	29.6%	7.4%
Bath 3 (N=24)	0.0%	40.6%	50.0%	9.4%
Bath 4 (N=7)	0.0%	28.6%	42.9%	28.6%

FIGURE 2: AGE OF TOWELTALK USERS

From the outset of the program, there was an interest in determining the extent to which the program could reach men from diverse ethno-racial communities. While "Caucasian" is the most frequent ethno-racial category identified by patrons, overall, the majority of men who accessed the service (61%) came from racialized communities.

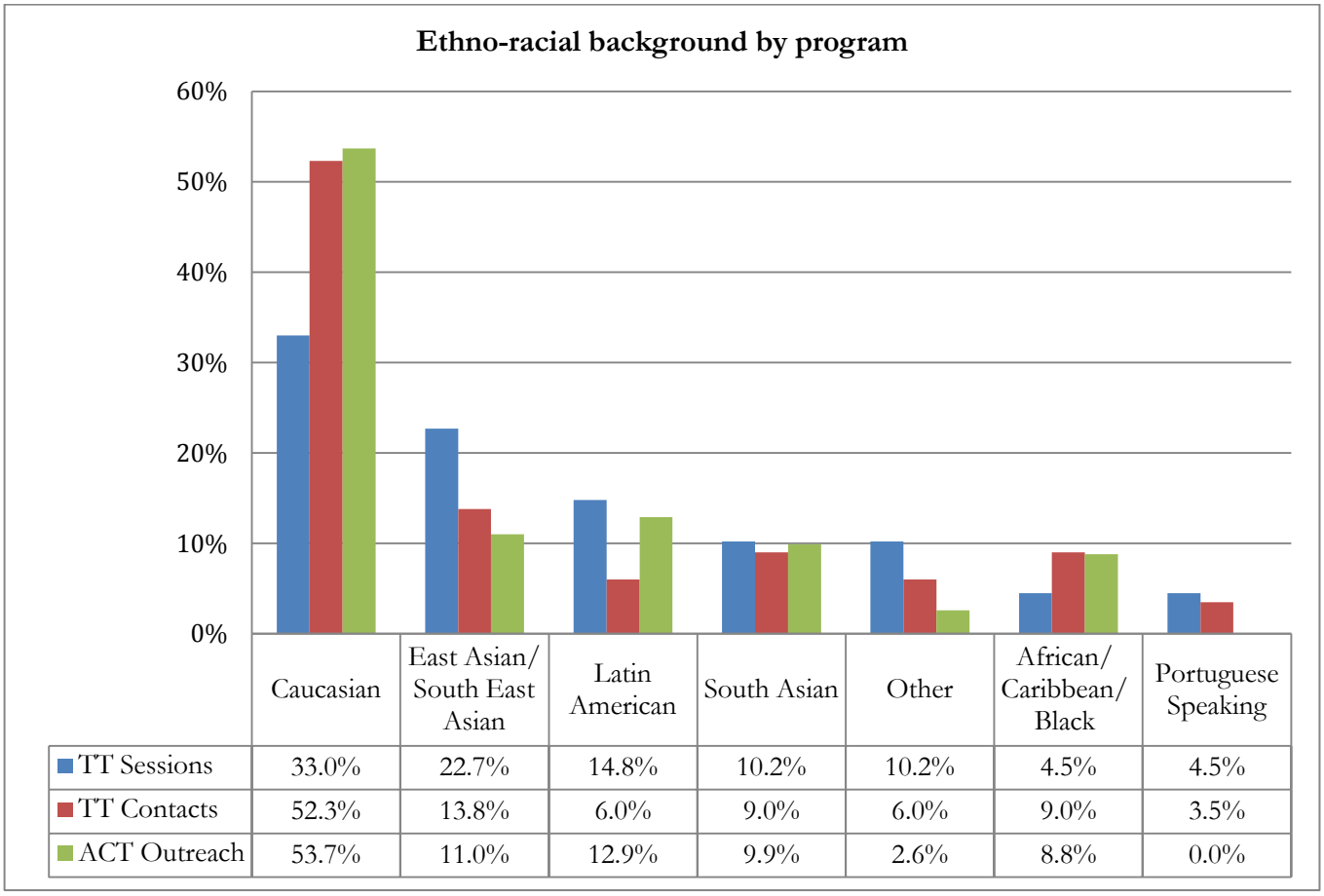


	Caucasian	East Asian/ South East Asian	Latin American	South Asian	Other	African/ Caribbean/ Black	Portuguese-speaking
All (N=75)	33.0%	22.7%	14.8%	10.2%	10.2%	4.5%	4.5%
Bath 1 (N=21)	22.7%	31.8%	9.1%	9.1%	13.6%	9.1%	4.5%
Bath 2 (N=23)	37.0%	11.1%	18.5%	7.4%	7.4%	3.7%	7.4%
Bath 3 (N=24)	37.5%	21.9%	18.8%	12.5%	3.1%	3.1%	0.0%
Bath 4 (N=7)	28.6%	42.9%	0.0%	14.3%	0.0%	0.0%	14.3%

FIGURE 3: ETHNO-RACIAL BACKGROUNDS OF TOWELTALK USERS

When we compared the ethno-cultural backgrounds of men who accessed the counselling service with men who engaged the counsellor as a *contact*, as well as the ethno-cultural background of men who accessed ACT bathhouse outreach[5], we saw a marked difference in terms of the ethno-cultural backgrounds of men reached by these services. While ACT outreach is not representative of all outreach programs, it provides a useful comparison for looking at who might access TowelTalk.

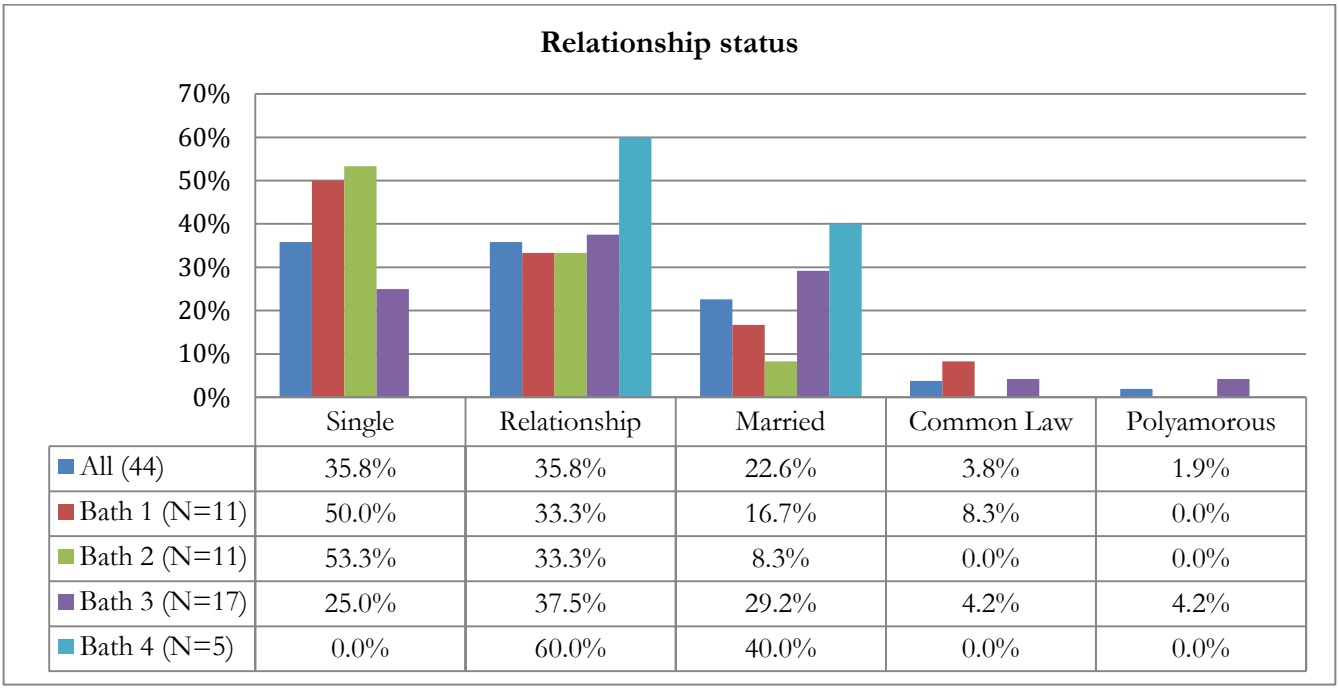
[5] The data shown here comes from the 2008-2009 fiscal year (Woodruff et al. 2010). The outreach interactions captured are similar to TowelTalk's contact interactions. The patron will approach the outreach worker with a question or comment, and the interaction will last between one and five minutes. Basic demographic information about the patron is recorded by the outreach worker, however it is seldom offered by the patron himself. More often, the outreach worker estimates or speculates about a patron's ethno-racial background.



	Caucasian	East Asian/ South East Asian	Latin American	South Asian	Other	African/ Caribbean/ Black	Portuguese Speaking
TT Sessions	33.0%	22.7%	14.8%	10.2%	10.2%	4.5%	4.5%
TT Contacts	52.3%	13.8%	6.0%	9.0%	6.0%	9.0%	3.5%
ACT Outreach	53.7%	11.0%	12.9%	9.9%	2.6%	8.8%	0.0%

FIGURE 4: COMPARISON OF ETHNO-RACIAL BACKGROUNDS FOR COUNSELLING, CONTACT, AND OUTREACH INTERACTIONS

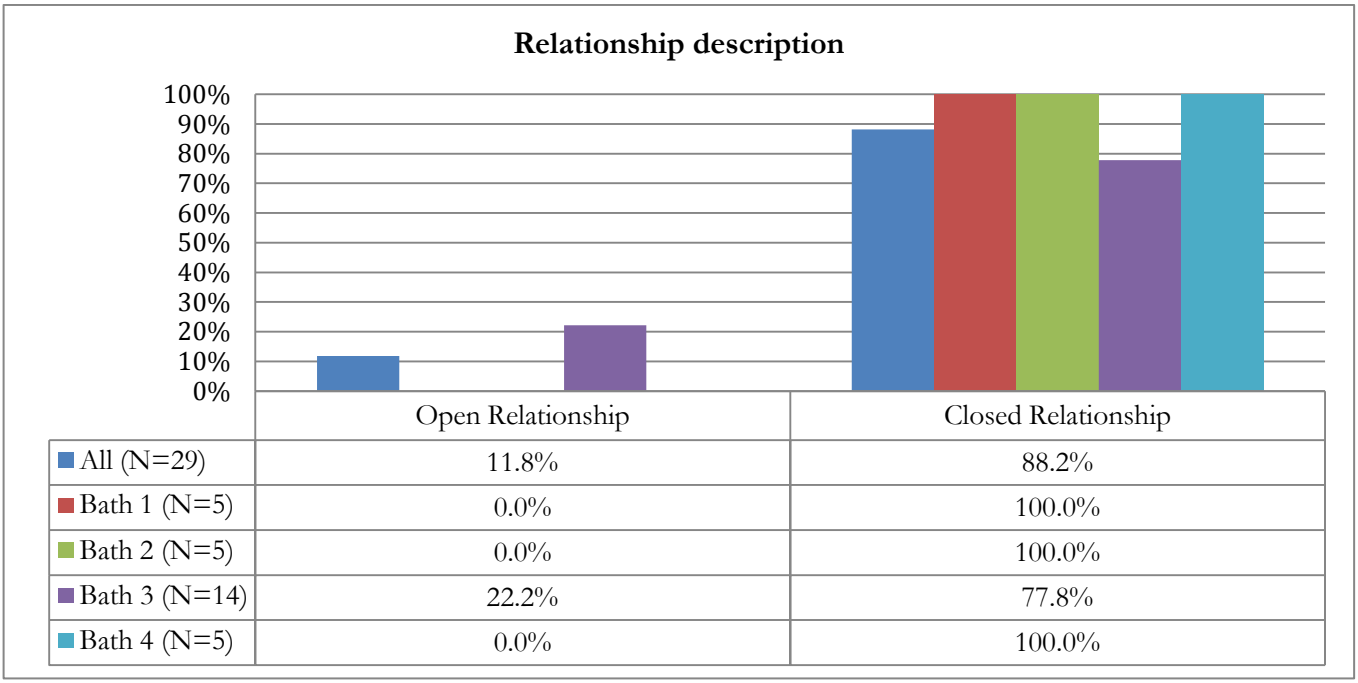
In trying to assess whether or not TowelTalk was able to reach men who were straight-identified or MSM, we included in the *Counselling Session Form* information about the patron's relationship status. 73.8% of patrons who accessed the counselling service disclosed their relationship status during a session. The majority identified as single (35.8%), followed by in a relationship (35.8%), and married (22.6%)



	Single	Relationship	Married	Common Law	Polyamorous
All (44)	35.8%	35.8%	22.6%	3.8%	1.9%
Bath 1 (N=11)	50.0%	33.3%	16.7%	8.3%	0.0%
Bath 2 (N=11)	53.3%	33.3%	8.3%	0.0%	0.0%
Bath 3 (N=17)	25.0%	37.5%	29.2%	4.2%	4.2%
Bath 4 (N=5)	0.0%	60.0%	40.0%	0.0%	0.0%

FIGURE 5: RELATIONSHIP STATUS OF TOWELTALK SERVICE USERS

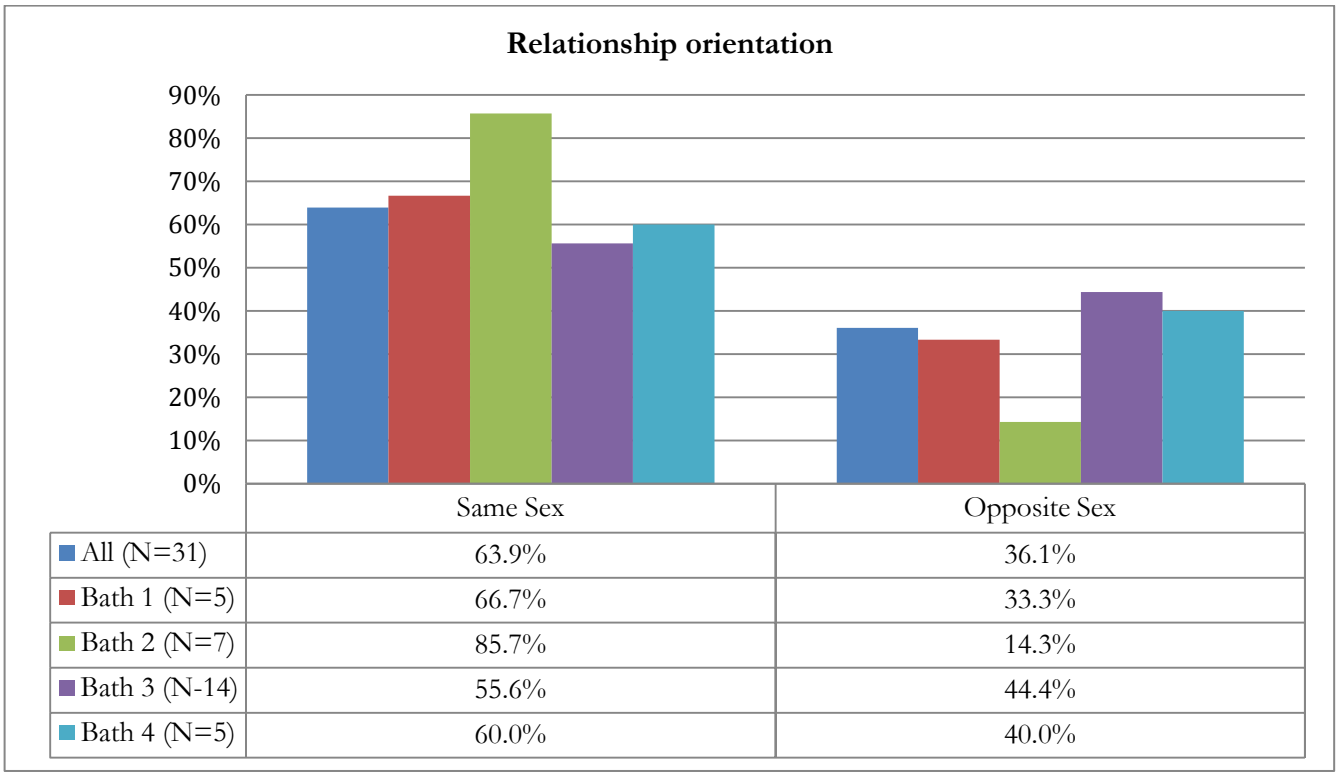
What was more important for the TowelTalk program, were the details of patrons' relationships. We also recorded information offered by patrons about the kind of relationships they were in. Of those who identified as being in a type of relationship (were not single), the majority (88.2%) were in closed relationships. This often meant that their partner did not know they were at the bathhouse and would consider any sexual interaction outside of the relationship as "cheating."



	Open Relationship	Closed Relationship
All (N=29)	11.8%	88.2%
Bath 1 (N=5)	0.0%	100.0%
Bath 2 (N=5)	0.0%	100.0%
Bath 3 (N=14)	22.2%	77.8%
Bath 4 (N=5)	0.0%	100.0%

FIGURE 6: OPEN/CLOSED RELATIONSHIP OF TOWELTALK SERVICE USERS

We also recorded information regarding the sexual orientation of the relationship. While a majority (63.9%) of patrons identified as being in a same-sex relationship, a good percentage of men (36.1%) who accessed the program identified being in relationships with women.



	Same Sex	Opposite Sex
All (N=31)	63.9%	36.1%
Bath 1 (N=5)	66.7%	33.3%
Bath 2 (N=7)	85.7%	14.3%
Bath 3 (N-14)	55.6%	44.4%
Bath 4 (N=5)	60.0%	40.0%

FIGURE 7: RELATIONSHIP ORIENTATION OF TOWELTALK SERVICE USERS

WHAT ARE SESSIONS LIKE?

Most counselling sessions begin with the patron approaching the counsellor to cruise or pick him up (although some sessions begin with a very clear "I need to talk to someone about something"). The counsellor works to transform the sexual dynamic by introducing or talking about the program and what a counselling session might be like, while modelling a counselling session. He explains:

> *Most of the initial contacts are men hitting on me, "You're very hot. Why are you dressed?" "Who are you?" "What is this, I've seen you around?"… And something will happen in that initial interaction; either they are really intrigued about me, or they have a very strong need to talk to someone and they think that I may be a person that they can talk to. And it turns into an initial stage of a session, where they are describing awareness of certain things they don't feel comfortable about, and they shift very quickly to*

sexualized talk and hitting on me, and they go back to talking, and then they come inside the room and we are having a session.

Often sessions are held in a room with the door closed, although some sessions take place in the doorway or hallway if the patron indicates that they want to talk but do not want to come into the room.

The counsellor described sessions in terms of three parts: initial engagement, session proper, and closure. The initial engagement could end up taking up the full 45 minutes, however it usually lasts about a third of the session, and includes a brief assessment. Because many patrons are too anxious or ambivalent about counselling, the assessment is not a formal or set list of questions, and usually looks like a conversation the counsellor may steer toward certain areas. Here the counsellor is looking for information about the patron's background, relationship history, mental health issues, experience with mental health services, their strength and supports, and what the patron might be hoping to get out of the encounter. The counsellor explains:

Basically, what I am looking for are their own strength and supports, and previous experience with any type of mental health intervention or with any type of system, and their own concept of themselves. And that gives me a lot in terms of, "Will he be able to tolerate me opening up something here in the session and go back home and probably not see me ever again and be okay with that?" …I get a sense in the beginning stage of the session how far I can push.

From there, the counsellor moves into the session proper. Currently, there is no single counselling modality that structures the TowelTalk intervention. Because we did not know if men would access the service, what they would bring into the sessions, nor what it would be like to provide counselling in a bathhouse, the program developed with some flexibility in terms of the counselling modality used. The TowelTalk counsellor has experience offering brief counselling and a broad range of therapeutic interventions, as well as some familiarity with bathhouses. In the bathhouse, the counsellor has used a variety of approaches (solution-focused, psychodynamic, gestalt, cognitive behavioural therapy) within a harm reduction, anti-oppressive, and sex-positive framework. This range of therapeutic interventions has enabled the counsellor to be flexible in terms of how he works with different patrons and through different issues. It has, however, made it difficult for members of TowelTalk's Program Advisory Committee (PAC) to talk about (and sometimes understand) what happens in a counselling session, because sessions have been shaped specifically by the skills and training of the first counsellor in place. This has also made it difficult for the evaluation team to assess this aspect of the program and its impact and effectiveness for patrons. A priority for TowelTalk as it moves forward is to either manualize what the counsellor is currently doing, and/or identify appropriate modalities for brief counselling in a bathhouse, so the program could be replicated outside of Toronto.

During the first year, the counsellor would use a mix of modalities and interventions. He explains:

I think I tailor my interventions based on the initial assessment of the person that walks into the room. I briefly assess strengths, their goals and what they are expecting from the encounter. With some people I venture into interpretations that can be very psychoanalytically-orientated and which have proven very useful,

and with others – I don't want to use the term diagnosis because that falls outside of our scope of practice – but with others who I assess are a bit more distressed, I move to solution-focused, so when I'm dealing with bits that feel more psychotic, and that that allows me to keep the session useful for that person. I cannot say that I do only this. If a person is really wrapped up in their thoughts, I might move to something that is more CBT, identifying the thoughts and seeing what impact the thoughts have on their own experience.

The goal in sessions, from the counsellor's perspective, is to develop the therapeutic alliance with the patron, facilitating trust between the patron and counsellor, and fostering an environment safe enough to reflect on complex or challenging issues. Developing a therapeutic alliance allows the counsellor to introduce the patron to mental health services, and can enable patrons to talk about issues they may not have talked about before:

I think there's a piece of corrective emotional experience, that if I am there listening, not judgmentally - open, curious and inquiring about certain things, but also providing an intervention… the right interventions allow men to settle and talk about their own inner world to someone. And that can certainly shift in the feelings that they're having in terms of being isolated, excluded… I want to say, sort of deprived. And once they say the word "gay" out loud, for example, and I'm receptive and I'm not judgmental and I keep inquiring, I keep confronting… these single sessions allow them to connect to an experience that can be changing for them in terms of how they relate to and how they think about themselves. And then they can see me again, and they can build that initial trust.

Sessions last anywhere between 10 and 45 minutes. Patrons can end a session at any point, but often the decision to end a session is mutual, or the session has reached the maximum of 45 minutes. The average length of session in the first year of the program is 28.2 minutes, though they vary from 10 minutes to 45 minutes.

If a need is identified, or if the patron indicates an interest, the counsellor will suggest follow-up counselling at ACT. When the session is completed, the counsellor will provide the patron with a feedback form.

WHAT DO PEOPLE TALK ABOUT?: THEMES AND ISSUES THAT EMERGE IN COUNSELLING SESSIONS

Following each session, the bathhouse counsellor records information about the patron, a summary of their conversation, and checks off the themes or issues the patron presented during the session. The most common issues that emerged in sessions were relationship issues, guilt and shame, and issues related to the bathhouse. Bathhouse issues are often link with guilt and shame in relation to relationships, sex, and sexual orientation. These are patrons' subjective experiences of being in the bathhouse and can include comments like "this is a dangerous place" and "I hate this place, but can't stop coming here." Bathhouse issues can also include practical concerns however, that might be related to drugs ("I stepped on a needle and don't know what to do") or customer service ("The staff are rude to me"). The counsellor explained that often a session begins with these issues because they are on the patron's mind:

If I'm going to the bathhouse, I'm in a state of mind of either, "I want to have sex," or I want to go there and feel comfortable with myself, or want to feel a certain experience. It's not necessarily feeling in touch with what's going on with me. They might come and say to me, "I don't like coming here, but I can't stop coming here and I don't know how to stop. Can we talk about it?" And once we are in the session, it opens up – "I hate gay men" and then he shifts from "I'm bi" to "I'm possibly gay and I never said this to anyone." So, to be able to say "I have an issue with gay identity" requires a certain level of reflection, of insight, and a willingness to talk. And I don't think most of the men that I talked to come in with that state of mind.

Once the patron talks through the presented concern, other issues emerge as more central to their anxiety or desire to talk.

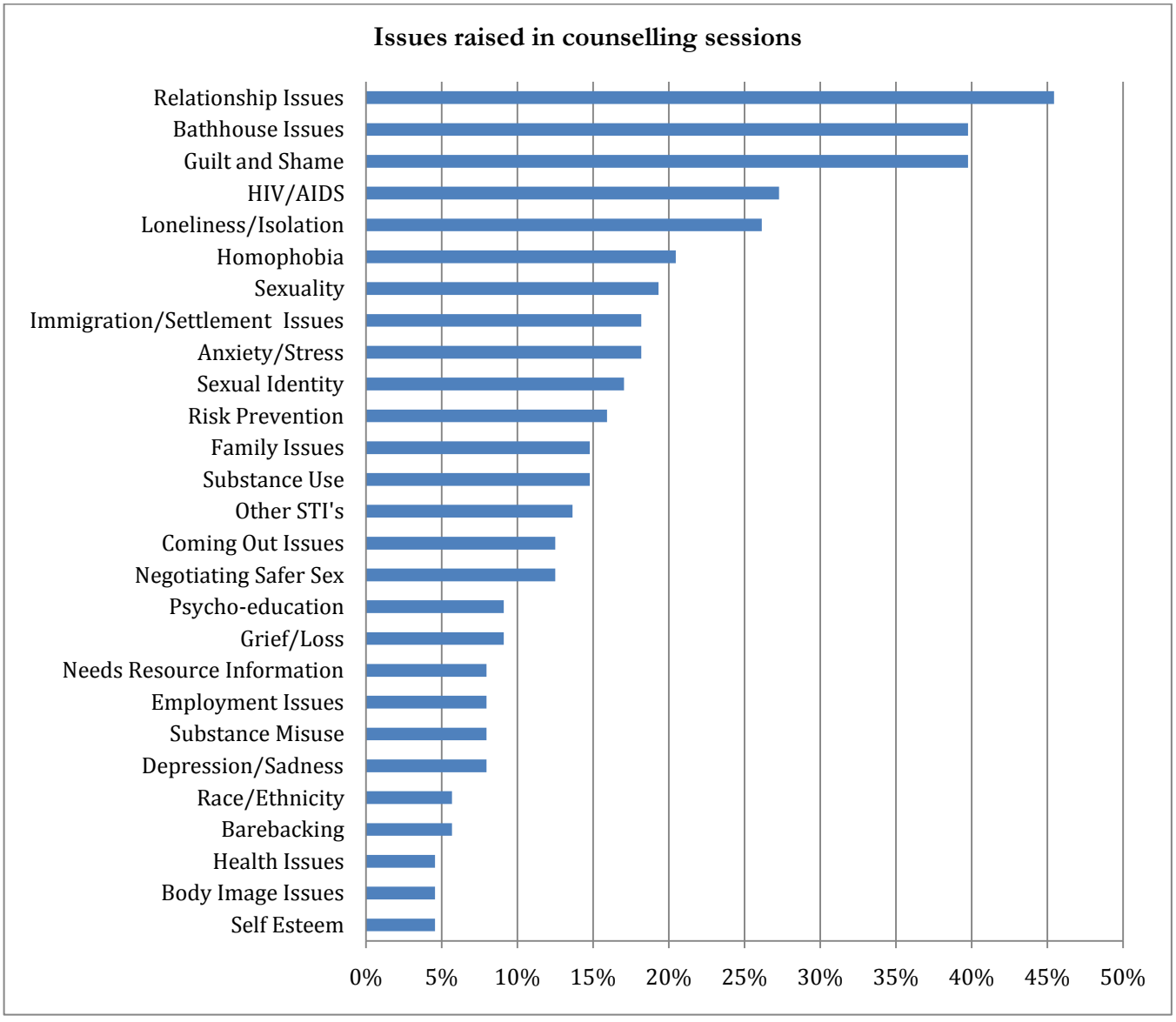


FIGURE 8: ISSUES RAISED IN TOWELTALK COUNSELLING SESSIONS APRIL 2009 – MARCH 2010

This chart indicates the frequency with which particular issues or topics emerged in counselling sessions, with relationship issues raised in 45.5% of TowelTalk sessions, followed by guilt and shame (39.8%), and bathhouse issues[6] (39.8%). Many issues would regularly intersect, like the most common three themes, and emerge in the same counselling session.

WHAT HAPPENS AFTER A SESSION?: FOLLOW-UP COUNSELLING AND REFERRALS

The majority of sessions during the first year of the program remained one-off single sessions. Follow-up counselling was offered to 45.5% (N = 40) of TowelTalk users, and 11 of those referred (27.5%) contacted the counsellor to set up a follow-up appointment at the AIDS Committee of Toronto.

Part of the challenge of providing follow-up counselling is likely related to the reasons men access the service in the first place: anonymity and convenience. Many of the men who accessed TowelTalk seemed to want to keep the interaction within the bathhouse. They were reluctant to leave with any printed material, including the counsellor's business card. The counsellor would attempt to book a follow-up session with patrons in the bathhouse, but most have been reluctant to leave contact information. As a result, the counsellor cannot contact them to remind them of their appointment, nor can he try to rebook if they missed their appointment. Of the 11 patrons that booked a follow-up session, 3 did not follow through.

Eight men did continue with counselling at ACT for different lengths of time (20% of those referred). One individual continued accessing counselling at Mount Sinai as part of the streamlined referral process.

In the first year of the program, TowelTalk made 34 external referrals to a range of services that included mental health and counselling referrals, ASOs, youth programs, HIV testing, harm reduction services, and employment services. Whether the referrals resulted in use of other programs has been difficult to track because not all programs record referrals, and it would require some disclosure on the part of the service user that he was at a bathhouse.

As TowelTalk moves forward, it will be important to identify a strategy for tracking follow-up and usefulness of referrals provided by the counsellors.

HOW DO PATRONS EXPERIENCE THE SESSION?

The evaluation team attempted to gather feedback from patrons who accessed the counselling service in two ways: anonymous telephone interviews and feedback forms. For 4 months (September to December 2009), interviewers were available to receive calls from men who had accessed the counselling service for an anonymous telephone interview. At the end of a counselling session the counsellor would offer the patron a business card with the TowelTalk logo, a phone number, and the times an interviewer would be

[6] *Bathhouse Issues* refer to discussion of the bathhouse as raised by the patron. This may include a discussion of a patron's partner not knowing they frequent bathhouse, or a patron describing and discussing the bathhouse is a 'risky' place.

available. The counsellor would explain that the interview would be anonymous, that incoming phone numbers would not be recorded, and that the interview would last between 10 and 15 minutes. They would also be informed that interviewees would receive a $20 gift card in appreciation of his time. The majority of TowelTalk users did not want to take the business card, and after four months we had only conducted one follow-up interview. Although the interview is helpful for fleshing out the experience of receiving counselling in the bathhouse, because we have only one interview, it is not particularly helpful for evaluating the program. Being able to talk to men who accessed the service will continue to be a challenge, as they are likely accessing the service because it is brief, anonymous, and requires no commitment or follow-up.

Feedback forms have been part of the counselling session since the program started in April 2009. At the end of a session, the counsellor offers the patron a feedback form to provide some basic information about his counselling experience. He can complete the form in the counselling room and return it to the counsellor in a sealed envelope, or he can complete it on his own time and drop it in a TowelTalk survey box located near the entrance of each bathhouse or complete the form online. In the first year, 41 feedback forms were completed (47% of patrons completed a feedback form). The majority of patrons preferred to complete the form in the counselling room and hand it directly to the counsellor, rather than leave the room with the form. This is not surprising, as we heard in our interviews and focus groups that bathhouse patrons rarely want to take business cards, pamphlets, or other materials, as they have nowhere to put them while they are in a bathhouse (they are wearing only a towel), and perhaps may not want to be seen carrying around the material (which is usually related to sexual health) or bring it home with them.

Overall, we heard good things about the program through our feedback form. We asked patrons to rate, using a five-point Likert scale, their level of agreement with a number of statements that describe various aspects of their interaction with the counsellor. The closer the average is to five, the more frequently the patron agreed or strongly agreed with the statement.

Statements	N	Avg	SD
a. It was easy to approach the bathhouse counsellor	41	4.83	0.442
b. The space in which the counselling session took place felt private	41	4.59	0.805
c. I was able to clearly express my concerns to the counsellor	41	4.80	0.601
d. The counsellor was skilled and professional	40	4.90	0.379
e. The counsellor treated my concerns with confidentiality and respect	41	4.88	0.400
f. The counsellor provided me with information that was helpful	41	4.78	0.525
g. I am satisfied with my meeting the counsellor	40	4.83	0.501
h. Having a counsellor to talk to me makes me feel more comfortable being in the bathhouse	41	4.37	1.019
i. I would consider talking to a counsellor in the bathhouse in the future	40	4.60	0.810

Across all ranked statements, patrons indicated they were pleased with the service, with the majority indicating that they agreed or strongly agreed that they could clearly express their concerns to the counsellor, that the counsellor was skilled and professional, and that they would consider speaking to a bathhouse counsellor in the future. Among the comments left on the form, 68 % (N=17) were clearly positive and included statements like: "What a great program"; It's great to have someone to talk to"; "More counsellors should be present in bathhouses". None of the comments criticized the program or reported a negative experience. A few comments however, indicated that it was difficult to assess the experience.

An early concern about TowelTalk was that a counselling session in bathhouses would not feel private or confidential enough to patrons. Because walls are thin and don't reach the ceiling, and because there is not a lot of talking in bathhouses, we were concerned that TowelTalk users would leave sessions feeling uneasy about what other patrons had heard, or would simply not approach the counsellor because of worries related to privacy and confidentiality. Drawing from the feedback forms, we see that the majority of patrons who used the service believed it was easy to approach the bathhouse counsellor, that the counsellor treated their concerns with confidentiality and respect, and that the space where the session took place felt private. Even though we conducted just one follow-up interview, this individual's feedback on the issue of privacy is helpful for understanding the experience of accessing a counselling service in a bathhouse:

> *Yeah – like I said it was a non-traditional environment but considering the idea of a bathhouse, to have a space, but I dunno if they wanna dedicate the real space to that…But it was good, I mean - I felt enough confidentiality so that we could talk and nobody was hearing, and like I said that it was kinda like a space where I could concentrate, there were no distractions… But you know, you could hear other guys - other guys having sex – not really distracting but you know, you're in a bathhouse so that's what happens*
>
> TowelTalk service user

Although the majority of patrons have indicated that the session seemed private enough, issues around confidentiality and privacy should continue to be monitored and examined. One patron left a comment on their feedback form that they "would like to be in an office inside the bathhouse," suggesting that a regular bathhouse room may not work for all patrons.

It should be noted that the feedback forms can only provide information from patrons who complete the form, and may not be representative of all TowelTalk users. As well, the counsellor's ability to provide a private and confidential space is compromised when sessions take place in the hall or doorway.

HOW IS COUNSELLING DIFFERENT FROM OTHER OUTREACH PROGRAMS?

One key component of this evaluation was to assess how TowelTalk fit with other outreach interventions and if TowelTalk would provide a new service to patrons. We were concerned that TowelTalk would not

be sufficiently distinguishable from other services currently available in bathhouses, and that patrons would access TowelTalk as if it were a sexual health promotion service, rather than a mental health intervention.

We found that TowelTalk has been able to distinguish itself to patrons as a distinct service and is being used differently from other bathhouse outreach programs. The kind of interactions between outreach workers and patrons tend to be much shorter, and may include simply handing out a condom and lube pack. The issues that emerge during outreach are specific to the program and focus on sexual health and safer sex.

In the chart below, the topics raised during ACT's outreach shifts during the 2008/2009 fiscal year are broken down. The chart shows the frequency with which patron interactions include the topics listed.

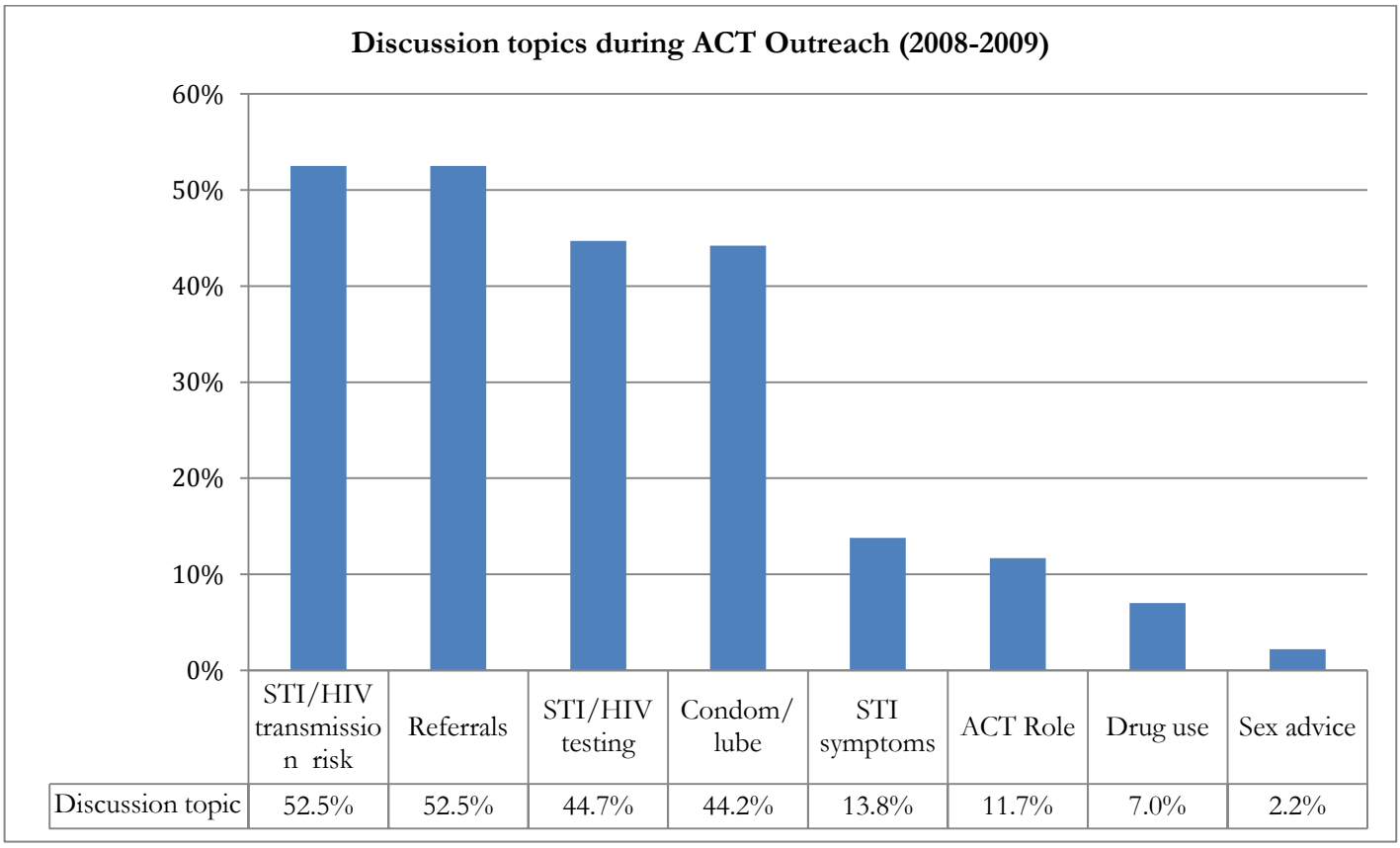


FIGURE 9: FREQUENCY OF ISSUES RAISED DURING ACT OUTREACH INTERACTIONS (2008-2009)

ACT's outreach program is not representative of all outreach programs. From our discussions with different outreach workers, it is clear that certain programs (for instance, PWA's poz prevention outreach and ACAS's Asian Night engage patrons around issues broader than sexual health promotion. However, for many outreach programs, the focus of patron interactions is safe sex and HIV and STI testing.

In contrast, TowelTalk counselling sessions are longer (averaging 28.2 minutes per session) and issues raised by patrons often require more personal disclosure. While issues related to safer sex emerge in TowelTalk counselling sessions, they emerge in connection with broader psychosocial issues that often include discussion of guilt and shame, loneliness, homophobia and other issues (see Figure 8). Even the issues raised during contact interactions tend to focus on the program and counselling, rather than safer sex or sexual health (see Figure 1).

Referrals also tend to be different. Outreach referrals are focused on sexual health services. Drawing again from ACT outreach, the majority of referrals were for testing (37.6% to Hassle Free, 3.9% onsite testing, and 2.7% to Toronto Public Health) and ASOs (15.9% to ACT, 2.7% to Toronto Public Health, and 2.3% to other ASOs). TowelTalk referrals, not surprisingly, are focused on mental health and counselling services with 54.1% of referrals to follow-up counselling at ACT and 10.8% to other counselling and mental health services.

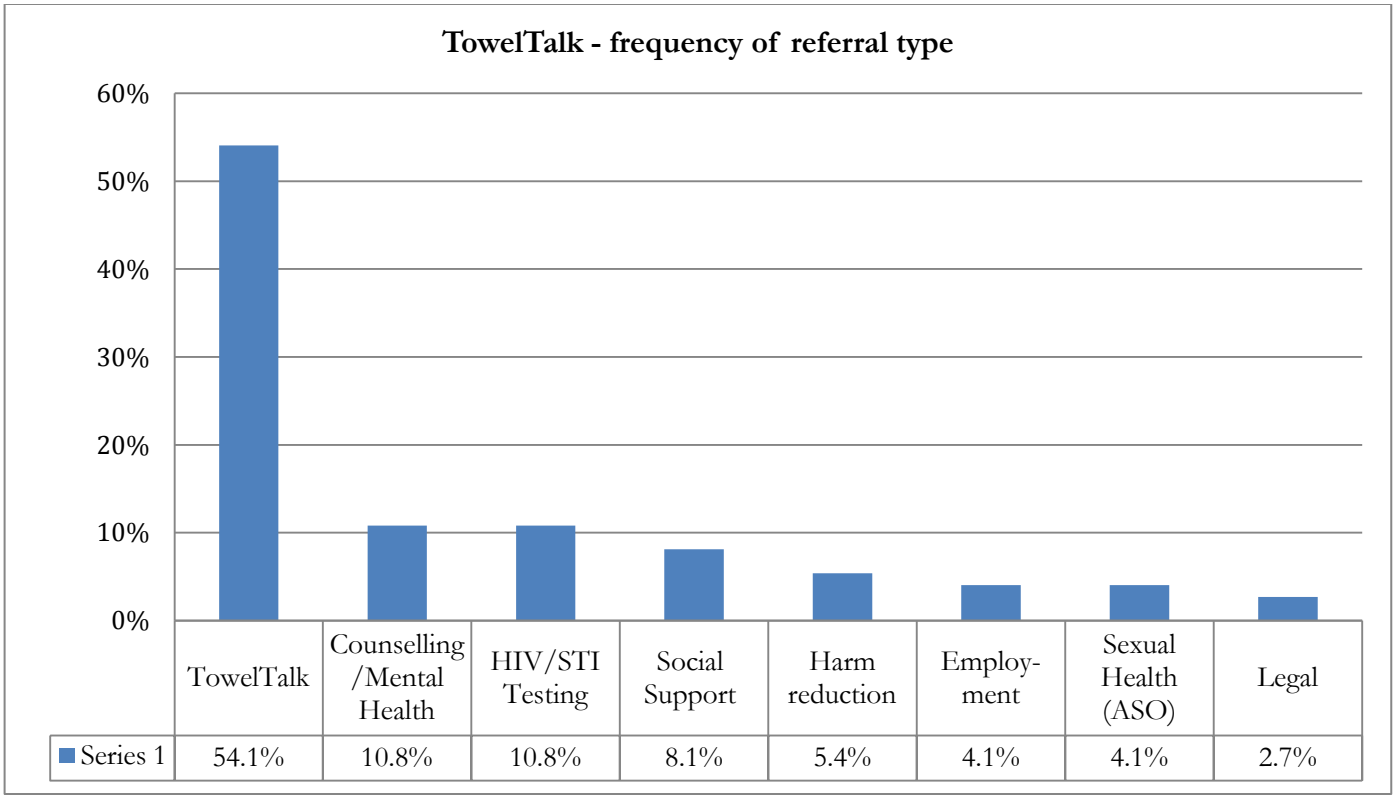


FIGURE 10: REFERRAL FROM TOWELTALK BY TYPE

Outreach workers and the bathhouse counsellor also described their work differently. Outreach workers describe their interactions with patrons as brief and focused on sexual health questions. Sometimes they

engage in small talk with patrons, but only rarely do patrons discuss intimate feelings and concerns. And while psychosocial or mental health issues sometimes emerge, outreach workers were clear that they do not have the skills or resources to take those issues on, besides listening to the patron, and referring him to counselling services like TowelTalk:

> *An Asian guy came to me and told me that his partner had died and I understood that it was very recent and so I was sympathetic and engaging. And then he said to me that his partner died a few years earlier and he kept coming back to visit on subsequent outreach. And I thought this is really the kind of case where it would be really nice to have someone that we can say, "OK, just walk down here and we have someone who can talk to you right now." But is it frustrating 'cause we can't. We are not counsellors so we really can't help them directly.*
>
> Outreach worker

And while outreach workers acknowledged that they did not have the skills to provide therapeutic counselling, they also recognized that their programs do offer patrons distinct and valuable services:

> *Personally, I think having a counsellor there, it will work for some people, but peers giving out information is also important. It depends on the culture. I find a lot of Asian men, they'd rather talk to someone they know and someone familiar in a very informal way and get information that way*
>
> Outreach worker

IS THERE SUPPORT FOR TOWELTALK?

There was strong support for TowelTalk from all of the evaluation participants.

Drawing from the *Needs Assessment Survey* conducted with bathhouse patrons prior to the introduction of TowelTalk, respondents indicated support for a bathhouse counselling program. Like the feedback forms, we asked patrons to rank, on a five-point Likert scale, the degree to which they agreed or disagreed with a number of statements (1 = strongly disagree and 5 = strongly agree).

Statement	N	Avg	SD
I think it is a good idea to have a counsellor in the bathhouse	114	4.25	1.052
I would consider talking to a counsellor in the bathhouse	114	3.66	1.388
I am concerned that a counselling session in a bathhouse wouldn't be confidential	113	2.52	1.483
Talking to a counsellor at the bathhouse might help me make different choices about my sexual health	114	3.43	1.343
Talking to a counsellor at the bathhouse might help me make different choices about my drug and alcohol use	113	2.60	1.527
Talking to a counsellor at the bathhouse might help me with some issues in my life like depression and loneliness	113	3.14	1.493
Talking to a counsellor at the bathhouse might help me feel better about myself	114	3.26	1.396

As noted in the table above, patrons were supportive of there being a counsellor at the bathhouse, but there was a wide range of answers regarding whether or not they believed a counsellor could help them specifically with issues including sexual health, depression, loneliness, and drug use.

We were able to pose some of the statements again to patrons, in a bathhouse questionnaire circulated by the M2Men network in July and August, 2010. The responses were similar, with a majority of patrons indicating that they thought it was a good idea to have a counsellor in the bathhouse. A smaller majority indicated that they would consider talking to a counsellor in the bathhouse.

Statement	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Average	N
I think is a good idea to have a counsellor in the bathhouse	4.5%	6.7%	9%	18%	61.8%	4.26	89
I would consider talking to a counsellor in the bathhouse	10.2%	15.9%	15.9%	18.2%	39.8%	3.614	88

The difference in patrons' responses between the two questions may indicate an important challenge for how TowelTalk reaches men, and how we evaluate that reach. The majority of patrons, just under 80%, indicated that they thought it was a good idea to have a counsellor in a bathhouse, but a smaller majority, 58% agreed or strongly agreed that they would consider talking to a counsellor in a bathhouse. The difference between respondents' support for the program and their assessment of their personal need for the program is important to reflect on. Many bathhouse patrons are at the bathhouse for fun and sex, and are not necessarily carrying ambivalence about being in a bathhouse. They may not have an issue or concern that a bathhouse counsellor could resolve or they may already be accessing counselling services. It is possible however, that some men who could benefit from a counselling session in the bathhouse feel ambivalent about their need for counselling.

All bathhouse managers were supportive of TowelTalk when we spoke to them just as the program was developing in March and April 2009. They remained supportive when we spoke with them again, 10 months later. Some bathhouse managers had minimal interaction with the program and were not able to say much about how their patrons were responding to it ("…'What's TowelTalk?' We don't actually know what that is. Do you understand what I'm saying? Like the full details, we know there's a TowelTalk person there, but what is his agenda? So we don't really know what he does"). Often, bathhouse management and staff do not actually enter the bathhouse proper, except to check up on and clean the different areas. And given the nature of the service (anonymous and confidential), it was rare for bathhouse staff to know who had used the service and how they found it ("I think because it's confidential we don't really pry into it. We're not going to ask customers, 'did you see a counsellor?'"). One bathhouse

manager requested regular meetings with the counsellor to learn how the program was working out. It was clear that he found the updates helpful, and had positive things to say about the program:

> *[The counsellor] shares some of the things he's dealing with, like I didn't realize there was so many married men dealing with guilt issues and stuff, and he's in there counselling a lot of that, so it also brought a whole new awareness of certain clientele that we have that I wasn't aware that we were serving and offering this service to, so that was good.*
>
> Bathhouse manager

Because the majority of bathhouse managers did not know much about how the program was going in their bathhouse, their reasons for supporting the program were not specific to any impact they had seen in the bathhouse or with patrons. They indicated they liked the counsellor ("He's very good. He's such an easygoing guy, very friendly. All the staff like him, he's so pleasant to deal with. He never talks with attitude and he's just an easygoing guy"), and that seeing the counsellor with patrons indicated the program was functioning ("I haven't necessarily heard anyone say anything good or bad about the program. I definitely have seen people in the rooms, talking, so I know … it's something people are using, because I have seen people in there, having their discussions"). One stated that he appreciated the increased coordination of outreach services that TowelTalk had been supporting ("[The counsellor] send me the M2Men calendar now monthly… before I had a separate calendar for Black CAP, separate for ACT, I had to deal with Hassle Free and then to figure it out and now with just one calendar and [the counsellor] is taking care of it, so it's really nice"). All bathhouse managers supported the idea of having a counsellor in the bathhouse because they saw a need for the service ("I think TowelTalk providing counselling is good for the bathhouse…because it's a different area and my cashiers can't be psychiatrists or counsellors. My bartenders can't be that all the time, they can only do so much. I think it helps some people because some people are using it").

We also heard, from two bathhouse managers, that they saw bathhouse counselling in terms of a continuum of outreach services, with sexual health promotion at one end as a volunteer or peer-driven service, and counselling and HIV testing at the other end as a professional service:

> *I would prefer TowelTalk over all the other outreaches. I mean, TowelTalk is doing something. The others are there but are not really able to do much apart from pointing people in the direction whereas when TowelTalk is there, there's really a professional that can actually assist and take care of the problem on the spot. There's a lot of time you can direct somebody, but it doesn't mean that they'll take the energy to get up and go. But when that person is right there and can actually sit and deal with your situation there, they are more prone to actually deal with it.*
>
> Bathhouse manager

None of the bathhouse managers we spoke to had heard anything negative about TowelTalk, or had received a complaint about the program. All indicated that more could be done to promote the program, but also suggested that TowelTalk would need time to develop and become a recognized part of

bathhouse environment ("Take for instance the Asian Night … that's been in existence now for four years, and now it's more popular than ever. At the beginning it wasn't")

Outreach workers also remained supportive of TowelTalk when we spoke to them 10 months after the program had become active. Several indicated some caution in interpreting their support, as they had not seen any changes in the bathhouse environment, and weren't sure the degree to which patrons knew about the service, and if they were using it – the idea of having a counsellor in the bathhouse, however, still resonated with them ("I've never heard anyone say that they don't support it and I talk to lots of people at the bathhouse who I imagine would love to talk to a counsellor or just have that opportunity to talk.").

A few workers indicated that they had noticed some change in terms of their interactions with patrons:

> *Since TowelTalk has been there, in all of the shifts that my volunteers and myself do, there's at least one discussion about TowelTalk or referral made, and then the TowelTalk counsellor will call me and let me know "Oh, so and so called me or got in touch with me." And then, we also have seen a reduction in those intense conversations with people on a shift.*

These workers told us they have had patrons approach them looking for the counsellor ("I think patron [interactions] are different. Now they have TowelTalk, most of the time. People come and they ask you different questions, and sometimes people ask you, you know, 'When is TowelTalk in?'").

Outreach workers who participate in the M2Men Network meetings as well as the PAC meetings could talk specifically about what the counsellor was doing in the bathhouse, and the kinds of issues that patrons had raised with him. However, workers could most clearly and consistently comment on the impact of the counsellor's coordination role. They talked about his role coordinating shifts and working with bathhouse management:

> *One of the most helpful things I think – there's other helpful things – is this coordination that's happening now with all the different bathhouse stuff. We get this really thorough schedule and he seems really able to pull all the different workers together … I think the other thing that's been really beneficial in terms of impacting all of our work, is the meetings that he's had with management. And I think that – I imagine that the consequence of those discussions and the integration of the TowelTalk service has really raised the bar in terms of the suite of services, obviously, that are offered.*

They also talked about the value of the counsellor's involvement with volunteers:

> *And I think that the volunteers appreciate that as well and the work that the coordinator/counsellor did in terms of meeting with volunteers and coming to trainings and talking about the program. It sort of helped make a personal connection to the referral … It's also helped our volunteers as well, so when we train them, [the counsellor] has a piece in our training, whether he's physically there talking or we share the content, and it's enriched our training.*

Most outreach workers told us that although patrons sometimes get confused by the different services available in bathhouses, there was value in being able to refer patrons to TowelTalk. By the time we conducted follow-up focus groups with them, most had done so:

> *It's another referral and it's a significant one because we've been able to promote the fact that people can see the counsellor. And if they've talked to the outreach volunteers, if patrons have talked to the outreach volunteers, then they basically have a, you know (I'm trying to think of the monopoly analogy), but basically, they can skip a few steps and get in fairly quickly. And so, it feels like, that's a significant benefit.*

Most of the workers we spoke to had had one joint shift with TowelTalk, and indicated that the experience was not particularly different from other outreach shifts, except that they could refer directly to TowelTalk.

PROGRAM CHALLENGES

COUNSELLING IN A SEXUALLY CHARGED ENVIRONMENT

Not surprisingly, counselling in a sexually charged environment remained a key challenge for developing and implementing TowelTalk. We learned a fair bit about working in the bathhouse from outreach workers who told us they aimed to work within the sexually charged space, rather than disrupt it, otherwise they would alienate the men they sought to engage. For many outreach workers, this remained a challenge, even though they had a good deal of experience working in a bathhouse. Others described the experience as manageable, although a person's ease in the space seemed to relate to the kind of outreach they were carrying out – HIV testers, for instance, talked about their work and how it removed the tension of working in a sexually-charged environment: "I have never found it to be personally overwhelming. Now I feel safe in the clinic room, where I am a little bit removed. If I was walking in the hallways or standing in the hallways, I think it'd be a different story, physically it would feel different for me, in terms of comfort levels."

Counselling, however, is different from outreach in important ways. We wondered how the sexually-charged environment – the fact that the patrons receiving counselling are hitting on or have hit on the counsellor, that patrons are wearing only towels, that there is porn, loud music, and the sounds of men having sex – would affect how therapeutic counselling is practised, how the counsellor experienced his work, and how the patrons responded to counselling.

There are a number of things we have learned from the counsellor's experience of providing counselling in a sexually-charged environment. One key piece is for the counsellor to tolerate and work with the sexual dynamic, to continue engaging the patron, and as the interaction moves into a session, to transform the sexual dynamic into a therapeutic one. This works with most patrons, except, the counsellor has found, with patrons who are using crystal meth (a population we are trying to reach with this program). The counsellor described his experience working with men who are high:

Initially, sessions were less than five or seven minutes because immediately they would get sexualized and I would get terrified and readdress boundaries like a bulldozer – I would say "I'm here to work, I'm not here to play," and the patron would say, "I'm here to play so I'm leaving," so the session would be broken… What I've learned through my experience working in the bathhouses and also in clinical consultation, if I'm able to at least tolerate the sexual aspect and continue engaging with men, immediately they will stop, in a matter of seconds, they will stop jerking off, for example… They are not hitting on me at that moment; I'm not there in the room. They're in their own experience feeling very sexual, feeling very turned on and my working hypothesis is that the anxiety gets sexualized. Once we are talking, once we are moving to an emotional stage, boom, it gets sexualized. If we're able to stop there for a second, they are able to move back to "What just happened?" And they continue talking, then I notice I'm moving to a 45-minute session with these guys. And that has happened enough times with men who are high on crystal meth, that will come up to a certain point and if we are able to pass that, then a [therapeutic] moment can happen for them.

Tolerating the sexual aspect of a bathhouse can be difficult, and may not be possible for many counsellors. The first TowelTalk counsellor drew from his training in psychoanalytic psychotherapy:

I think psychoanalytic theory informs my understanding … It's the only approach that I found actually discusses what goes on in the room in terms of sexualized stuff. So I find it really useful as a clinician to not feel embarrassed and ashamed of the tension that happens in the room when I'm seen as a sexual object, when there's people fucking around me, when there's music, when they're high, and I need to work with this guy.

Because there was only one counsellor in place in the first year, we cannot compare his experience with counsellors working from different therapeutic traditions. It will be important to explore with new counsellors how they might manage the sexual aspect of the work, and possibly draw from the first counsellor's experience and strategies to support them.

Other strategies the counsellor identified for managing the impact of working in a sexually charged environment was identifying the number of shifts one can tolerate in a week, and not pushing past that. As well, the provision of regular clinical supervision has been an essential part of supporting the bathhouse counsellor, providing a clinical space to work through the experience of the sessions:

It's draining. I feels to me that if I don't have the right supports in place, and I do…, but thinking about the feasibility of the program and people in the future doing it. If the person doing it does not have a balanced life and the right supports, he can burn out.

STAFFING

It has been difficult to find a second TowelTalk counsellor, and may remain a challenge as the program moves forward. The position requires an individual with strong therapeutic counselling skills, experience working with gay and bisexual men as well as MSM, as well as some experience and/or knowledge of male bathhouses. It requires the male counsellor to work in a sexualized environment, and to manage that aspect of their work. It also requires the counsellor to work odd hours, as shifts can happen anywhere between 6 a.m. on a Sunday morning to noon on a Friday evening.

Of course, there are many other challenging jobs, and the difficulties inherent in the work should not prevent the program from finding skilled counsellors to join the program. Although it is likely that staffing the program will remain a challenge, TowelTalk can work to better recruit, train and support counsellors. As TowelTalk moves forward, and now that a second counsellor is in place, it will be important for the program to identify strategies for recruiting potential counsellors, to identify which skills counsellors must have when they start in the position as well as those skills a counsellor can learn on the job, and strategies for supporting the counsellors.

Working Collaboratively

A key strength of TowelTalk has been the collaborative aspects of the program. The support of the M2Men network, the coordination work of the counsellor with bathhouse managers, and the direction and guidance of the PAC have enabled TowelTalk to develop and settle into a complicated and complex working environment. But collaborative work is often not straightforward and can be challenging, as it has been with TowelTalk.

An issue that emerged as the program developed was the role of the PAC. Some PAC members saw their role as decision-makers in the program, while others saw the PAC as clearly an advisory body. Because TowelTalk is collaborative, but housed at ACT, is was sometimes unclear what the PAC needed to know in terms of the day-to-day operations of the program, like the counsellor's work plan and schedule, and if PAC members had a role in shaping or supervising their work. As well, aside from the quarterly PAC meetings, some PAC members felt that there were no clear channels to express concerns or issues with how the program was developing.

Because the program developed with only one counsellor/coordinator responsible for implementing the program, the PAC struggled to separate the individual from the program and develop a shared language about what the program was doing and how. Over the course of the year, issues emerged relating to the number of shifts the counsellor would carry out each month, the number of clinical hours the program should have, the counselling modality (or lack thereof) the counsellor was using, and the number of hours that went into the coordination work of TowelTalk.

Evaluation

Not surprisingly, there are challenges to evaluating a bathhouse counselling program. Our experience with the follow-up telephone interviews with TowelTalk users indicates the difficulty in speaking with men who have accessed the program. While feedback forms continue to be completed, they provide a limited snapshot of the counselling experience. And if we wanted to follow up with patrons several months after they accessed the service, it would require that they provide contact information, complicating their anonymity – a key piece of the service. Another limitation on examining the impact of the counselling sessions is the lack of a clear counselling modality or manual. The evaluation cannot assess the effectiveness of bathhouse counselling without knowing the type of counselling being practised.

The evaluation was also limited because there was only one counsellor in place. Without some comparative data, it has been difficult to identify the key elements of the program's operations and which aspects might be shaped by the individuals implementing the program.

And there were certainly some challenges to conducting evaluation through a collaborative and community-based process that followed the development of the program. Because research and evaluation requires both time and resources, it often felt like the evaluation was not moving fast enough to inform program development. Although there were certainly systems in place that enabled the evaluation team to inform program staff of particular issues as they emerged, the overall evaluation certainly lags behind the project implementation.

Another challenge for the evaluation has been to manage the multiple roles that evaluation team members have in relation to TowelTalk, including: funder, program director, program supervisor, and PAC committee member. While many of the team members have experience with community-based research – which engages individuals in terms of their complex relationships to the subject of research – the various stakes and motivations of team members needed to be acknowledged and assessed throughout the evaluation process.

SUGGESTIONS FOR IMPROVING THE PROGRAM

We heard a number of suggestions about how TowelTalk could be improved.

Greater Program Promotion: All bathhouse managers and outreach workers suggested more promotion of the program – more and larger posters, condom packs, increased advertising on websites and community newspapers. Many outreach workers indicated that they thought most patrons did not know about the service. This was supported by responses to the M2Men Network survey circulated to patrons in bathhouses in July and August, 2010. We asked patrons if they had heard of the TowelTalk Bathhouse Counselling Program. The majority of respondents, 58% (N=45), indicated that they had not, while 32.5% (N=25) of respondents told us they had heard of TowelTalk, and 9.1% (N=7) were unsure.

We also asked respondents to rate, on a five-point Likert-type scale, how much they agreed or disagreed with the statement, *If I wanted to speak to the bathhouse counsellor, I would know how to access him*. Many respondents (43.8%) indicated that they disagreed or strongly disagreed with the statement.

Statement	Strongly disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Average	N
If I wanted to speak to the bathhouse counsellor, I would know how to access him	31.5%	12.3%	15.1%	15.1%	26%	2.92	73

Program Growth: All outreach workers suggested increasing the availability of counselling in the bathhouse, by adding shifts and adding at least one more counsellor to the program. The additional counsellor, it was believed, would help reduce the isolation that a single counsellor might experience working bathhouse shifts. As well, outreach workers suggested expanding the program to bathhouses that are currently not included in the TowelTalk project.

Greater Collaboration with Outreach Programs: Outreach workers also suggested several ways to strengthen the relationship between TowelTalk and other outreach programs. The bathhouse counsellor's effort to coordinate the schedules of the various programs was seen to be very helpful, and they suggested it would be useful to continue efforts in this regard. A few participants suggested increasing the number of joint TowelTalk/outreach shifts. One outreach worker suggested that it would be helpful to the outreach programs if the bathhouse counsellor could make TowelTalk's statistics available to them and provide a summary or description of the issues that emerge in counselling sessions. This information, we were told, could help staff and volunteers better understand their clientele and the issues they may be working through They also saw a role for the bathhouse counsellor in providing training for outreach volunteers and staff members, to better identify and respond to mental health issues. Confusion between the roles of TowelTalk and the other outreach programs was raised in several focus groups. As a result, it may be useful to clarify the roles of the various programs. At least one outreach worker thought that the TowelTalk counsellor could replace the other outreach workers – reflecting, perhaps, confusion in their different roles.

Better Monitoring of Referrals: Outreach workers and program staff suggested that the development of a system to better track referrals from the TowelTalk program to other agencies would help provide a more seamless service, and would provide information that would be useful in evaluating the program, and its ability to reach those who might not otherwise access service.

Clarify Roles: Finally, there were suggestions about the need to clarify the role of the PAC, and supervisory/oversight roles of TowelTalk staff. There was some confusion over who was responsible for monitoring and directing the project, as some saw the PAC as a decision-making body, and others saw it fulfilling an advisory role.

DISCUSSION

Overall, there was a strong level of support for TowelTalk, from bathhouse managers, outreach workers and volunteers, bathhouse patrons, and TowelTalk service users. We found that TowelTalk offered a new service to bathhouse patrons, and could engage them to reflect on psychosocial issues that may impact their health and well-being. The evaluation data certainly support the continuation of the TowelTalk program, although some aspects of the program will need to be further examined. The program as a whole should continue to be monitored and assessed, with priority placed on developing and implementing an outcome evaluation component.

In reviewing the evaluation data, we found that TowelTalk has been able to meet the original program objectives:

> Objective 1: Provide a professional assessment, counselling and referral service to men in bathhouses to assist them in discussing issues related to their sexual health, including drug and alcohol use, coming out, disclosure of HIV status, relationship issues, depression and anxiety, isolation and marginalization, adjusting to life in Canada, shame and guilt, difficulty negotiating safer sex, body image issues and sexual identity issues.

TowelTalk provided professional assessment, counselling, and referral services to men in bathhouses. In the first year, 88 men accessed the service, with 8 men accessing follow-up counselling at ACT, and one continuing on to longer-term counselling at Mount Sinai, through the streamlined referral process. Because we did not identify a benchmark in terms of how many counselling sessions the program would carry out, or the rate of follow-up counselling that would occur, we are not measuring these aspects of the program against set or expected outputs/outcomes.

Counselling sessions differed from outreach interactions and patrons were able to discuss a range of psychosocial issues related to their sexual health, including relationship issues, guilt and shame, HIV/AIDS, homophobia, loneliness and isolation, and others. When appropriate, the counsellor provided referrals to external organizations, for a range of services that included: mental health and counselling, harm reduction, employment services, immigration and the law, social support, and HIV and STI testing.

> Objective 2: Provide an affirming, supportive experience related to sexuality, sexual choices, and sexual identity for men in the bathhouse environment.

TowelTalk counsellors work within a sex-positive, anti-oppression, and harm reduction framework. The bathhouse counsellor described TowelTalk as providing patrons with a corrective emotional experience, by enabling them to talk about issues related to their sexuality with a counsellor who is non-judgmental and in the bathhouse with them.

The feedback we received from patrons who accessed the program was very positive. We saw that most patrons who accessed the counselling service found the session felt private, that the counsellor was skilled and professional, that the information they received was helpful, and that they would consider accessing the service again. However, feedback forms can only provide a quick snapshot of the experience and impact of accessing counselling service in a bathhouse. In order to better explore and understand the experience, a better means to follow-up with TowelTalk service users will need to be developed.

> Objective 3: Foster the development of a supportive relationship between the counsellor and the patron/client, and support the sense of community developed through existing community outreach programs.

The counsellor's aim in counselling sessions is to develop the therapeutic alliance with the patron, facilitating trust between the patron and counsellor, introducing them to mental health services, and enabling patrons to talk about issues they may not have talked about before. We can infer from the feedback forms that the counsellor is able to build supportive relationships between himself and the patron. Without more detailed feedback from patrons, we cannot know to what degree they experience the relationship as supportive.

It was clear that TowelTalk had been able to build on and enhance the sense of community developed through existing community outreach programs. TowelTalk's coordination efforts between outreach programs and work with bathhouse managers were described as positive impacts of the TowelTalk program. And by enhancing the range of services men can access in bathhouses, TowelTalk provides more opportunities for men to connect in non-judgmental and safe spaces.

> Objective 4: To initiate a dialogue about the role that drugs and/or alcohol may play in the sexual lives of men and their ability to maintain sexual health; to promote harm reduction in collaboration with community outreach programs; and to provide referral information for men who are concerned about their use of drugs and/or alcohol and are interested in seeking support to address those concerns.

The counsellor was able to reach men who use drugs and/or alcohol during the first year of the program. However, it is not clear what indicators are needed to illustrate that TowelTalk is (or is not) meeting this objective.

In the first year of the program, 14.8% of all counselling sessions included a discussion of substance use, and 8% of counselling session included a discussion of substance misuse. We know the counsellor has made referrals to organizations dealing with issues of drug use and addiction (CAMH, The Works, harm reduction at ACT), but it has been difficult to confirm that these referrals were followed through (and were helpful) to the patron.

Certainly efforts have been made by the counselling program to reach men who use drugs and/or alcohol in the bathhouse. Shifts are held during days and times when drug use is known to be present in some bathhouses (usually, in the early morning on Sundays and Mondays, from 6 to 9 a.m., in order to catch

men who are coming down from partying the night before). However, it has been difficult for the counsellor to maintain sessions with patrons if they are high. These interactions generally last under 10 minutes.

Recently, the TowelTalk counsellors have started distributing "Are you crashing?" cards to men that are too high to engage in meaningful conversation. These cards include the contact information of the harm reduction worker at ACT. TowelTalk has also increased the number of joint shifts with ACT's harm reduction program.

KEY PROGRAMMATIC ELEMENTS

Drawing from the evaluation data, we can identify six key elements of the current TowelTalk program.

1. *Working with the sexual environment of the bathhouse.*
   All of the outreach workers we spoke to during the evaluation process, including the bathhouse counsellor, identified the importance of working with the sexual environment, rather than disrupting the sexual atmosphere. All outreach workers described strategies that enabled them to manage boundaries between outreach and the bathhouse, and most talked about the usefulness of working with the sexual dynamic to engage men. While we recognize this as a key component of TowelTalk, the impact (on the counsellor) of providing counselling in a sexually-charged environment needs to be further explored, to ensure additional counsellors receive the support and supervision required to work in the bathhouse environment.

2. *Building the therapeutic alliance.*
   One goal of the TowelTalk sessions, from the counsellor's perspective, has been to develop a therapeutic alliance with the service user, fostering an environment safe enough to reflect on complex or challenging issues. Developing a therapeutic alliance allows the counsellor to introduce the patron to mental health services, and can enable patrons to talk about issues they may not have talked about before.

3. *Coordination of Services.*
   The importance of the role of the bathhouse counsellor in coordinating TowelTalk, and engaging with other M2Men programs was certainly highlighted in our final set of interviews and focus groups. The counsellor's success in coordinating and liaising between outreach programs and the bathhouses was reflected in the overall support for TowelTalk within the bathhouse community. While the coordination role may not need to sit with the TowelTalk program, given the number of outreach activities currently undertaken in Toronto bathhouses, coordination remains an essential component to TowelTalk's success.

4. *Clinical Supervision.*
   Like most therapeutic counselling programs, clinical supervision was an important means to support and supervise the bathhouse counsellor. Because of the nature of the bathhouse

environment and the difficulties related to providing counselling in a sexually-charged environment, clinical supervision (group or one-on-one), is an essential part of the TowelTalk program. As the program develops, recommendations can be made regarding the frequency and type(s) of clinical supervision best suited for bathhouse counsellors.

5. *Streamline Referral.*
   Because TowelTalk is designed to reach men who are less likely to access counselling in traditional settings, program staff assumed that many of the men who access TowelTalk services would be less likely to tolerate a long wait for services. Developing a streamlined referral system was identified as a priority and a key component of the TowelTalk program. This enabled TowelTalk users to bypass long waitlists and move to longer-term counselling quickly, remaining engaged in the counselling process.

6. *Intersectoral Collaboration*
   Although it has been identified as one of the challenges of the program, collaboration has also been a key component of its success. TowelTalk is an innovative and perhaps controversial program. When the idea to develop a bathhouse counselling program was first suggested, it was not clear if mental health services could be offered, in a sustainable and accessible way, in a sexually-charged environment. Without the support and collaboration between multiple sectors, it is difficult to imagine that TowelTalk could have moved from an interesting idea to a practical and well-supported program.

   TowelTalk is unusual in the role its funder (the AIDS Bureau) has played: initiating the program and bringing together intersectoral collaborators to support and develop the pilot. TowelTalk has benefited from this support and engagement. Having PAC members who represent government and policy-makers at the provincial and municipal levels, mental health organizations, hospitals, different ASOs, and researchers has ensured that TowelTalk develop with a broad range of expertise and buy-in. It has also ensured a stronger program, as the counsellor could build on preexisting relationships to engage bathhouses, outreach programs, and community partners.

FUTURE ISSUES TO EXPLORE

There were a number of limitations to this evaluation of TowelTalk. Because there was only one counsellor in place during the evaluation process, we lack comparative data between different counsellors. Because TowelTalk had not identified a counselling modality or modalities, we were unable to evaluate the effectiveness of the intervention. Because our strategy for speaking with TowelTalk users was unsuccessful, we cannot assess the impact of this intervention on the lives of men who accessed the service. As the program moves forward, it will be important to develop and implement an evaluation component that can address the following issues:

1. **Manualize or identify a counselling model and evaluate its effectiveness.**

2. **Assess the impact of TowelTalk on the lives of men who access it.**

3. **Comparative data (now that there is more than one counsellor).**

4. **Assess human resources issues: what does an organization need to do to ensure staff are supported and well-supervised when working in a sexually-charged environment?**

5. **Identify key programmatic components that would enable TowelTalk to be implemented by other organizations.**

TowelTalk has secured funding until April 2013. As the program moves forward, our evaluation will expand to include the above issues.

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APPENDIX I – TOWELTALK POSTER 2009

1. In the past year, how often have you visited a bathhouse

☐ At least 2 times a week
☐ About once a week
☐ A couple times a month
☐ About once a month
☐ A couple times in the year
☐ Never. This is my first time!

2. How long is your average visit to a bathhouse? _____hours

3. What time of day do you most often visit the bathhouse?

☐ Afternoon (noon – 4pm)
☐ Early evening (4pm – 8pm)
☐ Late night (8 – 2am)
☐ Early morning (2am – 7am)
☐ Morning (7am – noon)
☐ No specific time

4. Please tell us your opinion - Using a scale of 1 to 5, please tell us how much you agree with the following statements (there are no right or wrong answers to these questions):
(1 = completely disagree and 5 = completely agree)

	Completely Disagree		Neutral		Completely Agree
a) The bathhouse is a fun place to have sex	1	2	3	4	5
b) I usually feel good after a visit to the bathhouse	1	2	3	4	5
c) I like to be drunk or high at the bathhouse - it makes the experience more fun	1	2	3	4	5
d) I find myself enjoying different kinds of sex (kinkier, raunchier, riskier) at the bathhouse than I do elsewhere	1	2	3	4	5
e) I come to the bathhouse specifically to "party and play" (PNP)	1	2	3	4	5
f) I come to the bathhouse specifically to score drugs	1	2	3	4	5
g) Bathhouses are my primary source of hook-ups	1	2	3	4	5

with men

h) I decide what kind of sex I have at the bathhouse	1	2	3	4	5
i) I find that most men use condoms at the bathhouse	1	2	3	4	5
j) I always practice safer sex at the bathhouse	1	2	3	4	5
k) I feel comfortable and enjoy going to gay bars/clubs	1	2	3	4	5

5. Please tell us you opinion - Using a scale of 1 to 5, please tell us how much you agree with the following statements (there are no right or wrong answers to these questions):
(1 = completely disagree and 5 = completely agree)

	Completely Disagree		Neutral		Completely Agree
a) I worry about people knowing I go to the bathhouse	1	2	3	4	5
b) I am sometimes concerned about my drug or alcohol use at the bathhouse	1	2	3	4	5
c) When at the bathhouse, I am sometimes concerned about being unattractive to other guys	1	2	3	4	5
d) When at the bathhouse, I am concerned about the way I am treated because of my race or ethnic background	1	2	3	4	5
e) When at the bathhouse, I am concerned about the way I am treated because of my HIV status	1	2	3	4	5
f) I sometimes feel lonely at the bathhouse	1	2	3	4	5
g) I sometimes regret the type of sex I have at the bathhouse	1	2	3	4	5
h) When at the bathhouse, I am concerned about HIV and other sexually transmitted infections (syphilis, herpes, gonorrhea)	1	2	3	4	5
i) Even though I enjoy my visits to the bathhouse, sometimes I feel uncomfortable about the things I do here.	1	2	3	4	5

6. Using a scale of 1 to 5, please tell us how much you agree with the following statements:
(1 = completely disagree and 5 = completely agree)

	Completely Disagree		Neutral		Completely Agree
a) I think it is a good idea to have a counsellor in the bathhouse	1	2	3	4	5
b) I would consider talking to a counsellor in the bathhouse	1	2	3	4	5
c) I am concerned that a counselling session in a bathhouse wouldn't be confidential	1	2	3	4	5
d) Talking to a counsellor at the bathhouse might help me make different choices about my sexual health	1	2	3	4	5
e) Talking to a counsellor at the bathhouse might help me make different choices about my drug and alcohol use	1	2	3	4	5
f) Talking to a counsellor at the bathhouse might help me with some issues in my life like depression and loneliness	1	2	3	4	5
h) Talking to a counsellor at the bathhouse might help me feel better about myself	1	2	3	4	5

7. Have you ever exchanged sex for drugs or money at the bathhouse? ☐ Yes ☐ No

Some questions about you:

8. How old are you? _____

9. What is your ethno-racial background? (race, ethnicity, and/or country of origin) _____

10. Which languages do you speak other than English? _____

11. a. Were you born in Canada? ☐ Yes ☐ No

b. If No, are you:

☐ A Canadian Citizen

☐ A Landed Immigrant or Permanent Resident

☐ Refugee or Refugee Claimant

☐ **Non Status**

☐ Holding a Temporary Work Visa

☐ Holding a Student Visa

☐ A Visitor/Tourist

☐ Other _____

12. Do you live in the Greater Toronto Area (GTA)? ☐ Yes ☐ No

13. Gender: You identify yourself as

☐ Male ☐ Trans (F to M) ☐ Trans (M to F) ☐ Other _____

14. Sexual orientation: You identify yourself as

☐ Gay ☐ Straight ☐ Bisexual ☐ Other _____

15. What is your HIV Status?

☐ HIV Positive ☐ HIV Negative ☐ Don't know ☐ Prefer not to say

16. Have you ever been tested for HIV?

☐ Yes, within the past 6 months ☐ Yes, within the past year

☐ Yes, but more than 2 years ago ☐ No, I've never been tested for HIV

☐ I don't know if I have been tested for HIV

☐ Other _____

Towel Talk Feedback Form

The information shared will be treated as anonymous and confidential
Please skip any questions you are not comfortable answering

1. **Which bathhouse are you at?** _____
2. **How long have you been at the bathhouse today?** _____
3. **Was this your first time talking to a counselor at the bathhouse?** ☐ Yes ☐ No
4. **Using a scale of 1 to 5, please tell us how much you agree with the following statement:**
(1 = completely disagree and 5 = completely agree)

	Completely Disagree		Neutral		Completely Agree
a. It was easy to approach the bathhouse counselor	**1**	**2**	**3**	**4**	**5**
b. The space in which the counseling session took place felt private	**1**	**2**	**3**	**4**	**5**
c. I was able to clearly express my concerns to the counselor	**1**	**2**	**3**	**4**	**5**
d. The counselor was skilled and professional	**1**	**2**	**3**	**4**	**5**
e. The counselor treated my concerns with confidentiality and respect	**1**	**2**	**3**	**4**	**5**
f. The counselor provided me with information that was helpful	**1**	**2**	**3**	**4**	**5**
g. I am satisfied with my meeting with the counselor	**1**	**2**	**3**	**4**	**5**
h. Having a counselor to talk to makes me feel more comfortable being in the bathhouse	**1**	**2**	**3**	**4**	**5**
i. I would consider talking to a counselor in the bathhouse in the future	**1**	**2**	**3**	**4**	**5**

5. **How long did your meeting with the counselor take approximately?** _____
6. **Did it feel like enough time?** ☐ Yes ☐ No
7. **Is there anything you would like to add?**

Thank you. The information you share with us today will be used to develop services that address the sexual health concerns of gay, bisexual, and other men who have sex with men.

If you prefer, you can answer these questions on the web, at www.actoronto.org/towltalk

APPENDIX IV – TOWELTALK FOLLOW-UP INTERVIEW CARD

APPENDIX V – TOWELTALK SHIFT SUMMARY SHEET

Location: _____ Date: _____ Time: _____

Counsellor: _____

TOWELTALK
Bathhouse Counselling

Shift Summary Sheet

Number of Patron Contacts: _____ Number of Counselling Sessions: _____
Number if External Referrals: _____ Number of Towel Talk Referrals: _____
Outreach staff present: ☐ Yes ☐ No
Agency: _____

Description:

Patron Summary

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
15-19																
20-24																
25-39																
40-55																
55 and over																
Aboriginal																
Black																
African																
Caribbean																
Caucasian																
Latino (Mexican, Argentine, etc)																
East Asian (Chinese, Japanese, etc.)																
Southeast Asian (Thai, Filipino, etc.)																
South Asian (Indian, Pakistani, etc.)																
Middle Eastern (Iranian, Israeli, etc.)																
Mixed Race																
Portuguese-speaking																
Other (note)																
First Language (non English – note)																
Language of Service (not English – note)																
Has sex with women																
Identifies as trans																
Identifies as disabled																

Contact #	**Ethnicity/Language Note:**
Questions/ Summary	
Referrals/ Condoms/ Counselling	
Drug/Alcohol Use **Yes ☐ No ☐**	Indicators:

Contact #	**Ethnicity/Language Note:**
Questions/ Summary	
Referrals/ Condoms/ Counselling	
Drug/Alcohol Use **Yes ☐ No ☐**	Indicators:

Contact #	**Ethnicity/Language Note:**
Questions/ Summary	
Referrals/ Condoms/ Counselling	
Drug/Alcohol Use **Yes ☐ No ☐**	Indicators:

TOWELTALK
Bathhouse Counselling

Bathhouse Counselling Session Notes

Date:	Time:	☐ Parameters of program discussed
Location:	Counselor:	☐ Confidentiality discussed
		☐ Counselling Evaluation Feedback Form

Ethno-racial Background:	Language:	Year of birth:

☐ Anger
☐ Anxiety/Stress
☐ Depression/Sadness
☐ Grief/Loss
☐ Guilt/Shame
☐ Loneliness/Isolation
☐ Suicidal thoughts
☐ Self Esteem
☐ Trauma
☐ Body Image Issues
☐ Eating Difficulties
☐ Self-harm behavior
☐ Substance Use
☐ Substance Misuse
☐ Other Mental Health Problems
☐ Social Skills

☐ Health Issues
☐ Aging
☐ Disability Issues
☐ Childhood Abuse
☐ Family Issues
☐ Relationship Issues
☐ Partner Abuse
☐ Sexual Assault
☐ Sexuality
☐ Kink
☐ Barebacking
☐ Negotiating Safer Sex
☐ HIV|AIDS
☐ Other STIs
☐ Risk Prevention
☐ Sexual Identity

☐ Coming Out Issues
☐ Bisexuality
☐ Homophobia
☐ Trans Issues
☐ Bathhouse Issues
☐ Stigma
☐ Race/ethnicity
☐ Immigration/Settlement Issues
☐ Religion/Spirituality
☐ Poverty
☐ Education Issues
☐ Employment Issues
☐ Needs resource information
☐ Psycho-education:
(specify topic) _____
☐ Other: _____

Expected Outcomes:

Referrals made (please list):

Session Length:	**Follow-up Counselling:**	**Risk Assessment:**
	☐ No	Harm to self? ☐ Yes ☐ No
	☐ Yes Where:	Harm to others? ☐ Yes ☐ No
		☐ If yes, safety plan created

Noted Drug and/or Alcohol Use ☐ Yes ☐ No

Indicators:

Which Substances:

Session Summary

Relationship Status Disclosed? ☐ Yes ☐ No

☐ Married ☐ Common law ☐ Relationship ☐ Single ☐ Polyamorous	☐ Open ☐ Closed	☐ Same sex ☐ Opposite sex

Notes


WANNA TALK?
the counsellor is in:
Towel Talk is a free counselling program, with professional counsellors in bathhouses around Toronto.
www.actoronto.org/toweltalk 416-340-8484 ext. 289
TOWEL TALK
Bathhouse Counselling