cross care | teen counselling

ANNUAL REPORT 2007

TEEN COUNSELLING DRUMCONDRA
TEEN COUNSELLING CLONDALKIN
TEEN COUNSELLING TALLAGHT
TEEN COUNSELLING FINGLAS
TEEN COUNSELLING DUN LAOGHAIRE

Mission Statement of Crosscare

Crosscare's mission is to contribute to the building of an inclusive society by:

- Developing and modelling innovative, high quality, rights based services which meet emerging and unmet need.

- Providing localised support programmes that assist people to attain their rights and fulfil their true potential.

- Challenging inequality and prejudice through the development and promotion of evidence based solutions to intractable social problems.

Crosscare Programmes include: Teen Counselling, Homelessness Services, Food Initiatives, Young People's Care Services, Carer Support Programme, Education, Training and Development, Drug and Alcohol Programme, Housing and Welfare Information, Migrant Project, Travellers' Inclusion Programme and Disability Awareness.

cross care teen counselling

Aim

To provide a professional counselling service for adolescents and their families who are struggling with behavioural and emotional problems and to inform, support and complement the role of the State sector and other voluntary organisations.

Objectives

To provide a service in a friendly, efficient, competent and easy to access manner.

To promote mutual understanding and respect between teenagers and parents or others in a similar position.

To enhance a family's capacity to enjoy relationships both internally and with the wider community.

To help adolescents to develop into well rounded adults avoiding or at least minimising, the negative effects of difficulties that teenagers and families experience.

To share the service's expertise and experience where appropriate.

Teen Counselling is funded by:
the Health Service Executive (H.S.E.), the Family Support Agency, the Young People's Facilities and Services Fund, The Charitable Infirmary Charitable Trust and as a programme of CROSSCARE, as well as by voluntary donations.
We are very grateful for the support of these bodies in our work.

TABLE OF CONTENTS

TABLE OF CONTENTS

This is the first year of a new format of annual report for Crosscare Teen Counselling. It presents the work done across the service during 2007 in one report while the individual centre reports are now available directly from each of our five centres. This year's report highlights the impact that this adolescent service has in the city, but Teen Counselling (TC) has the potential to do so much more. Teen Counselling is one of eleven programmes of Crosscare. During the year Crosscare has been working to develop new medium and long term plans for the organisation built around the three objectives of Innovation, Outreach and Mobilisation. The one immediate visual change is the resulting change of logo for the service.

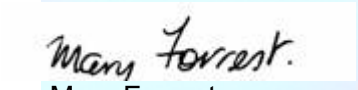
Our biggest achievement in 2007 was extending our service in Dun Laoghaire from half-time to full-time. We can now offer a quicker service to more 'teens' and parents from new offices, closer to the town centre. Looking at the work with families in the past year, there were **504** referrals made to us during the year, an increase of **7%** on the previous year. Teen Counselling helped **407** families, **263** of these were families new to the service. The gender breakdown of new teenage clients was **51%** male and **49%** female, and the number of male 'teens' aged '16 and under' increased from 45% in 2006 to **56%** in 2007. This is a group perceived to be difficult to engage in counselling.

In relation to substance use recorded in 2007, alcohol use among the 'under 18's' was recorded at **42%** with other drug use at **18%**. The national concern with adult drug and alcohol misuse is reflected in the behaviour of 'teens'. Only **36%** of 'teens' lived with both biological parents, another adult issue impacting on young people.

In parallel with it's counselling provision Teen Counselling is actively involved in networking and information dissemination at local and national level to ensure that the service is accessible to as many young people as possible within the established catchment areas exploring potential areas into which it could develop and advocating on behalf of 'teens' and their parents.

Teen Counselling's information outreach has been enhanced by the development of Crosscare's website (www.crosscare.ie, a work currently in progress), and by the creation of an attractive information DVD for the service which can be accessed on the website as well as being available for presentations and information seminars. In April 2007, Teen Counselling was invited to give a presentation on the service to the National Parents' Council, Post Primary Section. The launch of our 2006 Annual Report in May 2007 by The Lord Mayor, Vincent Jackson helped raise the profile of the service across the media. The media were also very interested in the findings of a research report which we produced and launched alongside the annual report, on the level of teen drinking and substance use amongst our clients. In June, Teen Counselling was invited to make submissions to the National Education Welfare Board (NEWB) in relation to their guidelines for developing a code of behaviour for schools. In July, we welcomed Minister Pat Carey to our centre in Drumcondra. His brief, which directly related to substance use and communities, meant that the visit was very encouraging for our work. In September, Barnardos published its ChildLinks magazine issue devoted to Mental Health in which Teen Counselling gladly provided an article about the service and its model of work.

In Teen Counselling, we take pride in our work on behalf of teenagers and their families. This report gives a flavour of the variety and depth of work done in 2007.



Mary Forrest
Clinical Director

Teen Counselling Highlights 2007

Referrals increased again to **504** (489 in 2006) with **91% accepted onto the Waiting List**. **Mothers** continued to make the most referrals **(55%)** highlighting the accessibility of the service. School (23%), Community Care (22%) and Family Doctors (12%) were most likely to have suggested Teen Counselling to families. 8% were recommended by past clients.

407 families attended during the year, 263 new and 144 carried over from 2006. The average wait for a first appointment increased again to **113 days.**

72% of individual appointments and 79% of family appointments were kept. More than 6,000 clinical hours involved.

Teen Substance Use

Drugs	18% (15% hash)
Alcohol	42%
Cigarettes	20%

All figures slightly lower than in 2006. Cocaine use noted in most centres. **Addiction in the family increased.**

Self harm: after a slight decrease last year, back up to **16%** of new 'teen' clients reporting **self-injurious behaviour**, as in 2005. Only 8% noted on referral.

Over **800 Consultations,** most usually by phone, supported concerned adults.

Four dimensional evaluation:
Parents, Teenagers and Counsellors (using CGAS and GARF assessments and evaluations of Presenting and Underlying Problems) assessed difficulties initially and on completion.
Information was available for 75% of cases.

Profile of 263 new teenage clients:
62% 12-16 years : 38% 16-18 years
(5% increase in older 'teens' compared to 2006)
51% male : 49% female
21% in third year at second level school
2% had dropped out of school
Only **36% living with both biological parents**
31% of parents separated/divorced.

Why referred?
Behavioural problems at home (37%) and/or school (37%) and **mood or anxiety problems** (28%) were most frequently referred.

Underlying Problems:
Difficult communication patterns evident in 42% of families. Other family issues were also significant: **distorted interactions between parents and teenagers** (24%), **parental separation** (27%), **parent's personal problems** (24%), **difficult family circumstances** (19%), **bereavement** (20%).

Case duration: The average was **8 months** involving **9 sessions, 21 clinical hours.**
Minimum attendance, one session
Maximum attendance, several years.
Teen Counselling has a flexible model to meet a teenager/family's needs.

255 cases were closed and 152 were carried forward into 2008. In **44%** of cases, both Counsellors and families agreed that they had completed the work they had been doing.

Professional Development: Teen Counselling has a strong commitment to the Continuing Professional Development of staff (see Appendix).

Average cost per family for one year: €3,043. This figure is based on one staff team providing family counselling, telephone advice and supporting local networks.

Service development:
Teen Counselling Dun Laoghaire became a full time service. Funding for the expansion of existing Centres, and for new Centres in areas with increasing numbers of teenagers, was actively pursued during the year.

Networking with other services is of great importance to ensure optimum support for clients and staff in Teen Counselling. **Locally** staff attended partnerships and committees, gave presentations about their work and consulted with other professionals on adolescent issues. **Nationally** staff attended professional conferences and workshops. **Details in Centre Reports.**

Premises improved and re-furbished:
Tallaght, with the aid of a Pobal grant, was able to decorate and improve the standard of fittings and furnishings in their centre. **Clondalkin** acquired a new office and kitchen. This work was completed over the Christmas break to minimise disruption to counselling sessions. **Dun Laoghaire** moved to bright, spacious premises suitable for a full time centre and renovation and furnishing is almost complete.

Child Protection policy and training: The Teen Counselling Child Protection policy was drafted and all staff, clinical and administrative, attended training days in relation to new procedures, facilitated by Kieran McGrath.

Service Representation:
Just some of the **projects** engaged in with other agencies during 2007:

- Parents Resource Manual in relation to substance use (Crosscare Drugs and Alcohol Programme)
- Youth Suicide (Clondalkin Action on Suicide)
- Obesity (Our Lady's Hospital, Crumlin)
- Family Support (LHO Dublin North Central)
- Health Promotion for Young People in Out of School Settings (HSE Dublin North East)

Research:
Senior staff were involved in a project to evaluate the use of external supervisors.
Refining the data base to provide statistics for the Annual Report, the four monthly centre reviews and for presentations about the service is done every year.

Publicity:
The **2006 Annual Report** and research report on **Teen Drinking and other Substance Use** were launched in the Mansion House by the Lord Mayor, Vincent Jackson, in May. **Media coverage** of the event was excellent and staff gave **subsequent interviews** to the press and several radio stations. **Dublin Youth Theatre** helped to make a DVD which can be used to inform teenagers about **Teen Counselling**. An article about the service was published in **Barnardo's ChildLinks** journal – 'Children and Young People and Mental Health Services'. An information seminar for **Guidance Counsellors** and other professionals working in educational settings North of the Liffey, was organised by TC Drumcondra and TC Finglas in October.

Teen Counselling:

- Has a family model of service
- is professionally staffed
- has well developed clinical policies and procedure
- is readily accessible to local communities
- can respond to families in a flexible way
- is **'adolescent friendly'**

crosscare teen counselling

1.0 OUTLINE OF THE SERVICE

Teen Counselling aims to provide a professional counselling service for adolescents and their families who are struggling with behavioural and emotional problems and to inform, support and complement the role of the State sector and other voluntary organisations.

1.1 Philosophy

Our working philosophy with adolescents and their parents is to offer them time and space in which to work out or resolve the issues that contribute to their distress. Our commitment extends to parents, as they may need support and /or therapeutic intervention in handling the adolescent's difficulties, or in coping with their own personal difficulties, which appear to affect the adolescent. Our ultimate aim is to enable the adolescent and their family to deal with the issues with which they are referred and in many instances the underlying issues, so that within the context of the family cycle they develop and maintain appropriate relationships.

One of the founding principles of the service has been prevention of more serious difficulties, particularly in the area of substance abuse, and this is a philosophy we endeavour to embrace, recognising the importance of working with families, adolescents and communities at this level.

1.2 Aims of the service

- To provide a service in a friendly, efficient, competent and easy to access manner.
- To promote mutual understanding and respect between teenagers and parents or others in a similar position.
- To enhance a family's capacity to enjoy relationships both internally and with the wider community.
- To help adolescents to develop into well rounded adults, avoiding or at least minimising the negative effects of difficulties that teenagers and families experience.
- To share the service's expertise and experience where appropriate.

These aims are realised through our work in the following five areas:

- Clinical work with teenagers and their parents/carers.
- Interagency co-operation and consultation.
- Community based work.
- Policy development and submissions.
- Dissemination of expertise, experience and best practice.

1.3 Teen Counselling Clinical Model

Teen Counselling offers a 'generalist' family based service model developed to address the challenges that arise in the transition from childhood to early adulthood in the family's and teenager's lives. Through the process of indivuating from the family a number of difficulties can arise for teenagers. In our experience a model which looks equally at the ability of the parental system in managing these transitions, and at the teenager's abilities or deficits in negotiating these transitions, is best placed to intervene in the often multiple and complex difficulties.

Teen Counselling's objective is to support the normal systems that support teenagers (i.e. home, family and school) and to maintain teenagers in home, in school and with appropriate friends. Utilising a model of intervention which focuses on these 'normal teenage' systems normalises the interventions and reduces stigma for teenagers and parents alike. As a result the service is more likely to be availed of at an earlier stage and in a preventive context rather than at a crisis stage. In addition, the non-medical nature and strength-based focus of the model makes it more acceptable to families and 'teenager friendly'.

Teen Counselling works in teams of two – most usually a psychologist and a social worker (both referred to as Counsellors). The team meets parent(s) and the adolescent together for the initial visit. Subsequently, a specific Counsellor sees the teenager and the parent(s) separately. The individual sessions are confidential and 'teens' are assured that what they say is not routinely relayed to parents and vice versa. Limits to confidentiality are clearly explained at the outset. Families know that the two Counsellors communicate about their work and combined (joint) sessions are also frequently scheduled.

A Consultant Psychiatrist attends **Teen Counselling** on a sessional basis and Counsellors are generally able to access an experienced adolescent psychiatrist within 3 weeks.

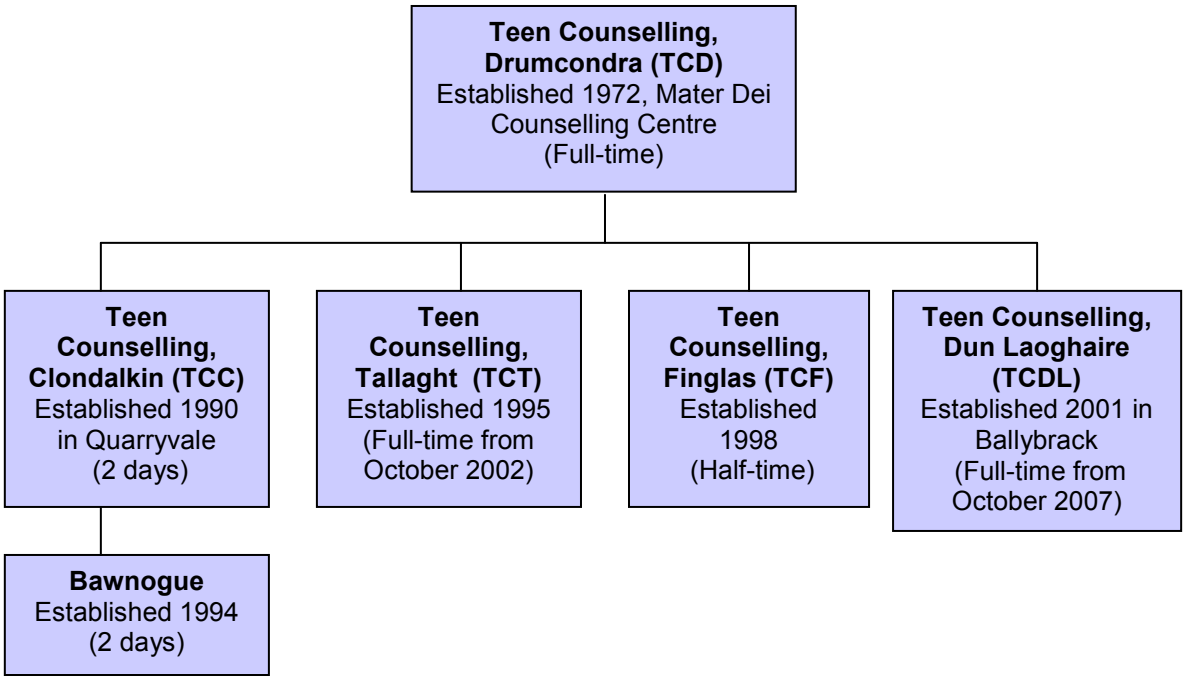
Our referral protocol of accepting and encouraging referrals directly from parents means **Teen Counselling** is more readily accessible than some traditional models of service. Noteworthy also is the fact that the **'Best Health for Children'** recommendations for adolescent services very much reflect our current and past practice.

Teen Counselling is:

- free of charge
- community based
- a generalist counselling service
- for adolescents (12-18 years) and their families
- part of Crosscare, the Social Care Agency of the Catholic Diocese of Dublin

Mater Dei Counselling Centre, the original Teen Counselling Centre, has been in existence since 1972 and is the headquarters of the service. There are four outreach Centres at present, two full-time and two part-time, and further expansion

is likely in the future as Community Care Areas and Drugs Task Force Areas become increasingly aware of the value of a dedicated adolescent service in their areas.



Teen Counselling was asked into these areas to address the therapeutic needs of teenagers and their parents to the highest standard possible and to be flexible enough to meet the changing needs of the community.

This report presents information from across the service, but each Centre prepares an individual report which reflects the character of the community which it serves and the particular needs of the local funders and services. These reports are available directly from each Centre.

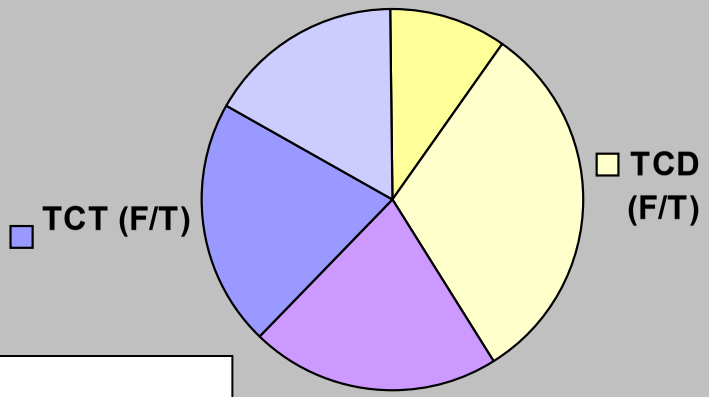
Relative Size of Teen Counselling Centres

HSE Dublin/Mid Leinster
Teen Counselling Clondalkin (TCC)
(1 Staff Team): Mon to Thurs

Winston Jebb	Senior Social Worker
Siobhan NicCoitir	Psychologist
Catherine Fullam	Secretary

HSE Dublin/North East
Teen Counselling Finglas (TCF)
(1 Staff Team): Half Week

Brian Smith	Psychologist
Orla O'Donovan	Senior Social Work Practitioner
Ann Donnellan	Secretary



HSE Dublin/North East
Teen Counselling Drumcondra (TCD)
(1.5 Staff Teams): Full Week

Mary Forrest	Clinical Director
Fidelma Beirne	Senior Social Worker
Fina Doyle	Social Worker
Patricia McGuire	Psychologist
Simon Molloy	Psychologist
Monica Ferns	Secretary
Margaret Agnew	Administrator

HSE Dublin/Mid Leinster
Teen Counselling Tallaght (TCT)
(1 Staff Team): Full Week

Jane Fry	Senior Psychologist
Tom Casey	Senior Social Work Practitioner
Nollaig Tubbert	Secretary

HSE Dublin/Mid Leinster
Teen Counselling Dun Laoghaire (TCDL)
(1 Staff Team): Full Week (from Oct 2007)

Cherry Sleeman	Social Worker
Simon Molloy	Psychologist
Kate O'Neill	Psychologist
Ann O'Sullivan	Secretary

Note: Dr Moya O'Beirne, Consultant Psychiatrist works across all five Teen Counselling centres on a sessional basis.

2.0 REFERRALS TO THE SERVICE 2007

2.1 Number of Referrals

During 2007, **504** teenagers were referred to the five Teen Counselling centres and 90% were accepted onto the waiting list.

Number of Referrals	N	%
Number of new referrals made	**504**	100
Number of new referrals accepted on to waiting list	**456**	90
Number referred on/not accepted	**33**	7
Number awaiting clarification	**17**	3

Once again there was an increase in the number of referrals made to the service in 2007. Only **7%** of these referrals were either not accepted or referred on to a more appropriate service. Further information was required for a small number **(3%)** of referrals before a decision could be made regarding their acceptance.

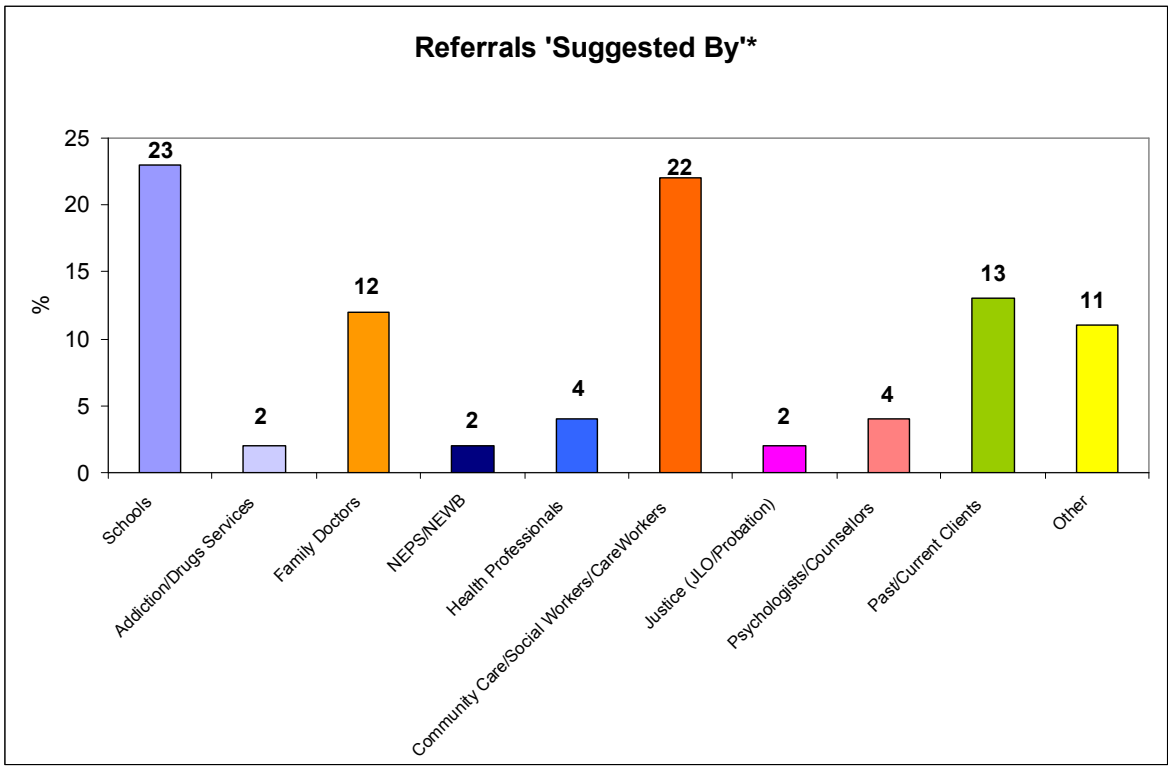
2.2 Source of Referrals Accepted onto Waiting List

Source of Referrals	2007	
	Total	**%**
Mother	**253**	55
Father	**39**	9
School	**32**	7
Self	**9**	2
Addiction/Drugs Service	**1**	<1
Family Doctor	**3**	1
NEPS/NEWB	**8**	2
Health Professional	**4**	1
Community Care/Social Worker/Care Worker	**63**	14
Justice (JLO/Probation)	**1**	<1
Re-referrals of same teenager	**21**	5
Other (Specify)*	**22**	5
Total Referrals Accepted	**456**	

**the majority of other referrals (12 in total) were from other family members.*

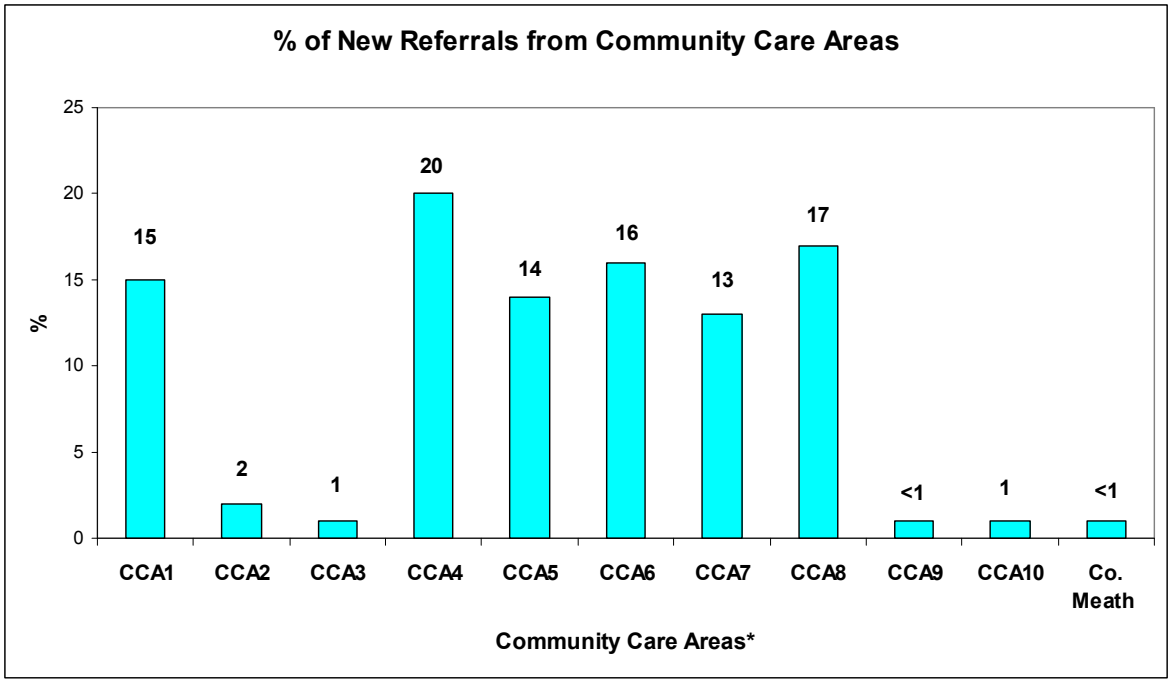
In 2007, **64%** of referrals were made directly by family members, most usually mothers **(55%)**. Families access information about Teen Counselling from a wide range of sources, including past clients, but very often they are recommended to make a referral by other professionals or services that have close links to their local Teen Counselling centre. Fourteen percent **(14%)** of referrals were made by Community Care/Social Workers/Care Workers in 2007, an increase of 4% on 2006 figures.

It is worth noting that **schools** were involved in **almost a quarter** of referrals in 2007 either making the referral directly **(7%)** or suggesting that they attend to **16%** of parents who made the referrals themselves. The **11%** of referrals 'suggested by' recorded under 'Other' included information from colleagues, from the phone book, via the internet, from Parentline or other counselling services and as a result of reading the Teen Counselling leaflet. Twelve percent **(12%)** of referrals were suggested by GP's and **13%** were either re-referrals of past clients or referrals based on the recommendation of past or current service users.



'Suggested By' data is based on information given by parents/carers.

In 2007, almost a quarter of the referrals made to the service were from families resident in Community Care Area 4. The overall referral pattern for Community Care Areas remained similar to 2006 trends.



**C.C.A.'s are used as a convenient designation of centre catchment areas.*

2.3 Waiting List

Referrals On Waiting List During Year	Total
Number of referrals carried forward	**122**
Number of new referrals	**456**
Total	**578**

One hundred and twenty-two **(122)** referrals were carried forward on the waiting lists from 2006. With the **456** new referrals, a total of **578** referrals were managed during the year, an increase of 7% on the previous year.

Process of Referrals	Total	%
Number who became clients	**263**	46
Number who did not become clients	**187**	32
Did not attend first appointment (no further service)	**23**	4
Cancelled first appointment (no further service)	**14**	2
Did not follow up on initial referral	**150**	26
Number of referrals on waiting list at year end	**128**	22

There were **263** new cases seen in 2007, once again an increase on 2006, when 248 new cases were seen. Of the **578** referrals managed during the year, **450** were processed: **263** (46%) became clients and **150** (26%) did not follow through after the initial referral. Six percent **(6%)** of families either cancelled or did not

attend their first appointment. The number of referrals carried forward on the waiting list into 2008 was **128** (22%).

- Average Waiting Time **113 days (16 weeks)**

The average waiting time for a first appointment across the service was **16 weeks**, a significant increase over the previous 2 years (2005: 11 weeks, 2006: 14 weeks). The shortest average waiting time was in TC Drumcondra (89 days) and the longest in TC Clondalkin (160 days) with a wide variation in all Centres. One day was the minimum waiting time for a past client in TC Dun Laoghaire, as we try to facilitate families who have previously attended as quickly as possible. Long waiting times not only reflect the availability of the service, but also factors relevant to the client e.g. willingness to attend, response to letters sent, health issues and other family circumstances. In the period between the referral being made and the first appointment offered, contact is maintained with potential clients to increase their familiarity with the service and to encourage their commitment to counselling.

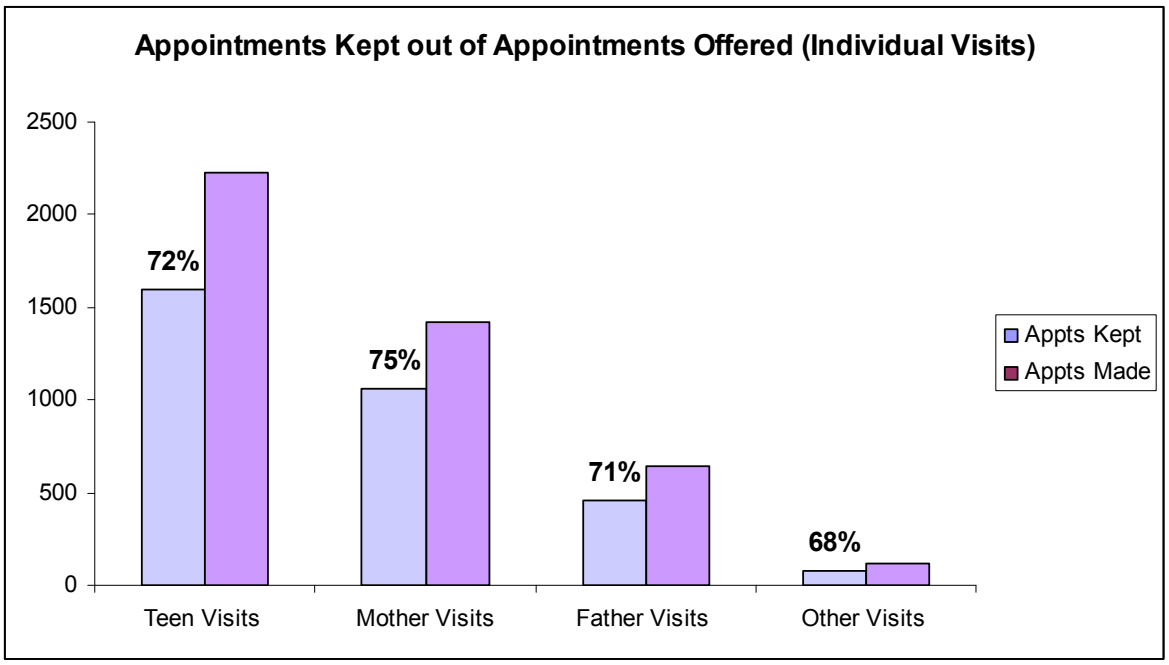
2.4 Attendance

Attendance	Total
Number of new cases seen during year	263
No. of cases carried forward from previous year(s)	144
Total number of cases seen during year	**407**

The total number of families across the city who attended Teen Counselling in 2007 was **407 (**2005: 391 and in 2006: 400**)**; **263** new cases and **144** carried forward from 2006.

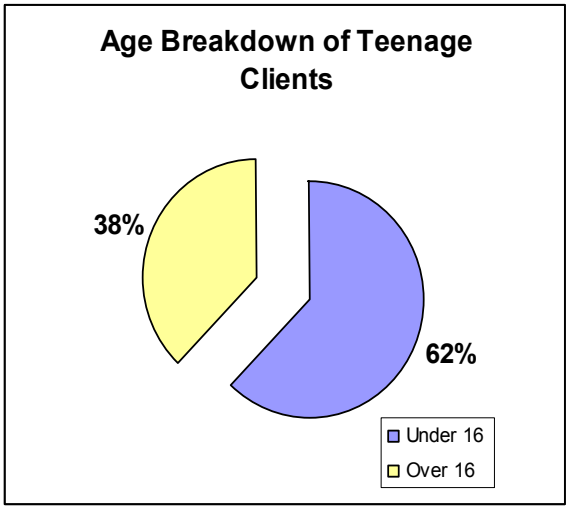
A total of **6,389** hours (6,227 hours in 2006) were spent by Counsellors on the **407** cases seen, an average of **16 hours** per case. This clinical time includes counselling sessions, the management of the case and any case conferences held. The minimum number of hours/case was **1 hour** (for all Centres) and the maximum number of hours/case was **89 hours** in TC Tallaght, with 3 other Centres having a maximum of over **70 hours** and TC Dun Laoghaire had **46 hours**.

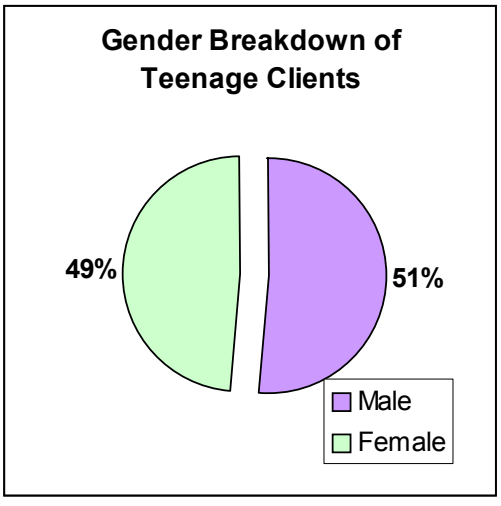
The pattern of client attendance is shown below. A record is kept of both individual and family visits to the counselling centres. Overall **72%** of individual appointments and **79%** of family appointments offered in 2007 were kept by clients. An attendance rate of **72%** for teenagers attests to their commitment to the counselling process.



3.0 CLINICAL WORK WITH NEW CLIENTS 2007

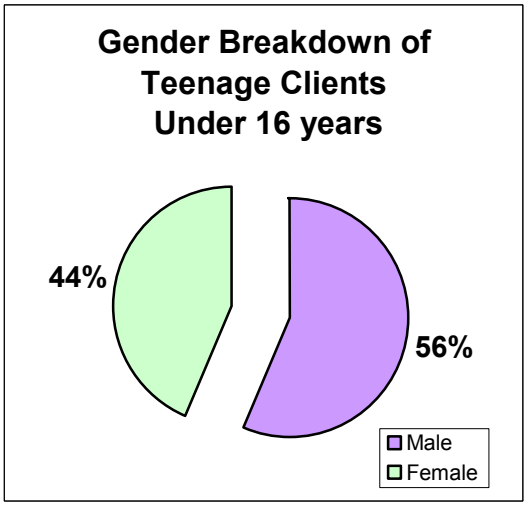
3.1 Profile of New Teenage Clients

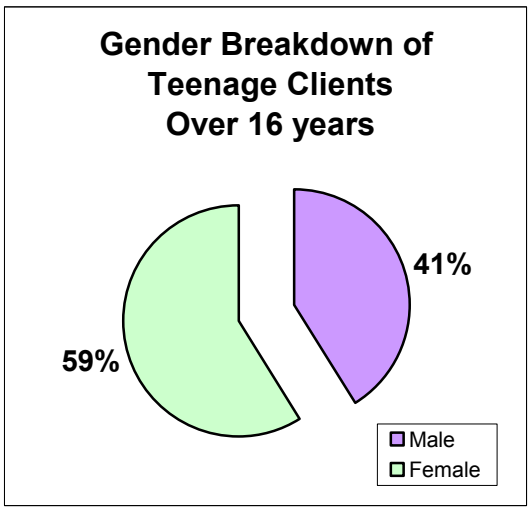




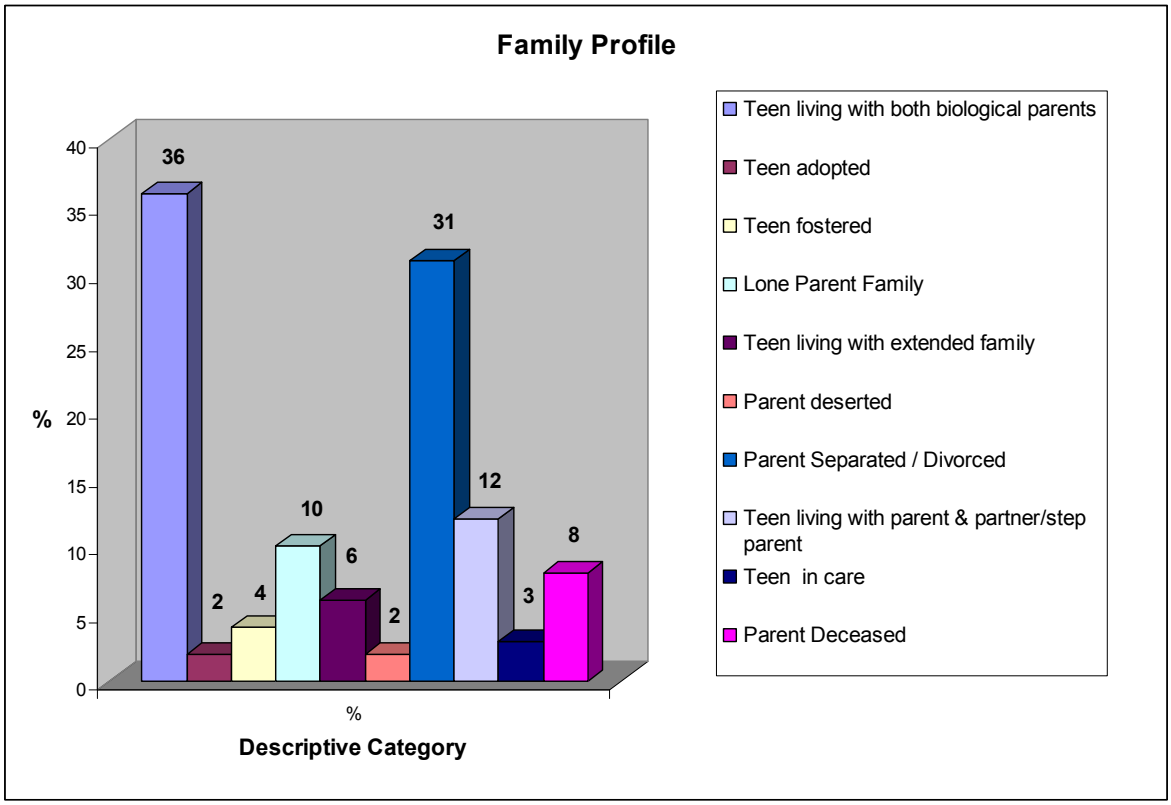
(N=263)

The 'under 16's' formed the largest part **(62%)** of the service's 'teen' client base in 2007; this figure stood at 67% in 2006, so there was a 5% increase in older 'teens' attending for counselling in 2007.





Each age category also showed some deviation in gender breakdown in comparison to 2006 figures. The number of male 'teens' **'16 and under',** a group perceived to be difficult to engage**,** increased from 45% in 2006 to **56%** in 2007. The number of female 'teens' '16 and over' increased from 49% in 2006 to **59%** in 2007.

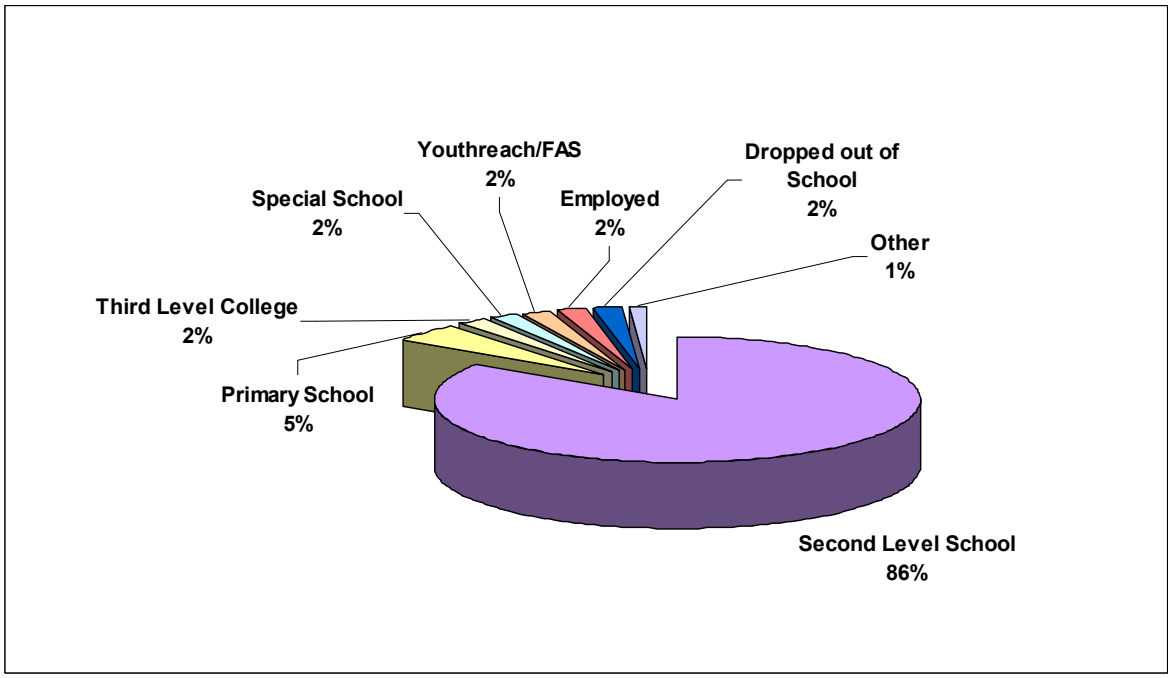


(There may be more than one entry for some clients).

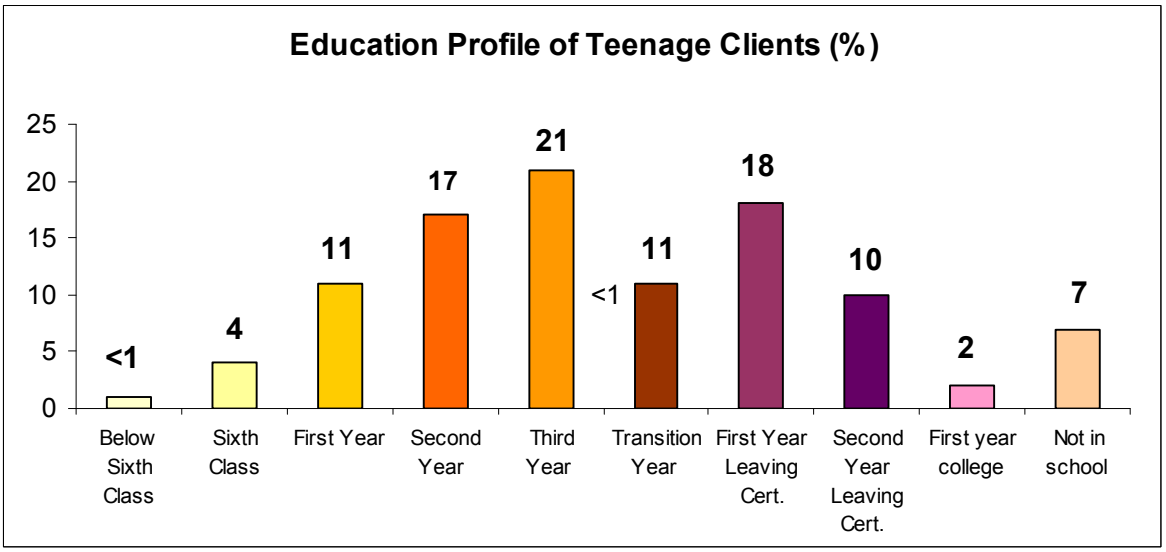
The number of teenagers living 'with both biological parents' was only **36%,** a decrease of 8% on 2006 figures (44%). In addition the number of teenagers living with a separated or divorced parent increased from 23% in 2006 to **31%** in 2007.

The percentage recorded for all other categories remained similar to those indicated in 2006.

Education & Training



('Other' includes: Education Centre, Residential Unit and Unemployed).



Thirty-eight percent **(38%)** of teenagers seen in 2007 were second and third year students. The percentage of first and second year Leaving Certificate students seen increased from 24% in 2006 to **28%** in 2007. There was also an increase in the percentage of first and second year students seen in 2007.

3.2 Reasons for Referral

As part of our data collection process, up to three reasons for referral can be recorded for each teenager and these have been collated to produce the figures shown below. More unusual reasons for referral are recorded under 'Other'. This latter convention is used throughout the report.

	%		%
Behavioural Problems - Home	**37**	Behavioural Problems - Community	**11**
Behavioural Problems - School	**37**	Alcohol Use	**8**
Family Conflict/Difficulties	**31**	Self – Harm	**8**
Problems with Mood/Anxiety	**28**	Drug Use	**5**
Parental Separation	**14**	Coping with Learning Difficulties	**2**
Other 13%			

**There is more than one entry for some clients.*

As parents make most referrals, these figures mainly reflect parents' concerns before counselling starts. Of note is the fact that **'Behavioural Problems – School'** increased by **6%**, (in 2005: 23%; 2006: 31%; 2007: 37%) and **Self-Harm** increased by **2%** on 2006 figures. **Family Conflict/Difficulties** increased to **31%,** from 25% in 2006 and **Parental Separation** increased to **14%** from 10% in 2006.

Initial Findings

	%		%
Family Conflict	**21**	Abusive experiences including bullying	**6**
Mood Problems	**15**	Self injury/suicidal issues	**4**
Patterns of Disruptive Behaviour	**13**	Substance Use/Dependency	**4**
Patterns of violent/aggressive behaviour	**12**	Health Issues/Disability	**1**
Coping with life changes/transitions	**10**	Learning Difficulties	**1**
Anxiety problems/phobic/panic	**7**	Other	**6**

These figures show the Counsellors' assessment of the most significant problem following the first meeting with teenagers and their parents/carers. Again in 2007 family conflict is at the top of the list. Patterns of violent/aggressive behaviour were noted in **12%** of cases as the main issue to be addressed, an increase of **3%** from 2006.

Underlying Issues

	%		%
Difficult communication patterns	**42**	Interpersonal problems	**15**
Parental Separation	**27**	Adjusting to traumatic life event	**10**
Distorted interactions between parent and child	**24**	Marital Issues	**7**
Coping with parent's personal problems	**24**	Coping with violence (in or out of home)	**6**
Bereavement/Loss Issues	**20**	Issues regarding sexuality	**2**
Difficult family circumstances	**19**	Disconnection with reality	**<1**
Other 10%			

**There is more than one entry for some clients.*

In all cases Counsellors are asked to note the underlying issues on assessment. In almost half of the cases seen in 2007, **(42%)**, difficult communication patterns in the family were evident. Parental separation **(27%)** showed an increase of 6% on 2006 figures.

The Teen Counselling model is of great value in addressing these family relationship issues. The issues outlined above may be the 'drivers' of the counselling issues presented under 'reasons for referral', such as disruptive behaviour or substance use.

3.3 Substance Use

The following table shows the Drugs and Alcohol Use profile recorded in relation to new teenage clients in 2007 (N=263).

Drugs Use			**Alcohol Use**		
On Referral	Intake	Subsequent	On Referral	Intake	Subsequent
21 (8%)	**17** (6%)	**8** (3%)	**51** (19%)	**42** (16%)	**17** (7%)

Substance use has long been a standard part of our assessment protocol for new teenage clients and a confidential self report questionnaire is used to explore the issue. Information in relation to teenagers requiring treatment for substance use is returned to the National Drug Treatment Reporting System.

Alcohol Use	Under 16	16 and Over	Total	%
Male	31	30	**61**	**23**
Female	22	27	**49**	**19**
Total*	**53 (20%)**	**57 (22%)**	**110**	**42**

*Total % is based on 'Total number of new teenage clients': N=263

Whilst 19% of teenagers were noted on referral to be using alcohol only **8%** were referred specifically for alcohol use in 2007. Overall **42%** were found to be

drinking, usually binging at the weekend and over a half of these were 'under 16 years of age'. This is however a decrease of 8% on 2006 figures.

The following table compares drug use by age group and gender.

Drugs Use	Under 16	16 and Over	Total	%
Male	13	16	**29**	**11**
Female	7	10	**17**	**7**
Total*	**20**	**26**	**46**	**17**

*Total % is based on 'Total number of new teenage clients': N=263

Whilst a significant minority of young people continue to have problems with drugs that impact on their health and development, it is noteworthy that the amount of drug use acknowledged amongst our teen clients has been steadily falling and this continues to be the case. Drug use was noted on referral for **8%** of teenagers, but was found to be a contributory factor in **17%** of new cases.

For the **46** (17%) new teenage clients who currently use drugs or have used them in the past, the following table shows the range of drugs used. Hash continued to be the most commonly used (see below). Some teenagers used more than one drug and there is a growing concern at the increasing availability of cheap cocaine at teenage parties.

Cannabis/Hash 15% Cocaine 3% Ecstacy 2% Solvents 2% Other 1%

Twenty percent (**20%)** of our teenage clients smoked cigarettes and **11%** of these smokers were under 16 years of age. In 2006 this figure was 19%.

As can be seen in the table below, addictions are a problem for many of the families that attend Teen Counselling, particularly for fathers, and these present very significant challenges for teenagers.

Addiction in the Family	Alcohol	Drugs	Gambling
Father	54 (21%)	9 (3%)	2 (<1%)
Mother	25 (10%)	11 (4%)	1 (<1%)
Sibling	3 (1%)	5 (2%)	0 (0%)
Other	15 (6%)	3 (1%)	0 (0%)

**more than one entry for some clients.*

3.4 Marital and Separation

Teen Counselling provides a service to the parents of adolescent clients who are experiencing marital/relationship problems and to parents who have separated and are having difficulties sharing parenting. The role of the non-resident parent is given particular focus and importance. Parental acrimony, whether living together or separately, is a major contributory factor in adolescent adjustment problems. Working with parents on this issue and with adolescents on their own issues simultaneously, creates change and has a ripple effect to other siblings. This work

requires a considerable amount of clinical time (**386** counselling hours in 2007). In 2007 there were only **94** (36%) new teenage clients living with both parents, which represented a decrease of 8% on 2006 figures. Parental separation was an issue for **27%** of families seen in 2007 and in **12%** of cases teenagers were living with a parent and partner or step parent.

In 2007 **91** teenagers availed of counselling in relation to parental separation. In addition, **22** couples and **92** individual parents received relationship counselling.

3.5 Bereavement

Teen Counselling is regularly called upon to support families coping with deaths, both untimely and in the natural order of things. The death of a loved one can have an immense impact and if this death is by suicide, then profound confusion can be another component of the grief. In addition, bereavement can impair a parent's capacity to parent at this crucial stage in a young person's life. Eighty **(80)** individuals and **71** families availed of bereavement counselling and support in 2007. Teen Counselling found that bereavement was an issue for **27%** of families seen in 2007, an increase of 11% on 2006 figures.

Figures relating to Marital, Separation and Bereavement issues are returned annually to the Family Support Agency.

3.6 Self Harm

We continue to be concerned about the number of teenagers who are harming themselves, often by cutting and/or taking overdoses. Figures in some of the categories recorded showed an increase in 2007 while others remained static.

- The number of teenagers referred for self-harm was **21** (8%).
- Suicidal ideation (*thinking about*) was reported by **45** (17%**)** teenagers (and **10** parents/others). This figure was 14% in 2006.
- Suicidal intent (*having a plan*) was reported by **20** (8%) teenagers (and **9** parents/others).
- **43** (16%) teenagers reported that they had engaged in self-injurious behaviour. This figure was 12% in 2006.

4.0 EVALUATION OF CLINICAL WORK

4.1 Cases Closed During the Year

During 2007, **255** cases were closed and **152** were carried forward into 2008.

Pattern of Therapy Completion		
Number of cases seen during the year		**407**
Number of cases closed during the year		**255**
Completed Therapy	**113**	
No longer attending	**132**	
Referred elsewhere after initial visit/assessment	**8**	
Referred on and worked collaboratively	**2**	
Cases carried forward to next year		**152**

When families attend an agreed final counselling session to formally close their case it is recorded as 'completed therapy'. Most cases do not fall into this category and these are recorded as 'no longer attending'.

In forty-four percent (**44%)** of cases, (113 families), counsellors and families agreed that they had completed the work that they had been doing. Four percent **(4%)** of families were referred elsewhere after their initial visit/assessment or referred on for collaborative work. The other families stopped attending, often without us being able to elicit any further information from them. It is an ongoing challenge to engage clients in evaluating the service.

4.2 Time Commitment

When cases are closed, the total number of counselling sessions which families have attended is calculated. A session may involve:

- An individual teen or parent/carer with one Counsellor.
- Both parents together with one Counsellor.
- A family group with 'teens' and parents together, sometimes with siblings or other significant people. When 'teens' and parents attend together two Counsellors work with them.

For cases closed during the year the total number of sessions attended was **2,348**. The maximum number of sessions was **60**, the minimum was **1** and the average was **9**.

Case Duration from 1st Appointment to closure	Average Duration
Average in months	**8 months**
Minimum in weeks	**1 week**
Maximum in months	**45 months**

Clinical Hrs from 1st Appointment to closure	Average Duration
Average (hrs)	**21 hours**
Minimum (hrs)	**2 hours**
Maximum (hrs)	**133 hours**

The average duration of a case from initial appointment to closure was **8 months** with families attending an average of **9** sessions involving an average of **21 clinical hours**. However, there was a very wide range as some families attended only once and others attended over several years. This illustrates the flexibility of the service that Teen Counselling is able to offer in order to meet the needs of families.

4.3 Parents' Evaluation

At the beginning of counselling most parents are asked to assess the severity of the problems that they are experiencing and to evaluate their ability to deal with them. On completion they are again asked to make this assessment and to note any changes.

Twenty-six percent **(26%)** of the **255** families whose cases were closed this year completed this process. Fifty-one percent **(51%)** of these parents reported that their problems had greatly improved and **45%** noted improvement. Forty percent **(40%)** of them considered that their coping ability had greatly improved and for **54%** it had improved.

4.4 Teenagers' Evaluation

When they initially attend for counselling most teenagers are asked to consider what their main problem is and the severity of its impact on four important areas of their life: School, Home, Friends and Self. On completion they are again asked to rate the severity of the problem and also any changes in these four areas.

Fifty-eight **(23%)** of teenagers whose cases were closed completed the evaluation process.

	Greatly Improved	Improved	No Change	Disimproved
	%	%	%	%
Home	41%	50%	9%	0%
School	35%	48%	13%	4%
Friends	19%	33%	47%	0%
Self	33%	53%	12%	2%

4.5 Counsellors' Evaluation

For most teenagers a general assessment of functioning is made after the initial appointment and again on closing when they have attended consistently.

The Children's Global Assessment Scale (CGAS) DSM-IV is used and a score of 1-100 noted on a hypothetical continuum of health-illness.

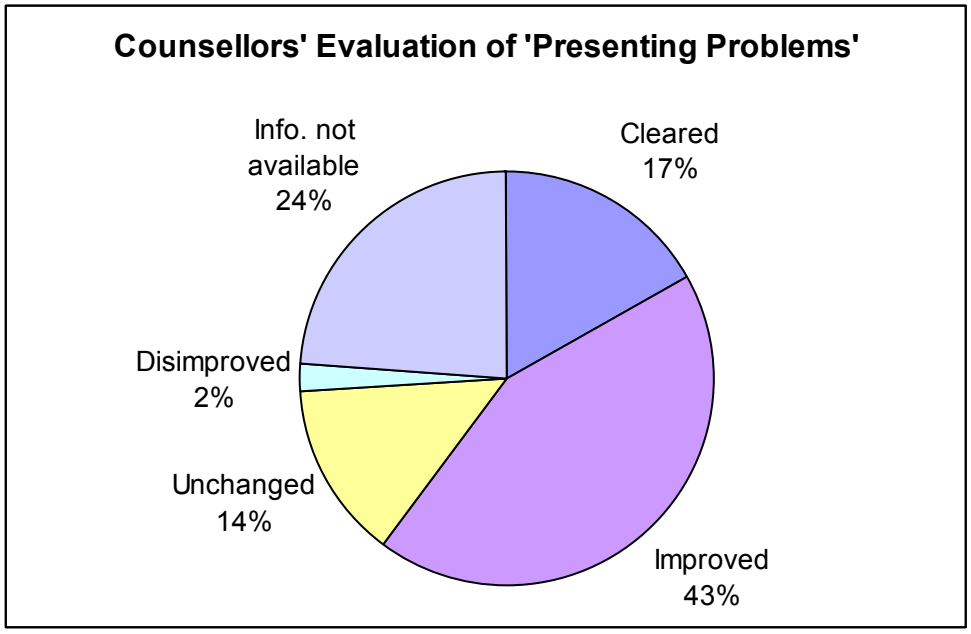
- **On admission** the average CGAS scores across the Centres ranged from a minimum of **32** to a maximum of **80** with the average being **55**.
- **On completion** of therapy, the average CGAS scores across the Centres ranged from a minimum of **47** to a maximum of **88** with the average being **71**.
- **Average change +16.**

The Global Assessment of Relational Functioning (GARF) DSM-IV is used to make an initial and concluding evaluation of the functioning family.

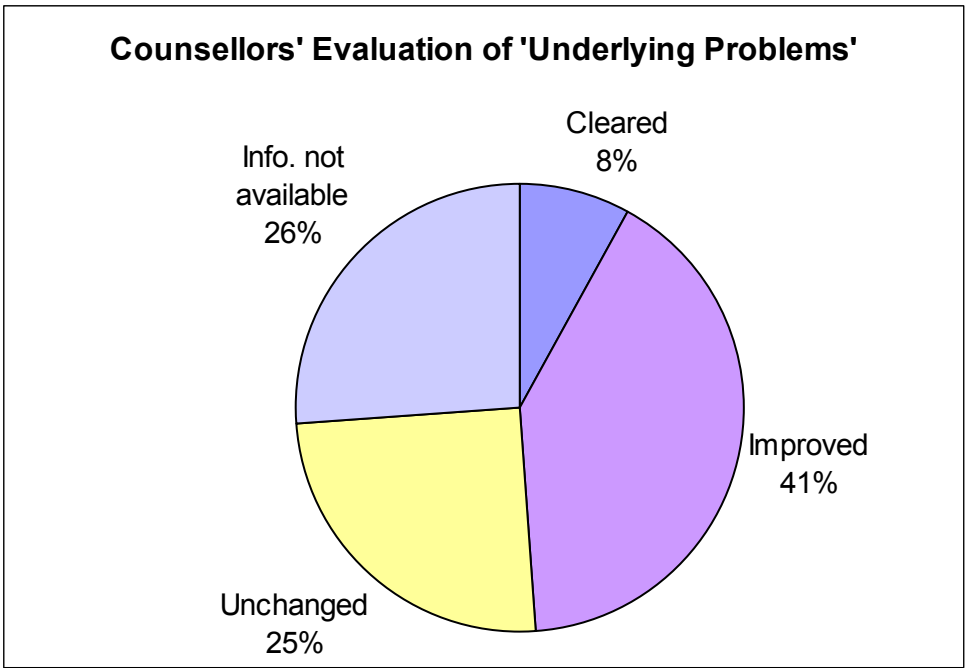
A score of 100 indicates the family is functioning well and family members report their relationships to be satisfactory. A score of 1 is indicative of dysfunction to a point where the family is unable to maintain continuity of contact and attachment.

- **On admission** the average GARF scores across the Centres ranged from a minimum of **26** to a maximum of **86** with the average being **55**.
- **On completion** of therapy, the average GARF scores across the Centres ranged from a minimum of **39** to a maximum of **92** with the average being **71**.
- **Average change +16**.

On closing cases the counsellors also assess any change in the presenting and underlying problems. Again this is only possible when clients have attended consistently.



Note: Figures relate to cases closed in 2007.



5.0 CONSULTATIVE WORK

5.1 Appointments with the Consultant Psychiatrist

When the counselling team is concerned about the level of anxiety a teenager exhibits, very low mood and/or persistent self-harm, or if teenagers have existing medical issues an appointment is arranged with our Consultant Psychiatrist. Dr Moya O'Beirne meets teenagers at the counselling centre which reduces their anxiety about the referral for psychiatric assessment and allows for consultation with the parents and the counselling team. Dr O'Beirne contacts the family doctor when medication is recommended and continues to review referred teenagers whilst they attend for counselling.

In 2007 self-harm was noted in **8%** of referrals and mood/anxiety concerns were noted in **28%,** (similar figures to 2006). Both were noted in some referrals. After their first session the counsellors noted mental health issues as significant in **22%** of cases.

Last year the following appointments were arranged for new clients and for clients who were carried over from the previous year.

- Assessment appointments **18**
- Review appointments **28**

A total of **46** sessions were attended with the psychiatrist in 2007.

The following quotation from a parent whose son availed of this service highlights in practical terms the value of this process for families.

"Our son has attended Teen Counselling for almost a year now. In that time he has received great support and understanding in a most professional and human manner. We also have benefited from the ongoing support and involvement in the whole process, which as a family helps us so much.

When a psychiatric evaluation was suggested, needless to say we felt frightened at the prospect for him and what that meant. Knowing that the psychiatrist would meet him in the surroundings that he was comfortable in, in Teen Counselling and that she had vast experience with adolescents was a great help. Also, we were there at each meeting and could discuss and ask questions and saw her at each visit. Our fears of him going into the 'system'were unfounded. He was treated with great understanding and was not made to feel any 'less human' because he had this problem. Respect, dignity and human warmth are the great attributes I would accord to Teen Counselling. We are very grateful for the service and as a family we are benefiting very much from the support and help given".

(Mother of 17 year old boy)

5.2 Consultations with Other Professionals in relation to Teenage Clients

During the year consultations were held with teachers, social workers and other concerned professionals in relation to teenagers who attended for counselling. These were usually by telephone, but longer consultations were also arranged in the Centre or with staff in schools or in Community Care Areas.

5.3 Consultations in relation to Other Teenagers

Consultations, most usually by phone, were held regularly with parents, teachers and social workers and other concerned adults in relation to teenagers who never attended the service. These consultations often required a considerable amount of research or discussion at team level and hence a significant time input.

- **635** telephone consultations supported 'concerned adults' in dealing with teenagers' problems, or accessing services better suited to the needs or age of the young person.
- Letters and telephone calls were involved in the consultation process for the **187** referrals not followed up during the year. (see 'Process of Referral' page 7).

Teen Counselling aims to be a resource to communities and as Centres become established in their catchment areas, the number of advice calls and consultations always increases. Advice calls and consultations are documented which allows us to identify the demand for, and gaps in, local services.

A considerable amount of time was spent by both the secretarial and clinical staff in helping parents and other professionals to source services for young people for whom Teen Counselling was not appropriate. Networking with other agencies ensures that Teen Counselling is aware of local resources and enables staff to support the many callers for whom Teen Counselling is not an appropriate service.

6.0 OTHER WORK

6.1 Liaison Work

Teen Counselling centres liaise with schools and a wide range of statutory and voluntary agencies. Familiarity with other services, and the good relationships established over the years, greatly enhances the support available for families. Centres continue to make contact with new services and with new members of staff in existing services in their catchment areas, to inform them of our work.

Developing a good working relationship with other services is particularly important to ensure an appropriate continuum of care for adolescents. Services we liaise with include: addiction - Youth Drug and Alcohol Service (YoDA), the Substance and Alcohol Service Specifically for Youth (SASSY), the Youth Advocate Programme (YAP), sexual abuse - Children At Risk in Ireland (CARI), mental health - Child and Adolescent Psychiatry in the Mater Child Guidance, Lucena Clinic, St James's, Cluain Mhuire and St Joseph's Adolescent Unit. Across the service we made referrals to and received referrals from all of the above and more.

Every year schools are involved in making or suggesting a very significant number of referrals **(23% in 2007)** and we try to ensure that Guidance Counsellors in particular, are well informed about Teen Counselling. Two members of staff from TC Drumcondra attended an information day hosted by the Institute of Guidance Counsellors, Dublin North branch, where they handed out information leaflets and answered questions about accessing counselling for students. Staff in TC Laoghaire made a presentation to their local Guidance Counsellors in the Blackrock Education Centre and the Pastoral Care Team from Tallaght Community School visited TC Tallaght in March to discuss how best TC Tallaght can complement their work with troubled and troublesome pupils.

In October TC Drumcondra and TC Finglas organised an information seminar aimed at School Principals, Guidance Counsellors, Chaplains and Home School Liaison Officers based in all second level schools North of the Liffey. Invitations were also extended to the National Educational Psychological Service (NEPS) and the National Education Welfare Board (NEWB) representatives, the VEC City of Dublin and County Dublin Psychological Services, as well as to Youthreach personnel in the catchment area. The seminar was very well attended and provided an opportunity to meet staff working in our northside centres, as well as gaining a practical understanding of how the service works from initial referral to receipt of an appointment. The evaluation was very positive and further projects are planned.

All centres are in regular contact with the Community Care Child Protection teams in Areas 1, 4, 5, 6, 7 and 8, who are responsible for making or suggesting many, often complex, referrals **(22% in 2007)**. Students who are on placement in Area 4, regularly visit TC Tallaght to be introduced to the work of Teen Counselling. Other H.S.E. professionals are also part of our networks e.g. care staff in residential units

and psychologists in the new primary care teams, both important contacts for the TC Clondalkin team in 2007.

TC Drumcondra was particularly involved with L.H.O. Dublin North Central in 2007 and invited by their Chid Care Manager to be involved in a H.S.E. Transformation Day which focused on *'Planning the Child's needs at the centre of Child Services'*. This resulted in Teen Counselling being invited to participate in the Family Support sub-group. The outcome of this initial process will be the development of a strategy for Children's Services in Dublin North Central from 2008 – 2010.

Teen Counselling staff was also involved in a wide range of local Community Committees, Partnerships and activities during the year e.g.

- Quarryvale and Bawnogue Community Centres (as users of the premises)
- Clondalkin Partnership
- Drugs Task Force
- Battle of the Bands in Quarryvale Community & Leisure Centre with Ian Howley of Spun Out's 'Tough Times' campaign
- Finglas Youth Resource Centre
- Youth at Risk Network and Futurama in Dun Laoghaire
- Achieving Through Partnership, psychologists working with young people in Dublin South West.

6.2 Professional Development

Staff support is multi-faceted. There is an implicit ethos of staff care within Teen Counselling and both formal and informal mechanisms work to achieve this.

Each member of staff has a training budget which is used for Continuing Professional Development.

Monthly supervision and team meetings for clinical staff, regular senior staff and supervisor's meetings and annual professional group meetings for social workers and psychologists all help to harness and develop the professionalism of the service as well as encouraging co-operation between Centres and good working practice.

(See appendices for 'Professional Development' availed of by staff in 2007).

6.3 Service Representation

There was considerable media interest in Teen Counselling at the launch of the 2006 Annual Report in May 2007 by the Lord Mayor, Vincent Jackson in the Mansion House. RTE radio and television and major newspapers carried information about the service and several radio stations and journalists subsequently requested interviews. These were followed up by staff when appropriate, to increase public awareness of the service and to advocate for more services for teenagers.

As teenage drinking was a regular feature in the media during the year, there was particular interest in our research report on 'Teen Drinking and Other Substance Use' which was published in January 2007 and launched with the 2006 Annual Report. Teen Counselling was delighted by the interest it attracted and further analysis of the data is being undertaken by Dr Suzanne Guerin, Department of Psychology, U.C.D.

Teen Counselling was invited to contribute an article about the service to an edition of Childlinks, the journal of Barnardos' National Children's Resource Centre. The issue was on Children and Young People and Mental Health Services and was published in the Autumn.

In conjunction with the Crosscare Drugs and Alcohol Programme (DAP) a member of staff from TC Drumcondra has been involved in developing a parents resource manual aimed at helping parents deal with adolescents where both alcohol and drug use are a concern.

During the year Teen Counselling staff continued to represent the service on a range of Steering and Working Groups e.g.

- The National Assessment Committee – the Young People's Facilities and Services Fund
- The Voluntary Drug Treatment Network
- Health Promotion for Young People in Out of School Settings (LHO Dublin North East)
- Obesity Project (Our Lady's Hospital, Crumlin)
- HSE Children's Health (LHO Dublin West)

Finglas and Clondalkin are two areas in Dublin which have taken particular initiatives in response to the rise in youth suicide. The senior social work practitioner in TC Finglas, with responsibility for informing in relation to suicide prevention across the service, was involved in a significant number of initiatives at both local (Finglas Suicide Network) and national (National Suicide Prevention) levels during the year. The psychologist in TC Clondalkin joined Clondalkin Action on Suicide (CAS) in July 2007. Teen Counselling is just one of many local agencies involved in the group which has organised a wide range of events to promote mental health among young people e.g. a North Clondalkin Mental Awareness weekend in association with RAPID, the Clondalkin Partnership and Pieta House.

During the summer Crosscare developed a DVD with information on all its programmes. The Teen Counselling DVD was filmed in Drumcondra, involving actors from the Dublin Youth Theatre becoming familiar with the content of Teen Counselling's 'Frequently Asked Questions' brochure and presenting them as two teens discussing counselling and its benefits. This is an invaluable extra medium to promote the service.

Meetings with the H.S.E. management and other funding agencies such as The Family Support Agency, are essential to the maintenance and development of

Teen Counselling and involve senior staff on an ongoing basis. On the southside of the city, the preparatory work to enable Dun Laoghaire to become a full-time centre was completed and the possibility of opening centres in Rathfarnham and the Canal Communities area was explored. On the northside of the city, the demand for new centres is high in the rapidly expanded areas of Blanchardstown and Swords and again requires ongoing planning and negotiation.

Again in 2007 Teen Counselling sought to maximise the opportunities available to articulate and present the professional and effective counselling model in use by the service by opening up new avenues for consultation around mental health issues and advocacy needs of adolescents at both Ministerial and Health Service Executive level. Identifying common ground and areas of shared expertise with other professionals working in this area is an ongoing dimension of the work.

7.0 FINANCE

The total income received by Teen Counselling in 2007 was **€1,353,333**.

This was received from the Health Service Executive (H.S.E.) Northern Area Addiction Services, H.S.E. Northern Area Mental Health, H.S.E. Northern Area Child Care, H.S.E. East Coast Area, H.S.E. South West Area Homeless Services, H.S.E. South West Area Addiction Services, Family Support Agency, The Young People's Facilities and Services Fund, The Charitable Infirmary Charitable Trust, Crosscare and Donations. We gratefully acknowledge their support.

The final end of year expenditure was **€1,363,390**. This equates to the following annual costs:

Average cost per family for one year:	€ 3,043
Actual annual cost of running a Full-time Centre*	€309,700
Estimated cost of opening a new Full-time Centre*	€401,083

**based on one staff team providing family counselling, telephone advice and supporting local networks.*

CONCLUSION

However, once again we finished the year with a degree of uncertainly about our funding. Teen Counselling is certain about the need for the service among 'teens' and parents and the content of this report is testimony to this. At the end of 2007 we had 128 families waiting for a service. Statutory and voluntary staff 'on the ground' also know of the benefits, and regularly ask us about the possibility of setting up in their area. We look forward to, and await with enthusiasm, the time when we can respond positively to such requests.

CROSSCARE COUNCIL MEMBERS 2007

Chairperson:	Mr Frank O'Connell
Vice-chairperson:	Ms Anna Lee
Treasurer:	Mr John Masterson
	Mr Oliver Cussen
	Mr David Kennedy
	Mr Seamus Scally
	Ms Patricia McInerney
	Ms Audrey Woods
	Fr Dermot Leycock
	Sr Marion Harte

CROSSCARE
Charity Reg Number 6262

STAFF MEMBERS 2007

Teen Counselling Drumcondra, C/o. The Red House, Clonliffe Road, Dublin 3. Tel. 8371892, Fax 8372025 E-Mail: drumcondrateenc@crosscare.ie
Full Week

Ms. Mary Forrest B.Soc.Sc., Dip.Psych., M.Psych.Sc., Reg.Psychol. Ps.SI., Reg. Family Therapist F.T.A.I.
Clinical Director, Principal Psychologist

Ms. Fidelma Beirne *(Half-time)* B.S.S., C.Q.S.W.
Senior Social Worker

Ms. Fina Doyle B.A., H.Dip BS., M.S.W.
Social Worker

Ms. Patricia McGuire *(Half-time)* B.A., M.Sc. Reg. Psychol. Ps.S.I.
Psychologist

Mr. Simon Molloy *(Half-time)* B.Sc., M.Sc. Reg. Psychol. Ps.S.I.
Psychologist

Ms. Monica Ferns
Secretary

Ms. Margaret Agnew B.Sc.
Administrator

Teen Counselling Clondalkin, Quarryvale Community and Leisure Centre, Greenfort Gdns, Dublin 22. Tel. 6231398, Fax 6232594 E-mail: clondalkinteenc@crosscare.ie
Monday to Thursday

Mr. Winston Jebb *(Part-time)* B.A., C.Q.S.W. *(until November 2007)*
Senior Social Worker

Ms. Siobhán Nic Coitir *(Part-time)* B.A., M.Sc.
Psychologist

Ms Kate O'Neill (*Half-time)* M.A. Counselling Psych. (*Locum*)
Psychologist

Ms. Catherine Fullam *(Part-time*)
Secretary

STAFF MEMBERS 2007

Teen Counselling Tallaght, Shalom, Raheen Park, Springfield, Dublin 24.
Tel. 4623083, Fax 4627483 E-mail: tallaghtteenc@crosscare.ie
Full Week

Ms. Jane Fry B.A., Dip. Psych., Reg. Psychol. Ps.S.I., A.F.Ps.S.I.
Senior Psychologist

Mr. Tom Casey C.Q.S.W.
Senior Social Work Practitioner

Ms. Kate O'Neill *(Half-time)* M.A. Counselling Psych. *(January to September 2007)*
Psychologist

Ms. Nollaig Tubbert
Secretary

Teen Counselling Finglas, 19 Glasilawn Avenue, Dublin 11.
Tel. 8646014, Fax 8646015 E-mail: finglasteenc@crosscare.ie
Half Week

Mr. Brian Smith *(Half-time)* B.A., B.Sc., M. Psych.Sc. (Psychotherapy), Reg.Psychol. Ps.S.I., A.F. Ps.S.I. Reg. Family Therapist F.T.A.I.
Psychologist

Ms. Orla O' Donovan *(Half-time)* B.Soc.Sc., C.Q.S.W.
Senior Social Work Practitioner

Ms. Ann Donnellan *(Half-time)*
Secretary

Teen Counselling Dun Laoghaire, 72 York Road, Dun Laoghaire, Co. Dublin.
Tel. 2844852, Fax 2360872 E-mail: dunlaoghaireteenc@crosscare.ie
Full Week from October 2007

Ms. Cherry Sleeman *(Half-time)* B.Soc.Sc., C.Q.S.W.
Social Worker

Mr. Simon Molloy *(Half-time)* B.Sc., M.Sc. Reg. Psychol. Ps.S.I.
Psychologist

Ms Kate O'Neill *(Full-time)* M.A. Counselling Psych. *(October to December 2007)*
Psychologist

Ms. Ann O'Sullivan *(Half-time)*
Secretary

Note: Dr Moya O'Beirne, M.B., M.R.C. Psych., Consultant Psychiatrist works across all five Teen Counselling centres on a sessional basis.

Professional Development – January to December 2007

Date	Topic	Organised by	No. of Staff	Duration
Feb	High Performing Organisations – A Key to Social Change	Carmichael Centre for Voluntary Organisations	**1**	1 day
	Counselling Interventions in North Dublin	Institute of Guidance Counsellors – North Dublin Area	**2**	1 day
Mar	Child Protection Training	Dr Kieran McGrath, Child Welfare Consultant	**18**	1 day
	National Forum – National Office for Suicide Prevention	National Office for Suicide Prevention	**1**	1 day
Apr	Childhood and Technology	Psychological Society of Ireland (PSI) – Special Interest Group in Child & Adolescent Psychology	**1**	1 day
	Child Protection Policy Training – Centre Secretarial Staff	Fidelma Beirne – Teen Counselling	**5**	1 day
May	Clinical Supervision: Impacts and Outcomes	School of Psychology – Trinity College Dublin	**3**	1 day
	Caring for Ourselves as we care for others: Methods in Self Care for Psychologists	Psychological Society of Ireland (PSI)	**1**	1 day
	Emotional Intelligence, Mental Health & Juvenile Delinquency	The Special Residential Services Board, The Irish Youth Justice Service & The School of Psychology UCD	**2**	1 day
	Finding Life After Suicide	The Irish Hospice Foundation, Dublin I	**1**	1 day
	Character and Virtue-based Couples Therapy	Dr Colm O'Connor, Cork Marriage Counselling Centre	**1**	1 day
June	Healing the Hurt – Psychotherapeutic Perspectives in Clinical Practice	The Irish Council for Psychotherapy	**1**	2 days
	An Introduction to Understanding Trauma	The Irish Hospice Foundation	**1**	1 day
July	Hidden Losses – Hidden Grief	The Irish Hospice Foundation	**1**	1 day
Sept	Mobile Mood Diary Workshop	Dept of Psychology, Trinity College Dublin	**1**	1 day
	Issues in the Aftermath of Rape	Dublin Rape Crisis Centre	**1**	2 days
	The Last Taboo – Women who sexually offend against children	Children At Risk in Ireland (CARI)	**2**	1 day

Professional Development – January to December 2007

Date	Topic	Organised by	No. of Staff	Duration
Sept	Addiction Experiences	Addiction Training Institute - Stanton Peele Training Workshops	**2**	1 day
	Addiction – proofing Children: Child Rearing, Prevention, Treatment, Policy	Addiction Training Institute - Stanton Peele Training Workshops	**3**	1 day
Oct	Mindfulness & Therapy	Sunyata Centre, Co. Clare	**1**	3 days
	Attachment & Sexuality: Understanding the impact of early trauma	Southside Interagency Treatment Team (SIATT)	**1**	1 day
	Innovations in Clinical Psychology – International Conference	School of Psychology, UCD	**2**	1 day
	Child Protection Training – Continuation from March 2007	Dr Kieran McGrath, Child Welfare Consultant	**13**	1 day
	Child Protection & Welfare Social Work: A Changing Profession in a Changing Ireland	HSE South, Cork and the Irish Association of Social Workers	**1**	1 day
Nov	Setting Up Office Systems	Carmichael Centre for Voluntary Groups	**1**	1 day
	Learning from the past – developing the future	Drug Treatment Centre Board, Trinity Court	**1**	1 day
	Living with Grief – Our Common Experience	Cruse Bereavement Care – N. Ireland	**1**	1 day
	38th Annual PSI Conference	The Psychological Society of Ireland	**3**	2 days
Dec	International Youth Mental Health Conference	HSE Dublin & Kildare CAMHS	**1**	1 day

Teen Counselling C/o. The Red House Clonliffe Road Dublin 3 E-mail: drumcondrateenc@crosscare.ie T. 01 837 1892

cross care teen counselling

Teen Counselling C/o. The Red House Clonliffe Road Dublin 3 E-mail: drumcondrateenc@crosscare.ie T. 01 837 1892