



# Annual Report 2009

**teen counselling**

*DRUMCONDRA | CLONDALKIN | TALLAGHT | FINGLAS | 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 needs.
- 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, Homeless 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, Traveller's Inclusion Programme and Disability Awareness.



***"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 benefitted from the ongoing support and involvement in the whole process, which as a family helps us so much".***

***"Teen Counselling is welcoming –don't judge you".***

***"I believed I was a failure because of my son's addiction – you can't make his decisions – he is responsible for his own. I had to free myself from the responsibility of his actions – he is nearly an adult".***

***"Now me ma is my best friend like".***

***"Teen Counselling's model is a very good way of working with families and is in a very unique position".***

***"Keep up the good work! I am sure the 'teens' who attend your service are very grateful that you are around".***

**Teen Counselling is funded by:  
the Health Service Executive (HSE), 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.**

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## Introduction

The writer, Leo Tolstoy, begins the work 'Anna Karenina' with the quote, "All happy families are alike, but an unhappy family is unhappy in its own unique way." There are many stresses on families at present and having a teen in distress is a significant concern for the teen, parents, school and society because teens show their distress in so many challenging ways. In Teen Counselling, we seek to respond at the level of teen, family, school and society.

### Clinical Work

In 2009 we took 431 new referrals and saw 248 new families in our five centres. The breadth of problems presenting can be illustrated by just a few figures from the report such as; only 41% of the new adolescent clients lived with both biological parents, 37% were drinking and of particular concern, self injury was recorded for 17%. There has been a significant increase in those referred for self harm concerns, from 6% when we started noting the figures in 2004 to 11% in 2009, but the levels of self injury disclosed during counselling have also increased from 11% in 2004 to the high level of 17% in 2009.

### Conference

The huge amount of work involved in organising our first conference began steadily and picked up momentum as the year progressed. 'Windows of opportunity: catching the moment with parents and adolescents', which took place on October 1<sup>st</sup> in Croke Park Conference Centre was very successful with four workshops delivered both morning and afternoon on the main themes of our work with families - mental health, family conflict, substance misuse and school and social life.

### Website

Teen Counselling, as part of Crosscare, has developed a website which can be accessed at [www.crosscare.ie/teencounselling](http://www.crosscare.ie/teencounselling). We have been able to make material from the conference available on the website and increasingly referrers cite the internet as their source of information about Teen Counselling.

### Model of our work

In collaboration with Professor Alan Carr, of the UCD School of Psychology, the model of practice which Teen Counselling has developed over the last thirty five years was described in detail in a counsellor's manual during the year. In 2010 we look forward to initiating a controlled trial to evaluate the effectiveness of our model of work. This research, which is also in collaboration with UCD, will require a great deal of support from both clinical and administrative staff over the next two years.

On 29<sup>th</sup> January Professor Alan Carr joined the two former directors of the service, Dr. Feena Finn and Sr. Kathleen Kelleher, in 'remembering' the origin and early history of 'the counselling service'. These memories were documented to provide an invaluable piece of history for Teen Counselling, but also for social researchers in the area of adolescent services.

### Interagency liaison work

In March, senior staff met with the two psychiatrists who head the HSE under 18s addiction services north and south of the Liffey, Dr. Bobby Smith and Dr. Gerry McCarney. From this meeting two things emerged; one was a protocol for handling referrals and transfers between the three services

and the second was guidelines for professionals to help them refer teenagers to the most appropriate service. We look forward to the results of this collaborative work.

Teen Counselling continues to feed into relevant statutory and voluntary networks and committees such as the National Assessment Committee of the Young People's Facilities and Services Fund, the steering committee of the HSE Youth Health in Out of School Settings, as well as many local suicide prevention networks and under 18 substance misuse networks.

The service was honoured by an invitation to contribute to a major conference on Mental Well Being to mark the 400<sup>th</sup> anniversary of the founding of the Loreto Order in March. Teen Counselling ran one of four workshops on the theme of 'Conflict in Family Life'. President Mary McAleese opened the proceedings with a glowing tribute to the work of the pioneering Loreto women of 400 years ago.

Teen Counselling was also involved at a consultative level in the Barnardos project 'Teen Help', a series of booklets for parents and web based support for teenagers, launched in November.

### **Moves**

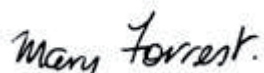
The first move of the year was in February as the Drumcondra centre moved across the campus from Clonliffe College into the Red House. The Red House is considered a more 'user friendly' and homely setting by clients than the second floor of Clonliffe College. A long awaited move finally happened in August when the Finglas centre moved into the top floor of a lovely building, shared downstairs with the Citizens Information Service, right in the heart of Finglas village. The standard of the final fit out is a credit to Michael Mc Donagh, Senior Manager, Crosscare.

### **Administrative**

At the beginning of 2009 Teen Counselling produced an 'addenda' to the Crosscare staff handbook and together these documents provide a comprehensive resource to all staff on employment issues. During the summer, work continued on meeting the requirements of the HSE for us to sign both Grant Aid Agreements and Service Level Arrangements. These were completed, although they took a considerable amount of time and we await a rationalisation of the process.

### **Development**

At the end of 2009 there was strong interest by those working 'on the ground' in several localities in securing the services of Teen Counselling for their area. Blanchardstown, Balbriggan, Finglas and the south inner city were particularly active in pursuing their interest. While a considerable amount of joint work was done on several proposals, funding proved to be the stumbling block. We will continue to consider creative ways to overcome this issue. As life becomes more challenging for us all, but particularly those in disadvantaged areas, the need for community based services is greater. We are grateful to our funders and stakeholders for their continued support and depend upon it as we face 2010.



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**Mary Forrest**  
**Clinical Director**

## Teen Counselling Highlights 2009

### Referrals made during the year

**431 referrals were made and 95% accepted onto the Waiting List. Mothers** made the highest number of referrals (**68%**) ever recorded, highlighting the accessibility of the service. School (20%), Community Care (15%) and Family Doctors (11%) were most likely to have suggested Teen Counselling to families. **7%** were recommended by **past clients** and **5%** of referrals were **past clients returning**. The highest demand for service was from the Dun Laoghaire, Tallaght and Finglas/Blanchardstown areas.

### Attendance

**399** families attended during the year, **248** new and 151 carried over from 2008. The average wait for a first appointment was **86 days**, a week longer than in 2008.

**4,782 appointments were made. 71%** of both **individual** and **family appointments** were **kept** involving **6,644** clinical hours.

### Profile of 248 new teenage clients

**56% were under 16 years, 44% over 16 years. 47% were male, 53% female.** Six nationalities were represented. **86%** of 'teens' were in **second level school**, 22% in 5<sup>th</sup> year. **41% were living with both biological parents**, 35% living with one parent only, 10% with a parent and partner/step-parent.

### Teen substance use

**Drugs** 13% ( 4% under 16)  
**Alcohol** 37% (17% under 16)  
**Cigarettes** 19% ( 8% under 16)  
 Drugs numbers were down from previous years. **94%** of drug users used **hash**.

### Why referred?

**Behavioural problems** at home (35%) and/or school (26%), **mood or anxiety problems** (31%) and **family conflict** (35%) were most frequently referred.

### Self harm

**17%** of new 'teen' clients reported **self-injurious behaviour**. (11% noted on referral). **Suicidal ideation** reported by 20% and **suicidal intent** by 11%. These numbers are increasing annually.

### Underlying problems

**Difficult communication patterns** were evident in 42% of families. Other family issues were also significant: **distorted interactions between parents and teenagers** (26%), **parental separation** (24%), **parent's personal problems** (19%), **difficult family circumstances** (16%), **bereavement** (17%). These figures change very little from year to year.

### Case duration

The average time from 1<sup>st</sup> appointment to closure was **8 months** involving **9 sessions** and **27 clinical hours**. Minimum attendance was one session. Maximum attendance was several years. **Teen Counselling has a flexible model** to meet the needs of teenagers and their parents.

### Over 600 Consultations

most usually by phone, supported concerned adults.

### Counsellors' evaluations

Counsellors, using CGAS and GARF assessments and evaluations of Presenting and Underlying Problems, assessed difficulties initially and on completion. **Information was available for 74% of cases.** Average CGAS change was 14 points. Average GARF change was 15 points.

### Cases closed

**235 cases were closed** and 164 were carried forward into 2010. The cases closed involved over **2,000 counselling sessions**.



### Clients' evaluations

29% of families completed an evaluation process, **24% of teens and 22% of parents**. Most reported improvements on all measures.

### Service development

Funding for the expansion of existing Centres, and for new Centres in areas with increasing numbers of teenagers, was actively pursued during the year. A challenging task in a recession, but we are particularly concerned about the need for support in the **Blanchardstown** area and hope to respond in 2010.

### Research

Senior staff continued a project to evaluate the use of **external supervision** in the service. The recommendation that external supervision is available for all experienced clinical staff members will be implemented when resources allow. Refining the database to provide statistics for the Annual Report, the four monthly centre reviews and for presentations about the service is done every year.

**Professor Alan Carr, School of Psychology, UCD** and PhD student Ciara Cassels initiated a 3 year study to **evaluate the Teen Counselling model** of intervention for adolescents and their parents/carers.

### Teen Counselling

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

**Average cost per family for one year €3,824.** This figure is based on one staff team providing family counselling, telephone advice and supporting local networks.

### Psychiatric consultations

**23 assessment appointments** and **23 reviews** were arranged for teen clients with a Consultant Psychiatrist during the year. Highest numbers of referrals for assessment were for 15 and 16 year old girls.

### Networking

Liaising with other services is of great importance to ensure optimum support for clients and staff in Teen Counselling. **Locally** staff attended partnership meetings 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.**

### 2009 service news

**Teen Counselling Finglas** secured new premises in August. They are now located in Finglas Village, central to their expanded catchment area. The **Teen Counselling website** was set up (see Publicity below). The project under the directorship of **Professor Alan Carr, School of Psychology, UCD**, to write a manual of the Teen Counselling **model of intervention** with teenagers and their parents, progressed during the year.

We were delighted to be invited to contribute to the **Loreto Mental Well-being** conference as part of their 400 years anniversary celebrations.

Teen Counselling organised its first **Conference** on 1<sup>st</sup> October in Croke Park. **Windows of opportunity – catching the moment with parents and adolescents** involved all staff and was a great success (see report and website for details).

### Professional development

Teen Counselling has a strong commitment to the **Continuing Professional Development** of staff. As the recession has significantly curtailed funding for training, staff members have also committed personal time and resources to maintain professional registration standards (see table on page 29).

### Publicity

The **Teen Counselling website** is now available at: [www.crosscare.ie/teencounselling](http://www.crosscare.ie/teencounselling). This provides details of Teen Counselling's aims and objectives, details of its counselling centres, frequently asked questions about the service, feedback from clients, details of publications and information from the **Conference** (see above).

## 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.**

### 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.

### Objectives 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 objectives 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.



## Teen Counselling clinical model

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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 individuating 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.

## Service provision

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



### Teen Counselling Drumcondra

Established 1972 as  
Mater Dei Counselling Centre  
(Full-time, 1.5 Staff Teams)

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

**Catchment areas:** LHOs Dublin North Central, North Dublin, North West Dublin

### Teen Counselling Finglas

Established 1998  
(Half-time, 1 Staff Team)

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

**Catchment area:** Finglas (LHO Dublin North)

Dr. Moya O'Beirne, Consultant Child and Adolescent Psychiatrist available to all Centres on a sessional basis.

### Teen Counselling Clondalkin

Established 1990  
(Mon to Thurs, 1 Staff Team)

Siobhán NicCoitir  
Psychologist

Averil Kelleher  
Social Worker

Catherine Fullam  
Secretary

**Catchment area:**  
LHO Dublin West

### Teen Counselling Tallaght

Established 1995  
(Full-time, 1.25 Staff Teams)

Jane Fry,  
Senior Psychologist

Tom Casey  
Senior Social  
Work Practitioner

Averil Kelleher  
Social Worker

Nollaig Tubbert  
Secretary

**Catchment area:** Dublin 24 (LHO Dublin South West)

### Teen Counselling Dun Laoghaire

Established 2001  
(Full-time, 1 Staff Team)

Cherry Sleeman  
Social Worker

Simon Molloy  
Psychologist

Kate O'Neill  
Psychologist

Ann O'Sullivan  
Secretary

**Catchment area:**  
LHO Dublin South

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.



## Referrals to the service

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### Number of referrals

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In 2009, **431** teenagers were referred to the five Teen Counselling centres and **95%** were accepted onto the waiting list. The high percentage of suitable referrals, which has been maintained over the last five years, reflects the familiarity of local professionals and agencies with the work of Teen Counselling and the experience of our secretarial staff which facilitates referrers to access services when Teen Counselling is not appropriate.

**472** telephone consultations supported a concerned adult in dealing with a teenager's problems or accessing services better suited to the needs or age of the young person.

### Source of referrals

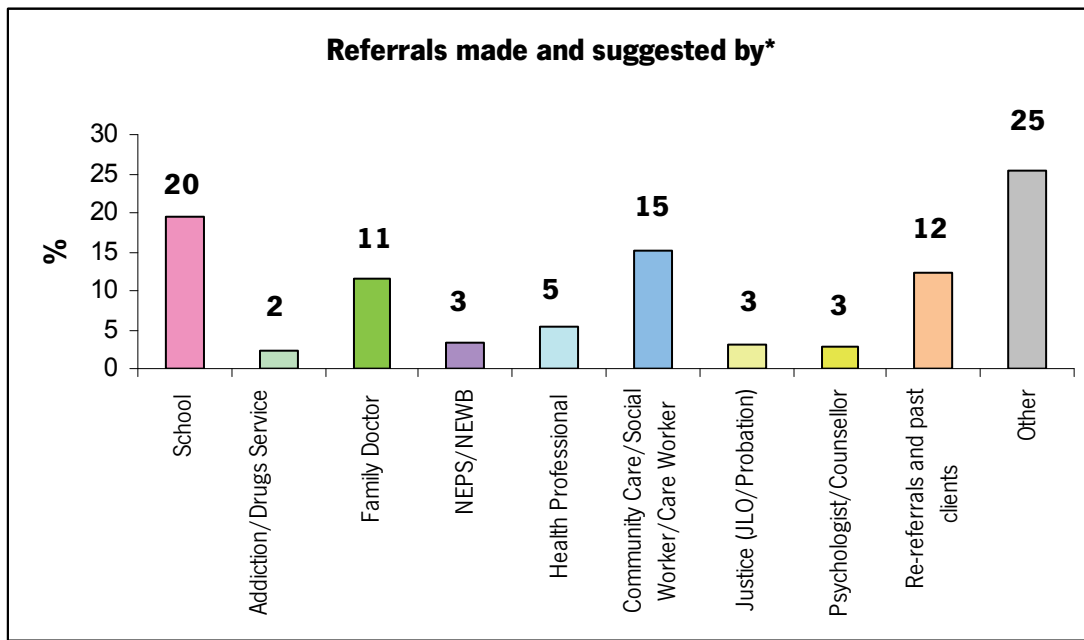
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Over two thirds (**74%**) of referrals were made directly by parents, mostly mothers (68%). Generally these percentages change very little over the years and testify to the accessibility of the service to families. However, in 2009 referrals made directly by parents showed a 9% increase over 2008 figures (65%). Parental involvement in the referral process increases the likelihood of successful engagement in counselling.

Whilst some parents access information about Teen Counselling from friends, the internet or the telephone book, most are usually recommended to make a referral by professionals and agencies that have links to their local Teen Counselling.

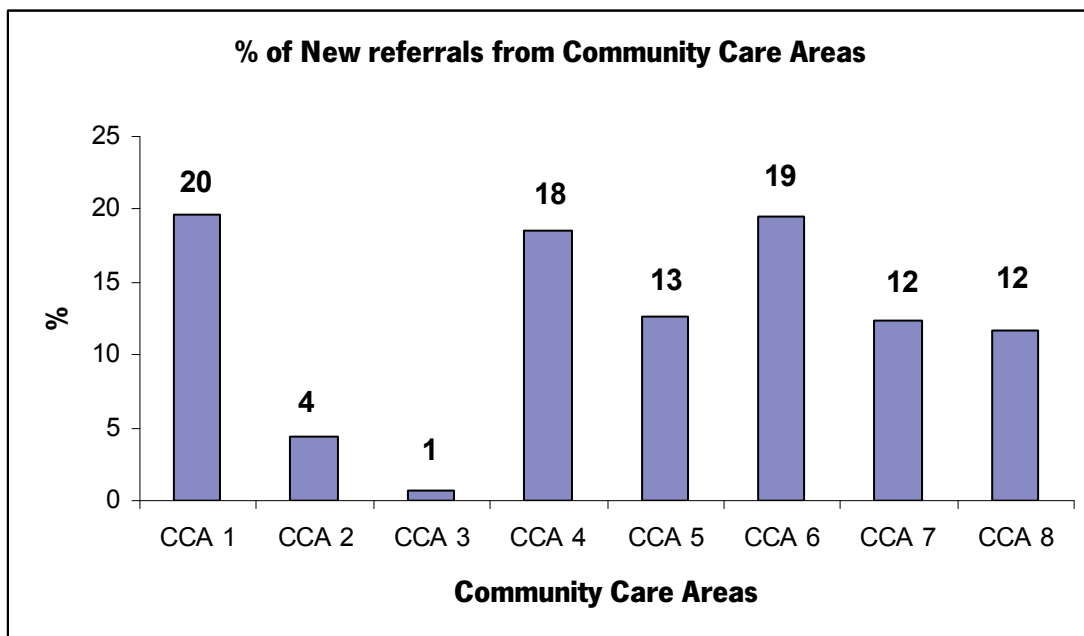
Schools were involved in **20%** of referrals, either making the referral directly (2%) or suggesting to parents that they contact their local centre (18%). Community Care social workers were involved in **15%** of referrals, most usually direct referrals (9%) for teenagers and families they are supporting. 12% of referrals were either suggested by past clients or were re-referrals of a teenager who had previously attended.





\* 'suggested by' data is based on information given by parents/carers.

Referrals were made from all areas of Dublin. A small number were accepted from families who lived outside the designated catchment areas as the teenager attended school in the area or the presenting problem was early substance use.



## Process of Referrals

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Ninety-one (**91**) referrals were carried forward on the waiting list from 2008. With the **411** new referrals, a total of **502** referrals were managed during the year.

**395** referrals were processed: **248** (49%) became clients and **85** (17%) did not follow up on the initial referral. In **62** (12%) of cases, families either cancelled or did not attend their first appointment. The number of referrals carried forward into 2010 was **107** (21%).

Average waiting time: **86 days**  
(12 weeks)

Minimum waiting time: **1 day**  
for a past client

Maximum waiting time: **516 days**

The average waiting time for a first appointment across the service was **12 weeks**, the same as in 2008 which was an improvement on 2006, 14 weeks and 2007, 16 weeks. Long waiting times do not only reflect the availability of the service, but involve factors relevant to potential clients.

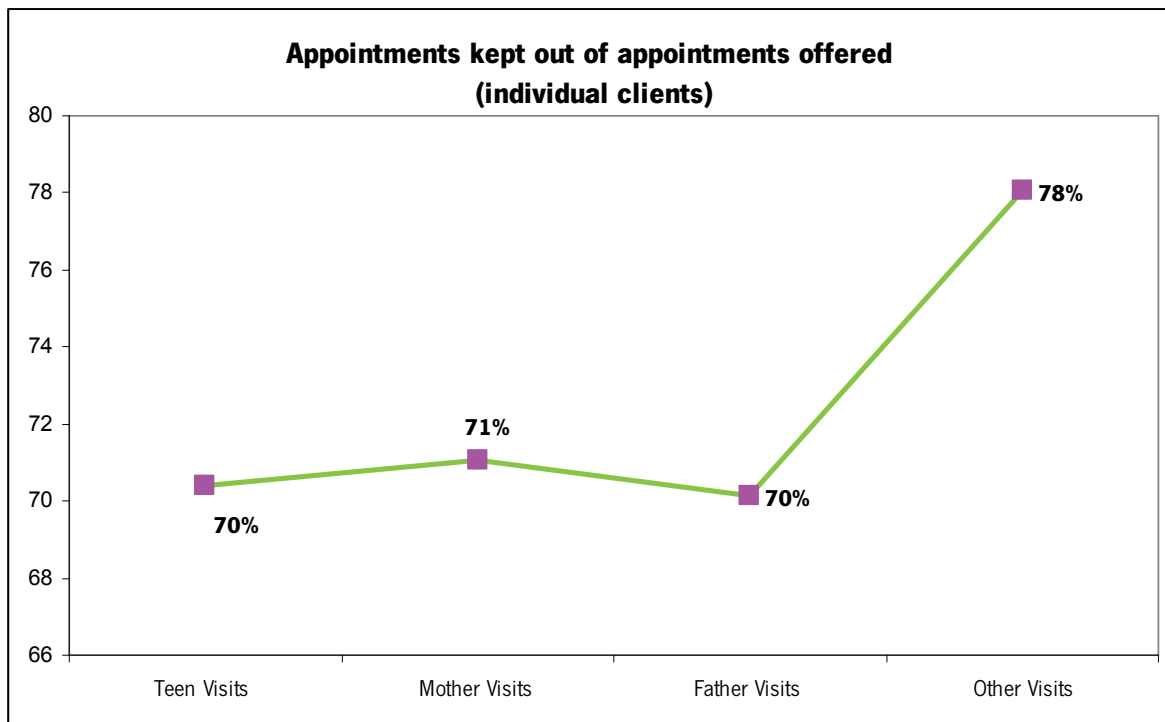
## Attendance

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The total number of families who attended the five Teen Counselling Centres during 2009 was **399**: **248** new families and **151** carried forward from 2008. A total of **6,644 clinical hours** were spent by Counsellors on the cases seen. This clinical time includes counselling sessions, the management of the case and any case conferences involved. For cases closed during the year the average time from 1<sup>st</sup> appointment to closure was **8 months** involving **9 sessions** and **27 clinical hours**. The minimum attendance was 1 session and the maximum attendance was several years. Teen Counselling has a flexible model to meet the needs of teenagers and parents.

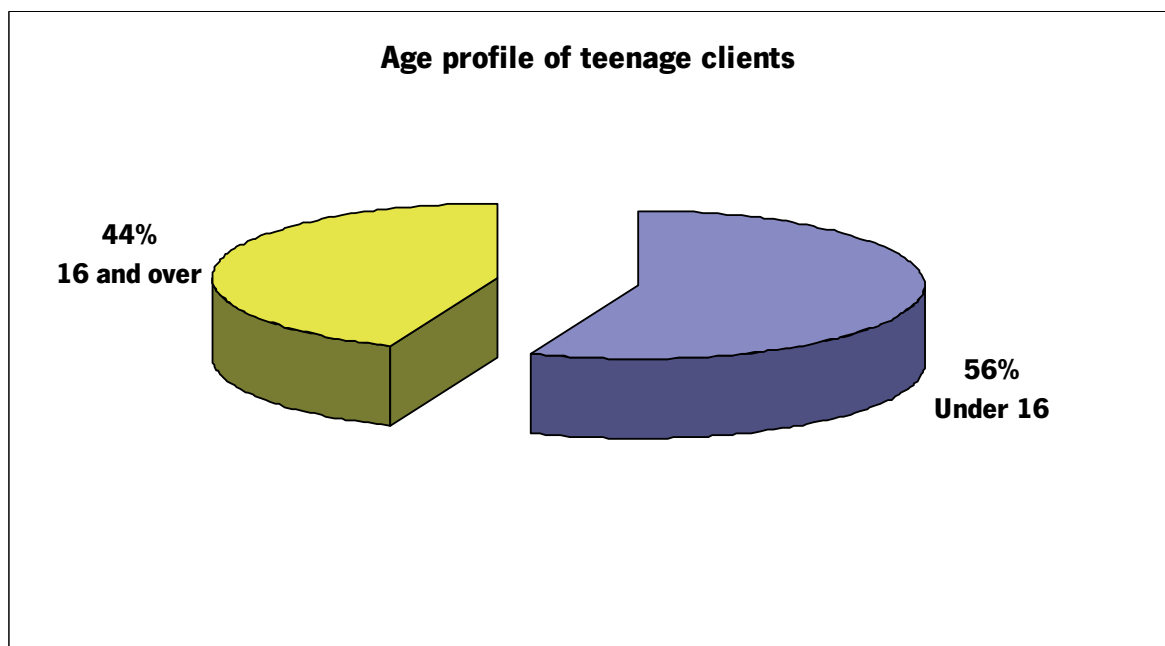
A record is kept of both individual and family visits to the counselling centres. **4,782 appointments were made** for teens, their parents and other people significant in the life of the teenager e.g. grandparents, care workers. On average **71% of both individual and family appointments were kept** with **80%** of first appointments attended. The attendance rate of teenagers (**70%**) is a strong indication of their commitment to counselling.





## Clinical work with new clients 2009

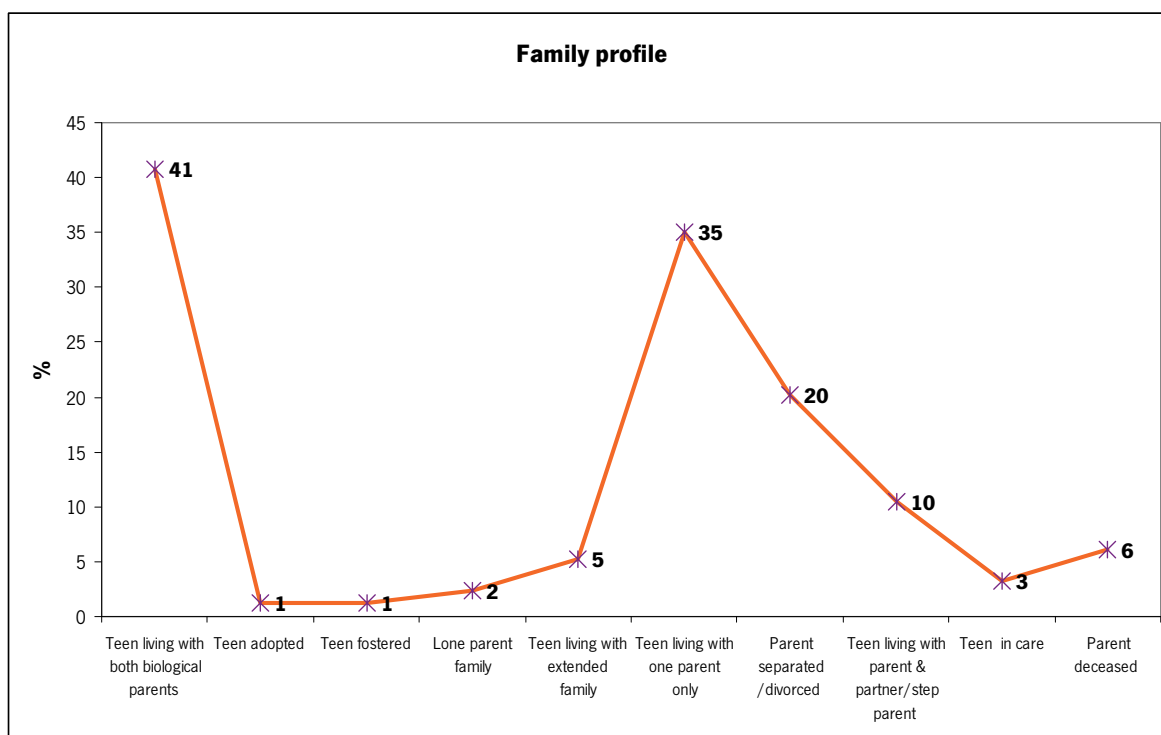
### Profile of new teenage clients N=243







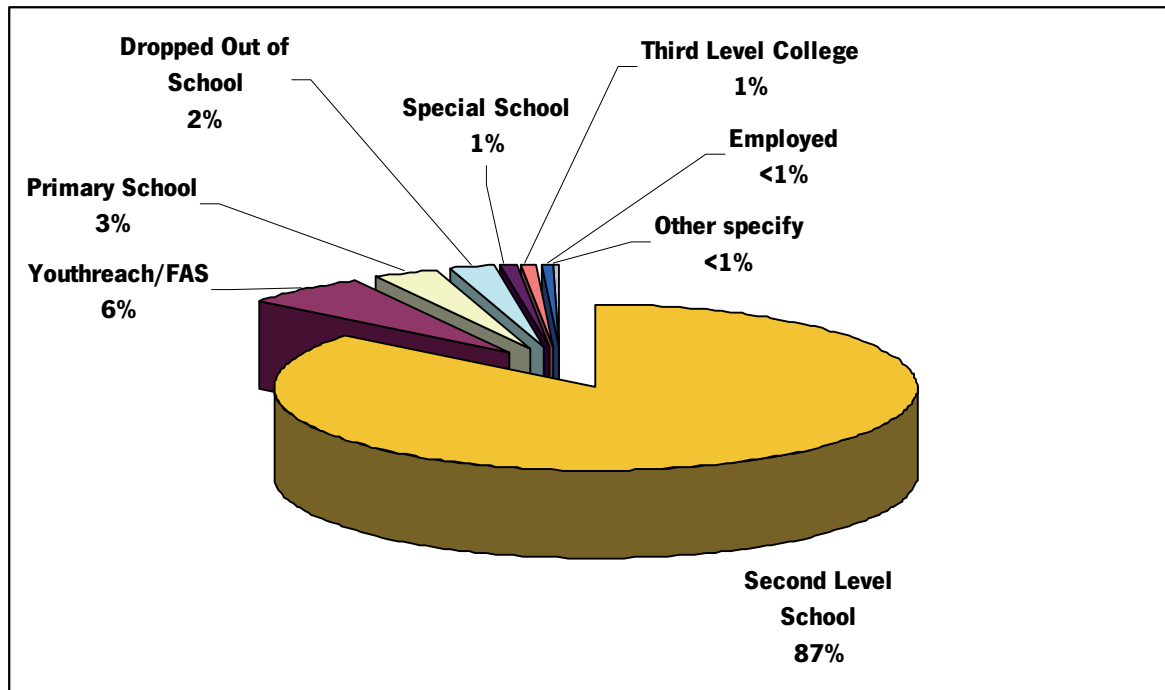
Over the last few years there has been an increase in the percentage of older teens attending: **2006, 33%; 2007, 38%; 2008, 46%; 2009, 44%**. The slightly higher percentage of girls attending (**53%**) did not change significantly. The majority of new clients were Irish, with just 2% of families from other backgrounds (English, German, Nigerian, Rumanian and Zambian), attending centres on the southside, most notably Clondalkin, Tallaght and Dun Laoghaire.



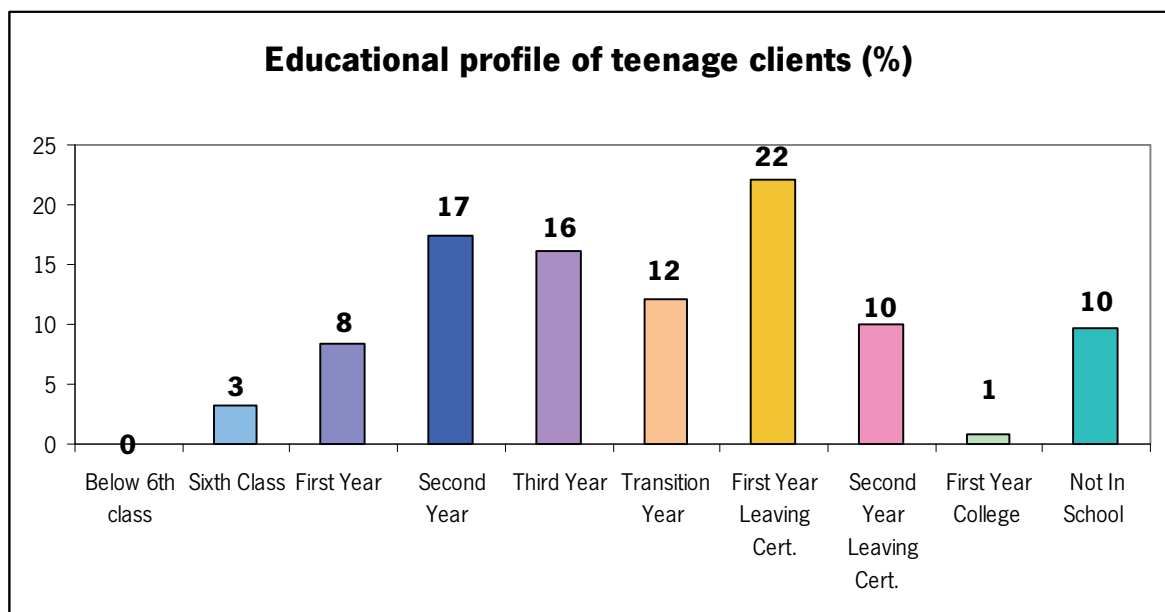
*(There may be more than one entry for some clients).*



## Education and training

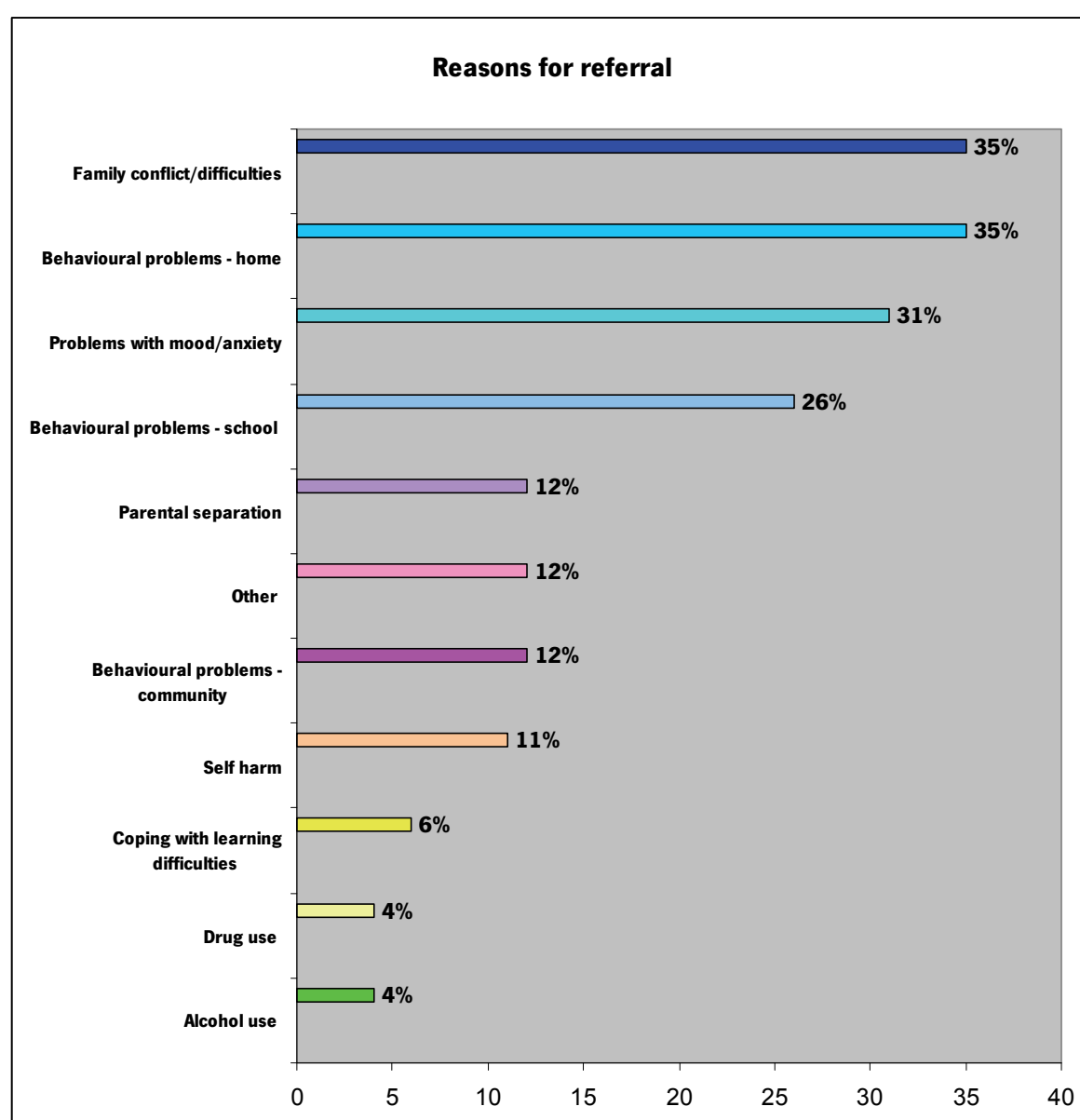


Eighty seven percent (**87%**) of new teen clients were attending second level schools with the highest demand from 1<sup>st</sup> year Leaving Certificate students (**22%**) and 2<sup>nd</sup> year (**17%**).



## Reasons for referral

The reasons for referral, as reported by the referrers, are listed in the following table. As most referrals are made by parents these figures mainly reflect parents concerns before counselling starts. Up to three reasons for referral can be recorded for each teenager and these are collated. More unusual reasons for referral are recorded under 'Other'. **Behavioural problems at home (35%)** and **Family conflict and difficulties (35%)** were the most usual reasons for referral in 2009. **Mood and anxiety problems (31%)** and **Behavioural problems at school (26%)** were also frequently referred. The high number of referrals which note family conflict and difficulties suggests that parents are increasingly aware of the impact of family problems on their teenager's well being. The figure was 25% as recently as 2006.

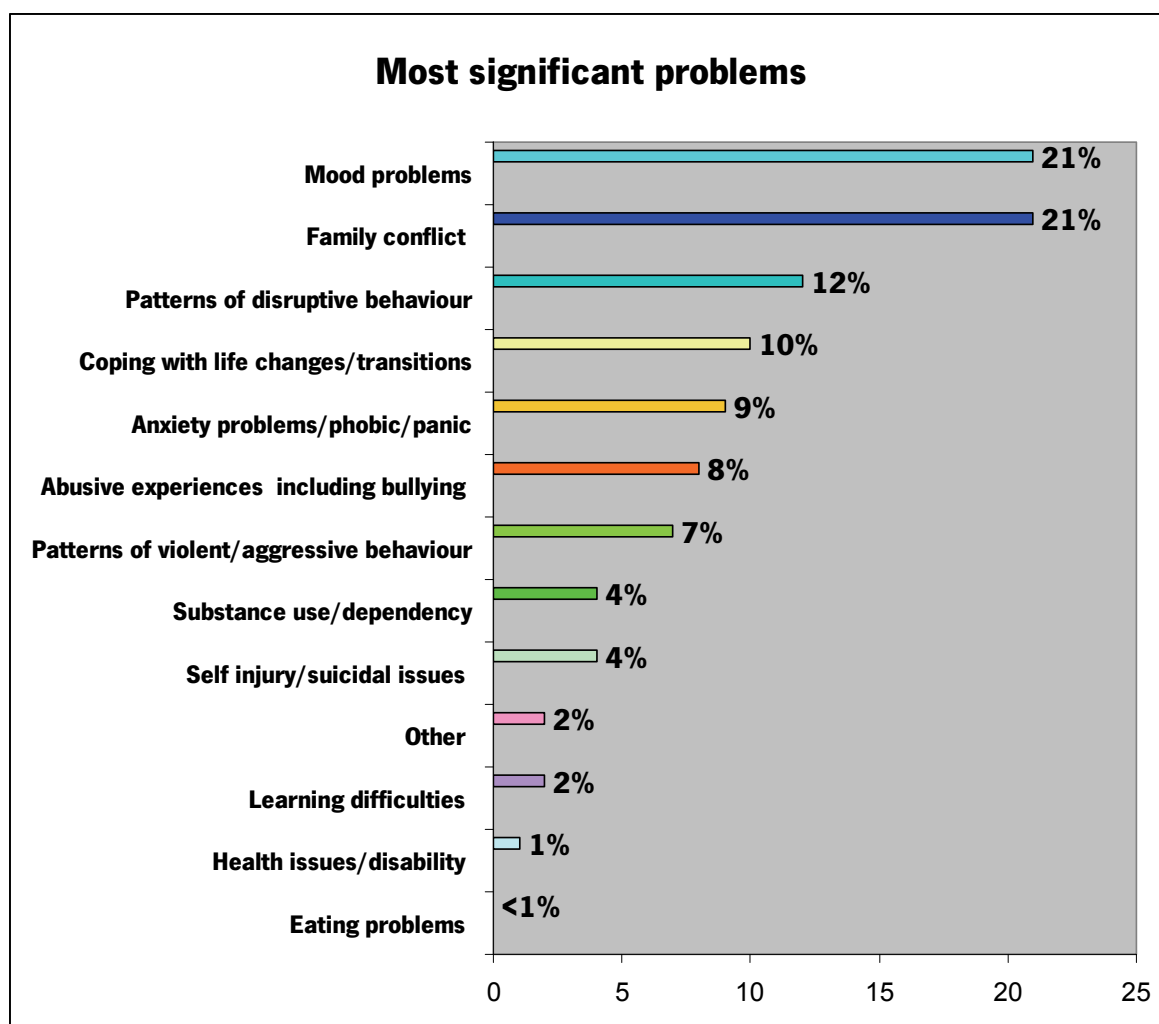


(There are up to three entries per family).



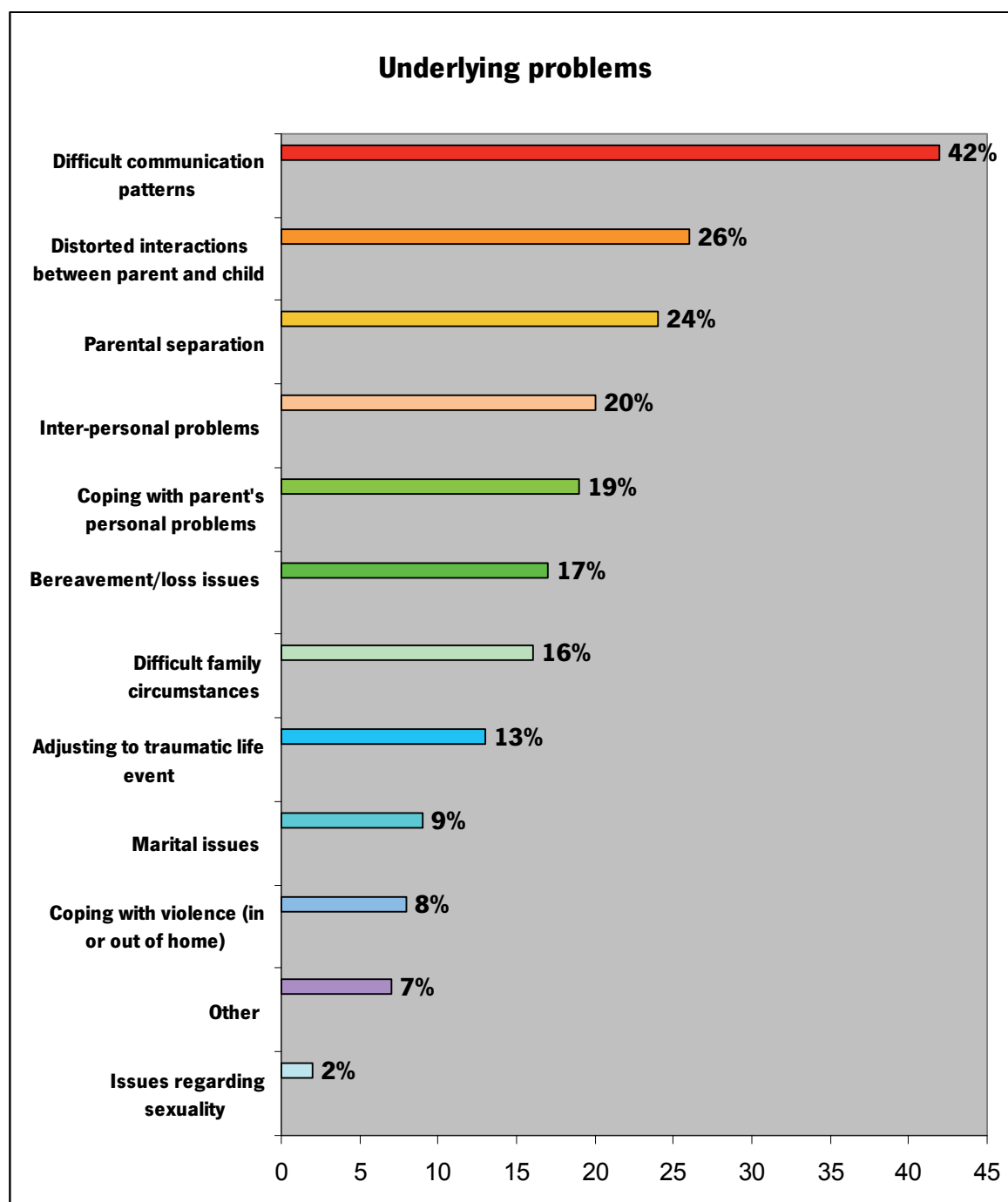
## Most significant problems

The counsellors' make an assessment of the **most significant problem** following their first meeting with teenagers and their parents/carers.



## Underlying problems

“Underlying Problems” reflects the underlying issues addressed by counsellors with teenagers and their parents/carers. **Difficult communication patterns** were evident in **42%** of families. Other family issues were also significant: distorted interactions between parents and teenagers (26%), parental separation (24%), parent’s personal problems (19%), difficult family circumstances (16%) and bereavement (17%). These figures change very little from year to year and the Teen Counselling model is well suited to address these family communication and relationship issues.



## Substance use

The following table shows the Drugs and Alcohol Use profile recorded in relation to new teenage clients in 2009 (**N=248**).

Drugs Use			Alcohol Use		
On Referral	Intake	Subsequent	On Referral	Intake	Subsequent
<b>15</b> (6%)	<b>9</b> (4%)	<b>9</b> (4%)	<b>32</b> (13%)	<b>44</b> (18%)	<b>16</b> (6%)

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.

The following tables compare substance use by age group and gender.

Drugs Use	Under 16	16 and Over	N	%
Male	9	13	<b>22</b>	9
Female	2	9	<b>11</b>	4
<b>Total</b>	<b>11</b> 4%	<b>22</b> 9%	<b>33</b>	13

Alcohol Use	Under 16	16 and Over	N	%
Male	23	26	<b>49</b>	20
Female	18	25	<b>43</b>	17
<b>Total</b>	<b>41</b> 17%	<b>51</b> 21%	<b>92</b>	37

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. In 2008, (18%) the numbers were essentially the same as in 2007 (17%), but in 2009 there was again a decrease and only 13% of new teenagers had used or were using drugs. Drug use was noted on referral for only **6%** of teenagers.

For the **33** (13%) new teenage clients who were currently using drugs or had used them in the past, the following table shows the range of drugs used. Hash continued to be the most commonly used and some teenagers used more than one drug.

Hash	Cocaine	Ecstasy	Solvents	Pills/medicine	Heroin	Acid	Mushrooms
94%	12%	15%	6%	15%	0%	3%	6%

Nineteen percent (**19%**) of the new teen clients **smoked cigarettes** and only 8% of these smokers were under 16 years of age. The rates of smoking amongst younger clients have fallen over the years, which is very positive: 2006 19%; 2007 11%; 2008 7%; 2009 8%.

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	<b>38</b>	15%	<b>6</b>	2%	<b>1</b>	<1%
Mother	<b>29</b>	12%	<b>8</b>	3%	<b>0</b>	0%
Sibling	<b>5</b>	2%	<b>7</b>	3%	<b>0</b>	0%
Other	<b>11</b>	4%	<b>3</b>	1%	<b>1</b>	0%

(There is more than one entry for some families).

## Marital and separation issues

Teen Counselling provides a service to the parents of teenagers 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.

In 2009 **44%** of new teenage clients were living with both parents. Parental separation was an issue for **20%** of families and **10%** of teenagers were living with a parent and partner or step parent.

One hundred and seventeen (**117**) teenagers availed of counselling in relation to parental separation and in addition, **41** couples and **105** individual parents received relationship counselling. This involved 756 counselling hours. These figures are returned annually to the Family Support Agency.

## Bereavement issues

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.

One hundred and twenty nine (**129**) individuals and **61** families availed of bereavement counselling and support in 2009, involving 650 counselling hours. These figures are also returned annually to the Family Support Agency.

## Self harm

We continue to be concerned about the number of teenagers who are harming themselves, often by cutting and/or taking overdoses. It has been a significant focus of clinical work for the last six years as shown below. Seventeen percent (**17%**) of new teenage clients reported that they had engaged in self injurious behaviour.

2004	11%:	2005	16%:	2006	12%:	2007	16%:	2008	13%:	<b>2009 17%.</b>
------	------	------	------	------	------	------	------	------	------	------------------

In 2009, **11% of teenagers were referred for self-harm** and a further 6% were subsequently found to be hurting themselves. Suicidal ideation was reported by 20% teenagers (and 7% of parents) and suicidal intent was reported by 11% teenagers (and 3% of parents). Four percent of parents also reported that they had engaged in self injurious behaviour.

## Family illness

Supporting family members who have physical and/or mental illnesses is often a significant challenge for the families we see. Physical illnesses or disabilities were noted in **30** (12%) families. Mental illnesses were noted in **36** (15%) families.

## Evaluation of clinical work

### Cases closed during the year

In 2009, **235** cases were closed and **164** were carried forward into 2010. The cases closed involved over 2,000 counselling sessions.

When families attend an agreed final counselling session to formally close their case it is recorded as 'Completed therapy'. Many cases closed do not fall into this category and these are recorded as 'No longer attending'. In 2009, **44%** of families completed their therapy and 5% were referred to another more appropriate service after their initial appointment or subsequently.

### 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 families whose cases were closed during 2009:

- ❖ the total number of sessions attended was **2,241**.
- ❖ the maximum number of sessions was **50** for a case in the Drumcondra centre.
- ❖ the minimum number of sessions was **1** for families referred on to another service after their first appointment and for those who chose not to attend further sessions or did not require further support.
- ❖ the average number of sessions across the service was **9**.

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 **27 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.

## 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, without reference to the initial assessment.

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

**On admission** the CGAS scores ranged from a minimum of **32** to a maximum of **79** with the average being **55**.

**On completion** the CGAS scores ranged from a minimum of **39** to a maximum of **88** with the average being **69**.

**The average change was 14**

**The Global Assessment of Relational Functioning DSM-IV (GARF)** is used to make an initial and concluding evaluation of the functioning of the 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 GARF scores ranged from a minimum of **21** to a maximum of **85** with the average being **54**.

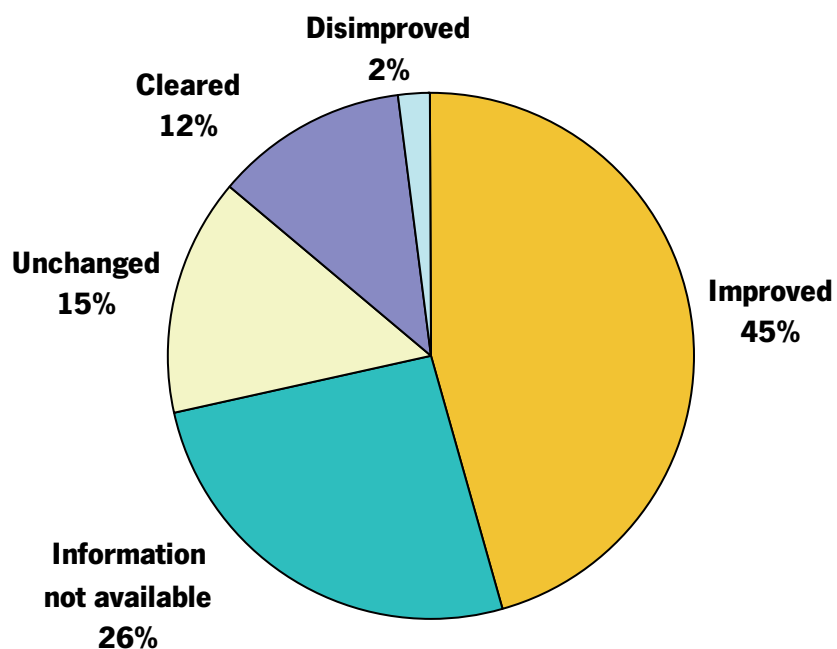
**On completion** the GARF scores ranged from a minimum of **34** to a maximum of **89** with the average being **69**.

**The average change was 15**

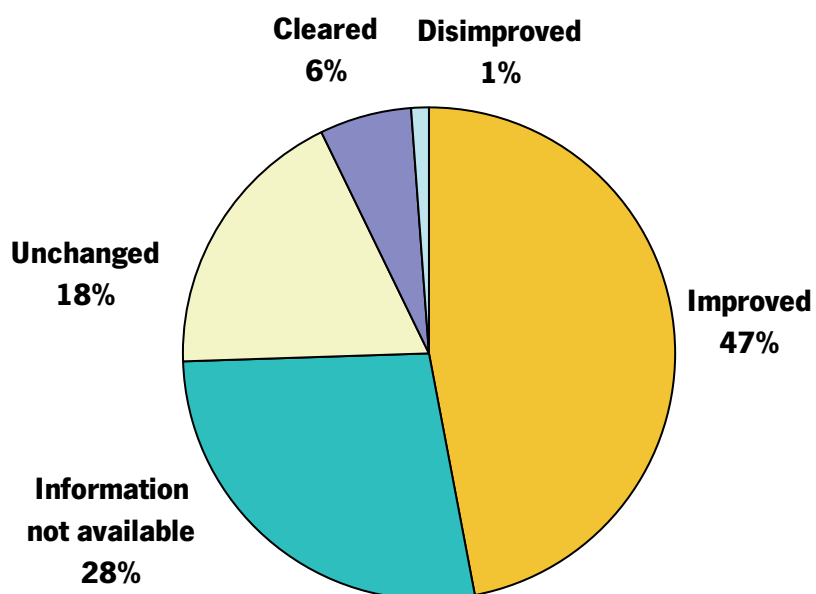
On closing cases the counsellors also assess any change in the presenting and underlying problems. Again this is only possible when clients have attended consistently.



### Counsellors' evaluation of 'presenting problems'



### Counsellors' evaluation of 'underlying problems'



## Clients' evaluation

At the beginning of counselling most parents and teenagers are asked to evaluate and record the extent of their difficulties. On completion they are again asked to make an assessment and to note any changes. In 2009, **68** (29%) families participated in the evaluation process and most parents and/or teens reported improvements.

### Parents' evaluation N = 62 (26%)

Parents are asked to assess the severity of the problems they are experiencing as Mild, Moderate, Serious, Very serious or Dangerous to self or others. They also evaluate their ability to deal with them as Cannot manage, Very difficult, Fairly difficult or Not difficult.

Parents' evaluation	Change in severity	Change in coping ability
Greatly improved	<b>30</b> 48%	<b>35</b> 56%
Improved	<b>26</b> 42%	<b>23</b> 37%
No change	<b>2</b> 3%	<b>2</b> 3%
Disimproved	<b>4</b> 6%	<b>2</b> 3%

### Teenagers' evaluation N = 51 (22%)

Teenagers are asked to consider their main problem 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 any changes in these four areas.

Teenagers' evaluation	School	Home	Friends*	Self*
Greatly improved	<b>12</b> 24%	<b>17</b> 34%	<b>14</b> 28%	<b>23</b> 45%
Improved	<b>31</b> 61%	<b>28</b> 55%	<b>13</b> 26%	<b>16</b> 31%
No change	<b>6</b> 12%	<b>5</b> 10%	<b>23</b> 46%	<b>10</b> 20%
Disimproved	<b>2</b> 4%	<b>1</b> 2%	<b>0</b> 0%	<b>1</b> 2%

\*one teenager did not rate in these categories

## Consultative work

### 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 a Consultant Psychiatrist. The psychiatrist meets teenagers at the counselling centres which reduces their anxiety about referral for psychiatric assessment and allows for consultation with parents and the counselling team. The psychiatrist contacts the family doctor when medication is recommended and continues to review referred teenagers whilst they attend for counselling.

During 2009 Consultant Psychiatrist Dr. Moya O'Beirne provided **46** appointments for new clients and for clients who were carried over from the previous year. There were **23** assessment appointments and a further **23** review appointments.

The table shows a breakdown of the age and gender of teens referred to the psychiatrist for assessment.

Age	12	13	14	15	16	17	Total
Male	1	0	3	1	2	1	8
Female	0	1	3	5	5	2	16
Total	1	1	6	6	7	3	<b>24</b>

Fifteen and sixteen year old girls were most usually referred.

### Consultations with other professionals re: 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 Teen Counselling centres or with staff in schools or community care centres.

### Consultations relating to other teenagers

Consultations, most usually by phone, were held regularly with parents, teachers, 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.

**472** 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 **147** referrals not followed up during the year (see 'Process of Referral').

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.



## Other work

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### Liaison work

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Teen Counselling centres liaise with schools and a wide range of statutory and voluntary agencies in their catchment areas. Every year schools are involved in making or suggesting a very significant number of referrals (**20% in 2009**) and we try to ensure that Guidance Counsellors in particular, are well informed about Teen Counselling. All centres are in regular contact with the Community Care Child Protection teams in their catchment areas, who are responsible for making or suggesting many, often complex, referrals (**15% in 2009**). In 2009 (**25%**) of suggested referrals came from 'other sources' e.g. a family friend, a family member or work colleague with a large number having found out about the service via the internet and effective links to Teen Counselling's newly updated website [www.crosscare.ie/teencounselling](http://www.crosscare.ie/teencounselling).

Familiarity with other services, and the good relationships established over the years, greatly enhances the support available for families and ensures 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.

Teen Counselling staff was involved with a wide range of local Community Committees, Partnerships and activities during the year and these are outlined in the individual Centre reports.

### Professional development

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There is an implicit ethos of staff care within Teen Counselling and both formal and informal mechanisms work to achieve this. Monthly team meetings for clinical staff, regular senior staff and supervisor's meetings and 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.

Clinical staff members have monthly individual supervision and every two months supervision is provided for each counselling team. Senior staff members who provide this supervision were involved in a pilot project to evaluate the inclusion of external supervision into the schedule. Working with a researcher for 18 months the supervisor's group completed this project early in 2009. The recommendation was that all experienced clinical staff would have regular external supervision and Teen Counselling is committed to implementing this recommendation as resources become available.

In 2009 due to the current financial climate it was necessary to reduce the training budget available to staff by 50%. However, supporting the Continuing Professional Development of staff remains a priority and this has involved exploring more creative ways of utilising cost free options for training, and communicating and sharing resources and learning outcomes from courses attended (see page 29 for training opportunities availed of by staff in 2009). In addition, staff members have committed personal time and resources to maintaining their professional registration standards.

## **Service representation**

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During the year the Clinical Director continued to represent the service at many relevant committee meetings and working groups, such as the Voluntary Drug Task Force Network, the Health Research Board, the Young People's Facilities and Services Board and the steering group for Youth Health Promotion in Out-of-School Settings.

Meetings with HSE, 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. Whilst the financial climate is not conducive to expansion the demand for new centres is high in the rapidly expanded areas of Blanchardstown and Swords, and discussions are ongoing as to how these demands might be met.

Teen Counselling is always delighted to talk to students about adolescence and the work of Teen Counselling and in 2009 the Clinical Director and Senior Psychologist again made presentations to both undergraduate and postgraduate clinical psychology students at Trinity College. Teen Counselling also continues to respond to requests from the press to contribute articles about adolescents.

In March 2009, Loreto Education Centre organised a major conference on Mental Well Being to mark the 400<sup>th</sup> anniversary of the founding of the Loreto Order. Teen Counselling was delighted to be invited to provide a workshop at this event on 'Conflict in Family Life.'

Teen Counselling was represented at Dail na n'Og in February and in November at the launch of Teen Help, a series of booklets for parents and web based support for teenagers, developed by Barnardos. Having been involved at a consultative level with this project we were delighted to see the end result.

## **In-service issues**

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Between mid-2008 and the autumn of 2009 considerable work was done on developing the content of a clinical practice manual and laying the foundations for conducting a controlled trial of the Teen Counselling model of work. This project is being undertaken by Alan Carr, Professor of Clinical Psychology in UCD. A series of meetings was held between the senior staff from Teen Counselling and Professor Carr to discuss the Teen Counselling model and this resulted in the preliminary drafting of chapters for a clinical manual. In the autumn of 2009 Ciara Cassells, a PhD student under the supervision of Professor Carr, joined the project team to evaluate the effectiveness of Teen Counselling for families. It is intended to finish the manual by 2010, with close liaison between Jane Fry and Professor Carr in editing the material and then to start the research programme. An advisory group will also be established to assess the research proposal, and provide consultation on the project.





A one day practice based seminar entitled **'Windows of Opportunity: Catching the Moment with Parents and Adolescents'** was organised by Teen Counselling and took place on the 1<sup>st</sup> October 2009. This was a unique gathering of 90 professionals from a cross-section of both statutory and voluntary sectors spanning the areas of health, education and justice. It focused on Teen Counselling's model of work with adolescents and families and each delegate attended a choice of two workshops on themes of: Drugs, Mental Health, Family Relationships, 'Teens' and the

wider social context. It was a great day and provided many opportunities to share ideas and get fresh perspectives on the issues dealt with by Teen Counselling in the course of its work with teenagers and families. The content and theme of each workshop was developed and presented by the counselling team based in a particular Centre.

The guest speaker was Pdraig O'Morain, journalist and counsellor, who opened the day with some very effective anecdotes and pen pictures of the experience of adolescence and the inevitability of miscommunication within families at this stage of development. Mary Forrest, Clinical Director of Teen Counselling, described the model of work against the backdrop of her experience visiting the Anne Frank museum. Clinical staff at Teen Counselling produced materials in the form of practice points, which were made available to delegates on the day, along with lists of recommended resources used by staff at Teen Counselling in their work with teenagers or parents. All materials from the seminar were made available on the Teen Counselling website to encourage their use in work with teenagers and families.

This was the first such seminar that Teen Counselling had undertaken on this scale. Whilst there were many challenges along the way there were also positive learning outcomes for the staff. It strengthened the enthusiasm and recognition for what we do both internally and externally and opened a working dialogue with other professionals in relation to the challenges of adolescent work.

In preparation for the seminar Teen Counselling was also able to use material contributed by service users – teenagers and their parents - who generously shared their experiences of the counselling process. The positive outcome of the event was due in no short measure to the contribution of the exhaustive list of collaborators, funders and many supporters of our work, both within and outside the Crosscare 'family'. (see website conference page for details at [www.crosscare.ie/teencounselling](http://www.crosscare.ie/teencounselling)).

**Some comment from delegates:**

***"Working with adolescents and parents together strikes me as an excellent approach. Most teenagers in my experience resent being sent to be fixed, this approach sidesteps that".***

***"Excellent model, 2 counsellors per family really gives the teenager a voice".***

***"Stimulating and thought provoking".***

***"Very engaging presenters, positive impressions of service provided".***

***"Very well organised seminar, well done to the team".***

***"I really enjoyed it and will certainly be keeping an eye out for further Teen Counselling opportunities for training".***

***"Well organised, great venue, good networking".***

***"Very informative, relaxed and enjoyable, collaborative too".***



## Around the Centres

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**Drumcondra (TCD):** In February 2009 Teen Counselling Drumcondra relocated to 'The Red House' in the grounds of Holy Cross College. The new offices are more 'teen friendly' and a more appropriate permanent home for Teen Counselling Headquarters within Crosscare. The centre was very busy during the year as they were short of staff temporarily due to the HSE recruitment embargo and were very much involved with the organisation of the 'Windows of Opportunity' seminar. The centre also pioneered the use of electronic calendars in the service, piloted a mobile phone project and developed a protocol for sending appointment reminders to clients by text.

**Clondalkin (TCC):** Teen Counselling Clondalkin was delighted to qualify for funding from the Quarryvale Family Resource Centre in 2009 to provide specific services for families in the Quarryvale area. In December the team made a presentation to local parents which focused on supporting them in addressing alcohol and drug use with their teenagers in an open and practical manner. The team also ran two Parents Plus programmes locally during the year, one in the Community Centre and one in the Resource Centre. Both were well attended.

**Tallaght (TCT):** Staff in Teen Counselling Tallaght was particularly involved in the project described above – developing a manual of our model of work with a view to researching how effective it is. Staff members were encouraged to contribute material for the manual which Professor Alan Carr was writing and their contributions were collated and edited in Tallaght throughout the year. Support was also provided to Ciara Cassells, research assistant, as she began to brief herself about the service.

**Finglas (TCF):** One of the most important events in the twelve years of Teen Counselling Finglas occurred in August 2009, with the move to new premises in Finglas village. These are bright and modern and offer a very pleasant and appropriate environment for the work of counselling. Demand for the service in Finglas continued to outweigh their capacity to meet the need, not least because they greatly widened their catchment area in 2008 in anticipation of expanding to a full-time centre. Funding for this has not been possible and the time families have to wait for a first appointment is increasing steadily.

**Dun Laoghaire (TCDL):** Teen Counselling Dun Laoghaire was in great demand during 2009 as referrals increased by 20% on the previous year. A highlight of the year for staff was running a Parents Plus programme with the support and co-operation of the Home School Liaison Officer and the principal of St Laurence's School, one of the schools in the area which regularly makes referrals to them. Staff also promoted the work of Teen Counselling by their attendance at Dail na n'Og and a Mental Health Day in Blackrock Education Centre.



## Finance

The total income received by Crosscare Teen Counselling in 2009 was **€1,521,016**

This was received from the Health Service Executive (HSE) Northern Area Addiction Services, HSE Northern Area Mental Health, HSE Northern Area Child Care, HSE LHO Dublin South, HSE LHO Dublin South West Addiction Services, HSE LHO Dublin West Homeless Services, Family Support Agency, The Young People's Facilities and Services Fund, The Charitable Infirmary Charitable Trust, Crosscare and from donations. We gratefully acknowledge the support of all our funders and all donations received.

The final end of year expenditure was **€1,525,950**. This equates to the following annual costs:

Average cost per family for one year	<b>€3,824</b>
Actual annual cost of running a Full-time Centre*	<b>€317,985</b>
Estimated cost of opening a new Full-time Centre*	<b>€300,000</b>

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





## **CROSSCARE COUNCIL MEMBERS 2009**

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

Fr Dermot Leycock

Sr Marion Harte



## STAFF MEMBERS 2009

**Teen Counselling Drumcondra, The Red House, Clonliffe Road, Dublin 3.**

**Tel. 8371892, Fax 8372025, E-Mail: [drumcondrateenc@crosscare.ie](mailto:drumcondrateenc@crosscare.ie)**

*Full Week*

Ms. Mary Forrest B.Soc.Sc., Dip.Psych., M.Psych.Sc., Reg.Psychol. Ps.Sl., 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](mailto:clondalkinteenc@crosscare.ie)**

*Monday to Thursday*

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

Ms. Averil Kelleher (*Part-time*) B.A., M.S.W.  
*Social Worker*

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

## STAFF MEMBERS 2009

### **Teen Counselling Tallaght, Shalom, Raheen Park, Springfield, Dublin 24.**

**Tel. 4623083, Fax 4627483, E-mail: [tallaghtteenc@crosscare.ie](mailto: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., Dip. Integrative & Humanistic Psychotherapy  
*Senior Social Work Practitioner*

Ms. Averil Kelleher (*Part-time*) B.A., M.S.W.  
*Social Worker*

Ms. Nollaig Tubbert  
*Secretary*

### **Teen Counselling Finglas, Unit 2B, Finglas Village Centre, Finglas Village, Dublin 11. (relocation to new premises from August 2008)**

**Tel. 8646014, Fax 8646015, E-mail: [finglasteenc@crosscare.ie](mailto: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](mailto:dunlaoghaireteenc@crosscare.ie)**

*Full Week*

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 B.A., M.A.  
*Psychologist*

Ms. Ann O'Sullivan  
*Secretary*

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

## Professional development – January to December 2009

Date	Topic	Organised by	No. of Staff	Duration
<b>Jan</b>	Psychotherapists and the Law	Irish Council for Psychotherapy	1	1 day
<b>Feb</b>	Cognitive Behaviour Therapy Skills in Clinical Practice	Merchants Quay Ireland	1	3 days
<b>Mar</b>	Mindfulness in Mental Health	Tony Bates, Headstrong	1	1 day
	Transforming Conflict into Connection: An introduction to Imago Relationship Therapy	Family Therapy Association of Ireland	1	1 day
<b>Apr</b>	The 7 Helpful Habits of Effective CAMHS and CAPA	The Lucena Foundation	1	1 day
	Social Justice: The Challenge in Social Work Practice	Irish Association of Social Workers	1	1 day
<b>May</b>	Presentation by Maria Aarts (Founder of Marte Meo)	Health Service Executive	1	1 day
<b>June</b>	Substance Use and Child Protection and Welfare	Health Service Executive – East Coast Area	1	1 day
	Healing Family Shadows	Murt O'Brien, Centre of New Directions	1	3 days
<b>Sept</b>	Intergenerational Trauma	Confer	2	1 day
	Parents Plus Adolescent Facilitator Training	Parents Plus	2	1 day
	Spiritual Psychotherapy Course	Peter Golden Centre, Kent	1	1 day
	Diagnosing Asperger Syndrome	PSI ASD Special Interest Group Child and Adolescent Psychology	1	1 day
<b>Oct</b>	Spiritual Psychotherapy Course	Peter Golden Centre, Kent.	1	2 days

**Professional development – January to December 2009**

<b>Date</b>	<b>Topic</b>	<b>Organised by</b>	<b>No. of Staff</b>	<b>Duration</b>
<b>Nov</b>	39 <sup>th</sup> Annual PSI Conference	The Psychological Society of Ireland	<b>2</b>	3 days
	How Children Tell – How We Listen	St Clare's Unit Temple Street & St Louise's Unit Our Lady's Children's Hospital	<b>2</b>	1 day
	Parents Plus Adolescent Facilitator Training	Parents Plus	<b>2</b>	1 day
	Solution Focussed Brief Therapy – Module 1	Brief Therapy Group	<b>1</b>	2 days

## **Accountants Report to the Council of Crosscare – Catholic Social Service Conference**

This report is prepared in accordance with the terms of our letter of engagement dated 14 June 2010, to carry out certain procedures, as described below under scope of work, in relation to the Income and Expenditure account for the year ended 31 December 2009 and Balance sheet of Teen Counselling, as set out on page 4 and 5, to assist you in evaluating the validity thereof.

### **Respective Responsibilities of Council and Reporting Accountants**

As the Council of Crosscare you are responsible for ensuring that Crosscare maintains accounting records which disclose with reasonable accuracy, at any time, the financial position of Crosscare and in particular the extraction of the Income and Expenditure account and Balance sheet of Teen Counselling from the audited financial statements of Crosscare. It is our responsibility to check the accuracy of that extraction.

### **Scope of work**

For the purpose of preparing our report you have provided us with schedules ("the schedules") showing that the income and expenditure and Balance Sheet amounts of Teen Counselling for the year ended 31 December 2009. These schedules, for which the Council is solely responsible, is attached at Appendix 1.

We have performed the procedures agreed with you. Our work was carried out with regard to the guidance contained in International Standard on Related Services 4400 "Engagements to Perform Agreed-Upon Procedures regarding Financial Information". The procedures were performed solely to assist you in evaluating the validity of the Programme income and expenditure amounts.

We have checked the extraction of the Income and Expenditure account and Balance Sheet of Teen Counselling from the audited financial statements of Crosscare.

We have carried out an audit of the books of account of Crosscare to enable us to express an opinion on the financial statements of Crosscare as a whole. This involved carrying out audit tests, on a sample basis, of the Income and Expenditure in the various Centres under Crosscare's control including Teen Counselling. We have considered the results of those audit tests in the context of our audit of Crosscare as an entire entity. We reported on the financial statements of Crosscare on 9 June 2010.

We performed the following procedures:

- 1) We agreed the component income and expenditure amounts of Teen Counselling totalling €1,521,017 and €1,525,950 respectively for the year ended 31 December 2009 to Crosscare's accounting records.
- 2) We agreed the total income of €1,521,017 and the total expenditure of €1,525,950 to the audited financial statements of Crosscare for the year ended 31 December 2009.



- 3) We agreed component balance sheet amounts of Teen Counselling totalling net assets of €130,234.

### **Finding**

We confirm that the component Income and Expenditure amounts of Teen Counselling totalling €1,521,017 and €1,525,950 respectively have been accurately extracted from the accounting records of Crosscare.

We confirm that the overall income and expenditure have been accurately extracted from the audited financial statements of Crosscare for the year ended 31 December 2009.

We confirm that the component balance sheet amounts of Teen Counselling totalled net assets of €130,234.

Our audit opinion, dated 9 June 2010, in relation to the financial statements of Crosscare for the year ended 31 December 2009 is contained on page 7 and 8 of those financial statements.

These procedures as stated in our engagement letter do not constitute a detailed audit examination of the Income and Expenditure account and Balance Sheet of the Teen Counselling made in accordance with generally accepted auditing standards, the objective of which would be the expression of an opinion on the truth and fairness of the Schedule. Accordingly, we do not express such an opinion.

Our procedures, as stated in our engagement letter, do not constitute an examination made in accordance with generally accepted auditing standards, the objective of which would be the expression of assurance on the contents of the Schedules. Accordingly, we do not express such assurance. Had we performed additional procedures or had we performed an audit or review of the Schedules in accordance with generally accepted auditing standards, other matters might have come to our attention that would have been reported to you. This report relates only to the amounts and items specified above and does not extend to the financial statements of Crosscare, taken as a whole.

The audit work of PricewaterhouseCoopers on the financial statements of Crosscare was and is carried out in accordance with statutory obligations and the audit reports were and are intended for the sole benefit of Crosscare and Crosscare as a body, to whom they are addressed. Audit(s) of Crosscare's financial statements were not and will not be planned or conducted in contemplation of the requirements of anyone other than the members as a body, and consequently the audit work is not intended to address or reflect matters in which anyone other than the members as a body may be interested.

PricewaterhouseCoopers will not, by virtue of preparing this Report or otherwise in connection with this engagement, assume any responsibility whether in contract, tort (including without limitation negligence) or otherwise in relation to the audits of Crosscare's financial statements. PricewaterhouseCoopers and respective partners, employees, agents and contractors shall have no liability whether in contract, tort (including without limitation negligence) or otherwise to any third parties in relation to the audits of Crosscare's financial statements.

This report is solely for your use in connection with the purpose specified above and as set out in our engagement letter; it is not to be used for any other purpose or to be copied or distributed or otherwise made available or referred to, in whole or in part, to any other party without any prior written consent. We do not accept any liability or responsibility to any third party to whom our report is shown or into whose hands it may come.

PricewaterhouseCoopers

PricewaterhouseCoopers

22 June 2010

Date:

## APPENDIX 1

### Teen Counselling Income and Expenditure account 1 January 2009 to 31 December 2009

Income	2009 €	2008 €
Donations and bequests	13,835	8,219
The Charitable Infirmary Trust	52,500	35,000
<i>State &amp; Local Authority Grants:</i>		
HSE East Coast Area	310,993	319,218
HSE Northern Area	654,514	670,618
HSE South West Area	209,698	221,283
County Dublin VEC – Young People Fund	65,334	66,122
Dept. Social Community & Family Affairs	181,900	170,000
Interest and dividends	30	959
Sundry income	32,213	1,326
<b>Total income</b>	<b>1,521,017</b>	<b>1,492,745</b>

Expenditure	2009 €	2008 €
Payroll and pension costs	1,309,614	1,259,914
Rent, rates and insurance	79,466	86,406
Light, heat and power	4,652	3,760
Repairs, renewals and maintenance	12,038	11,596
Computer and equipment services	3,421	4,209
Printing and Stationery	9,397	15,977
Telephone and Postage	11,268	11,186
Travel expenses	3,785	4,955
Conference and seminars	6,887	3,773
Staff training and conferences	3,439	9,384
Cleaning and security	11,048	10,422
Advertising and recruitment costs	880	5,078
Professional fees and consultancy	11,950	9,380
Sundries	2,216	4,237
Depreciation	9,901	8,394
Central administration charges	45,988	46,000
<b>Total expenditure</b>	<b>1,525,950</b>	<b>1,494,671</b>
<b>Deficit</b>	<b>(4,933)</b>	<b>(1,926)</b>

**Teen Counselling**  
**Balance Sheet as at 31 December 2009**

	<b>2009</b> €	<b>2008</b> €
<b>Fixed assets</b>		
	86,644	21,161
<b>Current assets</b>		
Debtors	(11,874)	54,289
Internal inter-Crosscare accounts	110,735	69,305
Bank and cash	<u>(15,387)</u>	<u>31,727</u>
	<u>83,474</u>	<u>155,321</u>
<b>Current liabilities</b>		
Creditors	<u>39,884</u>	<u>41,315</u>
<b>Net current assets</b>	<u>43,590</u>	<u>114,006</u>
<b>Total net assets</b>	<u>130,234</u>	<u>135,167</u>
<b>Represented by</b>		
Fund balance at 31 December	130,234	135,167
	<b>130,234</b>	<b>135,167</b>

  
For and on behalf of Council

  
For and on behalf of Teen Counselling





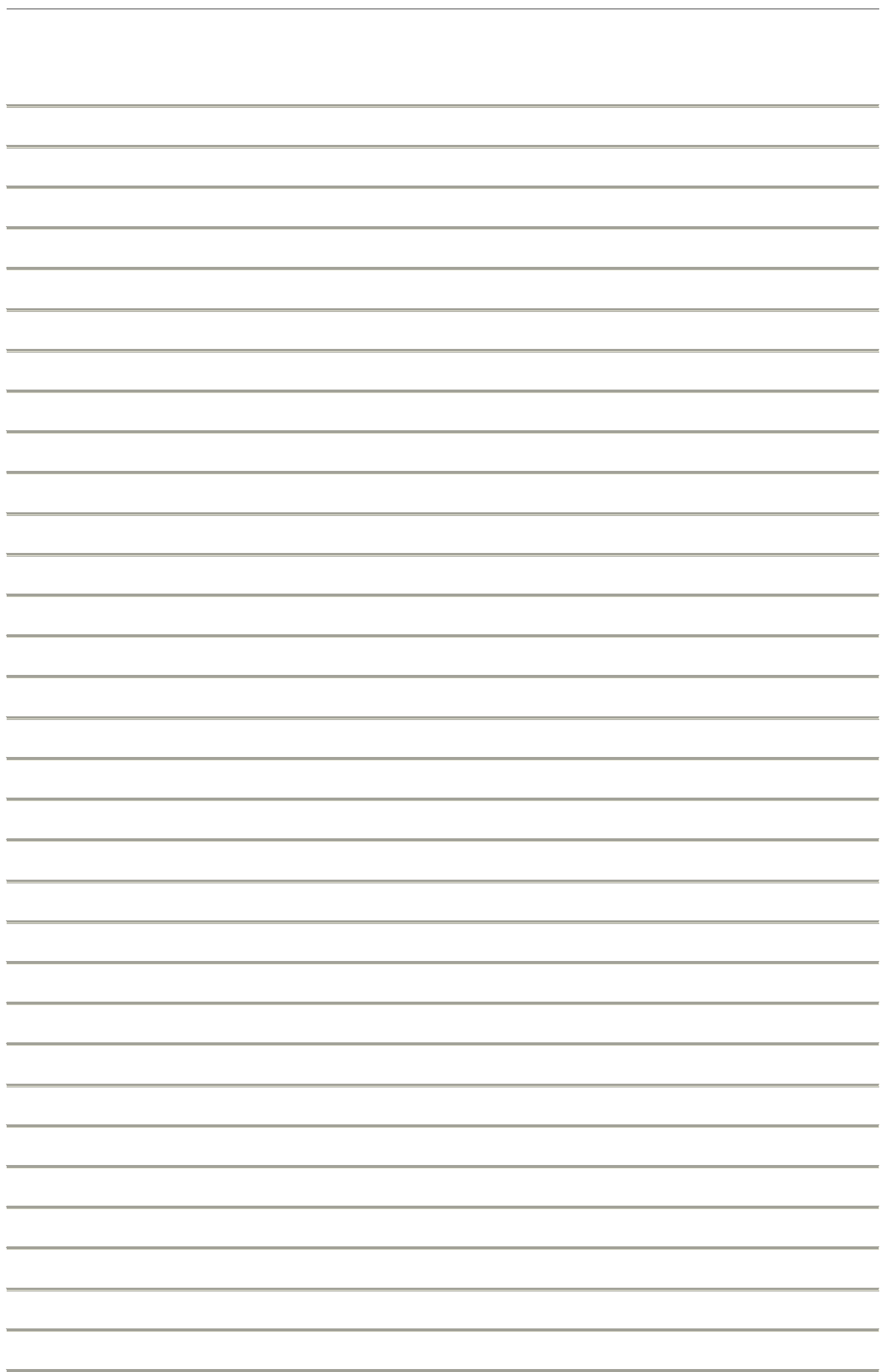
## Strategic 5 year plan for Teen Counselling

OBJECTIVES	STRATEGIES	OUTCOMES
<b>Objective A – Model of Service</b> Continually improve and develop the Teen Counselling model of work	A. <ol style="list-style-type: none"> <li>1. Client feedback and participation</li> <li>2. Continuing professional development for all staff</li> <li>3. Ongoing professional supervision</li> <li>4. Peer learning</li> <li>5. Piloting new approaches and changes</li> <li>6. Feedback for Referrers and stakeholders</li> </ol>	Improvement in quality of life for teenagers and their families
<b>Objective B – Facilities</b> Upgrade and develop all Teen Counselling centres and facilities to the highest possible standard	B. <ol style="list-style-type: none"> <li>1. Agree standards for all TC facilities</li> <li>2. Audit current facilities against these standards</li> <li>3. Prioritise locations for upgrades</li> <li>4. Complete work</li> </ol>	Local communities, teenagers, their families and our staff feel valued and respected
<b>Objective C – Development</b> Increase availability of service to all teenagers and families in the greater Dublin area.	C. <ol style="list-style-type: none"> <li>1. Establish TC in every LHO in greater Dublin area</li> <li>2. Identify target areas</li> <li>3. Establish contacts with key decision makers</li> <li>4. Source appropriate premises</li> <li>5. Identify resources / funding</li> <li>6. Establish services</li> </ol>	More teenagers and families have accessible community based services
<b>Objective D – Influence</b> Advocate for teenagers and for improved adolescent services	D. <ol style="list-style-type: none"> <li>1. Develop a research programme for Teen Counselling</li> <li>2. Contribute to and participate in policy formulation at local and national levels</li> <li>3. Develop "Teen Counselling" positions on relevant core issues and write up a position paper which outlines these</li> <li>4. Seek out appropriate opportunities to promote our positions on the core issues</li> <li>5. Education and professional training of students</li> </ol>	Communities are more adolescent friendly and responsive to teenagers' needs
<b>Objective E – Capacity building</b> Develop the organizational capacity and management structure of Teen Counselling	E. <ol style="list-style-type: none"> <li>1. Develop a model of structure and management that is best suited to delivering on our aim and objectives               <ul style="list-style-type: none"> <li>• Conduct a review of TC's organizational structure and line management processes</li> <li>• Agree an appropriate model of management</li> <li>• Identify required resources for new model</li> <li>• Implement required changes</li> </ul> </li> <li>2. Review above strategies and the decision of Teen Counselling remaining as part of Crosscare</li> </ol>	Teen Counselling able to achieve overall aim and objectives

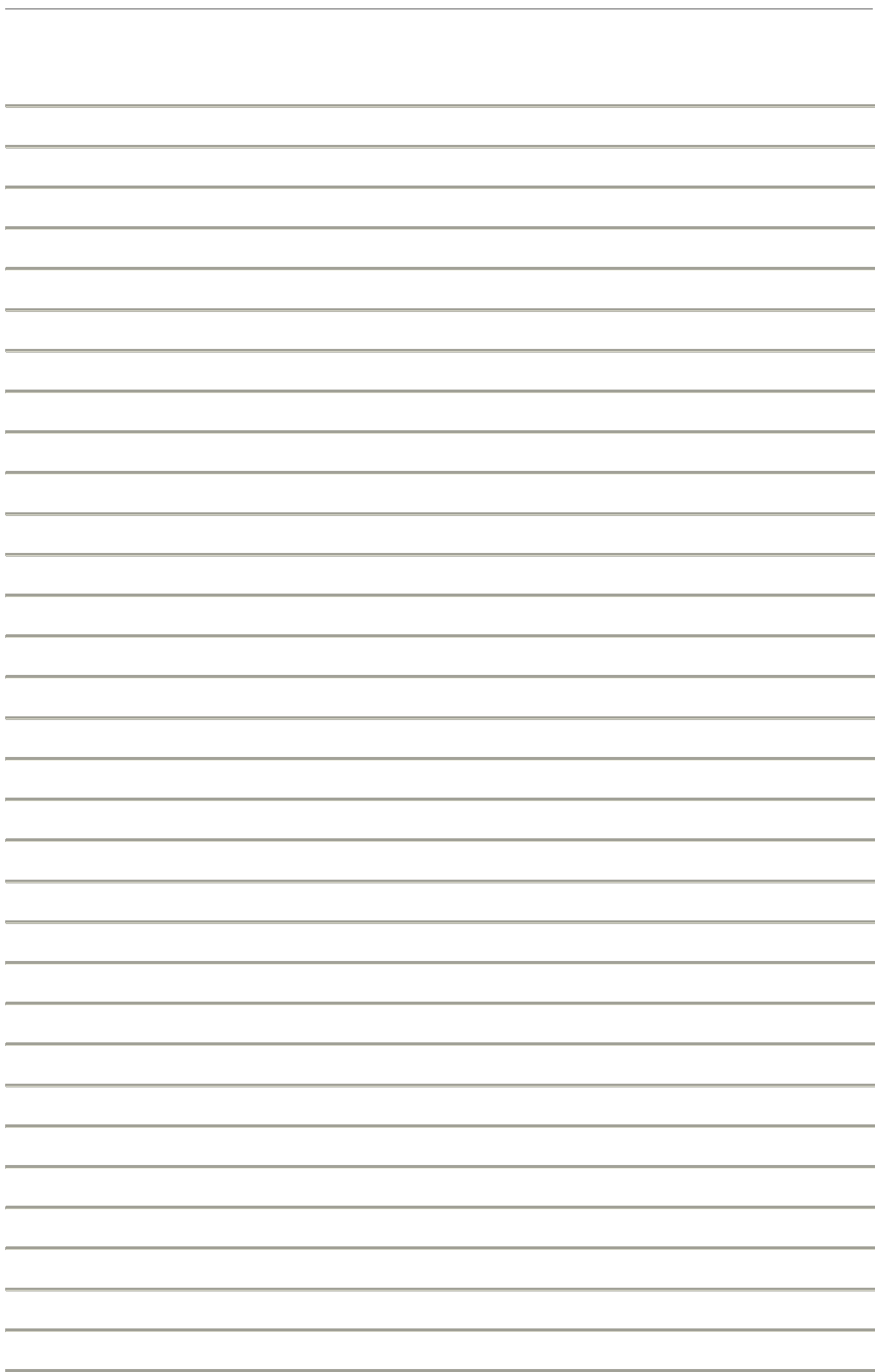
Teen Counselling's aim is aligned with Crosscare's 5 year strategy as follows:

- All three points in the vision statement are directly relevant to TC's aim
- Points one and two of the mission statement are directly relevant and point three relates to the fourth of TC's objectives
- Teen Counselling positions itself in the context of Crosscare's second long term objective ie. Outreach









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Crosscare believe that every person is created in the image and likeness of God. This places responsibility on us to work to the highest possible standards while treating every person who uses our services and who works for or with us with care, courtesy and love. Our work is guided by four core values:  
Respect, Human Rights, Integrity and Excellence.

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