

Some highlights from the Centres

Clondalkin

'Teen suicide remains a prevalent concern which is indicated by bereavement being so high in underlying issues identified by the counsellors (16% of new attendees). A high number of teens would be aware of a young person who has completed suicide. (16%) of teens were referred to the service for deliberate self harm, (28%) reporting they had engaged in self injurious behaviour. Suicidal ideation was reported by (28%) of teens and suicidal intent by (19%)'.

Drumcondra

'This year, the usual equality between the sexes was changed with (63%) of teens being girls, and the under 16 age range representing (55%) of teens seen. Although the majority of teens who attended for counselling were between 2nd and 5th year in secondary school, (3%) had dropped out of school which is a worrying development.'

Dun Laoghaire

'Family conflict (47%) and problems with mood/anxiety (42%) were the main reasons for referral this year. Difficulty with communication patterns remained a major contributor to the presenting issues of our clients. Coping with parents' personal problems including addiction and mental health problems was a challenge for (34%) of new families, while parental separation was identified as an underlying difficulty in (29%) of cases.'

Blanchardstown

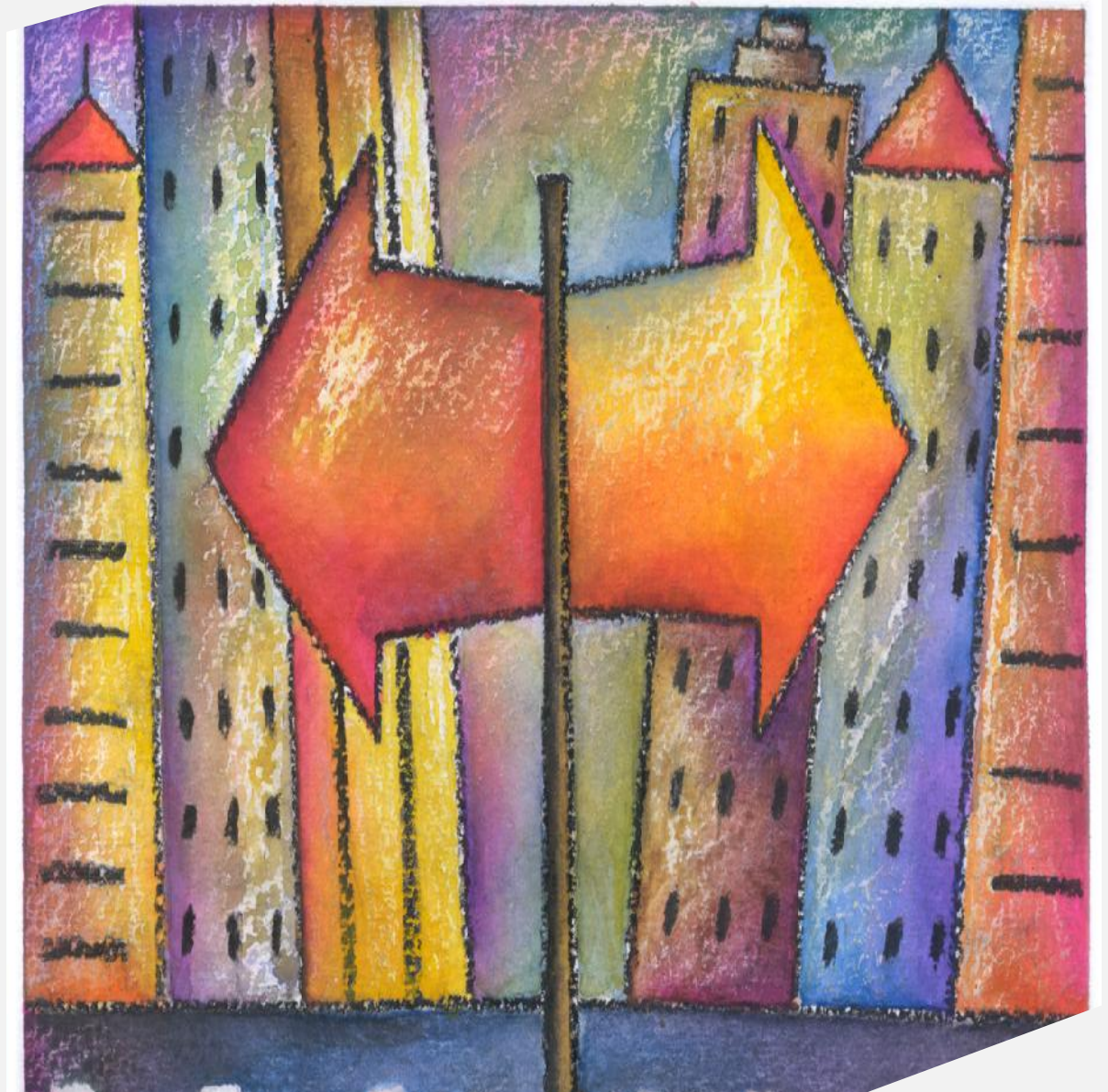
'The team saw 42 families in 2012. Family self-referral represented (51%) of the total referrals received, with (24%) coming from Community Care Social Work departments. (24%) of the self-referrals received were encouraged by a school. (35%) of referrals were for low depressive mood and/or heightened anxiety, (27%) were in relation to family conflict and (23%) for behavioural problems at school'.

Tallaght

'(50%) of the reasons given for referral were ascribed to mental health difficulties. Suicidal intent was reported by (18%) of teens attending the service. 71 telephone consultations supported a concerned adult to deal with a teenager's problems, or access services better suited to the needs or age of the young person. An average of 22 clinical hours were dedicated to cases (from 1st appointment to closure)'.

Finglas

'Of note this year is the work done with older teens, with 6 young people and parents supported in their transition on completion of 2nd level education. This is a key juncture in teenagers' development for long-term positive outlook and also a key vulnerable point at which they often drop out of education. Four of these young people have successfully made the transition and one will return to third level in September 2013.'



Annual Report 2012

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.

Homeless Services Young People's Care Services Community Services

teen counselling

DRUMCONDRA | CLONDALKIN | TALLAGHT | FINGLAS | DUN LAOGHAIRE | BLANCHARDSTOWN

Referrals made

	2012	2011
Referrals received	524	(480)
Referrals accepted	482	(441)

Waiting time

Despite the almost (10%) increase in referrals every effort was made to maintain waiting times at manageable levels. The average waiting time was 89 days – an improvement on 106 days in 2011.

Referred by

Parents initiated (64%) of referrals indicating the accessibility of the service. The primary sources of referrals were:

Health & Social Care Services	43%
Schools (incl. NEPS)	21%

Teen Counselling is funded by:

- the Health Service Executive (HSE)
- the Family Support Agency
- Dept. of Children & Youth Affairs (YPFSF)
- The Charitable Infirmary Charitable Trust
- Blanchardstown LDTF
- as a programme of Crosscare and from voluntary donations

Teens living with both biological parents – 33%

continuing the trend of engaging single parents or foster parents and newly established families. (4%) of teens attending are in the care system.

145 teens availed of counselling in relation to parental separation 1,232 counselling hours - (35%) of all teens attending the service. 30 couples and 119 parents received relationship counselling (966 counselling hours). 131 individuals and 58 families availed of bereavement counselling (14%) of families seen (741 counselling hours).

Profile of 261 new teenage clients

Female	57%	Male	43%
16+ yrs.	22%		19%
< 16 yrs.	35%		24%

Education

The largest proportion of teens attending were in 2nd and 3rd year (42%), while (5%) of teens are out of school and not in employment.

Attendance

There were 423 cases seen during the year with 1,880 teen and 1,747 parent/guardian appointments kept. Despite a very active management of DNA's and cancellations, there was a combined attendance level of 72%.

Drugs and alcohol

(17%) of teen attendees used drugs and (46%) used alcohol. The drug of choice for teens was cannabis/hash. Amongst the parents of teen clients, addiction to either alcohol (34%), or drugs (18%) was a factor.

Underlying problems

Teen Counselling is working in communities with significant underlying social issues of drugs and violence. While the dominant themes of relationship and communication problems within families remain, 2012 showed a significant increase in parents' personal problems.

Counsellor evaluation

Counsellors assessed the difficulties using CGAS* and GARF* scales, initially and on completion of counselling. Average CGAS change was 14 points and average GARF change was 14 points.

Consultations and advice

There was a (10%) increase in telephone consultations supporting parents and teens in 2012.

Cases closed

260 cases were closed and 164 cases were carried forward into 2013. Cases closed involved 2,450 counselling hours. The average number of counselling sessions was 9.

Reasons for attendance at counselling

The primary reasons for attending were the management of behavioural problems (52%), mood disturbance and anxiety (41%) and family conflict (37%). 2012 showed a reduction in young people referred with reported deliberate self harm/self injurious behaviour (15%), (22% in 2011).



Teen Counselling has a family based 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 and is adolescent friendly. Liaising with other services is vital to ensure optimum support for clients and staff. The service can be contacted at the following locations:

Teen C Drumcondra	01 837 1892
Teen C Clondalkin	01 623 1398
Teen C Tallaght	01 462 3083
Teen C Finglas	01 864 6014
Teen C Dun Laoghaire	01 284 4852
Teen C Blanchardstown	01 462 3083

For further information about the service also see:
www.crosscare.ie

Positive Systemic Practice (PSP) (a unique approach to family therapy) was developed in Ireland over the past 40 years at six Teen Counselling (TC) centres under the auspices of Crosscare. A recent evaluation by Professor Alan Carr and Ciara Cassells, School of Psychology UCD supports the effectiveness of PSP in the treatment of families of adolescents with clinically significant behavioural and emotional problems.

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