Crosscare Teen Counselling Tallaght (TCT) 2012

‘Fifty percent (50%) of the reasons given for referral were ascribed to mental health difficulties. Suicidal intent was reported by (18%) of teens attending the service. Seventy-one (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).’

The centre statistics for 2012 highlight an on-going need for family-oriented intervention in the Tallaght area.

Contact and collaboration with other agencies continued throughout the year, including:

- Continued provision of a clinical administration function for the Teen Counselling Blanchardstown service.
- Service representation on the Achieving Through Partnership group of psychologists working with children in the Tallaght area.
- Linking in with the Jigsaw and Headstrong at local level.
- Liaising with the schools in our area, in particular home-school liaison and guidance counsellor personnel
- The level of marital and separation work provided by the service amounted to 126 hours. Bereavement work, with individuals and families availing of support work (16 counselling hours).
- Amongst the parents of teen clients, addiction to either alcohol (10%), (42% in 2011) or drugs (1%) was a factor.

It is the policy of Teen Counselling to value, welcome, respect and protect all children and young people who attend the service. The issue of Child Protection is an integral part of the work. We have developed procedures and guidelines to reflect the importance of this and to guide practice in keeping with the implementation of the National Guidelines for the Protection and Welfare of Children. Where any staff member has cause for concern about the safety, well-being or welfare of the children and young people attending the service, appropriate action is taken.

Jane Fry, Tom Casey and Nollaig Tubbert

(Jane Fry, Senior Psychologist with the service for 17 years, retired at the end of 2012. We gratefully acknowledge her work on behalf of young people and their families/carers and wish her the well for the future).
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.

### Referrals made

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<tr>
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<th>2012</th>
<th>2011</th>
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<tbody>
<tr>
<td>Referrals received</td>
<td>65 (88)</td>
<td></td>
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<tr>
<td>Referrals accepted</td>
<td>57 (77)</td>
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### Profile of 28 new teenage clients

- Female: 64%
- Male: 36%
- 16+ yrs: 25%
- < 16 yrs: 40%

### Waiting time

Due to the (25%) decrease in referrals for the 3 day per week service, the average waiting time was 78 days (101 days in 2011).

### Education

(100%) of teens attending were in 2nd level school: 2nd and 3rd year (50%), while (46%) were 1st & 2nd year Leaving Cert.

### Reasons for attendance at counselling

The primary reasons for attending were mood disturbance & anxiety (50%), the management of behavioural problems (47%) and family conflict (18%), drug use (4%). Suicidal intent was reported by (18%) of teens attending the service.

### Attendance

There were 42 cases seen (50 cases in 2011) during the year with 174 teen and 158 parent/guardian appointments kept. Despite a very active management of DNA’s and cancellations, there was a combined attendance level of (69%).

### Drugs and alcohol

(22%) of new teen attendees used drugs and (57%) used alcohol. The drug of choice for teens was cannabis/hash. Amongst the parents of teen clients addiction to drugs was (2%) and alcohol (7%).

### Cases closed

32 cases were closed and 10 cases were carried forward into 2013. Cases closed involved 240 counselling hours. The average number of counselling sessions was 8.

### Underlying problems

Coping with parental separation and marital issues (40%), difficult communication patterns within the family (36%) were the main underlying problem identified by counsellors. This supports the strong emphasis of the service on working with parents as well as with the teen.

### Referral by

Parents initiated (62%) of referrals indicating the accessibility of the service. The primary sources of referrals were:

- Health & Social Care Services: 27%
- Schools (incl. NEPS): 14%
- Other (Internet, Community groups etc.): 28%

### 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

### Client evaluation

(44%) of families attended a closing session to complete their therapy. (100%) of teens reported improvement/great improvement. Parents noted (82%) improvement with (100%) improvement in coping ability.