

<i>- 'POSITIVE SYSTEMIC PRACTICE (P.S.P.)' -</i>	
<u>Organisation / Country:</u>	Crosscare Teen Counselling 20 Arran Quay, Dublin 7, Ireland
<u>Website:</u>	Dublin office
<u>Contact this email for further information:</u>	policy@esn-eu.org
<u>Summary:</u>	<p>The service provider Crosscare Teen Counselling is a Dublin-based teen counselling services provider. Their services have been developed in cooperation with the Clanwilliam Institute and UCD Dublin. Their work crosscuts through the following five areas:</p> <ul style="list-style-type: none"> • 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. <p>Positive Systemic Practice (P.S.P.) The service model is based upon Positive Systemic Practice (P.S.P.) and has developed over 40 years. The field of work is around family interventions for adolescents with emotional and behavioural problems. The target groups are 12 to 18 years old teenagers, their parents and their guardians.</p> <p>Crosscare Teen Counselling offers families who access the service to work through or resolve the issues that contribute to their distress with the support of a counselling team. Teen Counselling is an “adolescent friendly” service and as such, the aim is to enable young people and their parents or carers to deal with difficulties, within the context of the family.</p>

	<p>The Positive Systemic Practice is a generalist counselling model based on an open referral process to make the service as user-friendly as possible. Positive Systemic Practice follows a non-clinical and normative stance. Positive Systemic Practice focuses on the adolescent's social system rather than the adolescent as the problem. It locates the problematic issues within the client's relationships with others.</p> <p>Positive Systemic Practice redresses the negative stereotyping of adolescents and places behaviour within a normative developmental framework. The professionals work in teams of two counsellors for each family across six centres in Dublin. The actual counselling is conducted in parallel parent and adolescent sessions with initial and periodic joint sessions.</p> <p>In 2010, Positive Systemic Practice can be put into action through a therapeutic manual developed along "10 Principles of PSP" with 47 therapeutic Stances. The values and attitudes are based on the following guiding lines:</p> <ol style="list-style-type: none">1. Fundamental Stance2. Enhancing Engagement3. Promoting Insight and Understanding4. Fostering Behavioural Change5. Facilitating Transition to Adulthood <p>The user's individual journey evolves through three stages. Those three stages have particular characteristics and objectives:</p> <ul style="list-style-type: none">• engagement phase• middle phase• closing phase <p>The engagement phase</p> <p>Among the tasks of the initial engagement phase are the convening session, alliance building, and problem exploration. More concretely, the engagement seeks to synchronise expectations and aims between the team and the family (both teens and parents).</p>
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	<p>Among the tasks of the middle phase are the maintaining alliance, and problem solving by working on the intervention aims. The middle phases are carried out separately between parents and adolescents.</p> <p>Middle Phase with Parents In the middle phase with parents, the parents are engaged separately and asked why they decided to make use of counselling. It is essential to give them the opportunity to “save their face” in front of others.</p> <p>Middle Phase with Adolescent The middle phase with adolescents is based on identifying family secrets, while giving the adolescent the opportunity to “save his face” and gives the opportunity to utter critique in a safe environment. This may include feeling about absent parents, their sexuality or other aspects.</p> <p>Middle Phase: Conjoint work Another part of the middle phase is joint work, in which progress is being processed individually and in which the impact is assessed. This shall lead into constructive dialogues, shared communication and conflict management. The persons involved in the counselling need to agree on any necessary changes to the family’s goals.</p> <p>Tasks of the Closing Phase Among the tasks of the closing phase are the review and acknowledgement of achievements reached by adolescents and parents. Closing also needs to include a relapse prediction and an outlook on prevention. It should end through disengagement.</p> <p>Staff requirements As condition for staff to undertake this kind of work, the professionals need to be able to have compassion for teenagers, understand parents and their position, be able to work with high conflict, work with power imbalance, work with incompatible demands, and have a sense of humour.</p>
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<p><u>Issues:</u></p>	<p>Typical issues that Crosscare Teen Counselling deals with are:</p> <ul style="list-style-type: none"> • family conflict and communication difficulties, • self-harm, • disruptive behaviour at home or at school, • learning difficulties, • life changes due to parental separations or bereavement,
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	<ul style="list-style-type: none"> • health Issues, • anxiety and mood problems, • bullying, • early drug and alcohol use.
<p><u>Resources:</u></p>	<ul style="list-style-type: none"> • Specialists in family therapy • Resources on the part of the user family to make use of PSP
<p><u>Objectives:</u></p>	<ul style="list-style-type: none"> • Providing a service in a friendly, efficient, competent and easy to access manner • Promoting mutual understanding and respect between teenagers and parents or others in a similar position • Enhancing a family's capacity to enjoy relationships both internally and with the wider community • Helping adolescents to develop into well rounded adults, avoiding or at least minimising the negative effects of difficulties that teenagers and families experience • Sharing the service's expertise and experience where appropriate
<p><u>Outcomes:</u></p>	<p>Through data collection, it has been found that a reduction in problem severity from intake to closing was achieved. Parents and teenagers felt that the problems became less severe in the course of the counselling. Likewise, the counsellors felt that an improvement in adolescent and family adjustment was achieved. Due to the positive results, the training model gets disseminated.</p>
<p><u>Evaluation:</u></p>	<p>P.S.P. has been the subject of controlled trials resulting in the following conclusions:</p> <ul style="list-style-type: none"> • In 3 out of 4 cases that completed at least 9 sessions of PSP over 16 weeks, adolescents showed clinical improvement on the SDQ (Compared with 1 in 5 controls) • Improvement in family functioning occurred in parallel to improvement in adolescent emotional and behavioural problems. • Improvement in emotional and behavioural problems and family adjustment continued during the 6 month follow-up period.