

Orkney Youth Counselling Service

(September 2004 – August 2006)

**Description of Activities,
Thoughts,
& Future Directions**

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Youth Counsellor

Gemma McGregor worked as the Youth Counselling Coordinator for Orkney Alcohol Counselling & Advisory Service (OACAS) during this period. She is accredited by Alcohol Focus Scotland, trained in Person-Centred Counselling, and holds a Postgraduate Certificate in Addictions (Glasgow University). The present Youth Counsellor Coordinator, as of February 2008, is Renate Andrews who is also accredited by Alcohol Focus Scotland.

Background

Orkney Youth Counselling was set up by OACAS, in September 2004, and was based on a similar project in Renfrewshire that has been running since 1998. OACAS has been offering support for substance misusers and their families since 1975. OACAS is a member organisation of COSCA, (Counselling & Psychotherapy in Scotland). COSCA recognition is a quality assurance scheme that sets standards for counselling, psychotherapy, and counselling skills organisations in Scotland. Organisations that are on their register agree to adhere to the COSCA Statement of Ethics and Code of Practise and have been assessed as meeting the standards of the Recognition Scheme.

Orkney Youth Counselling offers a service to young people aged 10-24 that includes counselling and substance education. Counsellors are trained and accredited by Alcohol Focus Scotland. The service is based in the town of Kirkwall which is located on mainland Orkney, about twenty miles off the north coast of Scotland. There are seventy Orkney Islands and seventeen of them are inhabited. Eighty percent of the population live on mainland and twenty percent on the outlying islands. Orkney has a population of approximately 20,000 people.

Aims

The aim of OACAS' Youth Counselling service is to provide free, independent, 1-on-1 counselling to young people facing substance related problems or who are at risk of becoming substance users. The aim of counselling is to reduce the harm associated with substance misuse for young people affected by substance misuse issues. Referrals come from a wide variety of sources including self, parents, police, mental health workers, General Practitioners, Children's Reporter, schools, social work, training colleges, etc. (see Appendix 1 for "Client Referrals" table).

Clients

The group consists of 53 clients who were referred for counselling from the start of September 2004 to the end of August 2006. The clients were aged 10 to 20 years of age. Thirty-five of the young people were under the age of 18, and eighteen of them were aged 18 or older. The majority of the clients were aged between 14 and 16 years of age.

The average number of attendances per client was 6 sessions. The highest number of sessions attended by a client was 15.

Of the clients listed as substance misusers, the majority used alcohol at above recommended levels. 21 of the 53 clients were cannabis users. 6 of the 21 cannabis users also used ecstasy, 4 also used amphetamines, 3 also used solvents and 2 had tried ketamine. 1 client used amyl nitrate. Heroin use is relatively rare in Orkney.

None of the 53 clients were currently using heroin although a few said that they had tried it in the past

Organisation of Work

OACAS staff collected information on each presenting client in four steps:

- Core data was collected on the Initial Contact Referral form (see Appendix 2) during initial phone call, letter, or visit by client or referral source.
- Data on the 1st Interview Form (see Appendix 3) was collected during the first one-to-one counselling session.
- Data on the Risk Factors table (see p4) was observed during counselling sessions and marked on the table after the sessions.
- Data on the Termination Sheet (see Appendix 4) was gathered on completion of counselling intervention.

The information was stored in a protected database and related to a total of 53 clients. Clients were given a first appointment within three weeks of initial referral. Clients were offered six counselling sessions of between half an hour and an hour in length, and the average number of sessions attended was five. 26 clients were male and 27 were female.

Risk Factors

During work, an attempt has been made to identify patterns of events or circumstances that led up towards the present situation.

On tracking the features common to Orkney youngsters experiencing difficulties that might be addressed through counselling, it was noted that many of them experience social difficulties/exclusion for reasons including the following factors:

	Risk Factors	Clients who presented with this factor
1	Abused (either sexual, physical or severe emotional abuse)	20
2	Alcohol use (either underage or exceeding recommended levels)	34
3	A&E presentation (for emergency treatment)	4
4	Anger problems (of an ongoing and problematic nature)	8
5	Behaviour Problems (as identified by Education Dept.)	11
6	Bereavement	8-9
7	CAMHS (Community Adolescent Mental Health Service) involvement	5
8	Children's Hearing System involvement (Current)	4
9	CPN involvement (past or current)	6
10	Custody Issues	8
11	Disability (physical) label by DSS	2
12	Domestic abuse	13
13	Drug user	22
14	Dyslexia (as reported by client, parent or teacher)	8
15	Early home leaver (before age 18)	12

16	Early school leaver (before age 16 or before end of S4)	11
17	Excluded from school (during contact with service)	3
18	Eating disorder (bulimia, anorexia, or phobic behaviour as reported by client, parent, doctor, or mental health worker)	4
19	Family break-up (within past 2 years or longer if conflict continues)	16
20	Gender Issues	3
21	Health problems (of an ongoing nature)	11
22	High Achievers / Perfectionists	3
23	Homelessness (could be in emergency housing or B & B)	6
24	Illiterate (or very poor literacy)	4
25	In care (living with foster parent or in children's' home)	2
26	Isles resident	6
27	Lack of social opportunities (due to location and transport difficulties, family or social situation)	18
28	Learning difficulties (as identified by Education Dept.)	15
29	Low self-esteem (in opinion of counsellor or client)	24
30	Low level psychological difficulties (self reported, could include depression, mood swings, suicidal thoughts, sleeplessness, anxiety, stress, self-harm, etc. but not of a degree of seriousness that has led to ongoing CAMHs intervention)	31
31	Mental health diagnosis (by CPN, or psychiatric consultant)	2
32	Moving house (during past 2 years or a pattern of moving several times throughout childhood)	10
33	Not in Education, Employment or Training (NEET)	12
34	Obesity	8
35	Only child	7
36	Parental Substance misuse (alcohol, drugs or both, as reported by client or school or social work)	10
37	Peer group of different age	10
38	Police Involvement (broad term including offending, reporting an offence or family involvement)	24
39	Poor school attendee (out of 29 clients on the school roll)	7
40	Psychologist involvement (educational or clinical)	6
41	Previous trauma (e.g. serious accident, sudden death of friend or relative, abandonment).	10
42	Risk taker (thrill seeking behaviour with known danger of possible harm to self or others)	15
43	Rural isolation (not residing in either of Orkney's two towns).	16
44	Self harm (physical)	5
45	Sexual abuse (past)	5
46	Smoker (as reported by client)	25
47	Social work involvement	19
48	Special needs (learning or disability, requiring support)	9
49	Underage drinker	20
50	Unemployed (at start of counselling or during contact) out of 24 not in school)	14

Counselling

Orkney Youth Counselling and their training organisation, Alcohol Focus Scotland, have an ethos of harm reduction and promote safer use and self-awareness with regard to substances and addictive behaviours.

As time has gone by, the service was extended from pure person-centred counselling and substance education, to include many more helping techniques. These included cognitive behaviour therapy, anger management, self-esteem exercises, motivational interviewing, suicide prevention, future envisioning, anxiety management, food abuse therapy, mental health first aid, and role play. OACAS has supported this work by providing extra training in these areas of expertise.

Assessment during the initial interview has become more detailed in order to identify therapeutic approaches that best fit the presenting needs.

Clients were offered 6 weekly appointments lasting either ½ hour or an hour, depending on their age and concentration span. A few clients with multiple problems needed to attend for longer than 6 weeks. Clients who had mental health problems combined with substance use are usually more challenging and need longer interventions. The maximum number of sessions attended by one client was fifteen.

Accessibility

Orkney Alcohol Counselling & Advisory Service has made a sustained effort to allow the service to be as accessible as possible to all the outlying islands. OACAS send a visiting counsellor to two of the outlying islands for one day every two weeks. These counsellors work out of the GPs surgery and referrals tend to come from either the GP or the community nurse.

As a youth counsellor, I have seen nine clients who come from the outer isles. Ways that clients have accessed counselling have included:

- Brought by parent to mainland with ferry fare reimbursed.
- Brought by education worker to mainland.
- Counsellor travelling to the island and working from local school.
- Counsellor working from children's hostel (where children aged 12-18 from isles live during the week when attending secondary school).
- Telephone counselling

There can be problems of confidentiality when seeing an isles client – everyone on the plane or ferry knows exactly who you are – subterfuge has been employed such as a double reason for visiting the isle or booking the space under a different name. The positive side of working with people from the islands is that they really appreciate the work and are good at staying in touch. It is easier to observe the knock-on effects of an intervention such as growth, development and other referrals in this enclosed environment where people remain visible long after the intervention.

The office is available for counselling sessions between 9am and 5 pm Monday to Friday and evening appointments can be made by special arrangement.

Results

The following targets for assisting young people were listed at the outset of the program:

- To reduce substance misuse
- To reduce the risk of becoming a substance misuser
- Harm minimisation
- To identify motivators for reengagement with services
- To rebuild damaged personalities and build self-esteem
- To strengthen commitment to education and training
- To assist with planning for a fulfilling future
- To develop the profile of the service so that it best fits the needs of young people in Orkney

It is a challenging task to measure the success of the interventions in an objective way, but 10 clients reported reduction in substance use at the conclusion of counselling and 37 clients received substance education and/or watched an alcohol awareness video. The reduction of substance misuse by the client is usually self-reported and we cannot prove that reduction in use is maintained after leaving the service. However, seeing clients make changes to their lives such as improving social opportunities, making non-using friends, re-entering training or employment, or accessing other services does demonstrate progress that would be likely to indicate cessation or reduction in use. The services that we referred on to include –

1. Jobcentre
2. Careers Scotland
3. Support Training
4. Orkney College
5. After school homework club
6. Community Mental Health Team
7. Leisure centre
8. The Learning Link (for adult literacy)
9. Community Education
10. Volunteer Centre
11. Orkney Befrienders

The number of different services that referred to us continues to widen, (see accompanying chart of referral sources), and that could be an indication that clients are reporting back that they have found the service useful. We have had several clients return for counselling at a later date and some have referred friends, family or partners. The number of clients referred for counselling continued to grow – OYC received 45 referrals during the year September 2006 – August 2007.

Challenges & Changes

What are the challenges that substance misuse services face in this location?

Orkney has its own NHS service and a small hospital. GP services are available on most of the islands. It can be difficult to get a referral to a health care specialist and this would often result in a trip to an Aberdeen hospital. Orkney does have community psychiatric nurses and two alcohol/drugs specialist nurses, but no paediatric psychiatric nurse. We have no on-island rehab and no resident NHS psychiatrist or psychologist. We have a visiting consultant psychiatrist for under 18s who comes to Orkney four times a year. Orkney has not had a visiting paediatric psychiatrist for the last four years. Orkney has a visiting clinical child psychologist who comes to Orkney for 3 days every 3 months. The newly created “Joint Interventions Team” manages the Child & Adolescent Mental Health (CAMHS), worker, (whose title is “Emotional Support & Transition Worker”), and the team manager also carries a limited case load. This level of mental health provision is hardly ideal for a population of 20,000 with 4,800 young people under the age of 19.

Alcohol misuse is a huge problem in Orkney. Children of parent drinkers face a whole range of problems and counselling can be a means of providing support and referral on to other services. The local culture is very accepting of underage drinking and local feeling is that since there is very little to do in the evenings and at weekends for young people then parents will allow parties and drinking.

Orkney Youth Counselling has endeavoured to promote new social opportunities for young people by publishing and distributing a booklet listing leisure activities and services for young people in Orkney and have also posted this information on a young people’s website at www.orkneyyouthservices.org.uk

Continuing Development

The holistic approach

Orkney Youth Counselling offers person-centred counselling as the primary intervention and experience has confirmed that treating the whole person, not substance misuse in isolation, is the preferred treatment. Counsellors are aware that many young people use substances as a coping strategy, therefore, if better coping strategies are identified, they can replace the substance use. Use of motivational interviewing techniques has led to facilitating clients to initiate change in many areas of their lives. Life changes for a chaotic young person are not always logical or sequential, but any small progress will probably have an impact on a life and make further change more possible.

Gateway to training

This attitude to supporting life changes has had the unexpected knock-on effect of encouraging other services to understand that counselling and/or substance misuse treatment can be a gateway to accessing training. Orkney Youth Counselling has worked with 12 clients who were not in education, employment or training, (in the NEET category), 8 of whom returned to training during the counselling intervention.

Flexible approach

Orkney Youth Counselling has learned that a flexible approach to offering a variety of therapeutic interventions, or referral to other services benefits the clients. Clients can be referred – or even self- refer – for a reason other than the one that has the most

urgency to be addressed. For example, a guidance teacher could refer a child for counselling to address low self-esteem and the child could later reveal a previously unknown problem such as cannabis use. Counsellors need to have a variety of information and approaches at the ready.

Young people with learning difficulties

Orkney Youth Counselling has worked with 15 young people who have been identified by their school as having learning difficulties. The transition time of leaving school is particularly difficult for this client group as they leave the security of the school routine and may be facing issues such as finance, housing, training, leaving home, making new friends, pressures to experiment with substances or sex, etc. for the first time. The unexpected outcome with this client group has been that the majority of them have wanted to attend with a support worker or friend and this person has often gone on to assist them with planning and trying out new situations. The learning for counsellors with this client group has been that it is necessary to identify the learning style that works best for the client and to communicate in a way that promotes the maximum understanding. This might include choosing a certain vocabulary – i.e. words that they use – or making simple written notes for them to take away.

Risk Factor Analysis

Predicting risk: Analysing the presence of risk factors in clients could potentially prove helpful for predicting which young clients are at the greatest risk of developing a substance misuse problem or of their existing problem growing more serious.

On looking at the risk categories that scored highly amongst clients, it was noted that police involvement with the families was common and that learning difficulties and literacy problems were high.

There seem to be particular difficulties that young people face in this rural island community. For example, there are no venues open in our two towns where young people might congregate (such as a café or club) on a Friday or Saturday night. Bus and ferry services are limited – so social opportunities are even harder to find for country and isles residents. Stigma is a larger problem in this rural environment than it would be in a more built up location. Blaming and shaming are hard to avoid as people with problems are well known in the community. Access to employment and training can be more difficult for those known to have had substance misuse problems.

Person centred approach: On examination of risk factors it becomes apparent that no one profile fits young people who present to the service - their lives are complex and occasionally chaotic. There is no 'one fits all service' that can address the needs of these children either. The experience of Orkney Youth Counselling confirms that a person-centred style of counselling is the most beneficial approach. Helping a young person to describe their needs without fear of judgement and empowering them to find the confidence to identify ways of addressing those needs is a starting point. Having good relationships with other services and referring a young person on when necessary can be helpful.

Future Plans

Orkney Youth Counselling will continue to provide a substance misuse service that links with other services and promotes a holistic approach. Orkney Youth Counselling recognises the necessity for multi-agency working to promote awareness of risk factors for substance related harm for young people and the desirability of early identification. We are endeavouring to address this locally by attending the following committees:

- Young People's Safety Forum
- Youth Crime Review Group
- Young Scot Operational Steering Group & Youth Services Forum
- Community Youth Service Group
- NEET Operational Group
- DASAT Services Group & Education Sub-group
- Voluntary Action Orkney Forum
- Integrated Children's Services Planning Group

Orkney Youth Counselling intend to distribute the results of this work to encourage a joined-up approach to providing care for young people in Orkney. It is confident that teaching positive coping strategies, promoting personal growth and empowerment, and assisting with social opportunities will build resilience in young people who face substance misuse problems.

Acknowledgement

All this was only possible due to the strong involvement of Gemma McGregor, Youth Counsellor during this period

Appendix 1

Source of Referrals for OYC clients

Alcohol Nurse	1
Community Adolescent Mental Health Service	1
Careers Scotland	4
Children's Reporter	1
Community Psychiatric Nurse	1
Criminal Justice	7
Doctor	3
Family Mediation	4
Friend	1
Orkney College	4
Papdale Halls of Residence	1
Parent	6
SACRO (Safeguarding Communities – Reducing Offending)	1
School	2
Self	6
Sheriff Court	1
Social Work (Children & Families Team)	1
Social Work (Community Schools)	1
Support Training	7
Total	53

Appendix 2

ORKNEY ALCOHOL COUNSELLING & ADVISORY SERVICE

INITIAL CONTACT/REFERRAL FORM

Date _____ Referral taken by _____ Method _____

Name _____

Address _____

Tel. No Home _____ Work _____

Mobile _____

Can we contact you at the above address by phone? Yes / No

If you have an answer phone do you wish us to leave messages? Yes / No

Can we contact you at the above address by letter? Yes / No

Can we leave a message with a family member if you are not available? Yes / No

Can we contact you at work by phone? Yes / No

When is the best time to contact you? _____

What times suit you best (Day/Evenings)? _____

Can you manage stairs? _____

Action Taken:

Any further action to be taken:

Please Note

If the client is referred by an outside agency/third party e.g. Social Work Dept, Police then the referrer should be asked: "Is there a history of violent or potentially violent incidents where the client is a threat to him/herself or others?"

Yes / No If yes – any details?

Reference No. _____

Appendix 3

ORKNEY YOUTH COUNSELLING FIRST INTERVIEW FORM

CASE NUMBER		NAME		DATE OF BIRTH	
PRIMARY HOUSEHOLD			SECONDARY HOUSEHOLD		
PARENT NAME		PARENT NAME			
PARTNERS NAME		PARTNERS NAME			
ADDRESS		ADDRESS			
POSTCODE		POSTCODE			
PHONE NUMBER		PHONE NUMBER			
LIVING ARRANGEMENTS					
DOCTORS PRACTICE					
CAN WE CONTACT YOU AT THE ABOVE ADDRESS BY PHONE?	YES	NO			
CAN WE CONTACT YOU AT THE ABOVE ADDRESS BY LETTER?	YES	NO			
IS THIS YOUR FIRST CONTACT WITH US	YES	NO			
CLIENT SEX	MALE		PERMISSION GIVEN TO CONTACT G.P.	YES	
	FEMALE			NO	
MARITAL STATUS		BOYFRIEND / GIRLFRIEND			
MEMBERS OF HOUSEHOLD	PARENTS				
	OTHERS				
	SIBLINGS				
IS THERE CURRENT COURT INVOLVEMENT	YES	DETAILS			
	NO				
SOURCE OF REFERRAL	CAMHS		Hostel House Parent		
	Careers Scotland		Orkney College		
	Children's Reporter		Pastoral Care		
	CPN		SACRO		
	Criminal Justice		School		
	Doctor		Self		
	Family Mediation		Social Work		
	Family Member		Social Work C&F		
	Friend		Support Training		
	Home School Support		Victim Support		
	Other				
OTHER AGENCIES INVOLVED (e.g. SWD, Marriage Counselling, etc)					
HOW DID CLIENT FIND OUT ABOUT OACAS					
LEAFLETS/INFO SHEET SUPPLIED	YES	COMPLAINTS PROCEDURE EXPLAINED	YES		
	NO		NO		

Appendix 4

TERMINATION SHEET

WHEN CLOSING A CASE ALWAYS GIVE REASONS FOR THIS

REF NO: _____

NUMBER OF APPOINTMENTS ATTENDED: _____

NUMBER OF APPOINTMENTS OFFERED: _____

LENGTH OF CONTACT: _____

Assess how much improvement has been achieved in relation to the programme agreed and the nature and severity of the clients problems (distinguishing between long and short term aims).

GENERAL QUALITY OF LIFE AT TERMINATION OF COUNSELLING

COUNSELLORS VIEW

CLIENTS VIEW
(TO BE OBTAINED IF POSSIBLE)

WORSE
NO CHANGE
SOME IMPROVEMENT
MUCH IMPROVEMENT

ALCOHOL/SUBSTANCE USE AT TERMINATION

(ALCOHOL/DRUGS CLIENTS ONLY)

COUNSELLORS VIEW

CLIENTS VIEW
(TO BE OBTAINED IF POSSIBLE)

ABSTINENT
HARM FREE
HARMFUL

COMMENTS ON SERVICE:

TERMINATION BY: AGREEMENT

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DEFAULT

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DATE: _____

SIGNATURE: _____