



ESF Exploratory Workshop

Technology in Counselling and Psychotherapy: Mental Health Education and Service Delivery at University

<http://www.esfworkshop.eu>

Scientific Report

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Convenors:

**Derek Richards & Brendan Tangney,
University of Dublin,
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Dublin, Ireland.**

1. Executive Summary

The use of technology in mental health education and service delivery is a relatively new area. In the last 10-15 years new technologies have become available that make it possible for online delivery of psychological and psychosocial support. Several studies have been carried out, with promising results. However, there is scope for further research to confirm the feasibility and utility of the Internet and Information and Communication Technologies (ICT) for mental health education and service delivery.

Some universities and research groups have experimented with different models of providing mental health services and education online. The workshop was an opportunity to bring these researchers and practitioners together as a first step towards advancing future collaboration for research and development of the area across Europe.

It is envisaged that by 2010 mental healthcare will be increasingly delivered through online formats to reach the informed patient in community and home care settings. This radical change demands a strong focus on new research in this field. Such change raises important issues for software designers whose focus is on user-centred design methodologies. In this context, users include both the therapists and the end user of the technology-based interventions. In the current climate of accelerated advancement in communication technology it is important to understand and make use of what these developments have to offer to counselling and psychotherapy service delivery. In moving the discussion of the relevant design, implementation, and ethical dilemmas onto the European multidisciplinary research platform we can set the scene for the future direction of the area. The workshop brought together practitioners, researchers, software designers and developers from diverse professional backgrounds such as Computer Science, Multimedia, Health Informatics, Health Service Research, Psychiatry, Psychotherapy and Counselling to focus on the future research challenges and opportunities in this new specialty.

Research and developments presented by participants at the workshop can only bring the potential of engaging ICT to a certain point. To realize more fully this potential a Europe wide initiative is necessary. Technology in Counselling and Psychotherapy can make a change, and has the potential to successfully address issues of effectiveness, affordability, accessibility, acceptability, equity and dropout.

Main Objectives of the Workshop:

1. Participants will collaborate on a research **proposal** that can be submitted to the EUROCORES funding scheme
2. Participants will establish a **network** for future dissemination, information sharing and collaboration into the future.

2. Scientific Content

The workshop was designed so that the broadest range of scientific research and practice in the area of online delivery of psychosocial interventions could be showcased. Given that the area of Technology in Counselling and Psychotherapy is a new and emerging field it would be premature to conclude that any one intervention is necessarily better than another or has greater potential to affect change. The work to date is largely experimental and only in a small way is available on a larger scale. Here we are referring to CCBT (Computerised Cognitive-Behavioural Therapy) and its regulation by NICE (National Institute for Clinical Excellence) in the UK and its adoption by the NHS.

The workshop focused on a number of key and emerging areas:

- Online counselling, peer support and education
- Computer-aided CBT
- Videoconferencing technologies
- Intelligent e-therapy systems development
- Virtual reality and adaptive displays
- Multimedia, gaming and mobile devices
- User-centered technology
- Training for working therapeutically online

The broad variety of research allowed participants to sample the range of activities happening across Europe and also to see the larger picture of the development of this new and emerging field of research and practice. While there are many differences between one line of enquiry and another there are certainly core similarities. In particular, the research is attempting to design and develop effective, affordable, accessible, equitable, and acceptable services to address common mental health issues. In addition, to implement the unique benefits of online provision, such as easy access at home, reaching a larger audience and including sufferers who shun traditional services for fear of stigma.

The workshop opened with a presentation by Professor Isaac Marks:

Paper A: A public-health view of computer-aided self-help on the web: New vistas with new technology

Isaac Marks, Kings College London, England

Professor Marks recently published a world review of the English literature on computer-aided psychotherapy. This reviewed 97 computer-aided CBT (CCBT) self-help systems tested in 175 studies including 103 RCTs (Randomised Controlled Trials). A recent major step with regard to CCBT is a UK government regulatory body being the first to recommend CCBT that is available on the web for all healthcare authorities nationally. CCBT has the potential to tackle many issues with regard to service delivery, including: reduce waiting lists, which are often 1 to 2 years long; reduce reliance on qualified therapists who are scarce and are frequently hard to get to; potentially lower associated barriers to seeking help especially stigma about seeing a therapist; and ability to report outcomes and cut costs of delivering care. A key advantage of CCBT is that by delegating most therapy tasks to the

ESF Exploratory Workshop Scientific Report

Technology in Counselling and Psychotherapy: Mental health Education and Service Delivery

computer & patient potentially >80% of therapist time can be saved; online program are available 24/7 so no scheduling of appointments is needed. In addition, CCBT on the web means patients can get help without any need to come to clinics, thus enhancing confidentiality and reducing stigma. For CCBT users the experience can be self-empowering; it can give patient, carer and manager automatic feedback about outcome and cost; there is generally helpline back-up to optimize adherence and CCBT is notably a therapist-extender rather than replacer. Easier inexpensive access speeds earlier help. Especially if it is free at point of delivery, CCBT could cut chronicity, personal & family burden, and costs of healthcare & welfare. Making CCBT freely available to all with brief helpline support might eventually reduce the prevalence of some disorders.

	Session 1. – Online Counselling
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The first group of speakers was in the area of online counselling. Online counselling can be defined as the delivery of counselling consultation either synchronously or asynchronously and either as a single or multiple sessions.

Paper B: Students' psychological web-consulting function and outcome evaluation

George Efstathiou, University of Athens, Greece

Psychological web consulting in its common form refers to a brief interaction with a mental health professional via written electronic communication. While web consulting services have been implemented by many mental health centres and in most cases have been proved popular, there is a controversy regarding the efficacy of such brief interventions, as a means to address simple problems and as a means of transitioning users to other forms of counselling.

Although the provision of web consulting services (in various forms) is widespread, there are a number of unanswered questions regarding their function, their operation procedures and their efficacy as interventions (Barak, 1999). The degree in which users read the answers of the professionals and are influenced by them is unknown.

In the last number of years Efstathiou and Kalantzi-Azizi (2005) provide asynchronous online counselling to students at the University of Athens, where students can post a submission to the counsellor and receive a reply. During a 45 month period (1st of September 2001 to the 31st of May 2005) the service received 1,743 students' messages and 161,612 server requests were made for the related web-pages.

According to the research the Service enjoys high popularity among Greek students and its current functioning is deemed satisfactory by both users and visitors. An intervention of this type seems to offer significant advantages, such as (a) the creation of a "database" of information regarding students' issues, accessible to all future visitors, (b) the asynchronous nature of the communication which allows for better preparation of the material on the part of the counsellor and on the part of the client, (c) the facilitation of the disclosure of personal thoughts and feelings (online disinhibition effect) and (d) the accessibility of the provided services.

Data from other prior investigations in Europe were presented and ways to further investigate, validate, and evaluate the function and the outcomes of web consulting were discussed.

Paper C: A Case for Online Counselling Research: Trinity College Online Mental Health Community

Derek Richards, Trinity College, Dublin, Ireland

There is a need for colleges and universities to develop appropriate, effective, accessible, affordable and equitable interventions to respond to the mental health needs of their students. A potential solution is to deliver services online (Richards et al, in press). Students' use of technology is an integral part of how they communicate and relate to the world; it is reasonable to consider engaging the Internet and Information and Communication Technologies (ICT) for mental health service delivery. Internet-delivered counselling brings with it many distinct advantages, but also challenges. Preliminary research has been conducted into computer-aided psychotherapy and shows that it is predominately positive. Investigating the effectiveness of any Internet-delivered counselling intervention is important to establish a sound evidence-based practice. A further aspect of establishing such practice is comparing new counselling interventions with traditional face-to-face counselling in routine care. In addition, a unique feature of online delivery is that the Internet can facilitate community and therefore allows researchers to evaluate the effectiveness of internet delivered counselling interventions as a therapeutic means for an online community of users. This specific and unique dimension to working online is a feature that is generally not possible with face-to-face counselling. The counselling interventions described here involve individual users of the online counselling and the face-to-face counselling interventions, and assesses the impact, helpfulness, and outcome of their counselling experience. It also involves members of the student community rating the same variables based on their experience as members of the online community. While standard instruments can be employed to assess impact, helpfulness and outcome, (CORE, HAT, RSR) what need attention are the unique elements of online data collection. There is a dearth of literature that supports the positive effects of face-to-face counselling. Transferring psychological interventions online is innovative and studies have demonstrated positive results. Therefore, the hypothesis of such research expects that online counselling is potentially an effective intervention when benchmarked to face-to-face counselling as a therapeutic intervention for university students' mental health and well being.

Richards, D, Tangney, B. (in press). *An informal online learning community for student mental health at university: a preliminary investigation*. British Journal of Guidance and Counselling

Paper D: The Development of Web-based Mental Health Resources at The Student Counselling Centre, Leeds University

James Taylor & Nigel Humphries, University of Leeds, England

Over the last 10 years, the number of students accessing The Student Counselling Centre (The SCC) at Leeds University has increased on average by 9% per year. The Centre's core activities are the provision of individual face to face counselling, training workshops and a diverse group work program delivered by the full time equivalent of 7.5 members of staff. In the light of the increasingly diverse student population's growing demand for counselling services, the general increase in mental ill health in this population and the increasing use of ICT (Information and Communication Technologies) by this group, the SCC has responded by exploring which ICT may be of most use in delivering counselling interventions and mental health information. Our particular interest has been in meeting the needs of groups

presently under-represented in our service by broadening what we offer clinically, the media through which we work and disseminate information and the media through which we communicate. As practitioners, our research has been predominately practical rather than academic and we have responded to both the stated and perceived needs of our users. To this end, we have explored the possibilities of synchronous and asynchronous counselling, the provision of an online mental health resource room, communication via telephone, email and text. We have also considered the resourcing, training and ethical implications of delivering these new modalities and presently are focused on the development of our web-based resource room, alongside piloting a synchronous counselling service and the use of texting for communication with our users. In this paper we will detail our process and learning to date and our reasoning for focusing upon these particular modalities.

Paper E: The Working Alliance in Online Therapy with Young People

Terry Hanley, University of Manchester, Manchester, England

Youth services have begun to move into virtual realms and the provision of mental health support is no different. This position paper aims to propose the creation of a research project with the specific focus upon the therapeutic work that is already being conducted with young people. As a point of development this paper introduces my own Ph.D. work with a UK based online counselling service and makes suggestions of how this could be expanded into a collaborative project. The specific focus of this work is upon examining the quality of the working alliance that can be developed using synchronous and asynchronous text based media. A mixed method approach has been adopted which utilises user self-report quantitative measures (the 'Strengths and Difficulties Questionnaire' and the 'Therapeutic Alliance Questionnaire') and qualitative interviews with users to gain insight into the quality of the online working alliance. Preliminary findings will be presented during the session and an invitation will be made for others to discuss the development of a collaborative research proposal working with similar projects throughout Europe.

Paper F: Assistive technologies in the delivery of counselling and psychotherapy: a systematic review of the empirical literature

Stephen Goss, University of Strathclyde, Aberdeen, Scotland

Recent years have seen increasing attention being paid to uses of technology in counselling and psychotherapy. However, we do not currently know the range and nature of the evidence for the use of these technologies. The aim of the review is to review all relevant empirical studies conducted on establishing the effectiveness and use of assistive technologies in the delivery of counselling and psychotherapy. This review will 1. Highlight gaps in the evidence base for effective use of assistive technologies in this area 2. Determine study quality 3. Determine scope and nature of existing interventions and examine the need for additional interventions 4. Examine to what extent evidence-based interventions have been implemented, evaluated and reported for populations from the EU and, where possible, worldwide.

Paper G: Training Online Therapists Online: An evaluation study to improve a training approach and programme

Kate Anthony, Online counsellors, Kent, England

ESF Exploratory Workshop Scientific Report

Technology in Counselling and Psychotherapy: Mental health Education and Service Delivery

OnlineCounsellors.co.uk offers a short online training course that trains mental health practitioners to transfer their traditional talking counselling skills to using text to form and maintain a therapeutic relationship over the Internet. The course consists of six modules encompassing the basic theoretical, practical and ethical elements of online work, and is held completely online.

There is no known research in the area of assessment of trainee need in offering a course in training to be an online mental health practitioner. Since its inception in 2002, the course has seemed robust and needed little adjustment apart from updating some of the resources. However, research is now essential to test this robustness.

The final module of the OnlineCounsellors.co.uk course is a Personal Learning Statement of approximately 3000 words (the raw data from trainees (the sample) consisting of around 100,000 words in total). This is to be analysed using traditional grounded theory techniques of open, axial and selective coding to establish a base line of how the training is effective and meets the needs of the trainee. Having established the actual research about whether the course's organic growth is healthy enough to produce a training of excellence, a semi-structured interview will be constructed from the analysis of the raw data, to be held online via forum software. This is a pioneering methodology to research an innovative training course about a groundbreaking way of conducting the therapeutic relationship.

The profession should be offered a course that is worthy of professional accreditation and/or university validation, to start working towards regulation of at least UK online practice for the future.

	Session 2. - Technology
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Paper H: A Flexible Framework for Engaging Technologies in Talk-Based Mental Health Care

David Coyle & Mark Matthews, Trinity College, Dublin, Ireland

Mental health care (MHC) services worldwide are faced with a pressing need to find new ways of improving services for young, college going, adults aged 18–24. This project will focus on developing technologies which target two key aspects of improving services for this age group: access and engagement. In short, how can technology increase access to MHC services and how can it then help clients to engage more successfully with treatment once they have access to it? Research shows that the level to which clients engage both with their therapist and their treatment, and draw on their own personal resources is a major factor in the success of interventions. Unfortunately research also suggests that, due largely to the severe stigma often associated with mental illness, many clients find it difficult to successfully engage with treatment. This problem is particularly severe amongst some of the most vulnerable social groups, including adolescents, young adults and the socially disadvantaged.

This project will develop an integrated software framework to support key aspects of mental health interventions (MHIs) for young adults. A framework of adaptable, modular applications will be developed, targeting critical factors in improving MHIs with this age group. The focus will be placed on adapting established user-centred methodologies and recent human computer interaction (HCI) research on designing for engagement and user experience.

	Session 3. – Computer-aided CBT
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Paper I: Online Psychotherapy: Evolution of telepsychiatric treatment packages for a range of psychological conditions

Andres Maercker, University of Zurich, Switzerland

The next section took a look at developments in CCBT. To begin with Andreas Maercker presented on **Online Psychotherapy: Evolution of telepsychiatric treatment packages for a range of psychological conditions**. The presentation gave an overview on cognitive-behavioural treatment programs the department provided and investigated. Its main focus is on stress-related syndromes, eg. PTSD, Complicated Grief, Adjustment Disorders, as well as on depressive disorders. The work began in online psychotherapy or telepsychiatry in the area of our closest previous expertise: Posttraumatic stress reactions. After adapting the Dutch Interapy® protocol on posttraumatic stress reactions (Lange et al., University of Amsterdam) a series of studies in this area have been conducted. First the therapist-client relationship (or working alliance) in online psychotherapy for this condition was investigated. Second a randomized controlled trial (with wait-list control) was conducted. Help-seeking clients for these studies not only presented PTSD symptoms but some of them were rather clients with Complicated Grief Disorder (CGD), suffering chronically from the loss of an important attachment figure. Next, a treatment program for Adjustment Disorders (AJD) will be developed. For the latter conditions CGD and AJD the department of Psychopathology at the University of Zurich has been developing new diagnostic and therapeutic concepts (e.g. Maercker, et al., 2007) that conceptually base these conditions on the stress-response model. Trials showed that psychotherapy of these conditions is effective. Finally, the required technology, common applications and barriers associated with the implementation of telepsychiatry and e-mental health services were discussed.

Paper J: Es[s]prit: An Internet-based prevention program for eating disorders

Markus Wolf & Hans Kordy, University of Heidelberg, Germany

This was followed by Markus Wolf and Hans Kordy presenting on **Es[s]prit: An Internet-based prevention program for eating disorders**. This approach relies on the basic assumption that new communication technologies connect people. Specifically, this opens up novel possibilities for the prevention of mental illness, where the geographical and psychosocial distances often hamper help seeking and receiving. The presentation introduces the program Es[s]prit, an Internet-based eating disorders (ED) prevention program for college students developed by the Center for Psychotherapy Research Heidelberg. The program follows a stepped-care approach combining various support components of increasing intensity including education, screening, monitoring, counselling and finally, participants who develop substantial ED symptoms during their participation in the program are referred to the University Student Counselling Centre for face-to-face treatment. Compared to traditional prevention programs the strategic strength of Es[s]prit is the co-ordination of monitoring and timely intervention that allow adjusting the intensity of the intervention to the individual needs. Moreover, the specific software allows

automated administration and thus, reduces costs for both, the users as well as for the providers. Annual costs are less than 1 € per year per student for serving a student population of 25,000 students as at Heidelberg University. The various components of this complex prevention program were presented. The results of a feasibility study including more than 400 students support the expectation that such a comprehensive prevention program has potential. It's the software is designed for easy adaptation for other mental disorders such as (e.g.) depression as well as for multilingual use.

Paper K: Internet-based Cognitive-Behavioural Psychotherapy for Complicated Grief and planned studies

Birgit Wagner, University of Zurich, Switzerland

Birgit Wagner, a colleague of Andreas Maercker went on to present **Internet-based Cognitive-Behavioural Psychotherapy for Complicated Grief and planned studies**. Bereaved individuals who have lost a close person following sudden, unexpected or violent death are at high risk to develop complicated grief. Although little research has been done on the online behaviour of bereaved people, Vanderwerker and Prigerson (2004) have established that 60% of bereaved individuals use the Internet in order to receive social support. In this presentation first the significant beneficial findings of an Internet-based cognitive-behavioural therapy for complicated grief (Wagner, Knaevelsrud, & Maercker, 2006) was presented. Contact in this treatment between therapist and clients was exclusively by email and the intervention consisted of two 45 minutes sessions per week for 5 weeks. Consecutively, a preventive bereavement program for bereaved individuals who lost a close person in the previous 14 months was developed (Wagner & Maercker, submitted). Based on the theoretical background of the therapy, this preventive intervention includes cognitive-behavioural interventions, psycho-education, writing assignments, monitoring and challenging dysfunctional automatic thinking (e.g. responsibility for the death; feelings of guilt). The final part of the presentation gave an outlook on planned or ongoing studies in the research group: (1) a randomized controlled trial of a cognitive-behavioural therapy for depression in comparison to an equivalent face-to-face treatment and (2) an Arabic virtual treatment centre in Iraq for patients suffering of posttraumatic stress.

Paper L: Eating Disorders in the student population: reducing barriers to treatment

Susan Simpson & Jane Knox, Royal Cornhill Hospital, Aberdeen, Scotland

Lastly, the group closed with **Eating Disorders in the student population: reducing barriers to treatment** a presentation by Susan Simpson and Jane Knox from Aberdeen, Scotland.

Specialist eating disorder services are frequently not accessible to many sufferers living in remote and rural areas. As an alternative to in-person treatment, video therapy (therapy provided via a videoconferencing link) has been piloted with a range of eating disorder sufferers by a multidisciplinary health team in north-east Scotland with promising results (Simpson et al., 2003). More recently, a single case-series study was carried out with six participants with bulimic disorders (Simpson, Bell, Knox & Mitchell, 2005; Simpson et al., 2006). This study examined the clinical utility of cognitive behavioural therapy delivered via videoconferencing for bulimic disorders, and factors associated with adjustment to this mode of treatment delivery.

Most were living in remote areas in north-east Scotland or Shetland. Therapy sessions were conducted weekly at a bandwidth of ISDN 6 (384 Kbytes/sec) via videoconferencing links between local community hospital sites and the eating disorders service in Aberdeen, Scotland. At post treatment, three of six participants showed a statistically significant reduction in bingeing, and one of five in purging. Clinically significant change in bulimic symptoms was found for three participants, and in depression for five. Almost all participants rated high levels of therapeutic alliance and satisfaction with video therapy. Some participants preferred video therapy due to feeling less self-conscious and intimidated, whereas others felt it was less personal than face-to-face sessions would be. It was suggested that video therapy may be particularly suited to the treatment of eating disorders, especially for those with high levels of shame, body-related self-consciousness and those who require greater levels of control in therapy.

Many young people experience high levels of shame, making it less likely that they will seek referral to specialist services. Potential referrers are often unaware of the signs of a possible eating disorder. University and college students are often conscious of the stigma associated with being labelled as 'eating disordered' and may be reluctant to spend precious time travelling to and from hospitals. Where treatments are provided within psychiatric hospitals, this may further increase anxieties about stigmatisation. Tertiary students based in remote areas of Scotland may experience even greater difficulty accessing treatments due to the lack of services available locally. This pilot study aims to provide specialist eating disorder services to university and college students in the north east of Scotland, Orkney and Shetland. Services will be advertised via round-robin emails, posters and flyers and encouraged to telephone the service for advice or to seek referral through their GP. Potential patients will be sent an information booklet on the remote treatment service. Those clients who meet criteria for an eating disorder will be given the choice of video therapy or online therapy. Up to 20 sessions of CBT and 10 sessions of nutritional education will be offered. Outcome will be measured with pre- and post questionnaires which measure clinical change in eating disorder symptoms. In addition, quality of life and self-esteem and levels of shame will be measured. Qualitative telephone interviews will be used to explore reasons behind choice of treatment, factors affecting satisfaction with treatment, perceived ease of access to specialist help (past/ present), and interactions between pre-treatment levels of shame and expectations of technology-based treatments.

Simpson, S., Bell, L., Britton, P., Mitchell, D., Morrow, E., Johnston, A.L. & Brebner, J. (2006). Does video therapy work? A single case series of bulimic disorders.

European Eating Disorders Review, 14, 226-241.

Simpson, S., Bell, L., Knox, J. & Mitchell, D. (2005). Therapy via videoconferencing: a route to client empowerment? **Clinical Psychology and Psychotherapy, 12, 156-165.**

Simpson, S. et al. (2003). A multidisciplinary approach to the treatment of eating disorders via videoconferencing in north-east Scotland **Journal of Telemedicine and Telecare, 9(1), 37-38.**

Session 5. - Virtual Reality

Paper M: Virtual Reality: An Experiential Tool for Clinical Psychology

Giuseppe Riva, Università Cattolica del Sacro Cuore, Milan, Italy

The next section was on Virtual Reality. To begin with a leader in the field of VR made a presentation **Virtual Reality: An Experiential Tool for Clinical Psychology**. Since 1989, when Jaron Lamier used the term for the first time, "virtual reality" (VR) has been usually described as a computer simulated environment with and within which people can interact. However, VR is more than a fancy technology. On one side, it can be described as an advanced form of human-computer interface that allows the user to interact with and become immersed in a computer-generated environment in a naturalistic fashion (Schultheis & Rizzo, 2001). On the other side VR can also be considered as an advanced imaginal system: an experiential form of imagery that is as effective as reality in inducing emotional responses (Vincelli, 1999). These features transform VR in an "empowering environment", a special, sheltered setting where patients can start to explore and act without feeling threatened. Nothing the patient fears can "really" happen to them in VR (Botella et al, 2003). With such assurance, they can freely explore, experiment, feel, live, and experience feelings and/or thoughts. VR thus becomes a very useful intermediate step between the therapist's office and the real world. The presentation outlines the current state of clinical research that is relevant to the development of virtual environments for psychotherapy use. In particular, the paper focuses its analysis on both actual applications of VR in clinical psychology and the new opportunities offered by low-cost VR systems. The open source "NeuroVR" VR system (<http://www.neurovr.org>) and its clinical applications are also introduced.

Paper N: "Talk to Me": A self-applied telepsychology program for the treatment of fear of public speaking

Cristina Botella, Jaume I University, Castellon, Spain, R.M. Baños, M^a J. Gallego, V. Guillen, S. Quero, A. García-Palacio, & M. Alcaniz

This was followed by **"Talk to Me": A self-applied telepsychology program for the treatment of fear of public speaking**. As Cristina Botella was unable to be present her colleague Rosa Banos presented this work. Cognitive-behavioral programs (CBT) have demonstrated to be effective in the treatment of anxiety disorders. However, one of the limitations of CBT is the possibility of offering these programs to all the individuals suffering an anxiety disorder. To progress to this goal, an important challenge is to design and test new ways of delivering CBT. One line of research in this field is to reduce the contact time between the therapist and the patient without reducing efficacy using self-help procedures (Botella & Garcia-Palacios, 1996, Glasgow & Rosen, 1978, 1982; Gould & Clum, 1993). New technologies could be important tools to deliver self-help procedures. The computer and the Internet offer attractive possibilities (Landau, 2001). There are already some Internet-delivered programs that have demonstrated to be effective in the treatment of anxiety disorders (see Carlbring & Andersson, 2006 for a review). Our research group has designed and tested in a controlled clinical trial the efficacy of the first Internet-delivered completely self-administered CBT program for the treatment of social phobia, concretely public speaking phobia (Botella et al., 2007, Gallego, 2006). The program is called "Talk to Me". It comprises three parts: An *assessment protocol* gives the patient information about his/her problem, including the interference it is causing him/her, its severity, and the degree of fear and avoidance it is producing. The system also includes a *structured treatment protocol*, organized into separate blocks, reflecting the patient's progress. This ensures that the patient does not skip any steps in the treatment (something quite common in traditional self-help manuals), which provides more control over the process. The treatment protocol is a CBT program that provides exposure to the feared situation using videos of real

audiences. Thirdly, the *control protocol* assesses treatment efficacy, not only at closure, but also at every intermediate step. One hundred and twenty nine participants meeting DSM-IV (APA, 2000) criteria for social phobia were assigned to three experimental conditions: a) the self applied program that is "Talk to Me"; b) the same program delivered by a therapist; c) and a waiting list. Our results showed that "Talk to Me" was more effective than the waiting list condition and equally effective than the traditional CBT program. The therapeutic outcomes were maintained at six-month follow-up. Besides its efficacy the participants reported high satisfaction and confidence in "Talk to Me". "Talk to Me" is an effective program that can help to increase the number of social phobics who can benefit from CBT. Internet-delivered CBT is a promising line of research in order to improve cost-benefit in the treatment of psychological disorders.

Paper O: Intelligent e-therapy system: a new paradigm for telepsychology and cybertherapy

Mariano Alcañiz, Technical University of València, València, Spain, C. Botella, R.M. Baños, C. Juan, JA Gil, JA Lozano

Following from this Alcañiz presented a paper on future technological developments and potentials. Alcañiz works closely with the other Spanish researchers. His paper: **Intelligent e-therapy system: a new paradigm for telepsychology and cybertherapy** presents a new mental e-health system: Intelligent **e-Therapy** (eTi) with capabilities for ambient intelligence and ubiquitous computing. Technologically the system is based on the four axes of Ambient Intelligence, Persuasive computing, Ubiquitous computing, and Virtual Therapy. From a technological point of view, an eTi system is based on four fundamental axes:

- Ambient Intelligence, that permits through network and sensor technologies to capture the physiological, psychological and contextual information of the user/patient.
- Persuasive computing that allows the generation of contents with the objective to change and/or to reinforce conducts of the user/patient.
- Ubiquitous computing that makes possible that the user/patient can accede to the system in any place, any hour and under multiple TIC supports.
- Virtual therapy that includes technology of distributed virtual reality, augmented reality, natural interfaces and virtual agents.

The system is being developed and validated for child obesity, which is a pathology of special social interest due to the increment of its incidence in European society. At psychological and clinical level, the system is based on psychological treatments based on the evidence, and will be oriented to provoke and to increase the motivation and adherence to the treatment, and to promote the mechanisms of self-control in patients, to obtain the maintenance of the achievements (reduction of the corporal weight) and to prevent relapses by means of the establishment of healthy lifestyle.

Paper P: An adaptive displays to treat Stress-Related Disorders: The EMMA's world

Rosa Banos, Universitat de València

Lastly in this section Banos presented: **An adaptive displays to treat Stress-Related Disorders: The EMMA's world**. Most of the Virtual Environments currently available in the field of psychological treatments are designed to solve a specific problem (acrophobia, flying phobia, claustrophobia, etc.). Our research group has developed a versatile Virtual Reality (VR) system (an adaptive display) that could be useful for

different problems (the “EMMA’s world”). An adaptive display can be defined as a device that autonomously adjusts its presentation and actions to better match the immediate goals and abilities of the user. Two types of adaptability have been identified depending on the tasks that the user must perform in the system: interaction and knowledge content. EMMA’s world is representative of this latest and they can be described as an adaptive display that reacts to affect. Their goal is to minimise the flood of information towards the user, taking into account the user’s specific needs and capabilities as well as the technical features of the system. It consists of a VR application whose contents and aspects change dynamically depending on the emotions of the user. The goal of the Emma’s virtual environments is to work with emotions related to the participants’ psychological problem. The specific emotions depend on the specific way in which the problem is symbolized in each of the scenarios. In the EMMA’s world, therapist and the patient can represent the experience suffered by the patient according to the specific therapeutic needs. The application has been designed to help in the treatment of Post-Traumatic Stress Disorder (PTSD), Adjustment Disorder (AD), and pathological grief. In all these situations, people have suffered a stressful experience (e.g. the loss of a loved one, loss of a job, divorce, rape, etc.). To accomplish therapeutic goals, a series of emotional virtual elements are used and personalized so that they are meaningful to the user and contain the fundamental emotional elements that the person must confront. The objective is to obtain a physical representation of personal meanings and the emotions that are related to those meanings and to study how this strategy helps the person to change. The set of personal experiences that is created can be used to activate, correct, structure and restructure those previous experiences. By using them as cognitive-emotional structures, the therapist can help the patient to structure a new way of processing and integrating past, present and future experiences.

This virtual environment can be much more flexible than other virtual systems, and different populations could benefit from the same environment (veterans, sexual assault victims, childhood abuse victims, disasters victims, motor vehicle accident victims, and so on) .In this work we present data about the efficacy of the EMMA’s world to treat PTSD, AD and pathological grief.

	Session 6. Multimedia, Mobile phones and Peer Support
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Paper Q: Therapeutic Technology: Using technology as a medium for engaging young people in psychotherapy and mental health services

Eileen Brosnan, John Sharry, Richard Boyle, Carol Fitzpatrick, Mater Child and Adolescent Mental Health Service, Dublin, Ireland

The last section was on a mix entitled: **Multimedia, Mobile phones and Peer Support**. The group was composed of three papers, one on multimedia storytelling delivered by Eileen Brosnan and entitled: **Therapeutic Technology: Using technology as a medium for engaging young people in psychotherapy and mental health services**. The use of technology in the area of mental health, counselling and psychotherapy is a relatively new phenomenon and one that raises interest from practitioners working in the field as well as service users and researchers. The growing prevalence of mental health problems amongst the adolescent population and the range of conditions that children and adolescent

clients experience pose an increasing challenge to Mental Health Services to improve the quality, variety and effectiveness of available treatments in addressing the multiple problems that are often present. Though many teenagers experience significant psychological stress few of them access formal support to get the help they need in dealing with depression, anxiety, self-harming and other mental health problems. [1] As many as 50% of young people experiencing psychological distress will never receive treatment for their difficulties. [2] This is due to a lack of access to treatment but is also related to the stigma surrounding attending mental health services. The field of counselling and psychotherapy has been a relatively late starter in terms of embracing technology. [3] The potential for using computer systems to improve access to, and engagement in mental health services for teenagers has not been thoroughly explored. Technology such as interactive DVD's and websites, mobile phones and computer games hold great appeal for adolescents and are widely used by them, yet they are under-utilised in mental health services. This paper will explore the potential of technology as a means of engaging young people in the psychotherapy process and in enhancing the delivery of mental health services through multimedia storytelling.

Paper R: Mobile phone: Opportunities for Assessment and Counselling

Alessandra Preziosa, Università Cattolica del Sacro Cuore, Milan, Italy

Preziosa delivered the paper entitled: **Mobile phone: Opportunities for Assessment and Counselling**. In fewer than twenty years, mobile phones have gone from being rare and expensive pieces of equipment used primarily by the business elite, to a pervasive low-cost personal item. In many countries, mobile phones now outnumber land-line telephones, with most adults and many children now owning mobile phones. With high levels of mobile telephone penetration, a mobile culture has evolved, where the phone becomes a key social and cultural tool.

Text messaging has already been harnessed in the cause of mental health. A pilot study carried out at a German hospital indicates how text messaging on mobile phones was used in treatment of a particular mental illness, in this case bulimia. The study was designed to test the acceptance, the practicability, and the effectiveness of the mobile device intervention. Preliminary results indicate that the programme is well-accepted and gives support to bulimic patients after finishing inpatient treatment. (Bauer, Percevic, Okon, Meermann & Kordy, 2003).

Two studies have indicated that text messaging can be used to help college students successfully quit smoking, one study based in the United States (Obermayer, Riley, & Asif (2004), and another from New Zealand, (Rodgers et al, 2005).

And the opportunities for mental health practitioners may improve in the next few years: A new generation of 3G/UMTS and 4G wireless terminals will also provide advanced 3D graphics and broader communication capabilities. The presentation will discuss these opportunities by presenting the results of three different studies based on the use of mobile assessment and counselling tools.

Paper S: Efficacy of web-based students' peer counselling

Foteini Lekka, George Efstathiou & Ioanna Apostolopoulou, University of Athens, Greece

In the context of the findings regarding students' use of electronic means of communication to receive and to offer support for academic and personal issues, a web-based form of psychological peer support seems to offer unique advantages. Students can receive empowerment, social support, and peer counselling in an

accessible and cost-effective fashion, and at the same number of peer counsellors can cater for a larger number of students.

While the use of online discussion forums seems feasible for the implementation of such a programme, the departure from the traditional peer counselling practice raises a number of clinical and practical issues to be investigated. Relevant issues were outlined and ways to address them were proposed.

3. Contribution and Outcomes

The participants praised the opportunities that the workshop offered. In particular, the mix of scientist-practitioners, technologists, and service providers was unique and welcome. Alongside the networking and contacts that were made at the workshop further specific outcomes can be noted:

1. The group has written and submitted a joint proposal for consideration under the ESF Eurocores Theme call. The title of this theme is: ***E-Mental Health: Improving Mental Health through Information and Communication Technologies (ICT) [Euromentalhealth-E]***. The proposed theme is for the development of a scientific framework to deliver effective psychosocial interventions using Information & Communication Technologies (ICT) across Europe.
2. Contacts have been made among participants and there is in general a willingness to share resources.
3. The British Journal of Guidance and Counselling are publishing a symposium on the special issue of Technology in Counselling and Psychotherapy. The journal has invited those who presented at the workshop to submit their scientific papers for inclusion in this symposium. Further, an article will be written on the ESF Workshop itself and its outcome and future direction of the field.
4. A symposium on Technology in Counselling and Psychotherapy, with an emphasis on Online Counselling and Peer Support as aspects of stepped care, will be held at Fedora Psyche conference in September 2007. Derek Richards has been invited as a contributor and discussant for the symposium.
5. Plans to submit a panel of papers to the 2008 Society for Psychotherapy Research International conference in Barcelona on the theme of Technology in Counselling and Psychotherapy are now being made.

The group has made a contribution towards defining the future direction of the field. It was recognised that the local developments presented by participants at the workshop can only bring the potential of engaging ICT to a certain point. To realize more fully this potential a Europe wide initiative is necessary. Technology in Counselling and Psychotherapy can make a change, and can address issues of effectiveness, affordability, accessibility, acceptability, equity and dropout. The evidence to date is positive.

ESF Exploratory Workshop Scientific Report

Technology in Counselling and Psychotherapy: Mental health Education and Service Delivery

4. Final Program

Programme:

The programme allowed a broad range of research to be presented from across Europe. It gave participants a good feel for what is happening, a global picture of efforts in this area. The participant's presentations covered past and current research in the different related areas and secondly it also gave participants an opportunity to present future research proposals and to receive feedback from other participants. Each presentation was followed by discussion time.

In addition, the programme dedicated time for discussing and extrapolating the research agenda for the future and potential collaboration between the participants. These discussions were rich and rewarding.

Wednesday 23rd May 2007

Time	Details
9.00	Coffee and tea
9.15	Opening – Dr. John Hegarty, Provost, Trinity College, Dublin, Ireland
9.30 – 9.45	ESF Representative presentation – Prof. Luisa Lima <i>Instituto Superior de Ciências do Trabalho e da Empresa, Lisboa, Portugal</i>
9.45 – 10.00	Welcome by Derek Richards
	Technology in Counselling and Psychotherapy: A Review for the workshop ahead [15 min] <i>Derek Richards, Trinity College, Dublin, Ireland</i>
10.00 – 10.30	Paper A: A public-health view of computer-aided self-help on the web: New vistas with new technology [30 min] <i>Isaac Marks, Kings College London, England</i>
10.30 – 10.50	Coffee
10.50 – 12.50	Session 1. – Online Counselling Chairperson: Deirdre Flynn
	Paper B: Students' psychological web-consulting function and outcome evaluation [20 min] <i>George Efstathiou, University of Athens, Greece</i>
	Paper C: A Case for Online Counselling Research: Trinity College Online Mental Health Community [20 min] <i>Derek Richards, Trinity College, Dublin, Ireland</i>
	Paper D: The Development of Web-based Mental Health Resources at The Student Counselling Centre, Leeds University [20 min] <i>James Taylor & Nigel Humphries, University of Leeds, England</i>
	Paper E: The Working Alliance in Online Therapy with Young People [20 min] <i>Terry Hanley, University of Manchester, Manchester, England</i>

ESF Exploratory Workshop Scientific Report

Technology in Counselling and Psychotherapy: Mental health Education and Service Delivery

	<p>Paper F: Assistive technologies in the delivery of counselling and psychotherapy: a systematic review of the empirical literature [20 min] <i>Stephen Goss, University of Strathclyde, Aberdeen, Scotland</i></p> <p>Paper G: Training Online Therapists Online: An evaluation study to improve a training approach and programme [20 min] <i>Kate Anthony, Online counsellors, Kent, England</i></p>
12.50 – 1.50	Lunch
2.00 – 2.20	Session 2. - Technology Chairperson: Derek Richards
	<p>Paper H: A Flexible Framework for Engaging Technologies in Talk-Based Mental Health Care [20 min] <i>David Coyle & Mark Matthews, Trinity College, Dublin, Ireland</i></p>
2.20 – 3.45	Session 3. – CCBT Chairperson: Yvonne Tone
	<p>Paper I: Online Psychotherapy: Evolution of telepsychiatric treatment packages for a range of psychological conditions [20 min] <i>Andres Maercker, University of Zurich, Switzerland</i></p> <p>Paper J: Es[s]prit: An Internet-based prevention program for eating disorders [20 min] <i>Markus Wolf & Hans Kordy, University of Heidelberg, Germany</i></p> <p>Paper K: Internet-based Cognitive-Behavioural Psychotherapy for Complicated Grief and planned studies [20 min] <i>Birgit Wagner, University of Zurich, Switzerland</i></p> <p>Paper L: Eating Disorders in the student population: reducing barriers to treatment [20 min] <i>Susan Simpson & Jane Knox, Royal Cornhill Hospital, Aberdeen, Scotland</i></p>
3.45 – 4.15	Afternoon Break
4.15 – 6.15	Session 4. Research session: Follow-up research activities, collaborative actions and other outputs
6.30	Close for the day
8.00	Dinner – Trinity Capital Hotel

Thursday 24th may 2007

Time	Details
9.00	Opening of the day
9.10 – 11.10	Session 5. - Virtual Reality Chairperson: Brendan Tangney
	<p>Paper M: Virtual Reality: An Experiential Tool for Clinical Psychology [30 min] <i>Giuseppe Riva, Università Cattolica del Sacro Cuore, Milan, Italy</i></p>

ESF Exploratory Workshop Scientific Report

Technology in Counselling and Psychotherapy: Mental health Education and Service Delivery

	<p>Paper N: "Talk to Me": A self-applied telepsychology program for the treatment of fear of public speaking [30 min] <i>Cristina Botella, Jaume I University, Castellon, Spain, R.M. Baños, M^a J. Gallego, V. Guillen, S. Quero, A. García-Palacio, & M. Alcaniz</i></p> <p>Paper O: Intelligent e-therapy system: a new paradigm for telepsychology and cybertherapy [30 min] <i>Mariano Alcañiz, Technical University of València, València, Spain, C. Botella, R.M. Baños, C. Juan, JA Gil, JA Lozano</i></p> <p>Paper P: An adaptive displays to treat Stress-Related Disorders: The EMMA's world [30 min] <i>Rosa Banos, Universitat de València, València, Spain, V. Guillen, A. García-Palacios, S. Quero, Bretón, J.M, C. Botella, M. Alcaniz</i></p>
11.10 – 11.30	Coffee
11.30 – 12.30	Session 6. Multimedia, Mobile phones and Peer Support Chairperson: David Coyle
	<p>Paper Q: Therapeutic Technology: Using technology as a medium for engaging young people in psychotherapy and mental health services [20 min] <i>Eileen Brosnan, John Sharry, Richard Boyle, Carol Fitzpatrick, Mater Child and Adolescent Mental Health Service, Dublin, Ireland</i></p> <p>Paper R: Mobile phone: Opportunities for Assessment and Counselling [20 min] <i>Alessandra Preziosa, Università Cattolica del Sacro Cuore, Milan, Italy</i></p> <p>Paper S: Efficacy of web-based students' peer counselling [20 min] <i>Foteini Lekka, George Efstathiou & Ioanna Apostolopoulou, University of Athens, Greece</i></p>
12.30 – 12.50	Summary and preparation for the afternoon research session Derek Richards
1.00 – 2.00	Lunch
2.00 – 4.30	Session 7. Research session: Follow-up research activities, collaborative actions and other outputs
4.30 – 4.50	Coffee Break
5.00 – 5.30	Closing

5. List of Participants

The workshop was attended by 26 participants, all researchers and practitioners in the area. One invited participant could not attend due to illness. Participants represented 8 countries across Europe – Ireland, Italy, England, Spain, Scotland, Germany, Greece, and Switzerland. The participants were selected on the basis of the research work that they have been involved with in recent years and gave wide representation from the related research areas. There was a broad and balanced

ESF Exploratory Workshop Scientific Report

Technology in Counselling and Psychotherapy: Mental health Education and Service Delivery

representation by age, gender, experience and expertise as researchers and practitioners. Most participants were representatives from academic institutions, yet there was also representation from commercial interests. Here is the list of participants:

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ESF Exploratory Workshop Scientific Report

Technology in Counselling and Psychotherapy: Mental health Education and Service Delivery

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ESF Exploratory Workshop Scientific Report

Technology in Counselling and Psychotherapy: Mental health Education and Service Delivery

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ESF Exploratory Workshop Scientific Report

Technology in Counselling and Psychotherapy: Mental health Education and Service Delivery

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ESF Exploratory Workshop Scientific Report

Technology in Counselling and Psychotherapy: Mental health Education and Service Delivery

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ESF Exploratory Workshop Scientific Report

Technology in Counselling and Psychotherapy: Mental health Education and Service Delivery

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6. Information on Participants

Countries and gender representation:

Ireland:	5	4 males	1 female
England:	5	4 males	1 female
Scotland:	4	2 males	2 females
Switzerland:	2	1 male	1 female
Germany:	2	2 males	0 female
Greece:	3	1 male	2 females
Italy:	2	1 male	1 female
Spain:	3	1 male	2 females

Gender:

Women: 10
Men: 16

Career Stage:

Professors: 5
Mid career academic (>5 years post-PhD, not Prof.): 8
Early career academics (< 5 years post-PhD): 3
PhD student: 7
Practitioner/researchers: 3