EACLIPT 2019, Dresden
Conference report: Dave Harper

I was kindly invited to speak at this conference by ACP-UK which organized a symposium including two presentations: one by me; and the other on the 'Building My Future' Team in Ealing by Sally Morgan (ACP-UK Board Member) and Mark, a user of the service. There's a brief report on this symposium at the end of this piece.

According to its open access house journal, *Clinical Psychology in Europe*, the European Association of Clinical Psychology and Psychological Treatment (EACLIPT) 'was founded in 2017 with the goal of promoting European collaborations on research and education about mental health problems as well as their treatment'.

The meeting in Dresden followed on from EACLIPT's inaugural meeting at Linköping University in Sweden in 2018. The theme of the 2019 Dresden meeting was *No Health without Mental Health - European Clinical Psychology Takes Responsibility* which according to the journal 'expresses our goal of moving mental health into societal focus'.

The date of the first day of the conference – Thursday 31 October – was rather a poignant one in the context of the ongoing UK debates about BREXIT. It was sunny but rather chilly a 6 °C. There were, apparently, over 600 attenders including clinical psychologists from a range of countries across the continent, including countries outside of the EU. A lot of the presenters were early career researchers and a lot of the attenders were from Germany.

The conference was held in the Auditorium Centre at Technische Universität in Dresden. Dresden is known in the UK for being the target of a heavy allied bombing campaign in the Second World War that led to fire-storms in the city. Thirty years ago, in November 1989 the Berlin wall fell following weeks of protests in several East German cities including in Dresden.

At a meeting for EACLIPT members on the evening of the first day, its new president was announced as Claudi Bockting. The editor of the Association's open access journal *Clinical Psychology in Europe* (https://cpe.psychopen.eu/) invited contributions. Membership of EACLIPT is currently free but a proposal to introduce a flat rate fee of €25 per year was approved in order to increase the work of the organisation.

The conference had a busy schedule, running from 8.30am-7.00pm with sessions running in parallel meaning that there were between 12-15 symposia on each full day. As a result I'll focus here on some of the key themes which emerged in some of the keynotes, symposia and panel discussions I attended.

The differing national contexts of European clinical psychologists

One of the striking things about the conference was the varied context in which clinical psychology found itself in different countries. This emerged in a panel discussion on the topic of 'No health without mental health' on the evening of the first day of the conference. The panelists included Stefan Hofmann (Boston University, USA), Martin grosse Holtforth (University of Bern, Switzerland), Agnieszka Popiel

(SWPS University of Social Sciences and Humanities, Warsaw, Poland) and Claudi Bockting (University of Amsterdam, Netherlands). In many countries, for example, the profession is not recognised and clinical psychologists cannot be reimbursed by health insurers. In some countries clinical psychologists felt they needed to differentiate themselves from psychotherapists in order to build a case for recognition. This could then create challenges – as one panel member asked to what extent could clinical psychologists 'give psychology away' if they were fearful about the claims of other professional groups?

Inter-country differences also emerged on the second evening of the conference in the panel discussion on 'Psychotherapy and Psychotherapy Training across Europe'. Panellists included Olga Luzon (from the Royal Holloway clinical psychology training programme in London), Ebru Salcioglu (DATEM Center for Behavioral Studies & Therapies, Turkey), Claus Vögele (University of Luxembourg, Luxembourg) and Anton-Rupert Laireiter (University of Salzburg, Austria). The discussion began with Laireiter summarising his recent co-authored article detailing the varied regulatory regimes governing clinical psychology and psychological therapy in different European countries – see his article for further information (https://cpe.psychopen.eu/article/34406/). Vögele talked about the need for more harmonisation across Europe noting how he had both worked in and received training in different countries. He suggested that changes made by one country could have a significant impact on the free movement of psychologists in neighbouring countries. Apparently Germany has recently changed its regulations to enable those in training to receive some reimbursement for their services but Vögele argued that this would pose challenges for those running training programmes in small countries like Luxembourg where he currently worked. How would they be able to compete now German trainee clinical psychologists could receive payment? Olga Luzon discussed some of the challenges faced by clinical psychology training in the UK but it was hard to know to what extent these resonated with those in other countries as there were no other presentations on training and the other panellists didn't describe the different approaches to clinical psychology in their countries though Ebru Salcioglu noted that clinical psychologists in Turkey faced lots of constraints in terms of providing therapy and being reimbursed. It would have been interesting to hear the perspective of different European psychologists on psychiatric diagnosis especially since, in June 2019 Belgian's Superior Health Council advised against the use of DSM categories (https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30284-6/fulltext).

Technology

This was another theme of many presentations. In her keynote, Maria Karekla (University of Cyprus) focused on digital interventions, discussing some of the ethical and practical issues of app-based therapeutic interventions and she presented some guidelines for their development based on her experience. She said it was important that they were interesting and engaging and this necessitated working with focus groups of people from the target population. For example, users should be able to choose an avatar from a broad range of options, with the app being regularly updated and with a choice of storylines including some based on previous users of the app. She gave examples of how these apps had been adapted for use with teenagers and other groups.

In a symposium on the prediction of mental health problems, one study had looked at whether PTSD could be predicted using machine-learning to develop a predictive algorithm based on psychological factors. However, one of the interesting things to emerge in the subsequent discussion was that socio-demographic factors were much more predictive since a lot of the traumatic incidents concerned violence between young men outside pubs in a deprived area. A number of those training in clinical psychology presented research on the use of smartphones to collect data (e.g. experience-sampling), attempting to predict changes in mental health via GPS, smartphone usage data and WhatsApp chat texts

Technological development also featured in David Clark's (University of Oxford) keynote, presenting lessons learnt from the IAPT programme. He noted that he and his colleagues were developing therapy via video conferencing, internet therapy programmes with therapist support and interventions using virtual reality (VR). He presented results of an adaptation of an English software programme in Hong Kong which apparently produced similar results. He suggested that many clients were more open to being exposed to feared stimuli in a VR environment than in a real environment and that it also enabled the presentation of stimuli that were not readily available in the real world. Some work using this approach with fear of heights has been published by Daniel Freeman and colleagues (https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30226-8/fulltext)

Inequality

Of the 35 parallel symposia, only two others, apart from the ACP-UK event, focused on issues of social justice and inequality. On the second day of the conference, a symposium on intersectionality included a review of the theoretical work in this area and then these ideas were taken up in a number of studies. For example a small qualitative study on the experience of resilience in the face of intimate partner violence from a gender perspective suggested some commonalities and potential differences in how men and women might experience being a victim of such violence. According to the researcher "individuals have nto egotiate with their environment and navigate their way to culturally meaningful resources".

On the morning of the last day of the conference there were presentations from researchers involved with a large-scale study of mental health amongst first-time parents in Dresden – the DREAM study (https://www.frontiersin.org/articles/10.3389/fpsyg.2019.01273/full). Whilst cross-sectional studies had suggested the role of a range of factors on women's experience of depression this group had decided to conduct a longitudinal study looking at a range of factors on couples' mental health including employment, division of domestic tasks and the experience of childbirth. The study began before pregnancy and continued until two years after birth. The authors noted that, in Germany, there appeared to be a trend towards more traditional gender roles and the implications of this for mental health merited study. The study is still ongoing but some early results suggest that 13.7% of the women met criteria for 'post partum depression'. Contributors to this included a lack of reward from one's work and overall wage levels.

Although the keynote by Susan Bögels (University of Amsterdam; Netherlands) was entitled 'Bringing mindfulness to families' she began by reviewing the range of

stresses which modern families face including increasing economic inequality, the stresses faced by young people in a narcissistic age, climate change, rising medication prescriptions and so on. She then moved on to describe work conducted by her and her colleagues where they have introduced mindfulness techniques to families. She argued that introducing these techniques helped people to avoid engaging in the typical responses they might make when short-tempered and stressed. She suggested that introducing these approaches even to one family member could make a difference to the whole family. She had also been involved in teaching mindfulness techniques to children with a diagnosis of ADHD and parents – work that was featured in a recent BBC documentary *The doctor who gave up drugs*: https://www.youtube.com/watch?v=1w3QJjpwJhA

Putting social justice into action: Lessons learned from social context and collaborations

This symposium organised by ACP-UK occurred in the last session of the conference. In my talk I referred to some recent reports for the UN by Dainius Pūras (head of the Centre for Child Psychiatry and Social Paediatrics at Vilnius University in Lithuania). He has urged mental health services to move towards a preventative model addressing the social determinants of mental health problems rather than solely focusing on individual treatment and he has also called for greater participation of mental health service users (https://www.ohchr.org/EN/Issues/Health/Pages/AnnualReports.aspx). I discussed the increasing prescription of anti-depressant medication in the UK and other countries and the limitations of individualized and reactive approaches. I argued that there was a need for new social movements of mental health professionals, service users, carers and the general public to change the priorities of research funding bodies (so that they funded more research into prevention) and to change governmental policies to address what we currently know about social determinants (https://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en/).

Then Sally Morgan (ACP-UK Board member) discussed the development of the 'Building My Future' Team, a multi-agency flexible service in Ealing that prevents educational placement breakdown for a wide range of children with additional needs (https://www.ealingfamiliesdirectory.org.uk/kb5/ealing/directory/tile.page?id=k-7cOcTftDU). This was followed by a presentation by Mark, a user of the service who talked about his own experience of the service. Mark was attending the conference with Aneisha, one of the workers on the project.   Those attending the symposium were enthusiastic about it, with one saying the issues raised had not been discussed in other talks at the conference. We think this was the only session where a user of a psychological service had presented at the conference.

I'd like to thank ACP-UK and its members for supporting this symposium and for inviting me to take part.

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