



**Experience Lab**  
CrossReach

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B: Digital Scenarios
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- Experience Lab Prototypes
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CrossReach and Glasgow School of Art

# CrossReach

To co-design a new concept that would support access to and enable the delivery of a digital counselling service for people with a perinatal mood disorder (PND).




Participants: 17

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Methods: Storytelling
         Interaction Mapping
         Prototype Iteration
         Role Play
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## Three Exp. Labs

+ 2 Pre-Labs

Lab Team: 

Leigh-Anne Hepburn

➡ Angela Tulloch

➡ Tara French

## Technology

# Digital

## Counselling

## Healthcare

*Lab Locations:*  
Glasgow



2017



9 Hours Experience  
Lab time

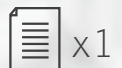
6 Hours Pre-Lab time

## Academic Output:

- Video
- Report



x1



x1

Tools:

- Experience Map
- Scenario Cards
- Storyboards
- Creative Toolkit
- Digital Props



“The way of exploring and making helped us shape our vision”

- Lab participant



## Executive Summary

CrossReach has delivered specialist treatment for perinatal mental health needs in Edinburgh for 27 years and in Glasgow for 10 years, developing an experienced and highly qualified bank of counselling staff. Despite geographic expansion across the central belt, it is recognised that demand for counselling has grown exponentially since the service opened and as it stands, only people in the local area of Edinburgh/Lothian and Glasgow can access the service.

CrossReach Confidential Connections (CCC) aims to develop an innovative digital online counselling/ psychotherapy solution that can support people experiencing peri-mental health difficulties and has the potential to navigate the identified barriers of geography, time and social stigma. CCC is proposed as a solution to meet this market demand and increase counselling service provision by providing a remote, accessible service available across a

Scotland-wide geographic area to anyone who thinks they might need it. In keeping with the current model of care, clients would be able to self-refer (or could be referred by a health professional) and would be eligible for treatment during pregnancy up to two years after birth. It is not anticipated that the CCC model would replace current service delivery; rather it would be an addition to the suite of services offered. It is proposed that CCC could reach a much broader scope of the

population: reaching remote and isolated areas and creating opportunities for access where no provision is available.

Following a scoping study, a series of Experience Labs were designed to work together with end-users to gather insights, explore common themes and consider the potential role of digital within this context. Through the use of design tools, the development and validation of concepts and innovative prototypes were

tested with a view to creating digital recommendations for a counselling support mechanism that could be made widely available via digital means.

Experience Labs

The Experience Lab was developed by the Institute of Design Innovation at The Glasgow School of Art.

The Experience Lab offers a safe and creative environment where researchers, businesses, civic partners and service users can collaborate on innovative solutions to the health and care challenges facing our society.

Researchers use current and emerging design research methods to engage with our partners and participants, who are encouraged to share their own experiences. Real-life practice is often replicated to allow new technology, services, processes and behaviour to be trialled rapidly.

Researchers, partners and participants are supported to co-create potential solutions to achieve a preferable future. The resulting ideas become candidates for further research and development, allowing them to achieve their full potential.

It is a central element in the Digital Health & Care Institute (DHI), a Scottish Innovation Centre funded by the Scottish Funding Council, in partnership with Scottish Enterprise and Highlands and Islands Enterprise.

The Digital Health & Care Institute

The Glasgow School of Art is a founding partner in the Digital Health & Care Institute, which is a partnership between NHS 24, Scottish Enterprise and Highlands and Islands Enterprise.

The DHI Innovation Centre creates an open community where industry can collaborate effectively with academia, health, care and social partners on innovation opportunities that will create societal and economic benefits in Scotland. The DHI will co-create sustainable economic growth through new products, services and systems. These solutions will generate high value health and social care solutions to the benefit of the people of Scotland and further afield.

Experience Lab Project Team

Leigh-Anne Hepburn	Research Fellow, The Glasgow School of Art
Dr Tara French	Research Fellow, The Glasgow School of Art
Angela Tulloch	Research Associate, The Glasgow School of Art

Civic Partner Team

Tanya Anderson	GIRFEC Development Advisor, CrossReach
Jackie Walker	Manager, Bluebell Perinatal Service, CrossReach
Viv Dickenson	Director, Children and Family Services, CrossReach
Jacqui Lindsay	Head of Service, Children & Family Services, CrossReach

Acknowledgements

We would like to thank all of our participants for giving up their valuable time to take part in the Experience Labs. We are also grateful to our project partners at CrossReach.



## Project Background

Perinatal mental health is a recognised public health concern across the UK. The 2015 report 'Getting it Right, produced by NSPCC and Maternal Mental Health Scotland, states that perinatal mental health problems will affect two in five households with a new baby and that 'depression and anxiety affect between 10-15% of women during pregnancy and in the first postnatal year'. Around 13%-15% of women experience common mental health problems such as perinatal depression and anxiety (O'Hara & Swain, 1996; Heron et al., 2004; Bauer et al., 2014).

If untreated, this can have a damaging impact on women and their families. This wider impact on family relationships, including partners and children is well documented (Chew-Graham et al., 2008) and the potential long-term impact on the infant is recognised. Chronic perinatal mental health problems can potentially compromise cognitive, social, emotional, behavioural, educational and physical development if untreated (Sutter-Dallay et al., 2011).

Inadequate identification and treatment can mean perinatal mental health problems continue for months or years (Cox, 1996). Only around half of mothers meeting diagnostic thresholds for perinatal depression and anxiety are identified (Ramsay, 1993; Hearn et al., 1998) despite frequent routine contact with a range of primary care services at this time; even fewer receive

adequate treatment (Bauer, et al, 2014).

Poor identification and delays in treatment are particularly unfortunate since treatment responses are generally good and a range of interventions are considered effective in supporting improved outcomes for mothers affected by perinatal mental illness (SIGN, 2012; NICE, 2014). For those mothers experiencing impairment of their relationship with their infant, there is also promising evidence that interventions promoting parent/infant relationships can generate improvements in the quality of attachment (Bauer et al, 2014; SIGN, 2012; NICE, 2014).

Beyond the cultural and social impact, there is also an associated economic burden, with significant costs to society over time associated with poorer child mental health and outcomes (Bauer et al., 2014). A recent paper by London School of Economics estimated the cost of perinatal illness to the UK to be around £8 billion. This means that it costs society £74,000 for every mother with a perinatal illness postnatally and £35,000 for every antenatal mother. Despite these statistics, provision of support for those experiencing perinatal mental health challenges is recognised as being unable to meet current demand (REF 2013), highlighting the potential for new, innovative solutions that reach beyond existing provision and can potentially result in significant economic savings.

## Project Aims

The aim of this research project was to develop a new concept that would enable people with a perinatal mood disorder (PND) to access counselling services digitally. It was anticipated that this would improve the scope and experience of accessing services and enable integrated and person-centred care. The research aimed to ensure that a new digital service would meet the needs of users and service providers by focusing on complex use cases, i.e. from the perspective of people who have experienced PND.

The goals were to identify key user requirements, test these

with end users, develop a low fidelity prototype to embody the users' requirements for the system, and understand how this concept would alter the working practices of service providers. The outcome would be realised in a set of digital recommendations.

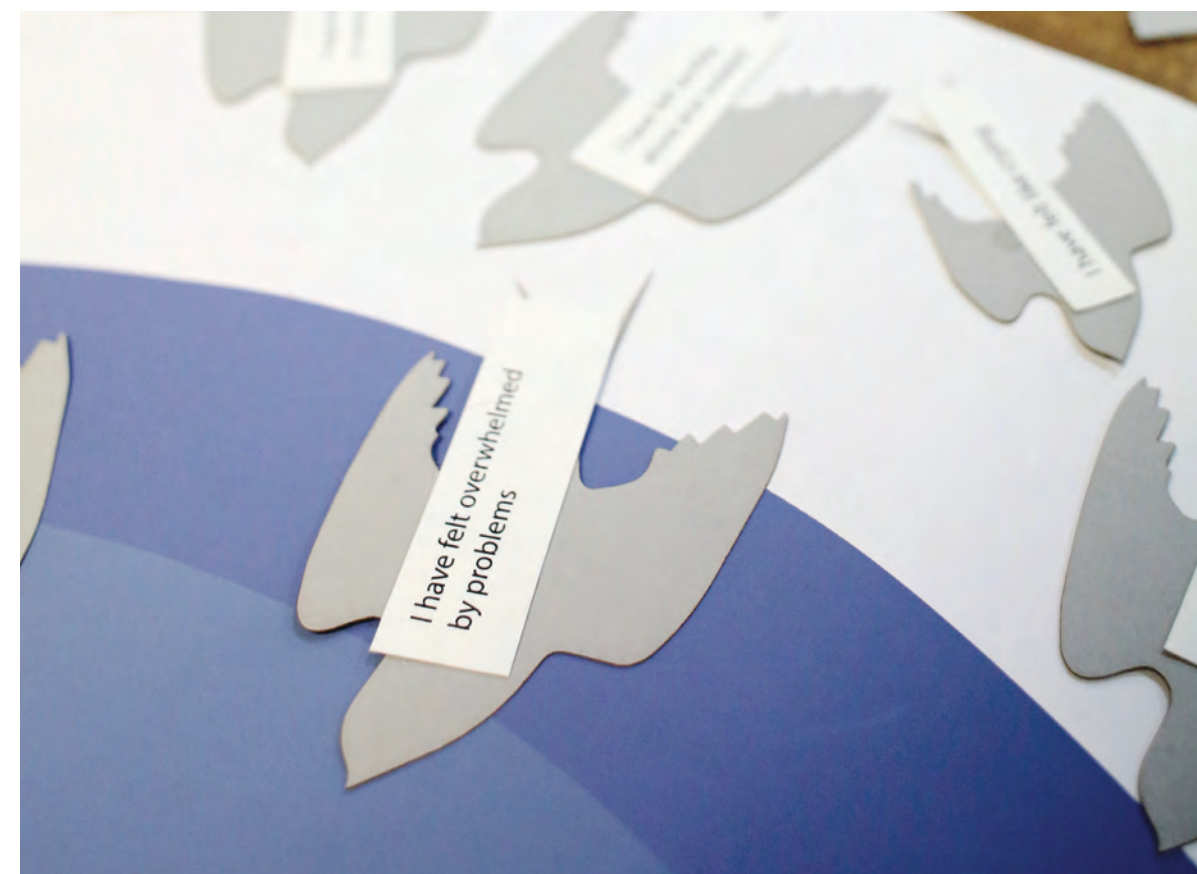
The project aimed to address the following questions:

- What are the personal behaviours, experiences, stories and access points of someone accessing and engaging with counselling for PND?
- What are the personal behaviours, experiences,

stories and access points of someone delivering counselling for PND?

- In what way could a digital counselling tool be used to create a PND counselling service that is engaging, meaningful and accessible?
- How would people and their care network want to interact with such a digital tool?

A programme of research activity was designed to support the aims, comprising observation, two Pre-Labs and three Experience Labs. Each Lab took place in CrossReach office space in Glasgow.



## Pre-Lab Observation



Observation was used to capture contextual data relating to the wider project and worked towards informing the design of the Labs. Two GSA researchers attended a meeting with CrossReach and observed a pre-recorded mock counselling session. This offered an introduction into the process and practice of counselling as delivered by CrossReach, providing valuable insights and contributed towards the shaping of the project.

### Key Findings

**Key findings observed during the mock counselling session were:**

#### Interaction and Connection

A strong theme emerging from the observation was the importance of face-to-face engagement. The connection between the counsellor and the client was critical, illustrated in the positioning and proximity of both within the space of the counselling room, the body language adopted and consistent eye contact. Another significant element observed was the response of the counsellor to the non-verbal communication of the client, 'reading' the situation and providing visual affirmations.

#### Client-centred Approach

The observation highlighted the person-centred approach of CrossReach and the fact that there is no 'one size fits

all'. Counselling sessions are tailored to the needs of each client and are not about solutionising or 'fixing'. The sessions are about validating experience and being understood, offering a space to be heard. Building a trusting relationship and the establishing of consistency across physical space and session time were observed as key elements of the counselling journey.

#### Pre-Labs

Two Pre-Labs worked in an exploratory capacity to capture rich and relevant data from people who had previously accessed CrossReach counselling and from those people who deliver the counselling service. Pre-Labs were designed to understand the lived experiences of counselling from both perspectives and informed the design of the subsequent Experience Labs.

## Pre-Lab 1



Pre-Lab 1 brought together a group of eight CrossReach counsellors and staff with the aim of gathering insight into the experiences of those delivering PND support. Over a three-hour period, participants worked to identify opportunities and barriers experienced in current service delivery and to explore the key moments of interaction



as experienced by those counsellors delivering care.

### Methodology

#### Storytelling

An initial group storytelling session was led by the research team and aimed to capture the stories of participant's experiences of delivering PND support. Conversations were captured and key points written onto paper swallows that were hung on a length of string across

the room, providing a central point of discussion.

#### Interaction Mapping

Participants were asked to identify their experiences of the counselling journey, from the perspective of the counsellor. Working in two groups, participants mapped key moments of interaction with clients and identified the potential role for digital in that context.

#### The questions included:

- Can you describe the first interaction with a client?
- At each point of interaction, who are the people involved in that circle of care?
- Is anything/anyone missing from this journey?
- Where might digital support this journey?

#### Key Findings

The emerging themes from the first Pre-Lab focused around the delivery of counselling services,

key elements and practices that take place as well as the role of the counsellor in the experience.

#### Pregnancy as a Life Changing Moment

There was a discussion around experience of pregnancy and motherhood and the ways in which negative generational views or legacies can amplify vulnerability. It was recognised that previous experiences, including those from childhood, can act as triggers



during pregnancy, birth and motherhood and increase both the risk and intensity of PND experienced.

Participants noted that clients often presented a combination of challenges including traumatic birth, lack of support or overbearing family, money worries, lack of sleep, post-traumatic stress and social stigma. In addition, significant emotional challenges included the fear of ‘being broken’, ‘public shame’ and of ‘having a negative impact on the child’. In response to these challenges, counsellors acknowledged the role of CrossReach in providing a service that was shaped to meet the needs of individual clients. The provision of multiple forms of counselling alongside additional services such as baby massage was seen to support this approach.

**Importance of Initial Contact**  
Participants placed an emphasis on early contact with a client, including consideration of the mechanisms in place for a client to contact CrossReach at present, the initial callback they receive from the service. Much of the focus was on creating an environment that was welcoming, warm and put clients at ease from the outset. There were slight disparities between the service delivered in Glasgow and Edinburgh; e.g. waiting list times, however it was recognised that overall the demand for counselling is far greater than CrossReach have the capability to deliver at present. There was a desire to enable clients to access the service in a quick and efficient way, reducing waiting list times and providing interim support

and digital was expressed as a potential model to enable this.

**Client-Centred**  
The importance of face-to-face contact: picking up on verbal cues, eye contact, using verbal affirmation and adopting empathic practices were described as key elements of the counselling session. The role of acceptance and validation and having the ability to ‘grasp what it feels like to be who they [the clients] are’ were described as central to enabling change. There was acknowledgement that making a connection with clients during the early stage of the counselling journey can sometimes be difficult and that this might have added challenges when explored in a digital context. This was described as a need to explore how counsellors might create meaningful digital relationship with clients.

It was recognised that although a considerable amount of time is dedicated to the required paperwork, including the assessment and CORE frameworks, the client remains the focus. This was reflected in an emphasis on flexibility during the counselling experience, around timing of assessments and the ability of the counsellor to know when a client is emotionally ready to undertake administrative activities. Despite this, it was acknowledged that there is a shared responsibility and each client must agree (verbally and in writing) to the contracting and counselling process and guidelines.

Participants discussed reasons for entering the counselling profession, including making a

contribution to society and using their own personal experiences to support others. The person-centred approach was again identified as important, however questions emerged around how the counsellor role might develop in a digital setting. This illustrated a contradiction between a willingness to support clients in a more effective way and hesitancy towards unfamiliar digital working practices. It was identified that digital counselling would not be a suitable approach for all counsellors or all clients and the consideration of professional boundaries, level and frequency of contact and the need to have additional training to work effectively were described in this context.

**A Safe Space**  
The ‘space’ of the counselling session and the role of the counsellor were discussed in depth. This included the importance of developing trusting relationships and the delivery of a service that offered a sense of ritual and routine to clients.

How a safe space might be delivered digitally was also explored. Participants discussed the creation of such a space in the home and the opportunities and challenges this raised. The potential for home-based counselling was seen to address issues relating to social isolation and to reach a wider client base. Similarly, participants felt that the home might feel more private and secure, reducing negative feelings associated with public stigma around PND. It was acknowledged that the session would not need to be restricted to the home but

could be held in a safe public space such as a GP surgery, childcare or community hub and university satellite sites: all common across the Highlands and Islands.

Concerns arose around security and safety around Internet history, privacy, and accessibility. Challenges included the potential for disconnection and how that might make clients feel. Similarly, there was discussion around the potential of having children present in the session. It was felt that this might be acceptable with a young baby but toddlers and other children can change the ‘feeling’ of the counselling session and often poses a distraction.

**Transitions across the Counselling Journey**  
Transitions throughout and beyond the counselling journey were identified as important. Two transitional endings occur: the end of the counselling session and the end of the counselling journey. The ‘cooling down’ period immediately after a counselling session includes the ritual of booking the next appointment and the physical transition from the session into everyday life; gathering composure, making forward plans and leaving the building. These were described as important parts of the experience.

Beyond this, the reaffirmation of support at the end of the counselling journey was important. As clients move on from the service, being able to recognise and reflect on the journey travelled together and the offer of an open door to additional support in the

future were highlighted. It was acknowledged that these points of transition would require careful consideration when translating into the digital.

## Pre-Lab 2



Pre-Lab 2 brought together five people who had previously accessed the PND counselling service delivered by CrossReach with additional insight and support provided by three CrossReach staff members. All participants were selected by CrossReach and currently undertake a role as ‘ambassadors’ for the service. As such the potential for bias is acknowledged. The Lab ran for three hours and was also opened up to include family and/or friends if desired.

Proposed as a way to gather insight into the lived experiences of people accessing PND support, and in particular to highlight the opportunities and barriers that exist in both accessing and engaging with counselling services, the Lab worked to identify key moments of interaction between people accessing support and the services provided.

Using design research methods as a way of capturing stories and unpicking the assumptions around counselling, the aims of the Pre-Lab were to:

- Capture experiences of existing service provision (positive and negative)
- Identify key moments of interaction between people accessing support and the services provided.

- Consider the potential of digital technology enabled care

### Methodology

**Interaction Mapping**  
Interaction mapping was used to support participants to think about and reflect upon their own CrossReach journey, their experience of engaging with CrossReach from before the initial contact to finally leaving the service. Participants worked in two groups and were asked to identify and annotate the key moments of interaction during that journey, recording it onto a large sheet of paper featuring a timeline. Additionally participants were provided with themed cards to capture ‘people’ or ‘digital/resource’ and position these on the timeline map.

During the mapping, researchers asked questions to prompt a deeper consideration of the journey being explored including:

- How did you know where to find CrossReach?
- What were the main stages in your journey?
- How do you feel at each stage?

During the interaction mapping, participants were also asked to consider the potential role of digital technology enabled care:

- What are your existing offline/online digital practices?
- How might care be delivered digitally?
- What would make it engaging, meaningful and accessible?

At the end of the session, participants shared the



maps with the wider group and discussed the common interactions that emerged as well as their own response to the experiences highlighted during the session.

## Key Findings

The activities in the second Pre-Lab uncovered rich stories and experiences around the experience of counselling services.

### Seeking Support

A key theme was around terminology, specifically linked to the identification of PND, signposting to support and the need for increased social acceptance and awareness. Participants noted a reliance on the Internet for seeking information; online support and local resources but highlighted the challenge of search terms and tags (including symptoms and definitions associated with PND) for finding relevant, accessible and timely support. Participants mentioned a feeling of 'being stuck in fog' and the challenge of 'articulating how you are feeling', highlighting the task of being able to define the situation. This was also linked to challenges around recognising a need for support, confidence in seeking that support, the existing 'tick-box' system of care received by community psychiatric nurses and health visitors, and also the fear of being 'labelled' as having PND.

Challenges emerged around where to look for help and the length of time it takes to find someone or somewhere appropriate. Linked to this was also a demand for more GP and local health

professional awareness of PND and opportunities for earlier intervention to share relevant information, perhaps even during pregnancy. While GP referral was common among participants, there was conflicting feedback suggesting that misdiagnosis and lack of GP awareness of available services contributed to delays in accessing support.

### Meaningful Contact

The first step towards seeking support was identified as the most challenging to make. While referrals via health professionals take place, participants talked about the role taken by family members or friends in supporting the initial contact. There was a sense that 'time was of the essence' and that the contact with CrossReach during the waiting list period was critical. One participant noted that the 'biggest hurdle was getting in the car to go to CrossReach'.

Despite this family support, participants also reiterated that they found talking to someone outside the family unit to be more helpful and indeed this worked to support them to explain how they were feeling to their families. The importance of 'hearing other people's stories' and the 'camaraderie with others' receiving support from CrossReach all contributed to the experience.

The emotional response to the first contact with CrossReach was a strong emerging theme; with participants referring to the initial meeting as a 'lifeline' and that 'someone was listening to me'. The reassurance provided, together with a



feeling of legitimacy described by participants as 'permission to feel that this does happen and I'm allowed to feel like this', worked to create an environment where participants felt understood, supported and that they were on a journey towards recovery.

### A Safe Space

The 'space' of the counselling session was recognised as playing a key role in the lived experiences of those accessing the service. This referred to the physical space and recognised the counselling session as a 'safe' environment and one that became a consistent and regular focal point in the weeks ahead.

The idea of a safe physical space was expanded to include the mental space. The counselling session was seen as dedicated personal time that participants looked forward to and created a sense of 'breathing space' or 'window of thinking about the real me'. The feeling of belonging to a group

of people who understood and accepted how participants were feeling, a sense of community and the tangible feeling of security provided by the service were highlighted as key features of CrossReach counselling.

### Sustained Engagement

Participants talked about their 'journey' through the service and the way in which CrossReach provided the 'tools' to support them in their recovery. This was also about acceptance and the introduction of new ways of thinking that went beyond the response to PND, described as 'learning to appreciate this new part of me' and 'understanding the jigsaw of my life'.

There was a sense of achievement and apprehension identified nearing the end of the CrossReach journey, when participants combined a desire to move forward with a fear of relapse. Again the 'tools' and 'techniques' developed with CrossReach were seen as important in supporting participants to recognise

triggers. Finally there was a sense of gratitude and purpose towards the service. Participants reflected on the 'turning point' in their care and described CrossReach as a 'lifeline' that continued beyond the PND service provision experienced and provided an extended sense of security.

### Digital Possibilities

Participants initially found it challenging to consider the delivery of a digital model of counselling having reflected on their own face-to-face experience and they reiterated the importance of building a connection with the counsellor.

However digital resources were identified as being used extensively in seeking support, the use of online chat rooms for peer support as well as accredited health sites such as NHS. Participants remarked on the conflicting advice around terminology, diagnosis and treatment and the challenge of finding legitimate resources.



## Exp. Lab 1



Experience Lab 1 was a half-day workshop and involved the participation of people who had attended Pre-Labs 1. While it was anticipated that the Lab would engage participants of both Pre-Labs, a decision was made in collaboration with CrossReach to invite past service users at a later date to avoid unnecessary anxiety caused by recounting past experiences. An academic specialising in perinatal counselling also attended.

The aim of the first Experience Lab was to gain a better understanding of the delivery of the counselling session and consider how it might look if delivered digitally, including the creation of low fidelity prototypes to explore potential design requirements. Building upon the findings from the Pre-Labs, the Experience Lab considered the key interactions identified in more detail and provided a way to integrate the multiple perspectives of participants.

### Methodology

#### Building the ideal counselling session

Working in small groups, participants were asked to consider the counselling sessions mapped out in the Pre-Lab activities. Thinking about the elements that were most important, participants were asked to build that space using craft materials. This activity was open to participants to interpret as they wished (make, draw, write) and aimed

to create a level of abstraction in which participants could explore their shared vision of the ideal counselling session. An image of these spaces and the associated keywords are provided in Appendices A1, A2 and A3.

#### Considering digital scenarios

Having shared the elements of their ideal counselling session, participants came together for a whole group activity. Researchers shared three digital scenarios developed from the Pre-Lab analysis for discussion and participants were asked to respond from their own perspective as service user and service provider. The scenarios proposed hypothetical situations that emerged during Pre-Lab activities and key points from the conversation that followed were captured onto large format paper. Each of the digital scenarios and participant responses are provided in Appendix B.

#### Designing digital

Having built the ideal counselling session and talked through the digital scenarios, participants returned to their original groups and discussed their preferred digital solution. Researchers posed the following questions:

- What would the digital alternative to the model built in activity one look like?
- How accessible, meaningful and engaging might the counselling experience be when delivered digitally?
- General requirements for the digital counselling tool?



Participants were asked to create a storyboard depicting their preferred digital solution and blank storyboard sheets were provided. Working in the same small groups, participants were encouraged to begin to develop low-fidelity prototypes for a digital tool, using paper and craft materials.

### Key findings

The activities in the Lab highlighted emerging themes around the experience of providing counselling and how this might look when delivered digitally.

#### Reconceptualising Counselling

A key theme was managing expectations and developing a shared understanding about what an ideal counselling session feels like and how that might feel when translated into the digital context. Central to this was a need to redefine what a counselling session is for both



the client and the counsellor. Similarly, it was acknowledged that ownership and responsibility during a digital counselling experience needs to be clearly articulated and agreed in the first instance to enable the session to be meaningful for both counsellor and client.

There was an overall observation that potential service users are more likely to accept the digital offer over no counselling provision but where face-to-face exists, this would be the preferred delivery model. Further to this, there appeared to be increased acceptance of the delivery of digital among counsellors when it was reiterated that this method would not replace the existing service but rather supplement it.

#### Creating a sense of Safety and Security

Participants identified a need to de-medicalise the context of counselling, removing the clinical perspective and providing a professional, yet

homely position. The idea of 'feeling at home' was linked to empathy displayed by counsellors and a sense of comfort in clients knowing where to go. Safety and security were recognised as being important elements of both the existing service delivery and the potential digital delivery. Participants referred to a concept of 'digital trust' and questioned the ways in which a digital context might make you feel safe. Participants identified the human element as playing a role in developing this sense of digital trust and security, through the visual and verbal interaction with a person.

#### Practical Application and Accessibility

A number of practical applications and accessibility options emerged during the discussion of preferred digital solutions. Digital capability was identified as both a challenge and opportunity. Participants shared concerns around the geographic availability of digital



infrastructure and how this might impact engagement, potentially creating a barrier to access. Similarly, there were significant challenges around usability, in making the digital experience as simple and effective as possible to encourage sustained engagement. Digital delivery was acknowledged to offer an extended reach geographically and while technology, e.g. a laptop, might not be accessible to everyone, participants highlighted that most people use smartphones and this could provide a means of contact.

Additionally there was discussion around how existing counsellors might need to develop heightened senses and be required to adapt their methods to deliver counselling in a new way. The potential development of 'counsellor champions' for digital delivery and provision of associated training were identified as ways to mitigate individual concerns.



## Exp. Labs 2&3



Experience Labs 2 and 3 involved two half-day workshops that brought together participants who attended Experience Lab 1. Experience Lab 2 aimed to understand how access to a digital counselling tool could change current working practices through usability testing of prototypes while Experience Lab 3 aimed to explore some of the emerging themes in more detail, refining the prototypes.

### Methodology

#### Interactive Engagement

Researchers prepared paper-based prototypes for Experience Lab 2 based upon the findings gathered in Experience Lab 1. In order to understand how the prototypes would be used and accessed, participants were asked to consider them in possible scenarios of use based upon earlier findings. Three scenarios were presented:

##### • Assessment

This scenario considered how the existing paper-based CORE assessment might be delivered digitally. Currently assessment takes place during the counselling session itself, requires the interaction of both counsellor and client. Assessment is undertaken in two ways, depending on the client and their position on their counselling journey. In the first instance, the counsellor might verbally ask the assessment statements and complete the checklist, however later in the journey

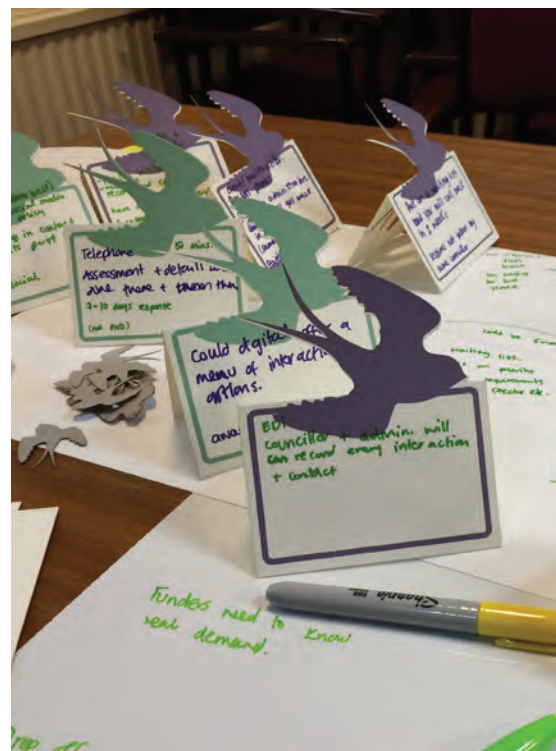
participants might complete a self-assessment checklist.

##### • Informal Contracting (the five-minute pre-counselling interaction)

This scenario considered the period of five-minutes prior to the start of a counselling session, identified as an important element during pre-lab activities. The aim of this scenario was to explore the managing of expectations and to ensure that both clients and counsellors are physically and mentally ready for the start of their counselling session. The key question asked was: What might the five minutes prior to a counselling session look like if delivered digitally, including the informal contracting that takes place?

##### • Opening the Door (the five-minute post-counselling interaction)

This scenario referred to the five-minute period following the end of a counselling session and how this might support and prepare clients to return to everyday life. In current practices, this is the period in which the client prepares to leave the building, including gathering their emotions, supported by the counsellor. Similarly, the scenario also considered the counsellor perspective and how current-working practices might be delivered on a digital platform?



Participants were asked to test the prototypes in the three scenarios, considering the potential application of the digital tool and to identify any opportunities and challenges that emerge from their interaction. As part of this activity, participants were encouraged to dismantle, rebuild and iterate the prototypes to suit their needs.

The paper-based prototypes were then further refined based on the feedback gathered and reintroduced during Experience Lab 3, two of which were iterated in digital form for further testing.

#### Role Play

In Experience Lab 3, participants were encouraged to role-play each scenario in order to interact with and experience the proposed digital and paper-based prototypes in a real-life setting. Both Labs ended with a group discussion that asked



participants to reflect on their experience of engaging with the prototypes and explore the potential impact of each on their working practices.

### Key Findings

The findings arising from both Experience Labs are described, highlighting the developments made during usability testing, consideration of validation and the likelihood of adoption.

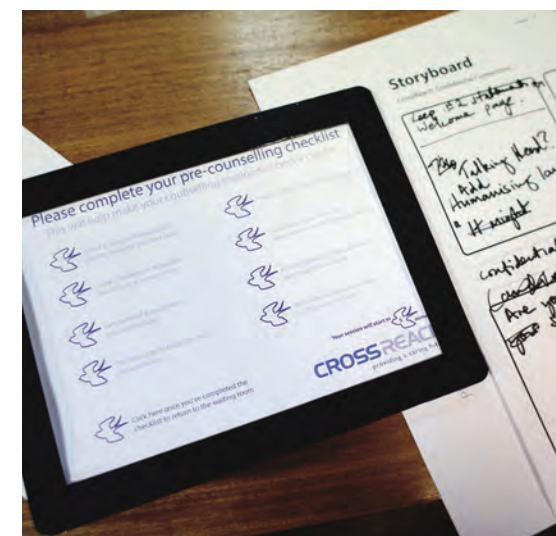
#### Meaningful Assessment Data

Assessment was recognised as an important therapeutic

tool rather than simply an administrative exercise and there was a desire to make its completion accessible and supportive. During Experience Lab 2, a paper-based prototype of a digital tool was introduced that developed the existing checklist form into an interactive model whereby clients could move the statements individually onto a scale circle and the counsellor could view this in real-time from their location. The digital form had the potential to enable automatic transfer of assessment data to the CrossReach database, reducing

administrative effort and time and creating opportunities to manage the data in a more meaningful way. While this was found to be more visually stimulating, some participants found moving the statements confusing and counsellors felt that this would need more preparation and explanation, diverting from the situation and the primary focus of the assessment, to consider the client's wellbeing.

The concept of a digital tool for assessment was supported with a recommendation to keep



it simple, straightforward and include optional visual elements. There was a concern that a whole screen assessment page might compromise the visual contact between client and counsellor, resulting in missed visual cues. It was suggested that a more appropriate model might be an additional semi-transparent layer of questions that appear individually along the bottom of both the client and counsellor’s screen.

Other potential opportunities for improved data management included the use of secure digital signatures for contracts, the ability to generate visualisations to track progress and compare content, the ability to link directly to client notes and that all assessments could be downloadable and easily accessed.

Experience Lab 3 introduced a refined prototype that was iterated based on the prior discussions. The prototype featured a list of assessment statements printed onto an acetate sheet and shown on a mock monitor. The scenario proposed that the assessment statements would appear on the screen for both the client and the counsellor but would not restrict the visual connection. Clients could complete the checklist and the counsellor could view the results in real-time. This approach was seen to be interactive but less invasive.

Images of prototypes are provided in Appendix C.

**Digital Translation (the five-minute pre-counselling interaction)**

Experience Lab 2 presented a paper-based prototype developed around a series of recommendations for preparing for a counselling session. This combined the concept of a digital, or virtual reception and the requirements of the informal contracting that take place prior to a counselling session. Informed by Lab findings, a checklist was created. The concept proposed that clients would log in five minutes prior to their counselling session, be welcomed to the CrossReach digital site and asked to read a series of statements before ticking the boxes to state they have understood each.

On exploring the paper-based model, participants felt that although the digital reception worked to provide a ‘warm’ welcome ahead of counselling, the tick boxes were neither interactive nor personable and as a result were not engaging. Rather participants felt that they should be presented as a way of making the client feel relaxed and that this time should work as an intermediary step between log-in and counselling beginning. Experience Lab 3 presented two further options for consideration, a digitised version of the iterated checklist and a talking head video option. The digital checklist enabled participants to role-play, considering how it might feel to complete such a checklist online. Although the statements were refined, the response was similar to the paper-based model. Participants felt like this was a procedural task and that they might be

tempted to tick all the boxes to get ahead rather than taking the time to read them. The second prototype presented a short talking head video in place of the checklist. The video features a mock counsellor presenting a pre-recorded message. The message beginsbegins by welcoming the client, verbally discusses the statements used previously on the checklist and suggests ways of preparing for the upcoming counselling session. Clients have the option of pausing and restarting the video at any time to enable them to prepare. The response to the video was significant; all participants felt that the video provided a much more welcoming, accessible and informative introduction, especially for clients experiencing distress. Other suggestions considered the choice of person recorded and the need for a warm and welcoming demeanour.

Images of prototypes are provided in appendices D1, D2 and D3.

**Creating a Resource for Engagement (the five-minute post-counselling interaction)**

Experience Lab 2 proposed a concept for post-counselling interaction. A paper prototype digital screen was provided and participants described potential elements that could support both counsellors and clients at the end of the counselling experience. Much like the feel of the physical waiting room, participants identified the need for a digital resource that provided the same intermediary step beyond the safe counselling space. Furthermore, findings from this

activity suggested a demand for CrossReach to be a sustainable online resource, offering support beyond the counselling session itself.

For counsellors, this was described as being able to signpost clients to other sources of support such as creative therapy, music, movement, meditation and relaxation. Examples suggested included links to breathing exercises for clients after a session as well as an option for reflecting on the session in an online digital journal. Aligned to this was a desire from clients to review session summaries and to record notes or topics for discussion during the next counselling session. The journals were suggested as a tool for this, with the option of sharing with a counsellor if desired.

Additionally, counsellors identified the need for a space for post-counselling administration where they could write notes, complete the necessary paperwork and reflect on the session, with the ability to auto-link notes to the client’s file. This is linked to getting more out of the data identified earlier. Securing the next counselling session date was recognised as an important part of the process. For both counsellor and client, the option of booking online via a calendar or diary was not thought to be feasible in the current model of counselling. Counsellors hold their own diaries and arrange appointments directly, making a shared diary system a challenge.

Experience Lab 3 then presented the developed prototypes in a digital form, enabling participants to interact with the suggestions proposed. In addition to the range of support methods offered (music, relaxation etc.), participants identified the potential for exploring stories and testimonials of people who have previously accessed the service. In reading or watching short video stories, participants could take a few minutes to gather themselves at the end of a counselling session. Participants also noted that such videos may not be suitable for everyone and could be shared at the discretion of the counsellor.

Similarly, short videos were also proposed as a way of promoting self-care at the end of a session. Participants said a talking head video, similar to that shown at the start of a session, which could support clients by discussing how they might feel over the next week and how to manage this between appointments. The tone adopted was important: participants emphasised that the message should not be a patronising ‘keep smiling’ but a more supportive ‘we are on this journey together’.

Overall, this exploration highlighted that the main desire for such a resource was to provide a sense of security to clients, to reassure and reaffirm that they are not alone and that they are part of a wider support network. To this end, participants highlighted that the experience of the online client could be richer based on the options available and that some of these elements might improve

the current face-to-face service. Images of prototypes are provided in appendix E.

**A New Model of Interaction – Reconceptualising the Waiting List**

Finally, participants developed and refined an idea that emerged during the early stages of the project with the aim of promoting engagement during the waiting period. Participants identified that waiting times could be significant, clients are assessed depending on need and some might have to wait up to six weeks to access a counsellor. To mitigate this wait and extend support offered, participants suggested reconceptualising the waiting list. Rather than being viewed as a period of waiting, it was proposed that this period of engagement was the first step on the journey. In response, participants developed a programme of six-week web-based videos for clients as they wait. It was also acknowledged that this new model could also provide critical evaluation opportunities. New clients could be assessed at the initial point of contact then again after experiencing the six-week programme of videos to evaluate impact.

Additionally, a new model of sharing credible and supportive generic information by video, accessible to the wider public, was also developed. Entitled ‘Holding Hope’ this concept proposed a portfolio of CrossReach generated, talking head videos covering themes related perinatal mood disorders. These models are visualised in appendices G1 and G2.

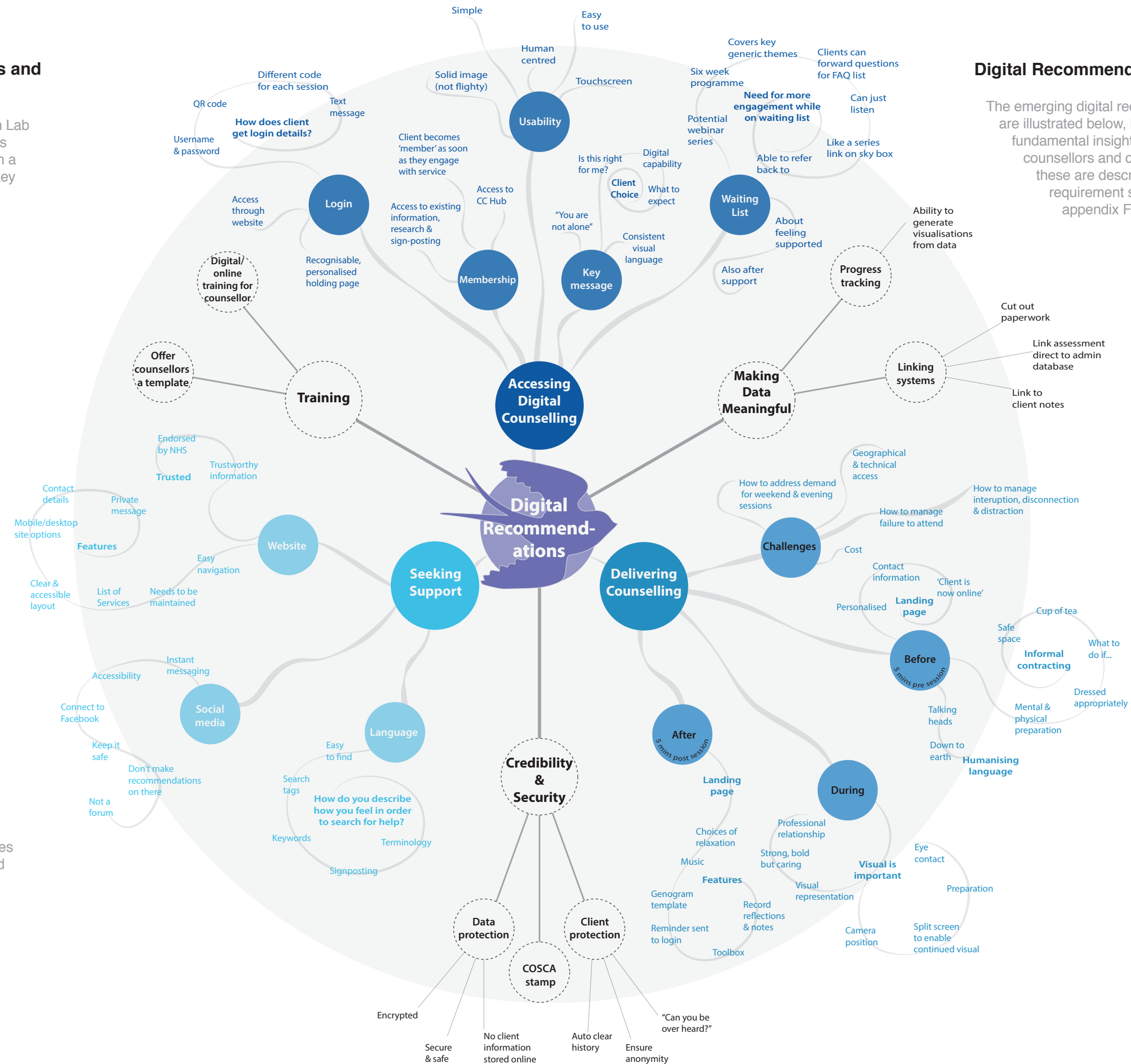


## The Development of Principles and Digital Recommendations

When combined, the findings from each Lab highlight a series of underlying principles relevant to the delivery of counselling on a digital platform as well as a number of key digital recommendations.

Principles of Digital Counselling  
The key principles as identified by participants state that digital counselling must:

- **Support a client-centred approach**
  - Responsive to client needs
  - Enabling a meaningful personal connection
- **Enable and support initial contact**
  - Be accessible and easy to navigate
  - Create opportunities for interaction
- **Create a safe and secure space for counselling**
  - Adopt and share etiquette for digital translation of face-to-face interaction
  - Manage expectation and support development of mutual trust
- **Support sustained engagement**
  - Support transitions across the counselling journey
  - Facilitate pre/post counselling engagement
- **Provide an integrative framework for digital delivery**
  - Integrate existing services/processes
  - Support counsellors to adapt to and manage digital delivery



## Digital Recommendations Mapping

The emerging digital recommendations are illustrated below, highlighting the fundamental insights from both counsellors and clients. Additionally, these are described in the user requirement specification in appendix F.

## Future Research and Development

Beyond the findings and identified user requirements related to the development of the digital counselling service, a number of future recommendations are made regarding further development and research.

### Developing the digital service

Development of the digital service requires further testing of the digital recommendations and user requirements identified in this project to verify and evaluate their suitability in context. This would involve user experience and usability testing with appropriate groups, e.g. counsellors and clients using fully refined prototypes, and is recommended before trialling and piloting the service more widely. It is acknowledged that the sensitive nature of this study made direct contact with past users challenging however it would be beneficial to engage a broader group for future research activity.

### Combining technical

**specification** and principles& principles of digital counselling The merging of the developed technology with the principles of digital counselling identified requires careful consideration. It is important that the digital delivery of counselling continues to adhere to the qualities and values it represents and that the weighting between technical specification and principles is managed.

### Integration of digital to the existing service

The research findings highlight several opportunities relating to integrating digital into future models of counselling. The scope of these opportunities relates to accessibility of the counselling service, e.g. counselling 'on demand', digital communication between counselling sessions; and the digital transference of information between online counselling sessions and existing CrossReach systems, e.g. CORE assessment, storage of client information.

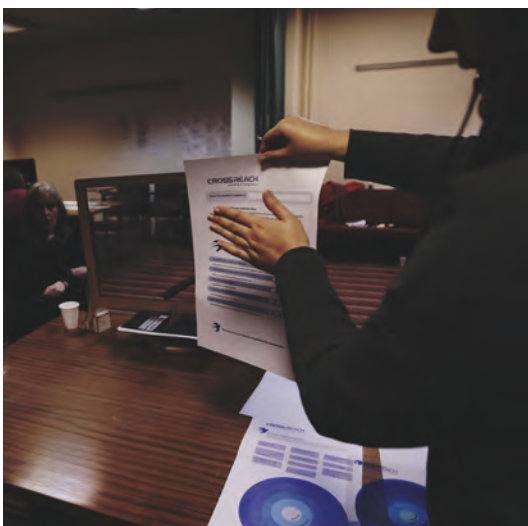
### Role of the Counsellor

The role of the counsellor is also a potential area of future research. This refers to the provision of new training models to equip counsellors to deliver counselling online and the impact of digital on the way that counsellors are trained. Similarly, considering how the role of existing counsellors might merge with the role of the new 'digital counsellor', the geographic positioning of counsellors and the physical location of service delivery also present pertinent questions.

### Future research

Future research may consider the impact of the digital service on CrossReach itself in relation to evaluation criteria, e.g. the impact on waiting times, number and location of clients

etc. Academic research on the counselling relationship may seek to understand the impact of the digital delivery of counselling on the client and counsellor, the benefits and challenges, and the overall experience of counselling. Similarly, there are areas of interest around the parameters of use: length of counselling service; frequency and 24/7 access. There is also an opportunity to explore future options for online counselling integration in partnership with other charities, services etc. and the associated wider socio-economic impact on CrossReach.





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**The ideas we've  
developed could  
offer possibilities for  
counselling in the future,  
not just for CrossReach  
but it could have an  
impact across Scotland”**

- Lab participant





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