



wetenschappelijk bureau voor
onderzoek, expertise en advies
op het gebied van leefwijzen,
verslaving en daaraan gerelateerde
maatschappelijke ontwikkelingen

Annual report

2015



Annual Report 2015

IVO

ADDICTION RESEARCH INSTITUTE

ANNUAL REPORT 2015



IVO
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1. Foreword

We present the Annual Report IVO 2015

The aim of IVO is the acquisition and dissemination of scientific knowledge on lifestyle, addiction, and related social developments. In this way IVO seeks to explore and find solutions for the physical, psychological, and social issues related to various forms of addiction.

Established in 1989 by the Rotterdam Public Health Service (GGD Rotterdam-Rijnmond), the Volksbond Foundation Rotterdam (Stichting Volksbond Rotterdam) and Erasmus University Rotterdam, IVO has progressed from a small establishment with three employees to a professional nationwide organization in which about 25 employees/associated researchers collaborate on research into lifestyle, addiction, and related social developments. Since its establishment IVO has aimed to bridge the gap between scientific research and practice. IVO also aims to provide its field with knowledge that can easily be put to practice.

We would like to thank all the organizations and their members, national as well as international, that we have worked together with over the past year. It is inspiring to see how much we can accomplish by collaboration with dedicated colleagues and fellow researchers from various scientific disciplines.

We hope you enjoy reading our annual report and assume that you know how to contact us if you would like more information.

Dike van de Mheen
Board of Directors

2. About the IVO

IVO in brief

IVO, scientific bureau for research, expertise, and consultancy

- Active in this research area since 1989
- An independent, small-scale and non-profit-making/autonomous organization
- Has socially sensitive researchers
- Broad and structural collaboration with graduate and research schools resulting in a nationwide alliance of around 25 employees/associated researchers
- Bringing together various areas of expertise in the field of lifestyle and addiction
- A professional and project-based organization in which the composition of the team of researchers and advisers varies per project

Our mission

The acquisition and dissemination of scientific knowledge on lifestyle, addiction, and related social developments. In this way the IVO seeks to explore and find solutions for the physical, psychological, and social issues related to various forms of addiction.

Our approach

- sound scientific research
- interdisciplinary collaboration
- combination of quantitative and qualitative research
- with an eye for quality and people
- an extensive network covering the areas of addiction treatment and prevention
- flexible attitude
- with an eye for applied and policy-based research
- facilitation of the implementation of scientific findings

Our services

- Fundamental research
- Applied research
- Policy-based research

Our research themes

- Alcohol
- Illicit drugs
- Smoking
- Internet use
- Gambling
- Risky nutritional behavior
- Social relief and social care

Supervisory Board

R Gorter MSc (independent chairman) until 1 March 2015
GC Kaper MSc (independent chairman) since 6 July 2015
Prof JP Mackenbach PhD (representative Erasmus Medical Center)
P Broedelet LLM (independent member)
MJBM Goumans PhD (independent member)
Prof RTJM Janssen PhD (independent member) since 5 October 2015

Board of Directors

Prof H van de Mheen PhD (Director of Research & Education)
Mrs MJ Audenaerd (Director Business Affairs) until 15 September 2015

Scientific Chairs

Two chairs are established related to the IVO: at the Erasmus University Rotterdam (financed by the Volksbond Foundation Rotterdam) and the University of Maastricht. Prof. dr D. van de Mheen is appointed at both chairs.

Vision

IVO views addiction as a chronic psychiatric condition and not as a 'moral weakness' of the individual. According to this view, addiction is not only to be dealt with by the individual but by society as well. The aim of IVO is the acquisition and dissemination of scientific knowledge on lifestyle and addiction emphasizing: the specific characteristics of the substance or hazardous behavior, the individual and the environment. The environment refers to the social environment and care, prevention and policy. This means that we gather and disseminate knowledge about:

- the use of specific substances and specific behaviors, with special focus on new substances and behaviors;
- the role of individual factors associated with lifestyles, substance abuse and addiction, such as genetic predisposition and personality traits;
- the role of environmental factors in the development/occurrence, persistence and decrease in hazardous lifestyles, substance abuse and addiction, such as socioeconomic conditions, cultural background, the roles of parents and peers;
- the impact of prevention, care and policy on the prevention of hazardous lifestyles, substance abuse and addiction and (reducing) the adverse effects thereof.

IVO's research focuses on the general population and its subgroups, particularly vulnerable groups, such as people with a high risk of (harmful) substance use and/or related problems. These include youths, young adults and seniors, as well as groups covered by the social relief system and social

care, such as homeless individuals. Another vulnerable subgroup that will receive attention in the future are people with a mild intellectual disability (MID).

From a preventive perspective, research on children and adolescents is particularly important. Special attention will be paid to children and adolescents with low socioeconomic status. Research on substance use and hazardous behaviors among children and youths includes (with collaborating partners) genetic research (individual perspective) and environmental research: the roles of parents, school and peers.

The proportion of elderly people (aged over 55 years) in the population is currently almost 30%. The number of elderly people is not only increasing, but their lifestyle is changing. Elderly people today have an unhealthier lifestyle compared with the elderly several decades ago, and are among others consuming more alcohol.

In the last decade, the number of people aged over 55 seeking help for a substance use problem has risen substantially. Adjusted for aging of the population, the request for help seems to have doubled. Problems with alcohol and opiates together constitute about 90% of substance use problems in the elderly. However, in all forms of addiction problems, the number of individuals over the age of 55 is increasing.

The study of groups within the social relief system and social care will be conducted from the perspective of social participation and recovery. Following this perspective it is important to obtain the maximum benefit for the individual. To achieve this, effective and high-quality care is needed, which needs to be supported by effective policymaking. Therefore, IVO also studies the functioning of the social relief system and social care. Within this line of research the co-operation between different organizations (integrated care) will receive specific attention. The focus on integrated care is also a recurring issue in the other research domains.

Furthermore, for new addictions (e.g. internet, gaming and risky eating behaviors) as well as for 'established' addictions (smoking, alcohol, drugs), the development, quantity and effectiveness of prevention and treatment methods will be explored.

In research, IVO always considers the perspective of the patient or client. We strive, as much as possible, to structurally involve patients and clients in the research cycle.

How do we try to achieve our mission?

IVO attempts to achieve its mission by:

- Carrying out scientific research
- Providing education
- Social service*
- Advice and support with (the implementation of) policy, care and prevention

*With social services, we mean that we offer our expertise (on a not-for-profit basis) to support the social organizations in our field.

Expertise

IVO has many years of expertise in socio-epidemiologic and social science research. Additionally, in recent years, experience with neurobiological and genetic research has been gained. IVO has employees from a wide variety of backgrounds, including epidemiology, psychology, sociology, criminology, anthropology and health sciences. This enables us to conduct multidisciplinary research, using both quantitative and qualitative methods.

Our expertise is spread across the IVO offices in Rotterdam and Maastricht, and collaborating partners in Nijmegen and Tilburg and includes both fundamental and applied scientific research (including policy-support studies).

To achieve our mission IVO adopts an integrated approach, i.e. we study substance use and addiction in conjunction with other problems and other life domains. In this way we choose multiple viewpoints, such as (public) health and public safety or addiction and psychiatric problems.

Domains

IVO currently focuses on three main domains, which are subdivided according to various addictive substances and hazardous behaviors.

The domains are:

- A) Addictive substances
 - Alcohol
 - Illicit drugs
 - Smoking

- B) Hazardous behaviors
 - Internet use
 - Gambling
 - Risky nutritional behavior

- C) Social relief and social care

Research and advice in all domains may pertain to one of the following points of view, or a combination thereof:

- Continuous monitoring of developments and trends
- Determinants: causes and background
- Quality and effectiveness of care and prevention
- Social context and policy

Knowledge sharing and education

In addition to acquiring scientific knowledge about lifestyle, addiction and related social developments, the objective of IVO is also to transfer and disseminate this knowledge to a wider audience by organizing seminars and developing and implementing educational programs.

Education has always been a core activity of IVO. An outstanding example is the 'IVO Master Class Addiction' which is organized biannually.

Education about substance use and addiction is structurally embedded in a few academic programs. However, IVO is committed to stimulate the development and implementation of education about substance use and addiction in various academic settings. In addition to internal training of researchers and supervising intern, IVO realized the following educational activities in 2015:

- Lectures in the course 'Physician and Public health' for third year medical students of Erasmus Medical Centre Rotterdam
- Development and implementation of so-called 'community projects' for the course 'Physician and Public health' for third year medical students of Erasmus Medical Centre Rotterdam
- Development of the Minor Addiction for third year medical students of Erasmus Medical Centre Rotterdam
- Organization and implementation of a contribution to the Netherlands Institute for Health Sciences (NIHES) course 'From problem to solution in Public Health' for Master and PhD students from various backgrounds
- At Maastricht University IVO contributed to the Health Sciences curriculum through lectures, tutorials and elective courses
- Lectures in different curricula at Erasmus University (BMG) and other e.g. "Hogeschool Rotterdam"
- Lectures in the Summer Institute on Alcohol, Drugs and Addiction, University of Amsterdam
- Lectures at the Netherlands School of Public and Occupational Health (NSPOH)

IVO Seminar

Reaching vulnerable youth in four neighborhoods in the Netherlands

May 15th, 2015

Speakers

A Hammink (IVO, researcher), G van Houwelingen (Prevention worker, Tactus Verslavingszorg), W Sneller (Raster), R den Ouden (De Veranderstudio, Trainer/Advisor)

Introduction

Increasingly, the neighborhood becomes the place where care and prevention are organized 'close to home', in cooperation with relevant formal and informal networks. This new approach creates changes to observe and prevent alcohol use and drug use in an early stage among vulnerable youth. However, for addiction prevention teams these vulnerable youth (i.e. young people at risk for problematic alcohol and drug use) are difficult to reach at the neighborhood level. IVO investigated the use of Rapid Assessment and Response (RAR) in order to rapidly assess the situation among vulnerable youth in four neighborhoods in the Netherlands, and to use this assessment to formulate a tailored prevention strategy in cooperation with relevant stakeholders.

Young adolescents (12-16 years) from high-risk groups are underexposed in neighborhood tailored prevention. Cooperation with other community workers is essential in this approach, especially the youth worker who is active in the neighborhood.

Presentations

First, Alice Hammink shared experiences with tailored addiction prevention approaches in four Dutch neighborhoods. She discussed the successful elements of a neighborhood tailored approach: 1) building a network of neighbors and professionals, 2) creating broad support for addiction prevention, and 3) close partnership between prevention workers and youth workers.

Wim Sneller (Raster) and Gijs van Houwelingen (Tactus Verslavingszorg) shared their experiences with a neighborhood tailored prevention approach: what a prevention worker can learn from a youth worker and vice versa. Main conclusion was that they complement each other in reaching vulnerable youth. Youth workers are able to make contact and establish relations, whereas the prevention workers use their expertise on addiction prevention.

Rianca Evers-Den Ouden (De Veranderstudio) presented methods and techniques in connecting with parents of vulnerable youth. Focusing on protective factors and using a solution-oriented approach are important aspects in working with parents.

In conclusion, a rapid assessment at the neighborhood level seems a good start for a preventive approach in the neighborhood. Especially building a network of professionals, neighbors and other stakeholders is essential in reaching vulnerable youth at risk of problematic alcohol and/or drug use.

3. List of projects

All projects are categorized by research domains and ordered by themes (the domain “Addictive substances” includes alcohol, illicit drugs and smoking, the domain “Hazardous behaviors” includes internet use, gambling and risky nutritional behavior, and the domain “Social relief and social care” (no specific themes). For each theme all projects are described as follows: new in 2015, running in 2015 or finished in 2015.

For each project we describe the aim, methods and results. In addition the output, researchers involved, collaboration, term and financing is given. The output presented is the total project output that may cover a longer period, 2015 including. The 2015 output only is given in the list of publications (p. 78).

Alcohol

New in 2015

- 1 State-of-the-art and best practice methods of alcohol or drug use monitoring in the context of probation and/or an ambulant forensic treatment setting (p. 12)
- 2 Development of a support and monitoring program for addicted doctors (p. 13)
- 3 Improving access to addiction treatment for people with mild cognitive disorder (p. 14)
- 4 Substance misuse and addiction in closed youth care settings (p. 15)
- 5 Genetic, psychological and social influences on ‘coma drinking’: an explorative study (p. 16)
- 6 Development of a Care Standard Problematic alcohol use and alcohol use disorders (p. 17)
- 7 Expansion of a course for the prevention of internet and game addiction, aimed at prevention workers in addiction care (p. 18)

Running in 2015

- 8 Implementation of alcohol screening & brief interventions (ASBI) in general practice (p. 18)
- 9 Recovery and relapse among fellows and clients of SolutionS (p. 20)
- 10 Alcohol, marketing and youth (p. 21)
- 11 Implicit cognitions and relapse in alcohol addiction: process and moderators (p. 22)

Finished in 2015

- 12 Alcohol marketing and underage drinking: current state of affairs based on longitudinal studies (. 24)
- 13 Early detection of alcohol problems among elder clients of a home care organization (p. 25)
- 14 Partnership Early Detection of Alcohol (p. 27)
- 15 Improving reach of community-based addiction prevention among vulnerable youth (p. 28)
- 16 Plan of attack ‘Alcohol and Drug’ at intermediate vocational education: evaluation of effect and of process (p. 30)

Illicit Drugs

New in 2015

- 17 Development of a Care Standard Opioid use disorders (p. 32)

Finished in 2015

- 18 Moti-4: Assessing the effectiveness of a targeted preventive cannabis intervention (p. 33)
19 Guideline substance use Youth Care (p. 34)

Smoking

Running in 2015

- 20 Developing and testing strategies to effectively reach and involve resistant hardcore smokers in tobacco control (p. 36)

Internet use

Finished in 2015

- 21 Parenting practices for the prevention of problematic Internet use among primary school children: an exploratory study (p. 38)

Gambling

New in 2015

- 22 Relation between gambling marketing and gambling: review of the literature (p. 40)

Running in 2015

- 23 ALICE RAP: Addiction and Lifestyles in Contemporary Europe – Reframing Addictions Project (p. 41)

Risky Nutritional behavior

Finished in 2015

- 24 Ethnic differences in overweight and obesity among primary school children in the Netherlands, the IVO Nutrition and Physical Activity Child cohort (INPACT) (p. 43)
25 Environmental determinants of dietary behaviours of children: the IVO Nutrition and Physical Activity Child cohort (INPACT) (p. 45)

Social relief and social care

New in 2015

- 26 Day shelter: landscape and possible collaborations (p. 48)
- 27 Care following exit of closed youth care. Where do youngsters with psychiatric disorders and mild cognitive disorders go after close youth care? (p. 49)

Running in 2015

- 28 Antisocial behavior and problematic substance use among forensic patients (p. 50)
- 29 Quality of life assessment of people with psychiatric problems in need of help: One size does not fit all (p. 51)
- 30 Cohort study amongst homeless people in Amsterdam, The Hague, Rotterdam and Utrecht(the G4): Coda-G4 (p. 52)

Finished in 2015

- 31 Homeless and former homeless people look back on their individual assistance program (Qualitative study Coda G4) (p. 58)
- 32 Daytime activities: an important outcome variable in closed youth care settings (p. 59)
- 33 Evaluation 'Nieuwe Energie' (New Energy) (p. 60)

Other

New in 2015

- 34 Bridging the gap between science and practice Vulnerable youth in major cities (p. 62)
- 35 ST-RAW: Academic Workplace Transformation Youth Care (p. 63)
- 36 Reduce chronic benzodiazepine use in primary healthcare setting (p. 64)
- 37 New roads to a healthy neighbourhood (Part 1). Improving the health status of vulnerable families (p. 65)
- 38 Out of debts in a different way: what works for people with an addiction? (p. 67)
- 39 Dissemination and Implementation Impulse (VIMP) Child Abuse (p. 68)

Running in 2015

- 40 Increase the reach of preventive interventions among informal caregivers and employed persons (p. 69)
- 41 Retraining approach bias in forensic sexual offenders and sexual addicts (p. 70)

Finished in 2015

- 42 Sam Sam Together Strong (p. 71)
- 43 Development Master Protocol maintenance (p. 73)

4. Project descriptions

Domain Addictive substances

Alcohol

1 State-of-the-art and best practice methods of alcohol or drug use monitoring in the context of probation and/or an ambulant forensic treatment setting

Aim and research questions

The judicial system in the Netherlands increasingly integrates alcohol and drug use monitoring in their conditions as a special requirement. As a result, there is an increasing need to professionalize and standardize the monitoring of alcohol and drug use in probation and forensic psychiatry. Currently, monitoring takes place using many different procedures, even within the same organization.

The aim of this project is to develop professional, standardized guidelines for alcohol and drug use monitoring in ambulant treatment settings, based on a field study and an international literature study on state-of-the-art tests and monitoring procedures.

Methods

The literature study focuses on common and new methods to test for alcohol and drug use in the laboratory as well as state-of-the-art international probation procedures. The literature study is supported by Dr. M. Böttcher, head Toxicology from the MVZ Laboratory in Dessau (Germany).

For the field study, 6-8 organizations, partly from the network of partners Diagnostiek voor U, DWP and Novadic Kentron, will be approached by telephone and asked to fill out a questionnaire about the current procedures, risks and best practices. The field study aims at providing an overview of every step in the chain of custody: registration of the special condition considering alcohol or drug use monitoring, procedures concerning monitoring, supervision of urine collection, insurance of sample integrity, data processing and analyses, interpretation of data, and feedback to the client's case managers.

Results

Expected in June 2016

Output

-

Researchers

EG Wits MSc (project leader), M Walhout MSc (researcher), A van Hunsel MSc (project leader, De Woenselse Poort)

In collaboration with: De Woenselse Poort (DWP), Novadic Kentron addiction care, Diagnostiek voor U (DVU)

Term: December 2015 – June 2016

Financing: Quality of Forensic Care (*KFZ*), program of the Expertise Centre for Forensic Psychiatry (*EFP*)

2 Development of a support and monitoring program for addicted doctors

Aim and research questions

ABS Doctors, part of the Dutch professional association of physicians (KNMG; Royal Dutch Medical Association), is a support program for physicians who are addicted to alcohol or illicit substances. Because of the high safety risks involved in the performance of their function while addicted/under influence, ABS Doctors is developing a monitoring program, assisted by IVO. Although the situation in the Netherlands differs significantly from the situation abroad, we aim to develop an evidence-based program, providing guidelines and protocols based on prior research and international examples.

Methods

A literature study was conducted to shed light on the international literature about the diverse methods available for drug and alcohol use testing and monitoring, and about support systems for (addicted) healthcare professionals.

A field study is being conducted where key persons in the Netherlands and abroad are interviewed about monitoring procedures and legal questions in their own professional organization.

The results of the literature study and interviews are being discussed in an intensive collaboration between ABS Doctors and IVO, resulting in a precise description of the ABS Doctors' procedures and protocols.

Results

Expected in April 2016

Output

-

Researchers

EG Wits MSc (project leader), M Walhout MSc (researcher)

In collaboration with: Royal Dutch Medical Association (*KNMG*)

Term: October 2015 – March 2016

Financing: ABS Doctors

3 Improving access to addiction treatment for people with mild cognitive disorder

Aim and research questions

Although a substantial part of people in addiction treatment suffer from (mild) cognitive disorder, the intake procedure is usually tailored to cognitive normal functioning people. As a result, (some) people with a mild cognitive disorder drop-out in the intake phase, or treatment is not well adapted to their needs, resulting in poor treatment outcome. Intake procedures that are initiated by specialized agencies, as well as the regular intakes, are poorly adapted to this special group.

The aim of the project is twofold: 1) to develop guidelines for an intake procedure adapted to the abilities and needs of people with mild cognitive disorder; 2) carry out pilot projects in four regions to test and experiment the guidelines, with the aim to improve the guidelines.

The definite guidelines will be launched during a seminar on substance use and cognitive disorders. The guideline will be distributed nationwide and supported with implementation materials.

Methods

The guidelines are based on extensive experience of the first author of the guidelines with addiction treatment for the target group. This experience is supplemented with results of four focus group sessions with professionals working in addiction care and care for mentally disabled people. Evaluation of the pilot projects will be carried out using semi-structured interviews with professionals and clients. Additionally, each region keeps a logbook of ten cases that will be dealt with according to the guidelines.

Results

The test version of the guidelines will be ready February 2016, after which the pilot projects will take place.

Output

-

Researchers

EG Wits (project leader), C Barendregt (researcher)

In collaboration with: Tactus addiction treatment (*Tactus verslavingszorg*), Aveleijn, Netherlands
Institute of Science Practitioners in Addiction (*NISPA*)

Term: June 2015 - October 2016

Financing: Fund NutsOhra (*Fonds NutsOhra*), Scoring Results (*Resultaten Scoren*), Fund
Antonia Wilhelmina (*Antonia Wilhelmina Fonds*)

4 Substance misuse and addiction in closed youth care settings

Aim and research questions

Since 2008, the law on youth care has offered the possibility for compulsory treatment of children and youth with severe behaviour problems. Before this change in law, only penitentiary settings were available. Besides the emergence of closed youth care settings (JeugdzorgPlus), a registration-based monitoring system has been established. One of the variables in this monitor aims to measure substance misuse and addiction. However, this variable measures substance-related problems only on a superficial level. The aim of this study is to: 1) assess the quality of the monitor data and make recommendations for improvement, 2) shed light on the level of recognition closed youth care has on substance misuse among their youngsters.

Methods

Four out of 14 closed youth care institutions act as research partners. They provide the researchers with relevant internal documents that concern the recognition and treatment of substance (mis)use, substance misuse treatment, and substance-related policy. Workers responsible for treatment, group workers, and youngsters will be interviewed using semi-structured questionnaires on substance use (screening, monitoring, treatment and policy). A quantitative examination will be made on the (anonymised) database of the monitor provided by Youth Care Netherlands (Jeugdzorg Nederland). Cross-sectional relations will be tested between the substance use variable and characteristics of the youngsters that are likely to correlate.

Results

Expected in 2016

Output

-

Researchers

Prof H van de Mheen PhD (project leader), E de Jonge MSc (researcher), C Barendregt MSc (researcher), GJ Meerkerk PhD (researcher), AB Hammink MSc (researcher)

In collaboration with: Horizon (Rotterdam), Het Poortje (Groningen), Schakenbosch (Leidschendam), SJSJ Almata (Ossendrecht)
Term: June 2015 - July 2016
Financing: Netherlands Organization for Health Research and Development (*ZonMw*)

5 Genetic, psychological and social influences on ‘coma drinking’: an explorative study

Aim and research questions

The number of adolescents in the Netherlands drinking until intoxication (‘coma’) has increased substantially in recent last years. Drinking alcohol, and especially binge drinking until intoxication, has a negative influence on the developing brain of adolescents. Therefore, it is highly relevant to identify predisposing genetic, psychological and social influences in order to develop effective prevention measures.

Methods

This retrospective study aims at collecting genetic, psychological, and social data of 100 adolescents aged 14 to 17 years, who have been hospitalized because of alcohol intoxication in the previous year. These youngsters will be recruited from emergency rooms of multiple hospitals. Participants will be interviewed and asked to fill out a questionnaire to measure alcohol and drugs use, personality characteristics, social wellbeing, social circumstances, and parenting style. Furthermore, saliva will be collected for genetic analyses. A control group will be compiled containing matched controls recruited from schools. The analyses of the genetic data will be conducted by Marees and Derks of the Amsterdam Medical Center, the analyses of the psychological and social data by Meerkerk and van de Mheen of IVO.

Results

Results are expected 2016.

Output

-

Researchers

GJ Meerkerk PhD (researcher), Prof H van de Mheen PhD (project leader), A Marees PhD (researcher, AMC-APC), Prof E Derks PhD (project leader, AMC-APC)

In collaboration with: Academic Medical Center - Academic Psychiatric Center (*AMC-APC*)
Amsterdam (Academisch Medisch Centrum - Academisch Psychiatrisch Centrum (*AMC-APC Amsterdam*))

Term: January 2015 – December 2016

Financing: Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*)

6 Development of a Care Standard Problematic alcohol use and alcohol use disorders

Aim and research questions

The Care Standard Problematic alcohol use and alcohol use disorders presents a clear and concise framework for the entire care continuum, from the perspective of the client. The aim of the project is joint development (clients, care professionals and researchers) of a Care Standard Problematic alcohol use and alcohol use disorders for both adults and youth. The care standard deals with prevention and early detection, screening and diagnosis, treatment and care, relapse prevention and reintegration. The starting point is a shared ownership of the client and the care professional, whereby the focus is on maintaining and strengthening the autonomy of the client. The themes addressed in this care standard are: recovery, active and informed clients, self-management, empowerment, tailor-made care, shared decision-making and the contribution of client expertise.

Methods

The development of a Care Standard Problematic alcohol use and alcohol use disorders is a collaboration between IVO, Scoring Results and the client organisation Het Zwarte Gat ('The Black Hole'). A project group (IVO, Scoring Results and Het Zwarte Gat), a working group of experts, representatives of various professional associations concerned and client representatives, and a focus group of clients and family/relatives are composed and have regular meetings. The project started with an exploration of the field. Information was collected as a basis for the content of the care standard (among other things, from guidelines and expert information). In addition, a client version will be composed. A concept version of the Care Standard Problematic alcohol use and alcohol use disorders will be tested in a pilot implementation in three regions. The findings from the pilot implementation will be incorporated into the final version of the care standard. Finally, a maintenance plan will be drawn up and the care standard will be submitted to the Registry of the Netherlands Healthcare Institute (Zorginstituut Nederland).

Results

The final version of the Care Standard Problematic alcohol use and alcohol use disorders is expected in February 2017.

Output

-

Researchers

B van Straaten MSc (researcher), G Rodenburg PhD (researcher), G van de Glind PhD (researcher, Scoring Results), Marcel van Natterm (client organisation Het Zwarte Gat), EG Wits MSc (project leader)

In collaboration with: Scoring Results (*Resultaten Scoren*), Client organization Het Zwarte Gat
Term: January 2015 – February 2017
Financing: Mental Healthcare Quality Development Network (*Netwerk Kwaliteitsontwikkeling GGZ*)

7 Expansion of a course for the prevention of internet and game addiction, aimed at prevention workers in addiction care

Aim and research questions

Game and internet use has become a regular part of adolescent life. Recent research findings by IVO and other parties in the field of behavioral addictions can be applied to the prevention of excessive use of the internet and/or video games by translating scientific knowledge to a more accessible format for prevention workers.

Methods

The current project aims to expand the existing course module for prevention workers in addiction care by adding up-to-date literature and by distributing the course in an open-entry format and an in-company format.

Results

-

Output

Updated course module 'internet and game addiction' for prevention workers, trained addiction care (prevention) workers.

Researchers

GJ Meerkerk PhD (researcher), Prof H van de Mheen PhD (project leader)

Term: January 2015 – December 2015

Financing: Course fees

8 Implementation of alcohol screening & brief interventions (ASBI) in general practice

Aim and research questions

In the Netherlands more than 10% of the Dutch population age 16-69 years drink alcohol at levels considered hazardous or harmful, and among those aged 16-25 years this percentage is even higher, i.e. 34% of men and 9% of women (Van Dijck & Knibbe, 2005). The primary healthcare setting seems well suited to implement screening and brief interventions (SBI) for the prevention of problematic

alcohol use. There is sufficient evidence to support the efficacy and (cost-) effectiveness of alcohol screening and brief interventions (ASBI) in a primary healthcare setting (Bartholet et al., 2005; Kaner et al., 2009), indicating that ASBI, compared with control conditions, leads to a significant reduction of hazardous and harmful alcohol use as well savings in healthcare resources. However, it is difficult to find effective implementation strategies and combine them into an effective implementation model. In a series of studies we will systematically investigate solutions to known barriers and, specifically, the implementation of the practice nurse 'mental health' in general practice. Based on the results of these studies, we will develop an implementation effort in which combined strategies will be tested. The following studies will be performed:

- A Delphi study, with the aim to identify 1) usable screening methods and solutions to the frequently reported barriers of implementing screening and brief intervention for excessive drinkers in routine general practice throughout the Netherlands; and 2) the extent to which experts agree on the importance of these solutions/factors. Hypotheses: none; explorative.
- Second, data from a large prospective cohort study (SMILE study; 2008) will be analyzed with the aim to investigate the amount of detected (i.e. medical registrations) vs. non-detected (i.e. self-report questionnaires) problematic alcohol users in general practice and compare the groups on the following characteristics: age, gender, tobacco use, anxiety and depression, loneliness and major life events. Hypothesis: we expect to find a higher rate of problematic alcohol users by means of self-report, compared to the amount of registered problematic alcohol users.
- The third study has a pre-test post-test quasi-experimental design with a control group. It will investigate the previous nation-wide implementation (2011, 2012 and 2013) of the practice nurse 'mental health' in general practices regarding the amount of detected problematic alcohol users and drug users. Differences in types of detected patients before and after the implementation of the practice nurse mental health will also be investigated. Hypothesis: we expect to find a higher rate of detection of problematic alcohol users in general practices after the implementation of the practice nurse mental health. Registration data from the Netherlands Institute for health services research (NIVEL) are used for this study.
- A fourth study will experimentally investigate the effectiveness of an ASBI implementation effort in which combined strategies are tested. We expect that our implementation effort will result in sustained higher rates of detection of problematic alcohol users in general practice, compared to control.

Results

Delphi study: In total, 39 out of 69 (57% response rate) participants enrolled in the first round, 214 participants completed the second round, and 144 participants (67% response rate) completed the third round questionnaire. Results show that participants reached consensus on 62 of 84 strategy items. Differences between groups were primarily found between GPs and practice nurses on the one hand, and addiction prevention workers on the other. The strategies found represent views from healthcare professionals and addiction prevention experts and, as such, fit with their belief about what is required to implement ASBI in primary healthcare in the Netherlands. The main finding of

this study is that implementation efforts should not only focus on strategies targeting the provider, organization and patient level, but should also take into account outer setting strategies, characteristics of the specific strategy/intervention, and the process of implementation. The study also showed that a multi-faceted approach for each barrier might be needed to implement ASBI in general practice. In summary: this explorative study identified a broad set of feasible strategies aimed at overcoming barriers to ASBI implementation in routine practice and paves the way for future research to experimentally test the identified implementation strategies using multifaceted approaches.

Output

Abidi L, A Oenema, P Nilson, P Anderson, D van de Mheen (2016) Strategies to Overcome Barriers to Implementation of Alcohol Screening and Brief Intervention in General Practice: a Delphi Study Among Healthcare Professionals and Addiction Prevention Experts. Springerlink.com DOI 10.1007/s11121-016-0653-4

Researchers

L Abidi MSc (PhD student, Maastricht University), Prof H van de Mheen PhD (promotor), A Oenema PhD (copromotor, Maastricht University)

In collaboration with: Maastricht University, Mondriaan Organisation for Mental Health Care

Term: May 2013 – May 2017

Financing: Mondriaan Organisation for Mental Health Care (*Mondriaan Organisatie voor Geestelijke Gezondheidszorg*), IVO, Maastricht University

9 Recovery and relapse among fellows and clients of SolutionsS

Aim and research questions

Recovering from addiction involves more than just quitting the use of substances or alcohol. GGZ Nederland has presented a four-dimensional framework of recovery that describes the four realms of life where recovery of addiction becomes manifest. These dimensions of recovery are:

- clinical recovery (e.g. substance use and craving)
- functional recovery (e.g. physical, psychological, and social functioning)
- societal recovery (e.g. housing, working, etc.)
- personal recovery (e.g. psychosocial wellbeing)

The current study uses this recovery framework to find predictors of relapse. Knowledge on factors that predict relapse can be used to improve treatment and better prepare clients to face the temptations of real life once official treatment has ended.

Methods

The study consists of a qualitative and a quantitative part. For the qualitative part 30 former clients of SolutionS that relapsed in the past year are interviewed about the factors that coincided with relapse, using the multidimensional framework of recovery. For the quantitative part of the study 150 former clients of SolutionS will fill out a questionnaire twice, with a six-months delay. The first questionnaire inventories the four dimensions of recovery and the second inventories whether relapse occurred. Statistical analyses will focus on predictors of relapse.

Results

The first results, based on 40 respondents who filled out the quantitative questionnaire twice, support the development of a broader view on addiction and recovery from addiction, beyond the focus on drug or alcohol abuse. Although due to the low number of respondents the analyses did not yield statistically significant results, the preliminary results show that aspects of recovery as described in the multidimensional framework, can be indicative of a greater chance to relapse.

Output

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Researchers

GJ Meerkerk PhD (researcher), G Rodenburg PhD (project leader)

Term: May 2014 – December 2016

Financing: SolutionS Addiction Care (*Solutions Center*)

10 Alcohol, marketing and youth

Aim and research questions

Little is known about the relative contribution of marketing exposure to alcohol consumption as compared to other factors. For prevention purposes, a comparison is useful between marketing on the one hand and interpersonal and environmental factors that can be changed by policy, education, child rearing on the other. With the aim to prevent, stall or reduce underage drinking, should we focus on marketing, or rather focus on other factors, such as accessibility and availability of alcohol, parental rules about alcohol use, and parental and peer alcohol use, or both? Also, as alcohol use differs between subgroups, prevention may need to target and tailor its efforts to specific subgroups based on, for example, demographics and personality. Finally, not all adolescents will be equally susceptible to alcohol marketing. Indeed, it is acknowledged that future research should study personal characteristics that predict differential responses to marketing.

The current research aims to study the relationship between marketing exposure and alcohol use in youth, as well as factors influencing this relationship. In addition, we aim to put the effect of

marketing into perspective by studying the effect that other modifiable factors have on alcohol use in youth.

Methods

A longitudinal, three-wave, cohort study among 1,500 adolescents at baseline. Baseline measurement (T0) took place in November 2014 in the second school year of secondary school (typical ages 13-14 years), T1 took place in November 2015 (12 months later; ages 14-15) and T2 will take place in November 2016 (another 12 months later; ages 15-16 years). The study uses a school-based survey, using tablets, to assess marketing exposure, alcohol use and interpersonal and environmental factors.

Results

Expected after the third wave, early 2017.

Output

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Researchers

GJ Meerkerk PhD (researcher), G Rodenburg PhD (project leader)

Term: February 2014 – May 2017

Financing: IARD (*International Alliance for Responsible Drinking*)

11 Implicit cognitions and relapse in alcohol addiction: process and moderators

Aim and research questions

The goal is to study the role of implicit cognition in relapse in alcohol addiction. Implicit cognitive processes are relatively automatic ways in which people process information. One of these processes is attentional bias. This excessive selective attention for alcohol-related cues reflects high sensitivity for these cues and is related to relapse. However, the exact mechanism of how implicit cognitions evoke drinking remains unclear. This project studies this process and potential moderators of the process. One probable moderator is working memory capacity (WMC): implicit cognition predicts behaviour better when WMC is low. WMC is low during stress, one of the main predictors of relapse. Therefore, we hypothesize that stress, and possibly negative affect in general, is a also moderator. Impulsivity, also a predictor of relapse, is linked to WMC and is therefore expected to be another moderator. The global hypothesis is that abstinent alcoholic patients have a greater chance to relapse when they are cognitively vulnerable: high on impulsivity and trait anxiety, low in WMC, and highly sensitive to alcohol-related cues.

Methods

The research project consists of several studies. In Study 1, potential moderators of the relationship between implicit cognition and several relapse are identified, as well as proximal causes of relapse that are potentially related to implicit processes, by extensively studying and examining the current literature on this topic. In Study 2, alcohol-dependent patients who are currently in treatment are interviewed about their mood and triggers of relapse shortly before a relapse and strong craving episodes. In Study 3, vulnerability factors of relapse (including WMC and implicit cognitions) are measured at the beginning and the end of treatment. After treatment, patients are followed by Ecological Momentary Assessments (EMA). This relatively new method studies processes in near real-life. Participants are asked to carry around a pocket PC and answer questions and perform small tasks for a certain number of times per day. The participants will carry the pocket PC for a month and will be contacted at 2 months and 3 months after the end of treatment to assess their relapse status.

Results

Study 1 shows that there is a relationship between stress and heightened sensitivity to alcohol-related cues. However, there are differences in the effects of psychological stress and physiological stress. Additionally, there were also individual differences regarding coping drinking, which may explain stress-induced cue sensitivity (Snelleman, Schoenmakers, & van de Mheen, 2014).

The results of Study 2 show that negative affect, testing personal control, and alcohol-related stimuli are determinants of craving and relapse in abstinent alcohol-dependent patients. Additionally, craving is not an important predictor of relapse. Finally, multiple determinants are needed to evoke a relapse whereas only one predictor is necessary to evoke craving.

Study 2 also shows that attentional bias and approach/avoidance tendencies are not predictive of relapse in an abstinent outpatient alcohol-dependent sample. Additionally, trait anxiety evokes craving, and this relationship is moderated by drinking to cope with negative affect. Trait anxiety was not associated with pretreatment drinking levels of the participants.

Finally, Study 3 shows that differences exist between random assessments and temptation assessments regarding various subjective variables, such as craving and temptation, current stress and stress in the past hour, and abstinence motivation.

Output

Snelleman M, TM Schoenmakers, D van de Mheen (2014). The relationship between perceived stress and cue sensitivity for alcohol. *Addictive Behaviors*, 39(12), 1884–1889.

<http://doi.org/10.1016/j.addbeh.2014.07.024>

Snelleman M, TM Schoenmakers, D van de Mheen. Relapse and Craving in Alcohol-Dependent Individuals: a Comparison of Self-Reported Determinants. *Substance use and misuse*, accepted for publication

Snelleman M, TM Schoenmakers, D van de Mheen (2015) Attentional bias and approach/avoidance tendencies do not predict relapse or time to relapse in alcohol-dependency. *Alcoholism: Clinical and Experimental Research* 39 (9), 1734-1739.

Snelleman M, TM Schoenmakers, D van de Mheen (submitted) Drinking to cope with negative affect moderates the relationship between trait anxiety and craving, but not drinking in alcohol-dependent individuals

Snelleman M, AJ Waters, TM Schoenmakers, E Szeto, IHA Franken, V Hendriks, D van de Mheen (under revision) Craving and affect among alcohol-dependent patients trying to maintain abstinence: An Ecological Momentary Assessment study

Researchers

M Snelleman MSc (PhD student), Prof H van de Mheen PhD (promotor), TM Schoenmakers PhD (copromotor)

Term: March 2011 – November 2016

Financing: IVO, Erasmus Medical Centre Rotterdam (*Erasmus MC Rotterdam*)

12 Alcohol marketing and underage drinking: current state of affairs based on longitudinal studies

Aim and research questions

The literature review focuses on longitudinal studies dealing with the relationship between alcohol marketing and alcohol use in youth (underage drinking), and on possible factors that influence this relationship (mediating & moderating factors).

Methods

The selection criteria for the studies included in the review are:

- A. Longitudinal studies published in peer-reviewed journals;
- B. Studies reporting on a link between exposure to alcohol marketing and adolescent alcohol use;
- C. Respondents are young people (age limit differs due to different legal drinking ages in different countries).

Selected studies were analysed and discussed regarding, amongst others, methods of measuring alcohol marketing exposure, effect size, generalizability and criticisms on the type of research. Future research directions were also discussed.

Results

Sixteen studies published since 1994 met the inclusion criteria. These studies assessed marketing exposure using either opportunity measures (e.g., number of hours watching television multiplied by the frequency of aired alcohol commercials) or recall/receptivity measures (e.g., number of alcohol ads seen as reported by the respondent, or possession of alcohol promotional items). Alcohol use was operationalized as initiation of drinking or increase in frequency or amount of drinking. All but one study found a relation between alcohol marketing and adolescent drinking. The strength of the association was generally modest and effect sizes, when reported, indicated that the effect of marketing on underage drinking may be small. It is concluded that it is highly unlikely that alcohol marketing has no influence on underage drinking. However, given the small effect sizes, effective preventive measures should not focus on the regulation of alcohol marketing alone.

Output

Meerkerk GJ, T Schoenmakers, D van de Mheen (n.d.) (Submitted) Alcohol marketing and underage drinking: The current state of affairs based on longitudinal studies.

Researchers

GJ Meerkerk PhD (researcher), TM Schoenmakers PhD (project leader), Prof H van de Mheen PhD (advisor)

Term: November 2013 – March 2015

Financing: International Centre for Alcohol Policies (*IARD*)

13 Early detection of alcohol problems among elder clients of a home care organization

Aim and research questions

Older people are at increased risk of experiencing negative consequences of alcohol use due to, for example, a slower metabolism or interference from medication. At the same time, the number of older people with alcohol problems appears to be increasing. Therefore, it is important to recognize alcohol problems amongst older people in an early phase and react appropriately. Since employees of home care organizations frequently visit their clients at home and often have a trustful relationship with them, they are particularly suited for early detection of alcohol problems. Minimal interventions that can be carried out by home care employees, such as giving information about the risk of combining medication and alcohol, can prevent beginning problems from developing into more serious ones. Goal of the current project was to better equip home care employees for early detection of alcohol problems among their older clients and, when appropriate, start a minimal intervention to treat the emerging alcohol problem.

Methods

To better equip home care employees to detect and treat beginning alcohol problems, a training was developed to teach home care employees how to signal alcohol problems and react appropriately. Part of the training was to instruct the employees how to train their colleagues in order to create a lasting improvement in signaling and treating alcohol problems ('train the trainer'). Employees that went to the training were interviewed about signaling and treating alcohol problems at their work before the training, shortly after the training, and at 6 months post-training.

Results

The project resulted in the module 'Early detection of alcohol problems among older clients of home care'. This module can be used universally to boost knowledge and skills related to the recognition and (minimal) treatment of alcohol problems. The training module consists of two afternoon sessions and was administered to 15 employees of the home care organization Careyn. Results of the interviews show that employees of Careyn that were trained reported an increase in trust and abilities to manage alcohol-related problems amongst their clients. The 'train the trainer' aspect appeared to be less successful as only a small minority of the trained employees had realized training their colleagues.

Output

Meerkerk GJ, G Rodenburg, D van de Mheen (2015) Vroegherkenning van alcoholproblematiek bij ouderen in de thuiszorg. (*Early detection of alcohol problems among elder clients of a home care organization*). Rotterdam: IVO. Retrieved from <http://www.ivo.nl/?id=1108>

Training module for employees of home care organizations: Vroegherkenning van alcoholproblematiek bij ouderen in de thuiszorg. Een handleiding voor verpleegkundigen van thuiszorgorganisaties gericht op het herkennen van en reageren op alcoholproblematiek bij ouderen in de thuiszorg (2015) (Training module for employees of home care organizations: early detection of alcohol problems among elder clients of a home care organization. A manual for home care nurses focused on recognizing and responding to alcohol problems amongst elder patients in home care). (http://www.ivo.nl/UserFiles/File/Publicaties/publicaties%202015/09-2015%20Trainingsmodule%20Vroegherkenning%20van%20alc%20probl%20bij%20ouderen%20in%20de%20thuiszorg_incl%20PPpresentatie_12_def.pdf)

Researchers

GJ Meerkerk PhD (researcher), G Rodenburg PhD (project leader)

Term: January 2014 – September 2015

Financing: Fund NutsOhra (*Fonds NutsOhra*)

14 Partnership Early Detection of Alcohol

Aim and research questions

In April 2010 the protocol 'Observation, screening and short-term intervention of risky alcohol consumption of youth' (Risselada & Schoenmakers, 2010) became available. Subsequently, various organizations, including the Municipal health service Zuid-Holland-Zuid (see: Process evaluation of implementation of the protocol 'Observation, screening and short-term intervention of risky alcohol consumption of youth'), implemented the protocol in various settings, including the practice settings of police officers and youth workers. Based on the experiences of these organizations, the protocol was adapted and a list of issues for implementation was added. The protocol was also submitted to the Centre for Healthy Living (CGL) for their approval.

Methods

Meetings were arranged with the project leaders of the organizations that implemented the protocol. Bottlenecks for implementation and improvements were discussed. In addition, the process evaluation of implementation of the protocol for the Municipal health service Zuid-Holland-Zuid was used as input to improve the protocol and to compile a list of issues related to implementation.

Results

The adapted protocol, including the list of issues for implementation, can be found on: <http://www.vroegsignaleringalcohol.nl/werkgroepen/werkgroep-jongeren/producten>. Early 2014 the protocol was submitted to the Centre for Healthy Living for approval. Early 2015 the protocol was approved as a well-described protocol (see: <http://www.loketgezondleven.nl/i-database/interventies/p/1402300/>).

Output

Risselada A, TM Schoenmakers, G Rodenburg, L Naaborgh (2014) Protocol voor signalering, screening en kortdurende interventie van risicovol alcoholgebruik bij jongeren. (*Protocol for signaling, screening and brief intervention for risky alcohol consumption among young people*). Rotterdam: Partnership Vroegsignalering Alcohol / IVO. Available at: <http://www.vroegsignaleringalcohol.nl/werkgroepen/werkgroep-jongeren/producten>.

Researchers

G Rodenburg PhD (researcher), TM Schoenmakers PhD (project leader)

In collaboration with: Partnership Early Detection of Alcohol (*Partnership Vroegsignalering Alcohol*)

Term: October 2011 – March 2015

Financing: Partnership Early Detection of Alcohol (*Partnership Vroegsignalering Alcohol*)

15 Improving reach of community-based addiction prevention among vulnerable youth

Aim and research questions

Substance abuse among vulnerable youth may result in (serious) health problems, school dropout, homelessness, nuisance and domestic violence. Therefore, it is important to detect youth that abuse substances in order to use early preventive activities to prevent or reduce substance abuse. In recent years, reaching out to vulnerable youth in addiction prevention was emphasized by the municipalities. Vulnerable youth are defined as youth, aged 12-23 years, with (an increased risk of) substance abuse problems. Main goal of this project is to improve the reach of community-based addiction prevention aimed at vulnerable youth in three different regions of the Netherlands.

Methods

First, a literature study and document analysis will be performed on the factors that influence the reach of vulnerable youth. Second, the Rapid Assessment and Response (RAR) method is used to investigate which youth in each region should be reached by community-based addiction prevention and which tailored interventions are needed in each region. The RAR will be conducted by three RAR teams of three addiction treatment centers: Bouman GGZ, Mondriaan and Tactus. In each region, the results of the RAR will be discussed in a focus group with stakeholders and youth to determine which interventions are needed to address substance abuse among vulnerable youth in that specific region. In each region, a process evaluation of the RAR will be performed to determine the strengths and weaknesses of the RAR for future use. Finally, the intervention(s) will be implemented and evaluated. Prevention workers will track each contact with a youngster, including the help they offered and the professionals they contacted. These data will provide information on the reach of these intervention(s) and will be used to evaluate the results of these intervention(s). One of the products of this project will be a manual for using the RAR method in community-based addiction prevention.

Results

Data collection of the assessment phase was completed end 2013. Data collection for the response phase was completed end 2014. The assessment in one of the selected areas revealed that hardly any vulnerable youth are present in local public space. In two of the other areas both adolescents and teenagers constitute vulnerable youth. Adolescents appear to use cannabis and sometimes other drugs in a problematic manner, many of them 'resistant' to preventive interventions. The identified teenagers use alcohol and drugs with diminishing frequency. In the third area, vulnerable youth is difficult to find, mainly due to difficulties of the RAR team to tap into relevant social networks. The assessment phase in all four areas is finalized with focus group interviews with relevant stakeholders, and for all areas an assessment report has been published. The reports include action plans based on the results of the assessment. In the area where no vulnerable youth was found in public space, the response consisted of a training for community workers dealing with early detection and response to substance use of young community members. In the other three areas, outreach prevention workers implemented the action plans. In all these cases, the prevention workers started close collaboration with youth workers who have the best access to networks of vulnerable youth. However, thanks to the assessment, phase youth workers re-evaluated their current networks and decided not to

continue to focus on older youth with considerable substance use and a criminal record. Instead, they turned their attention to younger youth more susceptible for prevention. As a result, youth workers started to build new networks that only gradually expand. This demonstrates that substance use prevention workers are dependent on existing networks. This was demonstrated even more strongly when, in one area, the youth work was unexpectedly terminated by the municipality; the prevention worker suddenly found herself alone.

The rapid assessment and response approach definitely helped prevention workers to gain access to networks of vulnerable youth. However, it is questionable whether such a 'heavy' instrument is necessary to attain the same level of contact. A lighter version of 'field preparation' would probably have the same effect.

Output

Bosgraaf E, J Cnubben, J van Erp (2013) Alcohol- en druggebruik onder jongeren in de wijk Lindenheuvel te Sittard-Geleen. (*Alcohol and drug use among youngsters in the Lindenheuvel neighbourhood in Sittard-Geleen.*) Sittard-Geleen: Mondriaan Zorggroep, Rotterdam: IVO

Bosgraaf, E, P Heuperman, B Alders (2013) Alcohol- en druggebruik onder kwetsbare jongeren in de wijk Wittevrouwenveld, Maastricht. (*Alcohol and drug use among vulnerable youngsters in the Wittevrouwenveld neighbourhood in Maastricht.*) Maastricht: Mondriaan Zorggroep, Rotterdam: IVO

Hove S ten, A Boersma, B Wolbrink, G van Houwelingen (2013) Voorstad-Centrum. Een op de wijk afgestemde aanpak voor verslavingspreventie, (*Voorstad-Centrum. A neighbourhood tailored approach to addiction prevention.*) (Interne publicatie). Deventer: Tactus verslavingszorg, Rotterdam: IVO

Mockute I, A Hammink, J de Bruin (2013) Oud Mathenesse /Het Witte Dorp. Een op de wijk afgestemde verslavingspreventie. (*Oud Mathenesse / Het Witte Dorp. A neighbourhood tailored approach to addiction prevention.*) (Interne publicatie). Rotterdam: Youz / IVO.

Barendregt C, A Hammink, E Wits, D van de Mheen (2015) Wijkgerichte verslavingspreventie. Ervaringen met Rapid Assessment and Response in vier Nederlandse wijken. (*Neighbourhood focussed addiction prevention. Experiences with Rapid Assessment and Response in four Dutch neighbourhoods.*) Rotterdam: IVO

Hammink A, C Barendregt, E Wits, D van de Mheen (2015) Wijkscan Plus: lokaal gedragen preventie van middelengebruik onder kwetsbare jongeren. Rapid Assessment and Response als basis voor preventie op wijkniveau. (*Neighbourhood scan Plus: local based prevention of substance use among vulnerable youth. Rapid Assessment and Response as a basis for neighbourhood oriented prevention.*) Rotterdam: IVO

Barendregt, C, Hammink A , Hannink, M, Dupont, H & Wits, E (2016) Rapid Assessment & Response: opmaat voor wijkgerichte verslavingspreventie. (*Rapid Assessment and Response: prelude to neighborhood-based addiction prevention*). Tijdschrift Verslaving, 12 (2), 91-101.

Researchers

AB Hammink MSc (researcher), C Barendregt MSc (researcher), EG Wits MSc (project leader)

In collaboration with: Bouman Mental Health Care, Tactus addiction treatment, Mondriaan Organisation for Mental Health Care

Term: September 2012 – January 2015

Financing: Netherlands Organisation for Health Research and Development (*ZonMW*)

16 Plan of attack ‘Alcohol and Drug’ at intermediate vocational education: evaluation of effect and of process

Aim and research questions

Youth attending intermediate vocational education (in Dutch: MBO or ROCs) show excessive alcohol and drug use, which can have various detrimental consequences ranging from truancy to brain damage, and increased risk of addiction later in life. For this vulnerable group of youngsters a targeted, multi-component plan of attack was developed in Rotterdam (the Netherlands) to tackle alcohol and drug use. The plan of attack involves education for students, parents and teachers (including e-learning, websites and training), a safety policy and professional care at school locations. This study aims to examine:

- The effectiveness of the plan of attack in reducing students’ alcohol and drug use, alcohol/drug-related problems (including delinquency, depression), and general and mental health;
- Barriers to and facilitators for implementing the plan of attack.

Methods

To examine the effectiveness of the plan of attack, alcohol and drug use and related problems among approx. 2,000 students attending 8 locations of two Rotterdam ROCs were compared to a matched control group of 2,000 students of 6 other locations of the same ROCs, at baseline and at about 9 months after implementation of the plan of attack.

To examine barriers to and facilitators for implementing the plan of attack, a logbook was kept during the process of implementation. In addition, focus group interviews and individual interviews were held with students and teachers, at about 8 months after implementation of the plan of attack.

Results

Although our study could not demonstrate that the plan of attack was effective in reducing students’ alcohol use, drug use and alcohol/drug-related problems, the logbook and interview data elucidated the reasons why. Implementation of the plan of attack was hampered by organizational problems

(e.g. insufficient publicity and support for the plan of attack among teachers) and practical problems (e.g. suitable addiction care professionals, as part of the plan of attack, were difficult to acquire and not available when other components of the plan were implemented). These implementation problems also hampered the research, resulting in relatively low levels of response.

Output

Rodenburg G, L Springvloet, D van de Mheen (2015) Verminderen van alcohol- en drugsgebruik onder ROC-studenten. Onderzoeksresultaten van het aanvalsplan Drugs & alcohol op Rotterdamse ROC's. (*Reducing alcohol and drug use among students of Dutch intermediate vocational schools. Results of a study on the effects of a multi-component intervention in Rotterdam*). Rotterdam: IVO

Two English-language papers and a Dutch paper are expected in 2016.

Researchers

G Rodenburg PhD (researcher), TM Schoenmakers PhD (project leader)

Term: October 2012 – February 2015

Financing: Netherlands Organization for Health Research and Development (*ZonMw*)

Domain Addictive substances

Illicit Drugs

17 Development of a Care Standard Opioid use disorders

Aim and research questions

The Care Standard Opioid use disorders presents a clear and concise framework for the entire care continuum, from the perspective of the client. The aim of the project is joint development (clients, care professionals and scientists) of a Care Standard Opioid use disorders. The care standard deals with prevention and early detection, screening and diagnosis, treatment and care, relapse prevention and reintegration. The starting point is a shared ownership of the client and the care professional, whereby the focus is on maintaining and strengthening the autonomy of the client. The themes addressed in this care standard are: Recovery, active and informed clients, self-management, empowerment, tailor-made care, shared decision-making and the contribution of client expertise.

Methods

The development of a Care Standard Opioid use disorders is a collaboration between IVO, Scoring Results and client organisation Het Zwarte Gat ('The Black Hole'). A project group (IVO, Scoring Results and Het Zwarte Gat), a working group of experts, representatives of various professional associations concerned and client representatives, and a focus group of clients and family/relatives are composed and have regular meetings. The project started with an exploration of the field. Information was collected as a basis for the content of the care standard (among other things, from guidelines and expert information). In addition, a client version will be composed. A concept version of the Care Standard Opioid use disorders will be tested in a pilot implementation in three regions. The findings from the pilot implementation will be incorporated into the final version of the care standard. Finally, a maintenance plan will be drawn up and the care standard will be submitted to the Registry of the Netherlands Healthcare Institute (Zorginstituut Nederland).

Results

The final version of the Care Standard Opioid use disorders is expected in February 2017.

Output

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Researchers

B van Straaten MSc (researcher), G Rodenburg PhD (researcher), G van de Glind PhD (researcher, Scoring Results), M van Natterm (client organisation Het Zwarte Gat), EG Wits MSc (project leader)

In collaboration with: Scoring Results (*Resultaten Scoren*), Client organisation Het Zwarte Gat
Term: January 2015 – February 2017
Financing: Mental Healthcare Quality Development Network (*Netwerk Kwaliteitsontwikkeling GGZ*)

18 Moti-4: Assessing the effectiveness of a targeted preventive cannabis intervention

Aim and research questions

In the Netherlands, several groups of cannabis-smoking adolescents (aged 13-23 years) are vulnerable for mental and physical health problems, and problems with school and work. For these adolescents a tailored, low-threshold, effective intervention should be available. That is why Moti-4 was developed, i.e. an intervention aimed at preventing addiction among adolescent cannabis users. Two main outcome targets were chosen to evaluate the effectiveness of this intervention: cannabis use and motivational change. Evaluation is guided by the following two questions: has cannabis use decreased as measured by the amount of money spent per week? (if the youngsters do not pay for their drugs themselves, what would the cost have been according to them?). Secondly, has the youngster proceeded towards a next “motivational stage” along with the model of Prochaska and Diclemente?

Methods

Intervention Mapping (IM), a systematic approach to develop theory and evidence-based interventions, was used to develop a protocol for the Moti-4 program. The method of responsive evaluation was used to explore the opinions of the direct target group and intermediaries (n=31). A qualitative evaluation of its feasibility was made in 2012. Quantitative results are available of a pilot study among 31 adolescents aged 14-24 years testing differences between pre- and one-month post-test scores on two principal outcome parameters of use and change intentions. In a RCT study the efficacy of Moti-4 for reducing the use of cannabis among adolescents was studied.

Results

We assessed a statistically significant improved reduction of the amount of cannabis consumed by Moti-4 participants, compared to controls. It was shown that Moti-4 is an effective preventive intervention to lastingly assess adolescent cannabis use.

Output

Dupont HB, P Lemmens, G Adriana, D van de Mheen, NK de Vries (2015) Developing the Moti-4 intervention, assessing its feasibility and pilot testing its effectiveness. *BMC Public Health* 2015;15:500, doi:10.1186/s12889-015-1826-y

Dupont HB, M Candel, C Kaplan, D van de Mheen, NK de Vries (2016) Assessing the efficacy of MOTI-4 for reducing the use of cannabis among youth in the Netherlands: a randomized controlled trial. *Journal of Substance Abuse Treatment*, 2016;6-12, doi: <http://dx.doi.org/10.1016/j.jsat.2015.11.012>

In 2015 a Ph thesis was succesfylly defended: Dupont H (2015) Killing time. Identification of adolescent cannabis users and the development of an early prevention program: Moti-4. Maastricht University

Researchers

HB Dupont MSc (researcher, Mondriaan Mental Health Care), Prof NK de Vries PhD (promotor, Maastricht University), Prof H van de Mheen PhD (promotor), Prof CD Kaplan PhD (advisor, University of Southern California)

In collaboration with: Mondriaan Organisation for Mental Health Care, Maastricht University, University of Southern California, LA, USA

Term: 2010 - 2015

Financing: Mondriaan Organisation for Mental Health Care (*Mondriaan Organisatie voor Geestelijke Gezondheidszorg*)

19 Guideline substance use Youth Care

Aim and research questions

In Youth Care, professionals regularly signal children and/or adolescents with (suspected) substance use, abuse and dependence. The aim of this project, conducted by the Trimbos Institute in cooperation with other organizations including the IVO and Scoring Results (Resultaten Scoren), was to develop a guideline for substance use among children and adolescents, for professionals. The guideline provides professionals with practical and uniform ways to signal, to intervene pedagogically, and to work together with parents and Youth Care/Addiction Care. The IVO has, in cooperation with Scoring Results, contributed to the development of the guideline with its knowledge on youth, and youth addiction care.

Methods

The project consisted of several phases. First, available data on tools, interventions and projects were collected. These data were used for the development of a guideline in concept. Thereafter, the guideline in concept was presented to professionals. Their feedback was used to adapt the guideline before pilot implementation of the guideline in concept started. In this phase, different child care institutions tested the guideline.

Results

After completion of the pilot implementation, the final version of the guideline was written and authorized by the professional organizations of youth workers, and is published January 2016.

Output

Wits E, T Doreleijers, W van den Brink, D Meije, B van Wijngaarden, G van de Glind (2016) Richtlijn Middelengebruik in de jeugdhulp. Utrecht: Trimbos-instituut

Researchers

LGM Raaijmakers MSc (researcher), EG Wits MSc (project leader)

In collaboration with: Trimbos Institute and Scoring Results: a program of the Netherlands Society of Mental Health Authorities

Term: December 2012 – February 2015

Financing: Netherlands Youth Institute (*NJI*)

Domain Addictive substances

Smoking

20 Developing and testing strategies to effectively reach and involve resistant hardcore smokers in tobacco control

Aim and research questions

This project aims to constructively reach hardcore smokers of low and high socioeconomic status (SES) to evaluate their smoking-related beliefs and behaviours. The main goal is to design a website on which hardcore smokers will evaluate their smoking-related beliefs in a non-coercive way. We conducted several studies to develop this online intervention.

Methods

At the start of this project little was known about smoking-related beliefs of hardcore smokers. Therefore, in Study 1 we held focus group interviews with hardcore smokers and former hardcore smokers. We aimed to gain insight into the ambivalent smoking-related beliefs of hardcore smokers. This information was used in the final part of our project when we created a website based on Motivational Interviewing principles. We also used the results of Study 1 in a subsequent online survey. In Study 2, we identified subgroups of hardcore smokers based on their perceived pros and cons of smoking and quitting. These subgroups could be used in subsequent interventions targeting specific subgroups of hardcore smokers. In Study 3, we conducted an experiment to test whether we could influence dysfunctional beliefs in hardcore smokers. We combined a self-affirmation manipulation and a self-efficacy manipulation to increase intention to quit, perceived self-efficacy, and receptiveness to antismoking messages.

Based on the results of Studies 1-3, we developed an online intervention for hardcore smokers. In this online intervention, hardcore smokers evaluate their beliefs about smoking. The intervention contains manipulations from Study 3 and provides participants with individualised feedback about their perceived pros and cons of smoking and quitting. The overall aims of the intervention were to increase hardcore smokers' receptivity to anti-smoking information and to increase their intention to quit. It also aimed to change smoking behaviour and to increase self-efficacy. In the future, this intervention could be used in practice. Given the damaging health effects of smoking, the vastness of the target population and the massive recruitment capacity through the internet, this intervention has the potential to reach and involve many hardcore smokers in tobacco control. In Study 4, we tested the effectiveness of the online intervention in a randomised controlled experiment.

Results

In Study 1, we identified a number of themes in the perceived pros and cons of smoking and quitting in hardcore smokers. In Study 2, we found three subgroups ('profiles') among hardcore smokers and

three subgroups among non-hardcore smokers. In Study 3, we developed a self-affirmation manipulation for hardcore smokers. In Study 4, we found that the intervention increased hardcore smokers' receptivity to anti-smoking messages. One paper has been published regarding Study 1 and one regarding Study 2. Also, one paper has been submitted regarding Study 3 and one regarding Study 4.

Output

Bommelé J, TM Schoenmakers, M Kleinjan, B van Straaten, E Wits, M Snelleman, D van de Mheen (2014) Perceived pros and cons of smoking and quitting in hard-core smokers: a focus group study. BMC Public Health, 14 (175): doi:10.1186/1471-2458-14-175

Bommelé J, M Kleinjan, TM Schoenmakers, WJ Burk, R Van den Eijnden and D van de Mheen (2015) Identifying subgroups among hardcore smokers: a latent profile approach. PLoS ONE, 10 (7): e0133570. doi:10.1371/journal.pone.0133570

Researchers

J Bommelé MSc (PhD student), Prof H van de Mheen PhD (promotor), TM Schoenmakers PhD (copromotor), M Kleinjan PhD (copromotor, Radboud University Nijmegen/Trimbos Institute)

In collaboration with: Radboud University Nijmegen, University of Groningen, Utrecht University, Open University in the Netherlands, Trimbos Institute, NIVEL

Term: November 2010 – November 2016

Financing: Netherlands Organization for Health Research and Development (*ZonMW*)

Domain Hazardous behaviors

Internet use

21 Parenting practices for the prevention of problematic Internet use among primary school children: an exploratory study

Aim and research questions

Children start using the Internet, including social media and games, at ever younger ages. Furthermore, access to the Internet has increased significantly through the use of smart phones and other mobile internet-connected devices. Parents do not always know how to deal with their child's Internet use and, in particular, how to prevent problematic internet use by their children.

Due to the rapidly changing technologies, research from 10 years ago is outdated. In addition, research on media education and problematic Internet use focusing on primary school children is lacking in the Netherlands. Therefore, the current research investigates the relationship between Internet-related parenting practices and Internet use (games and social media), including problematic internet use, among Dutch primary school children aged 10-12 years. We hypothesize that the effectiveness of Internet-related parenting practices will depend on parental knowledge and on parental involvement regarding their child's Internet use.

Methods

A (cross-sectional) survey was conducted among almost 600 primary school children (grades 7 and 8, aged 10-14 years) and their parents. Prior to the survey, a pilot study on Internet use among primary school children was performed to ensure that the children's questionnaire fits their language skills and the rapidly changing world regarding children's Internet use.

Results

The results show that when parents know and understand what their children are doing online, their children perceive the communication about internet use more positive. Moreover, the more positive the communication is perceived, the less likely it is that the children use the internet in a problematic way. Restrictive measures by parents regarding the internet use of their children appear to play a role, especially when the communication between parents and children is not optimal. Due to the cross-sectional nature of the study, no causal relations can be inferred; however, the results suggest that parents, in order to prevent problematic internet use by their children, should invest in the communication, i.e. parents should try to understand what their children do online and talk with them about it in a constructive way.

Output

Meerkerk GJ, G Rodenburg, W Haverkort, T van Rooij, D van de Mheen (2015) Opvoedstrategieën ter voorkoming van problematisch internetgebruik bij basisschoolkinderen: een exploratieve studie [Parenting practices for the prevention of problematic Internet use among primary school children: an exploratory study]. Rotterdam: IVO. Retrieved from <http://www.ivo.nl/?id=1021>

Researchers

GJ Meerkerk PhD (researcher), W Haverkort (trainee), G Rodenburg PhD (project leader)

Term: September 2014 – June 2015

Financing: Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*)

Domain Hazardous behaviors

Gambling

22 Relation between gambling marketing and gambling: review of the literature

Aim and research questions

In the Netherlands, new legislation is aimed at regulating online gambling facilities. One of the effects of this legislation may be to increase gambling marketing. The Kansspelautoriteit (Netherlands Gaming Authority) posed the question as to what conditions gambling marketing should meet in order to prevent an increase in problem gambling. The current review provides an overview of the literature on the effect of marketing on new and existing gamblers.

Methods

Literature review.

Results

The 'maturity' of a market appears to play an important role in the degree to which marketing influences gambling behavior. In an immature market, an increase in marketing may lead to an increase in gambling behavior, whereas in a more mature market, marketing may lead to a shift from one gambling provider to another. Risk groups for the impact of gambling marketing are adolescents, problem gamblers, people with a low socio-economic status and (possibly) people with an intellectual disability. The effect of marketing on attracting new players appears limited in a mature market; however, for existing (problem) gamblers, marketing may intensify gambling. In a more indirect way, gambling marketing may contribute to social acceptance and normalization of gambling in society, which can influence the gambling behavior of new and existing players. Methodological limitations, such as the diversity of gambling games and the difficulty of measuring exposure to advertising, limit the generalizability of these conclusions.

Output

Meerkerk GJ, A Hammink, D van de Mheen (2015) De relatie tussen kansspelmarketing en gokken, een literatuuronderzoek. (*The relation between gambling marketing and gambling, a review of the literature*). Rotterdam: IVO

Researchers

GJ Meerkerk PhD (researcher), AB Hammink MSc (researcher), Prof H van de Mheen PhD (project leader)

Term: June 2015 - September 2015

Financing: Netherlands Gaming Authority (*Kansspelautoriteit*)

23 ALICE RAP: Addiction and Lifestyles in Contemporary Europe – Reframing Addictions Project

Aim and research questions

ALICE RAP is a European research project, co-financed by the European Commission, which aims to stimulate a broad and productive debate on science-based policy approaches to addictions. Goal is to promote well-being through a synthesis of knowledge to redesign European policy and practice to better address the challenges posed by substance use and addictive behaviors. The project is divided into 7 areas and 21 work packages, making up an integrated multidisciplinary research strategy. IVO participates in Work Area 3 on determinants of addiction, more specifically: pathological gambling.

There are three work packages, which focus on the:

1. Initiation of potentially risky behavior
2. Transitions to harmful substance use
3. Transitions to cessation and chronic relapse

Methods

Each of the three work packages commenced with experts producing a series of short discipline-specific papers, reviewing the current knowledge on determinants of the different addictions. IVO has worked on the three multidisciplinary reviews of the subject of gambling. Finally, all reviews were integrated into a synthesis report, which has been discussed among the participants.

Results

In 2013, IVO produced the two reviews: one on the determinants of harmful gambling and another on the determinants of material reductions of harmful gambling.

In 2016 three book chapters were published.

Output

Meerkerk GJ, D van de Mheen (2013) A summarizing review in table form on risk factors/determinants of harmful gambling. Unpublished work, ALICERAP WP8, Rotterdam: IVO

Meerkerk GJ, LGM Raaijmakers, D van de Mheen (2013). A summarizing review in table form on determinants of material reductions of harmful gambling. Unpublished work, ALICERAP WP9, Rotterdam: IVO

McLeod J, L Gell, J Holmes, A Allamani, B Bjerger, G Bühringer, S Forberger, V Frank, A Lingford-Hughes, P Meier, M Naeumann, R Room, B Baumberg, F Jose Eiroa-Orosa, R Lees, GJ Meerkerk, L Schmidt, M Stead, D van de Mheen, R Wiers (2016) Determinants of risky substance use and risky gambling. In Gell L, G Bühringer, J McLeod, S Forberger, J Holmes, A Lingford-Hughes, PS Meier (Eds) *What Determines Harm from Addictive Substances and Behaviours?* (pp. 35–76). Oxford: Oxford University Press. <https://global.oup.com/academic/product/what-determines-harm-from-addictive-substances-and-behaviours-9780198746683?cc=es&lang=en&>

Gell L, J Mcleod, J Holmes, A Allamani, B Baumberg, B Bjerger, G Bühringer, F Jose Eiroa-Orosa, S Forberger, V Frank, A Lingford-Hughes, GJ Meerkerk, P Meier, M Neumann, R Room, L Schmidt, M Stead, D van de Mheen, R Wiers, P Withington (2016) Determinants of harmful substance use and harmful gambling. In Gell L, G Bühringer, J McLeod, S Forberger, J Holmes, A Lingford-Hughes, PS Meier (Eds) What Determines Harm from Addictive Substances and Behaviours? (pp. 77–112). Oxford: Oxford University Press. Retrieved from <https://global.oup.com/academic/product/what-determines-harm-from-addictive-substances-and-behaviours-9780198746683?cc=es&lang=en&>

Mcleod J, L Gell, J Holmes, A Allamani, B Baumberg, B Bjerger, G Bühringer, F Jose Eiroa-Orosa, S Forberger, V Frank, A Lingford-Hughes, GJ Meerkerk, P Meier, M Neumann, R Room, L Schmidt, M Stead, D van de Mheen, R Wiers, P Withington (2016) Determinants of transitions from harmful to low-risk substance use and gambling. In Gell L, G Bühringer, J McLeod, S Forberger, J Holmes, A Lingford-Hughes, PS Meier (Eds) What Determines Harm from Addictive Substances and Behaviours? (pp. 113–156). Oxford: Oxford University Press. Retrieved from <https://global.oup.com/academic/product/what-determines-harm-from-addictive-substances-and-behaviours-9780198746683?cc=es&lang=en&>

Researchers

GJ Meerkerk PhD (researcher), Prof H van de Mheen PhD (projectleader)

In collaboration with: A Allamani (Agenzia Regionale Di Sanita), B Baumberg (University of Kent), M Casus Brugué (Institut Catala de la Salut Huvh), G Buehringer (IFT Insitut fur Therapieforschunggem GMBH), S Forberger (Technische Universitaet Dresden), L Kraus (IFT Insitut fur Therapieforschunggem GMBH), AR Lingford-Hughes (Imperial College of Science, Technology and Medicine), P Meier (The Univeristy of Sheffield), D Nutt (Imperial College of Science, Technology and Medicine), J Rehm (Technische Universitaet Dresden), R Room (Stockholms Universiteit), V Asumussen (Aarhus University), R Wiers (Universiteit van Amsterdam), B Bjerger (Aarhus University), J Holmes (The University of Sheffield), T Besednjak Valič (School of Advanced Social Studies), T Ponk (Universiteit van Amsterdam), FJ Eiroá-Orosa (Institut Catala de la Salut Huv)

Term: May 2011 - April 2016

Financing: European Commission

Domain Hazardous behaviors

Risky nutritional behavior

24 Ethnic differences in overweight and obesity among primary school children in the Netherlands, the IVO Nutrition and Physical Activity Child cohort (INPACT)

Aim and research questions

In the Netherlands, the prevalence of overweight and obesity is higher in migrants. These prevalence rates also apply to children. Although Dutch figures on migrant children are scarce, available evidence shows a higher prevalence in migrant than in native Dutch children. In order to design effective prevention programmes, knowledge is needed on the factors affecting overweight and obesity in children, especially modifiable factors. The present study focusses on food intake, physical activity and sleeping behavior. The study addresses these factors in children aged 7/8 – 11/12 years old, focusing on ethnic differences in these factors. The hypothesis is that parental behaviour is the link between the environment on the one hand, and food intake and physical exercise of children on the other. Although information is available on the role of some aspects of parental behaviour, the role of other aspects remains unclear (e.g. the role of rewarding children with specific foods). Also, the influence of own parental role behaviour with respect to eating and physical activity is unclear.

The present PhD project investigates what the ethnic differences are in modifiable factors affecting overweight and obesity in Dutch primary school children (aged 8-12 years), focusing on the role of parental influence in the relation between environment and food intake and physical exercise.

Main research question are:

- What is the prevalence of overweight and obesity, and of (un)healthy eating and exercise patterns, among migrant children as compared to Dutch children? To what extent do these differences reflect socioeconomic difference?
- Are there differences in eating, exercise and sleep behaviour between native and migrant children? To what extent do these differences reflect socioeconomic differences and to what extent do they reflect differences in parental educational styles?
- Are there differences in the relative importance of environmental and parental factors in the development of overweight and obesity between native and migrant children? How do parental and environmental factors interact in the development of overweight and obesity in migrant children?

Methods

This study is part of the INPACT study. This is a 4-year longitudinal cohort study in which body weight and height of children are measured (n=1,844). Questionnaires are filled in with schoolchildren and

their parents, at four moments in time (with one-year intervals), starting when the children are 8 years old (group 5 in primary schools).

The first period of data collection took place from September to December 2008; the second from September to December 2009, the third from September to December 2010, and the final from September to December 2011.

Results

Findings show that overweight and obesity are significantly more prevalent among migrant children. Parental BMI was an important predictor of child BMI; however, socio-economic position was not. Because children from migrant origin are at higher risk for overweight and obesity, differences in physical activity, energy intake and sleeping behaviour, and how they relate to cultural contrasts in parental beliefs and practices are studied.

Low sleep duration, low fruit intake, and high snack intake were associated with higher BMIs and higher prevalence of overweight and obesity. Both sleep duration, and energy-dense snack intake were related to the child's BMI. However, ethnic differences in sleep duration and dietary intake did not have a large impact on ethnic differences in overweight and obesity among children from migrant and native origin.

Output

Labree LJW, H van de Mheen, FFH Rutten, M Foets (2011) Differences in overweight and obesity among children from migrant and native origin: a systematic review of the European literature. *Obesity Reviews*, 12(5),e535-e547

Labree W, F Lötters, D van de Mheen, F Rutten, A Rivera Chavarría, M Neve, G Rodenburg, H Machielsen, G Koopmans, M Foets (2014) Physical activity differences between children from migrant and native origin. *BMC Public Health*; 14: 819. doi: 10.1186/1471-2458-14-819

Labree LJW, D van de Mheen, FFH Rutten, G Rodenburg, G Koopmans, M Foets (2014) Overweight and obesity in primary school: native versus migrant children. *J Public Health*;22: 415-421

Labree LJW, D van de Mheen, FFH Rutten, G Rodenburg, G Koopmans G, M Foets (2015) Sleep duration differences between children from migrant and native origin. *J Public Health* 23:149-156

Labree LJW, D van de Mheen, FFH Rutten, G Rodenburg, G Koopmans, M Foets (2015) Differences in overweight and obesity among children from migrant and native origin: role of physical activity, dietary intake, and sleep duration. *PLOS ONE*, June 1 DOI:10.1371/journal.pone.0123672

In 2015 a Phd thesis was successfully defended: LJW Labree (2015) Differences in overweight and obesity between primary school children from migrant and native origin. Erasmus University Rotterdam

Researchers

LJW Labree (PhD student), Prof H van de Mheen PhD (promotor), Prof F Rutten PhD (promotor, Erasmus University), MME Foets PhD (copromotor, Erasmus University Rotterdam)

In collaboration with: Erasmus University Rotterdam

Term: 2008 - 2015

Financing: Erasmus University Rotterdam, IVO

25 Environmental determinants of dietary behaviours of children: the IVO Nutrition and Physical Activity Child cohort (INPACT)

Aim and research questions

The main objective is to investigate the environmental determinants of dietary behaviour of children aged 10-12 years.

Research questions are:

1. Which environmental determinants influence the dietary behaviours of children aged 10-12 years? Environmental determinants include determinants at the micro level and apply to the home food environment (home availability of food, parental rules, parental consumption of food), School food environment (school food policy), physical neighbourhood environment and economic environment (availability of shops selling fruit and vegetables, price of fruit and vegetables in shops)
2. Does the influence of determinants of dietary behaviours vary among children in different socioeconomic groups?

Methods

This study is part of the INPACT study (IVO Nutrition and Physical Activity Child Cohort, started in 2008). The INPACT study is a longitudinal study with a 4-year follow-up. The INPACT cohort consists of 1844 primary school children and their parents living in Eindhoven and surrounding areas. Participants of the INPACT study were recruited through primary schools. All general primary schools (n=265) in this area were invited to participate in the study by the Municipal Health Service; finally 91 schools took part. Subsequently, all children aged 7-8 years (group 5 of Dutch primary schools) and their parents were invited to participate in the study; a sample of 1844 parents and children gave informed consent.

Annually, parents completed a questionnaire at home. Questionnaire topics included dietary intake of children and parents, characteristics of the home environment, school food environment and neighbourhood environment. Trained research assistants visited the primary schools and measured children's height and weight, and children completed a short questionnaire. Furthermore, a one-time food store audit was conducted in the city of Eindhoven to measure objective neighbourhood

characteristics. Also, semi-structured interviews with principals and teachers were conducted to collect data on the school food policy of primary schools.

Results

Results from this study shows that factors related to the home food environment are associated with the dietary behaviour of 10-12 year old primary school children's and are, therefore, important targets for health interventions. Regarding the school food environment, it was concluded that the school food policy can be an important tool to foster healthy dietary behaviour among children. It was recommended that all primary schools should have a written school food policy. In addition, primary schools were advised to formulate clear rules about which food and beverages may be consumed during school time and how the school food policy will be enforced. For an effective school food policy it is also important that parents fully support the policy. In addition this study shows that children from a lower socio-economic background have the least favourable dietary behavior. In addition, the results indicate that home environmental factors can explain socio-economic inequalities in children's dietary behavior. However, as little is known about effective ways to improve the home food environment of children from lower socio-economic backgrounds, more research on this topic is warranted.

In conclusion, the magnitude and importance of environmental factors on dietary behaviour are generally context dependent. The results emerging from this thesis indicate that, for primary school children aged 10-12 years, factors in both the home food environment and the school food environment are the most important.

Output

Van Ansem WJC, CTM Schrijvers, G Rodenburg, D van de Mheen (2012) Is there an association between the home food environment, the local food shopping environment and children's fruit and vegetable intake? Results from the Dutch INPACT study. *Public Health Nutrition*, 1–9

Van Ansem WJC, FJ van Lenthe, CTM Schrijvers, G Rodenburg, A Oenema, D van de Mheen (submitted) Can characteristics of the food environment explain socio-economic disparities in children's fruit and vegetable intake?

Van Ansem WJC, CTM Schrijvers, G Rodenburg, AJ Schuit, D van de Mheen (2013) School food policy at Dutch primary schools: room for implementation? Cross-sectional findings from the INPACT study. *BMC Public health*, 13, 339

Van Ansem WJC, CTM Schrijvers, G Rodenburg, D van de Mheen (2015). Children's snack consumption: role of parents, peers and child snack purchasing behaviour. Results from the INPACT study. *The European Journal of Public Health*, June 3:1-6. DOI: 10.1093/eurpub/ckv098

Van Ansem WJC, CTM Schrijvers, G Rodenburg, D van de Mheen (2014) Maternal educational level and children's healthy eating behaviour: role of the home food environment. Results from the Dutch INPACT study. International Journal of Behavioral Nutrition and Physical Activity, 11:113

Van Ansem WJC, FJ van Lenthe, CTM Schrijvers, G Rodenburg, D van de Mheen (2014) Socio-economic inequalities in children's snack consumption and sugar-sweetened beverage consumption: the contribution of home environmental factors. British Journal of Nutrition, 112, pp 467-476

In 2015 a Phd thesis was successfully defended: WJC van Ansem (2015) Children's Food Environment. Studies on environmental determinants of primary school children's dietary behavior. Erasmus University Rotterdam

Researchers

WJC van Ansem MSc (researcher), Prof H van de Mheen PhD (promotor), FJ van Lenthe (co-promotor, Erasmus Medical Centre Rotterdam), A Oenema PhD (advisor, Department of Health Promotion Maastricht University), Prof AJ Schuit PhD (advisor, National Institute for Public Health and Environment RIVM)

In collaboration with: Erasmus Medical Centre Rotterdam, Maastricht University, National Institute for Public Health and Environment (RIVM)

Term: April 2010 – February 2015

Financing: Netherlands Organization for Health Research and Development (*ZonMw*), IVO

Domain Social relief and social care

26 Day shelter: landscape and possible collaborations

Aim and research questions

Since the beginning of 2015 financing of day shelter for psychiatric patients has been decentralized to the local level. This development has prompted the municipality of Rotterdam to examine the possibilities to merge these facilities with day shelter social relief which, traditionally, is a locally financed service. The municipality of Rotterdam asked IVO to examine the possibilities for future cooperation between these two types of day shelter.

Methods

First, a list was drafted with all open day shelter services available, based on formal (financing) characteristics. This list was then cross-checked with the city of Rotterdam. Semi-structured interviews were conducted with executive workers of most of the day shelters concerned. Interview topics covered issues as characteristics of services, characteristics of the visitors, and possibilities for innovation based on current and future collaboration with both other day shelters and welfare work. Six visitors of both type of day shelter were interviewed to include the perspective of the service user. The results of the interviews were verified and amended in a focus group session of middle-managers of both types of day shelter. At this session two representatives of the municipality were present.

In order not to depend only on experiences from Rotterdam, we examined grey literature and national online databases to find and select examples of successful collaboration and promising innovations in this field.

Results

Day shelters for psychiatric patients and day shelters for (residential) homeless people are separate services. Day shelters for psychiatric patients attract people in treatment, usually (but not necessarily) housed in the neighbourhood of the service. Day shelters for (residential) homeless attract people from all over the city. It seems logical to maintain this distinction. Although both type of services strive to improve the level of day activities, day shelters for homeless focus on housing issues and offer basic services to maintain hygiene, and focus less on other meaningful day activities. All day shelters state that they are open to collaboration with other day shelter services and welfare services. Some have already developed collaborations, but usually to a limited extent. A recommendation issuing from this, is that collaboration (between day shelters, and between day shelters and welfare) should be developed further.

Output

Hammink A, C Barendregt, G Rodenburg, D van de Mheen (2016) Bouwstenen voor doorontwikkeling dagopvang MO en inloop GGZ in Rotterdam (*Building blocks for the development of day shelter social relief and drop-inn service mental health care*). (Interne publicatie) Rotterdam: IVO

Researchers

AB Hammink MSc (researcher), C Barendregt MSc (researcher), G Rodenburg PhD (project leader)

Term: August 2015 – November 2015

Financing: Municipality of Rotterdam

27 Care following exit of closed youth care. Where do youngsters with psychiatric disorders and mild cognitive disorders go after close youth care?

Aim and research questions

Since 2008, the law on youth care has offered the possibility for compulsory treatment of children and youth with severe behaviour problems. Before this change in law, only penitentiary settings were available. Besides the emergence of closed youth care settings (JeugdzorgPlus), a registration-based monitoring system has been established. The monitor system reveals that a substantial part of the youngsters suffers from psychiatric disorders and/or mild cognitive disorders. The aim of the study is to acquire insight into the connection between these youngsters needs and treatment offered on exit of closed youth care. Parallel to this, the quality and usability of the data in the monitoring system will be examined.

Methods

Of the 14 closed youth care institutions, four acted as research partners. They will provide the researchers with relevant internal documents. Complementary to this a literature search will be performed to identify care needs of youngsters with psychiatric disorders and mild cognitive disorders.

From each of the four institutions, one worker responsible for treatment and two group workers will be interviewed with a semi-structured questionnaire. Each institution will recruit three parents or educators who recently had their child in closed youth care. Through semi-structured interviews their experiences and opinions of treatment and care following closed youth care will be collected. In each of the participating institutions one youngster who has recently exited, or will exit closed youth care, will be interviewed with a topic list.

Results

Expected in 2016

Output

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Researchers

Prof. H van de Mheen PhD (project leader), E de Jonge MSc (researcher), C Barendregt MSc (researcher), GJ Meerkerk PhD (researcher), AB Hammink MSc (researcher)

In collaboration with: Horizon (Rotterdam), Het Poortje (Groningen), Schakenbosch (Leidschendam), SJSJ Almata (Ossendrecht)

Term: June 2015 - July 2016

Financing: Netherlands Organization for Health Research and Development (*ZonMw*)

28 Antisocial behavior and problematic substance use among forensic patients

Aim and research questions

Treatment of (severe) antisocial behavior, substance use and criminal behavior is a complex task for professionals. More insight in the relation between antisocial behavior, antisocial personality disorder (ASP) and substance use, and the onset of violent or criminal behavior is needed.

The aim of this project was to provide professionals in forensic clinical care with knowledge on diagnosing and treating (subgroups of) forensic patients with a combination of antisocial behavior (whether or not diagnosed with ASP) and substance use. The research questions were:

1. Which subgroups of forensic patients with severe antisocial behavior and substance use can be identified, based on what vision and empirical evidence?
2. What is known in the (international) literature about the treatment and recidivism risk of the subgroups with severe antisocial behavior and substance use?
3. How can those subgroups be diagnosed in a standardized manner?
4. How should the diagnosis and treatment for patients with antisocial behavior and substance use be organized?

Methods

The project consisted of the following phases:

- a) Literature study and consultations of experts
- b) Development of a chapter on antisocial behavior, substance use and criminal behavior

Results

Based on the literature study and consultation of experts, seven subgroups were identified who are in need of additional attention in the treatment of antisocial behavior and substance use.

Information on the comorbidity with antisocial behavior and substance use, and the diagnosis and treatment of these subgroups, was described and discussed with experts.

The project has resulted in a chapter on severe antisocial behavior and substance abuse, included in the background report belonging to the guideline 'Problematic substance use in forensic clinical care'. In this chapter, the research questions are answered and professionals are provided with information on the diagnosis and treatment of subgroups of patients with (severe) antisocial behavior and substance use in forensic clinical care.

Output

Lans M, LGM Raaijmakers, E Wits. Ernstig antisociaal gedrag en middelengebruik. (2015) Supplement bij de richtlijn problematisch middelengebruik in de forensische klinische zorg. (Severe antisocial behavior and substance use', supplement to the guideline 'Problematic substance use in the forensic clinical care). (Interne publicatie). Utrecht/Rotterdam: Victas/IVO

Lans M, LGM Raaijmakers, E Wits (2015) Richtlijn problematisch middelengebruik in de forensische klinische zorg. (Guideline problematic substance use in the forensic clinical care.) Utrecht/Rotterdam: Victas/IVO

Raaijmakers LGM, R Rodenburg, E Wits, M Lans (2015) Achtergrondrapport bij de richtlijn problematisch middelengebruik in de forensische klinische zorg. (Background report to the guideline problematic substance use in the forensic clinical care.) Utrecht/Rotterdam: Victas/IVO

Researchers

G Rodenburg PhD (researcher), LGM Raaijmakers PhD (researcher), M Lans (researcher, Victas Addiction Care), EG Wits MSc (project leader), Prof H van de Mheen PhD (advisor), G de Weert PhD (advisor, Victas Addiction Care), H Enzerink (advisor, Tactus addiction care)

In collaboration with: Victas addiction care, Tactus addiction care

Term: January 2014 – January 2015

Financing: Quality of Forensic Care (*KFZ*), program of the Expertise Centre for Forensic Psychiatry (*EFP*)

29 Quality of life assessment of people with psychiatric problems in need of help: One size does not fit all

Aim and research questions

This study pertains to the development of a web-based, personalized, patient-friendly and easy to administer QoL instrument for three populations: people with major psychiatric problems, people treated in forensic psychiatry, and people who are supported by homelessness services. The aims of this project are 1) to develop a QoL instrument called 'QoL-ME' which comprises care QoL domains for policy decisions on an aggregated level and add-on QoL domains for decisions on an individual care planning level, and 2) to conduct an ethical and conceptual analysis of the QoL-ME including the

mediating influence of technology. In this project, a holistic point of view is used in the conceptualization of QoL.

Methods

To this end, Tilburg University, IVO and RIVM will collaborate with six societal organisations. Every step of the development of the web-based questionnaire will be discussed with patients and other stakeholders. A latent class analysis is used to create care domains and an innovative crowd-based procedure is used to select visual content to represent important life aspects. In addition, focus groups are held to choose relevant add-on domains. A multilevel analysis is conducted to test the suitability of the QoL-ME for individual care planning. Observations/interviews are held to investigate the understanding of the QoL-ME for patients, professional caregivers and policymakers. Moreover, the mediating role of technology is explored by interviewing patients, professional caregivers and other identified relevant stakeholders

Results

Not yet available

Output

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Researchers

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In collaboration with: Tilburg University, National Institute for Public Health and Environment (*RIVM*) and six societal organizations

Term: June 2014 – April 2019

Financing: Netherlands Organization for Scientific Research (*NWO*)

30 Cohort study amongst homeless people in Amsterdam, The Hague, Rotterdam and Utrecht(the G4): Coda-G4

Aim and research questions

From 2006-2014 the Strategy Plan for Social Relief was carried out in the four largest cities of the Netherlands: Amsterdam, Rotterdam, The Hague, and Utrecht. The Strategy Plan aimed to improve the situation of the homeless, the neglected and the deprived, and at the same time to reduce the nuisance caused by this group. This was done by realizing a person-oriented approach whereby the homeless are included in an individual assistance program. All four cities have a central application facility to which the target group of the Plan has to report before a social care program can be outlined. Existing and new clients receive program plans focused on their individual care needs.

The question arises as to whether the homeless benefit from these individual assistance programs, and who does (not). This question is addressed in a longitudinal cohort study, financed by the Ministry of Health, Welfare and Sport.

The main objectives are to determine: 1) the needs and urges of homeless people who qualify to participate in the individual assistance program, in relation to their background and problems; 2) possible improvements, and predictors of improvement, in the objective and subjective quality of life of homeless people; and 3) housing transitions as well as possible predictors of stable housing.

Methods

A multi-site observational cohort study is conducted. Homeless people who qualify to participate in the individual assistance program while living in Amsterdam, Rotterdam, The Hague or Utrecht (i.e. the respondents) were followed for 30 months. During this period they were interviewed four times using a structured interview, to establish what changes took place in their situation and functioning. A baseline measure was followed by three measures; after 6 months (T1), 18 months (T2) and 30 months (T3). The baseline data are used to determine the predictors of improved subjective quality of life and stable housing.

Results

The results of the first measurement were published in May 2012, the results of the second measurement were published in April 2013, the results of the third measurement were published in June 2014, and the results of the fourth and last measurement were published in the final report in June 2015 (see 'Output'). Also, after every measurement separate reports for the four cities were published (see 'Output'). In addition to these reports, scientific articles will be published, and two PhD theses will be written.

In the final report it was concluded that two and a half years after they reported themselves at the social relief system, the situation of the participants has improved on different domains and the majority of the participants report that they are satisfied with the changes that have occurred in this period. Earlier observed improvement in quality of life on most life domains continued during the last year. On the other hand, there is insufficient progress in the problematic financial situation of the participants. Although there is a slight decrease in the number of participants who have debts, the average amount of debt remains unchanged. Homelessness and poverty seem to go hand in hand. More than 40% of the participants are still not independently housed at the fourth measurement. A considerable number of participants stays in an institution or participates in a supported (independent) living project. Though the number of participants who is homeless or marginally housed 2.5 years after they reported themselves at the social relief system is relatively small (respectively 2,5% and 6,8%), this group does require ongoing attention. Prevention of chronic homelessness is crucial, for example through intensifying outreach help or through providing Housing First. A strengths-based approach is essential for rehabilitation. The vulnerability of the participants

is still visible after 2,5 years and requires adequate signaling by local municipalities and when necessary, appropriate support.

Output

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Researchers

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In collaboration with: Impuls - Netherlands Center for Social Care Research, Department of Primary and Community Care, Radboud University Medical Center
Term: February 2010 – October 2016
Financing: Ministry of Health, Welfare and Sport (VWS)

31 Homeless and former homeless people look back on their individual assistance program (Qualitative study Coda G4)

Aim and research questions

Results from the multi-site observational cohort study Coda G4 (see nr 30) suggest differences in the perception of quality of life and social functioning of homeless people who participate in an individual assistance program. Homeless people estimate their functioning and quality of life better than (their) social workers do. A qualitative study was designed to address these different views. Additional research questions were designed to contextualize the different perspectives. These questions included: what kind of support has been received from the informal network, can people identify a turning point that shifted their situation, what influences their societal participation and what are future outlooks?

The study was carried out in collaboration with Impuls Nijmegen, research partner in the Coda G4 cohort study.

Methods

Among the cohort participants 13 housed and 12 homeless people were recruited in the four cities that take part in the study. They were interviewed with a semi-structured questionnaire, as much as possible in their 'natural environment'. The interviews lasted between 1 and 1.5 hours and were voice recorded. The interviews were transcribed ad verbatim. Thematic analysis was carried out using a matrix of questions and answers. At the end of the data collection period, three focus group meetings were held, one with social workers and two with cohort participants. The aim of the focus groups was to verify and reflect on the preliminary results of study.

Results

People who are still (or again) homeless after entry in the individual assistance program express that they are not satisfied with the assistance offered. However, some of them acknowledge that their own collaboration in the program was limited. Within the group of still (or again) homeless, informal support mostly came from family members. This support helped them to manage with their homeless situation but involuntarily hampered more lasting housing solutions. Housed people seemed to have more or less surrendered to the expectations and rules of the individual assistance program. Although they too received informal support, the basic housing and finance matters were left to the professionals. Neither the homeless nor the housed people could clearly identify a turning point; change seems to be initiated by an accumulation of small events or issues, leading to positive or negative actions and consequences. Different perspectives of social functioning may be explained

by different frames of reference. Social workers compare the actual situation with the desirable situation, whereas for their clients the point of reference is their past homelessness. Related to that is that former homeless evaluate their current situation in anticipation of future expectations. Also, mental adaptation to a lasting deprived situation may play a role, whereas social workers mainly base their judgement on the factual situation.

Output

Dakloze en ex-dakloze mensen over erbij horen en meedoen, 2,5 jaar na hun instroom in de maatschappelijke opvang. Kwalitatief deelonderzoek binnen Coda-G4. (*Homeless people and formerly homeless people about belonging and participation , 2.5 years after they reported themselves at the social relief system. Qualitative study as part of CODA-G4.*) Rotterdam / Nijmegen: IVO; Impuls - Onderzoekscentrum maatschappelijke zorg Radboudumc

Researchers

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In collaboration with: Impuls – Netherlands Center for Social Care Research, Nijmegen

Term: February 2014 – June 2015

Financing: Ministry of Health Welfare and Sports (VWS)

32 Daytime activities: an important outcome variable in closed youth care settings

Aim and research questions

Since 2008, the law on youth care has offered the possibility for compulsory treatment of children and youth with severe behaviour problems. Before this change in law, only penitentiary settings were available. Besides the emergence of closed youth care settings (JeugdzorgPlus), a registration-based monitoring system has been established. One of the output indicators of the monitor is 'Daytime activities' (school, work, internship); this variable is measured when the youngsters leave the institution. However, in three successive monitor reports, the option "none" and "unknown" was often recorded, whereas one expects the treatment institution to know what daytime activity was organised. Based on this observation, the question arose as to how this high number of "none's" and "unknowns" scored on the variable daytime activities can be explained and what can be done to reduce this number. An additional research question focused on the character of the daytime addictions that were registered.

Methods

Three out of 14 closed youth care institutions acted as research partners. Persons responsible for the monitoring process provided in-depth information on practices. A quantitative examination was made on the (anonymised) database of the monitor provided by Youth Care Netherlands (Jeugdzorg Nederland). Cross-sectional relations were tested between the output variable 'daytime activities' and characteristics of the youngsters that were likely to correlate. Qualitative methods were applied

to reveal which other variables in the monitor should be explored. Apart from the characteristics found in the database itself, the interviews focused on the processes of care, and referral to follow-up institutions and settings. Also, the monitoring process itself was explored as a possible contributing factor to explanation the phenomenon.

Results

Most of the youngsters who exit closed youth care enter school or a combination of school and work (64%). Further analysis of the database (N=1.327) revealed that, in addition to a large part of the variable 'daytime activities' being scored with "none" (4.5%) and "unknown" (10.9%), an even larger part of the data are missing (19.9%). This indicates that compliance with the monitor is relatively low. Especially for youngsters that stay less than three months in the closed treatment setting, many "none's" and "unknown's" are reported and considerably more data are missing. There are three main explanations for this: 1) when youngsters leave the setting without permission (run away), no information is available on the daytime activities, 2) scoring the variable daytime activities is not required before closing the case, and 3) those responsible for entering the monitor data consider daytime activities as a variable with low priority compared with other variables based on validated questionnaires. Recommendations are given to improve the monitor.

Output

Barendregt C, L Raaijmakers, E Wits E, D van de Mheen (2015) Monitor JeugdzorgPlus: dagbesteding uitgelicht. (*Monitor closed youth care: spotlight on day spending*). Rotterdam: IVO

Researchers

C Barendregt MSc (researcher), LGM Raaijmakers MSc (researcher), EG Wits MSc (project leader)

In collaboration with: Parlan/Transferium (Alkmaar), Het Poortje (Groningen), Intermetzo (Eefde)

Term: September 2014 – June 2015

Financing: Netherlands Organization for Health Research and Development (*ZonMw*)

33 Evaluation 'Nieuwe Energie' (New Energy)

Aim and research questions

The "Nieuwe Energie" (New Energy) is a low-threshold centre for social relief in the city of Leiden; its main function is to offer shelter for homeless citizens. The centre is part of a larger organisation for social relief in Leiden and surrounding areas. Since 2012 the approach to social relief of the Nieuwe Energie has gradually transformed to a recovery-based approach. The basis of the transformation includes offering regular meals and the obligation of clients to participate in one of the activities offered by the Nieuwe Energie, e.g. catering, cleaning, street sweeping, and small jobs offered by the organisation for labour reintegration. Another part of the transformation is the opening of consumption rooms for hard drugs and cannabis, and adaptation of the house rules of the existing alcohol consumption room to the house rules of the drug consumption rooms. The departure of a wood workshop in the building of the Nieuwe Energie offered the opportunity to construct nine

individual rooms in the building. These rooms are destined for temporary occupation by users of the night shelter who have prospects of finding regular housing. One of the hot topics involves the question as to whether or not the tenants are entitled to use psychoactive substance in their rooms. The aims of the study are to: examine how the consumption room functions and its effect on the visitors; examine changes in the outdoor situation that have led to the opening of the consumption rooms; to examine the policy and house rules regarding the individual rooms; and to investigate how these things are viewed by the stakeholders.

Methods

In three waves data were collected among visitors (semi-structured interviews, questionnaires) and staff (semi-structured interviews), as well as focus group interviews with staff and visitors, and collaborating external parties (semi-structured interviews). On four occasions the research team informed a working group consisting of clients, staff and management of the Nieuwe Energie, supplemented with external partners (addiction care, mental health and municipality) about the results and reflected on the implications.

Results

The subsequent waves of data collection revealed that regular visitors of the Nieuwe Energie appreciate both the free meals and the obligation to perform small jobs in return. The outdoor situation is viewed as undesirable, but inevitable. According to the visitors the outdoor situation has substantially improved since the prohibition of substance use has been enforced, and the drug consumption rooms have opened their doors. Users of the consumption room like the opportunity for safe use and the opening hours; however, the hours do not match bedtime hours of the night shelter. At the time of the last wave of data collection, the opening hours seamlessly matched. The opening of the individual rooms faced considerable delay but they are now highly appreciated by the tenants. Consumption of drugs and alcohol in the rooms is tolerated by the staff and has not led to any incidents so far. Tenants note that staff members have little time to respond to their worries and questions regarding their transit to regular housing. At the time of the third wave of data collection, the outdoor situation had improved even more. Due to a combination of enforcement and care, hardly any nuisance related to substance use has been reported by neighbours.

Output

Barendregt C, E Wits (2015) *Transformaties in de Nieuwe Energie. (Transformation New Energy)*. Rotterdam: IVO

Researchers

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In collaboration with: Binnenvest Foundation

Term: July 2013 - March 2015

Financing: Binnenvest Foundation (*Stichting de Binnenvest*), Municipality of Leiden

Other

34 Bridging the gap between science and practice Vulnerable youth in major cities

Aim and research questions

The aim of this project is to map the match between vulnerable youth and their environment. The main research questions are:

- What are the characteristics and needs of vulnerable youth?
- What are the available resources of help, care and counselling?
- To what extent is there a fit between the needs of vulnerable youth and the help they (can) receive?
- How can this fit be improved?

Methods

The project consists of four work packages and encompasses both a qualitative and a quantitative approach.

The first work package consists of mapping vulnerable young people in their urban environment. Semi-structured interviews will be conducted with adolescents and one of their parents, in order to obtain profiles of vulnerable youth and to gain more insight into factors underlying visible problems. Furthermore, an inventory will be made of (local) policy programs and interventions aimed at vulnerable youth. The second work package will gain insight in the fit between vulnerable youth and society. The aim is to evaluate whether there are any gaps, whether certain approaches fit better with certain profiles of vulnerable youth, and where adjustments in policies may be needed. In the third work package, new approaches will be developed or existing policies or interventions will be adapted in order to improve the fit. The fourth work package will consist of the implementation of these new approaches and the evaluation of the effectivity thereof through a randomized controlled trial or quasi-experimental design.

Results

First results expected in 2017.

Output

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Researchers

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In collaboration with: Erasmus University Rotterdam
Term: October 2015 – September 2020
Financing: Research Excellence Initiative 2014, Erasmus University Rotterdam, IVO

35 ST-RAW: Academic Workplace Transformation Youth Care

Aim and research questions

ST-RAW is the Rotterdam Academic Workplace for the youth care chain. Together with partners from practice, policy, education and science, ST-RAW aims to provide youth care partners and the municipal youth policy in Rotterdam with a solid knowledge base. In ST-RAW, research serves as a knowledge generator. IVO is one of the research partners within ST-RAW.

ST-RAW's central theme is to increase people's own strength (*eigen kracht*). To achieve this, the following five sub-projects are performed to increase, disseminate and apply appropriate knowledge in daily practice:

1. Are we doing the right things to increase the own strength of youth and their families?
2. Space for direction: development, implementation and evaluation of tools for professionals who work in so-called neighborhood teams (*wijkteams*).
3. Boundaries of own strength: examination of characteristics of vulnerable clients in youth care, e.g. youth with a mild intellectual disability and youth with psychiatric problems and/or an addiction, and evaluation of solution-oriented approaches to improve own strength of these vulnerable persons.
4. The power of prevention: examines and discusses preventive parenting support at neighborhood level and the use of formal and informal networks.
5. Reflective practitioners: by combining scientific knowledge with practical experience, professionals are equipped with knowledge and skills for current and future positions in the youth care chain.

IVO participates in sub-projects 1 and 3.

Methods

In both sub-projects, IVO sets up a Community of Practice (CoP) as a form of action research. Action research is a methodology in which researchers and their subjects (youth care clients, their social network, youth care professionals) closely cooperate in examining and finding solutions for potential bottlenecks ('what can be improved') in order to achieve social change (Reason et al. 2007). Participants in a CoP learn with each other and from each other; it is an open way of learning and developing (Wenger, 1998). Each CoP meets six times over a period of one year. Although the specific bottlenecks addressed in the CoP are determined in the first meeting of the CoP, they are related to how to improve people's own strength and/or how to improve client satisfaction in youth care. During the one-year period in which the CoP operates, potential solutions are applied in the local situation, evaluated in a subsequent meeting, adapted if necessary, and so on.

The CoP meetings are organised by a researcher in collaboration with one of the professionals participating in the CoP. The researcher makes a report of every meeting, which serves as input for the subsequent meeting. After the six meetings, the researcher makes a final report which summarizes the bottlenecks encountered and the solutions found. These findings are then disseminated within the ST-RAW network. The ultimate goal of a CoP is that it continues after the six meetings with the researcher, as an independent learning network that aims to continuously improve the situation in daily practice.

Results

Not yet available.

Output

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Researchers

Vacancy (researcher), G Rodenburg PhD (project leader)

In collaboration with: Municipality of Rotterdam, Hogeschool Rotterdam, Inholland Hogeschool, Centrum voor Jeugd en Gezin Rijnmond, PBR, Pameijer, Yulius Academie, Horizon Jeugdzorg en Onderwijs, Jeugdbescherming Rotterdam Rijnmond, Erasmus MC and Erasmus University Rotterdam

Term: September 2015 – August 2019

Financing: Netherlands Organization for Health Research and Development (*ZonMw*)

36 Reduce chronic benzodiazepine use in primary healthcare setting

Aim and research questions

It is estimated that 1.5 to 3.5% of an average general practice population has chronic use of benzodiazepines. However, the national medical standard (NGH M23) prescribes that benzodiazepines should not be used for longer than 2 weeks in case of sleeping problems, and no longer than 3 months in case of anxiety problems. This study aims to develop and test an intervention to reduce chronic use of benzodiazepines. The intervention involves primary healthcare centers in which general practitioners and mental health workers (POG-GGZ) collaborate. The intervention consists of: a so-called 'stop letter' urging patients to stop using medication with the advice to taper-off use, and an invitation to visit the mental health worker to discuss reduction of use. The mental health workers deploy motivational interviewing techniques, and offer patients a booklet that supports the effort to reduce/stop use. The implementation and effects of the intervention are monitored.

Methods

The development of the intervention is based on existing practices. The 'stop letter' is a standard tool available for general practitioners. In this intervention the mental health workers play a pivotal role. After participating in tailored training in motivational interviewing, they undertake the consultations that follow receipt of the letter. During the consultation, they introduce the booklet to the patient and support their efforts to reduce/stop use. Follow-up consultations that may occur are not part of the intervention, but will be estimated as an effect. Eight primary healthcare centers will take part and together will approach a total of about 200 patients.

The evaluation study consists of a formative part and a summative part. Data for the formative evaluation are collected via semi-structured interviews with mental health workers and patients. The summative evaluation is performed by monitoring the response to the intervention of the selected patients. Outcome measure is the benzodiazepine prescription 6 months after the intervention.

Results

Expected in 2016

Output

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Researchers

G Rodenburg PhD (project leader), C Barendregt MSc (researcher)

In collaboration with: Tactus addiction treatment (*Tactus verslavingszorg*), Progez

Term: August 2015 - October 2016

Financing: Netherlands Organization for Health Research and Development (*ZonMw*)
Mental Health Fund (*Fonds Psychische Gezondheid*), Antonia Wilhelmina Fund
(*Antonia Wilhelmina Fonds*), Scoring Results (*Resultaten Scoren*)

37 New roads to a healthy neighbourhood (Part 1). Improving the health status of vulnerable families

Aim and research questions

Almere is a 40-year old city; it has a population of approximately 200,000 inhabitants and is still expanding. One of the newer parts of the city (Almere-Poort), doubled its population (up to 10,000) by end 2015. The side-effects of this fast growth is a lack of social services and informal support networks. Aim of the study is to acquire a social 'snapshot' of this part of the city, focusing on vulnerable families. The snapshot serves as a starting point to develop an action plan to empower vulnerable families to make healthy lifestyle choices.

Methods

The study is based on rapid assessment and response methodology. First, municipal and regional statistics were collected, then telephonic and face-to-face semi-structured interviews were conducted among local professionals in the educational and social field. This phase was concluded by focus group interviews with the professionals that were interviewed. The next step concentrated on recruiting and interviewing vulnerable families, tailored down to single-parent families. All were interviewed at home using a structured questionnaire with open-ended questions. Issues addressed included: income, debts, parenting stress, support needs, and lifestyle (eating, drinking, smoking).

Results

These first steps revealed that the most vulnerable families were single-parent families, and families that faced high debts as due to unemployment in combination with high housing costs (mortgage). With the aid of a focus group of professionals (previously interviewed), the choice was made to concentrate on single-parent families as their deprived situation seems to be the most structural. A team of five interviewers, consisting of three (volunteer) inhabitants and two social workers, conducted 23 structured interviews with single parents (except for one female), aged 22 to 53 years. Eleven parents have one child, and nine parents have three children. Many parents suffered from financial stress and substantial parenting stress. They expressed a need for both formal and informal parenting support. Financial stress was mostly expressed in relation to the limited leisure opportunities for their children. Healthy lifestyle issues were mainly related to food intake and (lack of) physical activities. Average BMI of the parents is 24.9 (SD 3.6) which is the upper limit of the healthy zone (18.5-25). Nine parents were overweight, and three were obese (BMI >30). This snapshot served as the basis for an action plan that has been submitted to Fund NutsOhra for financial support. If the plan is accepted, part 2 of the project will be launched in June 2016.

Output

Barendregt C, E Wits, D van de Mheen (2016) *De Poort open voor een gezonde wijk, een startfoto van gezinnen met gezondheidsachterstanden in Almere-Poort. (The Poort open for a healthy neighborhood , a quick picture of families with health inequalities in Almere Poort.)* Rotterdam: IVO

Researchers

Cas Barendregt MSc (researcher), Elske Wits Msc (project leader)

In collaboration with: De Schoor, Almere (social work), GGD Flevoland (regional public health authority), Tactus Verslavingspreventie (*addiction care and prevention*)

Term: June 2015 - January 2016

Financing: Fund NutsOhra (*Fonds NutsOhra*)

38 Out of debts in a different way: what works for people with an addiction? Innovative interventions examined

Aim and research questions

Having debts is associated with reduced mental and physical health, but relatively few studies have examined financial problems among people with an addiction.

Vulnerable groups, such as people with an addiction, are often poorly served in regular debt assistance. However, with some regularity, reports do appear about alternative, innovative plans and interventions around debt problems. These plans often offer new potential solutions, which may also be applicable to specific vulnerable groups such as people with an addiction. Nevertheless, a clear overview of these plans and interventions is lacking, as well as understanding and comparison of the potential (cost)effectiveness, feasibility, ethics and the long-term effect (prevention of relapse) of such interventions. More insight in these aspects can offer clues for solutions to debt problems among people with an addiction.

The goal of this project is threefold:

1. Examining two subgroups of people with debts and an addiction: 1) people with substance use problems (alcohol/drugs), and 2) people with gambling addiction;
2. Mapping of innovative interventions and solutions to debt problems for people with an addiction with attention to (cost-)effectiveness, feasibility, ethics and the long-term effect (prevention of relapse) of interventions; and
3. Developing plans for possible interventions for people with debts and addiction.

Methods

Semi-structured interviews were conducted with 16 people with debts and an addiction, and with 10 experts (researchers, project leaders, workers in addiction care, workers in debt assistance). Topics in the interviews with people with debts and an addiction included the reasons they experience debts, whether their addiction was a cause or consequence of the debts, and what they perceive as a solution for their debt situation. Topics in the interviews with the experts included the relation between debts and addiction, promising interventions targeting debts among people with an addiction, and effective elements of such interventions.

An expert meeting will be organized to test the intervention on (cost-)effectiveness, feasibility, ethics and the long-term effect (prevention of relapse) as well as to examine the possibility to follow-up on the plans for possible interventions with the participation of parties involved in the expert meeting.

Results

Expected in 2016.

Output

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Researchers

B van Straaten MSc (researcher), G Rodenburg PhD (project leader)

Term: June 2015 – February 2016

Financing: Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*)

39 Dissemination and Implementation Impulse (VIMP) Child Abuse**Aim and research questions**

One of the major factors in the failure of tackling child abuse is the inadequate training of professionals who have to deal with child abuse. Implementation of project results through dissemination of knowledge about education (guide) and/or developing training courses on child abuse in the medical, educational and (youth) care field is therefore the subject of this VIMP proposal.

The aim is to develop and implement post-graduate continuing education offerings for three medical professions. First, the pediatrician, the doctor and the emergency physicians. The choice of these groups is primarily determined by the place of these health professionals in caring for the child and secondarily by the size of the professional groups.

Methods

We will start a pilot with the young doctors. In addition, we are in line what is specified in the revised directive 'Secondary prevention of child abuse'.

The competencies required to be filled by content domain. Once the domain-specific competencies are set for the pediatrician, start the next phase in which these competencies are translated into teaching modules. Education will not focus primarily on knowledge, but rather on skills and competencies (integration of knowledge and skills). If the modules are adopted, will be tested in a larger group of young doctors how great the need for this specific training modules . That review will take place to get such best possible match between supply and demand. Finally, a curriculum will be developed in line with the established domain-specific competencies.

Results

The end product is an education for young doctors in which domain specific skills can be taught in small-group teaching. Youth physicians will serve as a pilot for the first half year in the expectation, these two routes will run smoother and start parallel (emergency physicians , general practitioners).

Output

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Researchers

Prof H van de Mheen PhD (projectleader), EM van der Putte PhD (projectleader UMC Utrecht), IMB Russel PhD (researcher UMC Utrecht), N Turner PhD (researcher UMC Utrecht)

In collaboration with: Utrecht Medical Center (*UMC Utrecht*)

Term: June 2015 – December 2016

Financing: Netherlands Organization for Health Research and Development (*ZonMw*)

40 Increase the reach of preventive interventions among informal caregivers and employed persons

Aim and research questions

Psychological disorders such as depression, burn-out and alcohol misuse are common. Many early treatment interventions have been developed to prevent and treat those disorders. However, specific target groups, such as informal caregivers and employees on sick leave, are not sufficiently reached to benefit from these interventions.

This project aims to develop a decision tool for intermediate service providers that helps them to refer their clients to the most appropriate form of (early) treatment. The decision tool is informed by the preferences of informal caregivers and employees on sick leave concerning issues related to recruitment, communication and organization of the (early) treatment intervention. The main question of the project is 'What preferences of informal caregivers and employees make them want to accept an (early) treatment intervention?'

Methods

A conjoint analysis is applied to identify preferences of each target group. Two research panels were compiled: one of informal caregivers and one of employees on sick leave. In the first step the panels reviewed and selected a long list of attributes related to an intervention. In the second step the panels score vignettes of treatment offers regarding their appropriateness. With the aid of regression analysis the most important features of a treatment offer are selected and integrated in a tentative decision tool. As the project proceeded the concept of a decision tool was abandoned in favor of an interactive web-based inspiration tool. This type of tool seems more appropriate to serve the many situations health prevention workers find themselves in. Rather than a merely rational 'pro and con' decision tool, the inspirational tool is based on a narrative approach. It invites the user to play with considerations regarding the choice and implementation of preventive interventions. The information collected in the first part of the project will still serve as data that informs the interactive inspiration tool.

Output

Barendregt C, E Wits, G Rodenburg (2015) Passende interventies ter preventie van overbelasting en depressie bij mantelzorgers. Bepalen van voorkeuren van mantelzorgers via een conjunctanalyse.

(Appropriate interventions to prevent overload and depression in caregivers. Determining preferences of carers through a conjoint analysis). Rotterdam: IVO (interne publicatie)

Barendregt C, E Wits, G Rodenburg (2015) Passende interventies ter preventie van depressie, burnout en alcoholmisbruik bij werknemers. Bepalen van voorkeuren van werknemers via een conjunctanalyse. *(Appropriate interventions to prevent depression, burnout and alcohol abuse among workers. Determining employee preferences through a conjoint analysis).* Rotterdam: IVO (interne publicatie)

Inspiration tool (Trimbos Institute) expected in 2016

Researchers

C Barendregt MSc (researcher), J Bommele MSc (researcher), G Rodenburg PhD (researcher), EG Wit MSc (project leader)

In collaboration with: Trimbos Institute

Term: April 2014 - December 2015

Financing: Netherlands Organization for Health Research and Development (*ZonMw*)

41 Retraining approach bias in forensic sexual offenders and sexual addicts

Aim and research questions

Within the forensic health services there is demand for objective assessment tools. This study tests an instrument designed to measure approach bias towards sexual stimuli. It is hypothesized a stronger approach bias will be found among sexual offenders in forensic health care and among clients in treatment for sex addiction, compared to normal controls. A second aim of the study is to test an intervention designed to reduce approach bias. It is hypothesized that the intervention, in comparison to the placebo intervention, will lead to a reduction in approach bias. Secondary objectives are to test whether the training reduces sexual preoccupation and sexual behaviors, and to test whether these reductions are related to a reduction in approach bias.

Methods

The investigation consists of an observational study focusing on the assessment of the approach bias and an experimental, double-blind placebo-controlled study to evaluate the retraining of the approach bias. The study population consists of 52 male sex offenders (aged 18-65 years) who are receiving forensic treatment at de Waag (Centre for Outpatient Forensic Psychiatry), and 52 male clients (aged 18-65 years) who are receiving treatment for a sex addiction at the addiction treatment center Victas.

Approach bias is assessed using the Stimulus Response Compatibility task (SRC) and the Approach Avoidance task (AAT). The intervention is a so-called 'avoidance training' in which the participants

see sexual images and control images which have to be pushed away or pulled towards themselves depending on the condition.

Results

First results are expected in summer 2016.

Output

Three papers to be submitted to international peer-reviewed journals.

Researchers

GJ Meerkerk PhD (researcher), G Rodenburg PhD (project leader), E Wever MSc (researcher, De Waag), O Smid PhD (advisor, De Waag), J van Horn PhD (project leader, De Waag), G de Weert PhD (advisor, Victas)

In collaboration with: Centre for Outpatient Forensic Psychiatry (*De Waag*), Victas addiction care Utrecht, University of Amsterdam

Term: October 2014 - August 2016

Financing: Quality Forensic Care program (*KFZ: Kwaliteit Forensische Zorg*)

42 Sam Sam Together Strong

Aim and research questions

Increasingly our society demands active citizenship. With this idea in mind the municipality of Rotterdam participated in a European cross-border project (Snapp; Safer Neighbourhood Approach) addressing safety and health issues at neighbourhood level. IVO was asked to develop an instrument that gathers information from citizens on the subject of civic participation and at the same time stimulates them to contribute to a healthier and safer neighbourhood, focusing on children and teenagers. The instrument should take form of a questionnaire-driven interview with closed and open-ended questions.

Methods

The neighbourhoods Spangen and Oud-Charlois were selected to participate in the project. Selection criteria included a certain level of social deprivation, presence of a relatively high number of children and a social work organisation willing to cooperate in the project. A questionnaire was designed that enabled the interviewers to have a conversation about the neighbourhood and the level of participation of the respondent. A separate questionnaire was designed, enumerating lists of activities, on which respondents could score whether they would be willing to help others with the activity (e.g. language skills, shopping, household jobs), whether they might need help themselves, and if they would like to participate in activities with neighbours (e.g. go for a walk, drink tea/coffee). Respondents were asked permission to share this separate activities list with the social work

organisation. In order to measure whether the interview has led to behaviour change (i.e. activation of the respondent) a follow-up interview was planned four weeks after the initial interview.

In Spangen the social work partner provided social work students as interviewers and in Oud-Charlois volunteers were recruited with the aid of our social work partner. In Spangen interviewers went door-to-door to recruit participants in the study and in Oud-Charlois a chain referral recruitment method was applied.

Results

In Spangen 37 residents took part in the study. The door-to-door recruitment strategy proved to be time consuming and challenged the interviewers' motivation. At some point this strategy was supplemented with personal recruitment from the network of the social work organisation. In Oud-Charlois 42 residents participated. The initial zero-stage sample had to be expanded with people from the network of researchers and interviewers in order to start new referral chains. Although we yielded convenience samples, from a demographic point of view the samples roughly reflect the actual neighbourhood situation as known from official statistics.

Results from the questionnaires suggest that in the Spangen sample more residents do voluntary work and are more willing to participate in neighbourhood activities than in Oud-Charlois. However, in Oud-Charlois twice as many people agreed to have a second interview and almost twice as many people gave permission to share the activities list with social work. The second interviews show that the first interview did not lead to any substantial change in the level of neighbourhood involvement. The first interviews did raise awareness about neighbourhood issues, although, this was mostly in a negative sense.

Output

Hammink H, C Barendregt, E Wits (2015) Developing and testing an instrument for community based research empowering residents to participate in their neighbourhood. Rotterdam: IVO

Hammink H, C Barendregt, E Wits, D van de Mheen (2015) Ontwikkeling van een instrument voor participatief buurtonderzoek. Verloop van het project SamSam Samen Sterk in Spangen en Oud-Charlois. (*Developing an instrument for a participative neighbourhood survey. Course of the SamSam Together Strong project in Spangen and Oud-Charlois*). Rotterdam: IVO

Hammink H, C Barendregt, E Wits, D van de Mheen (2015) Ondersteuning voor en door buurtgenoten in Spangen. (*Mutual support for fellow residents in Spangen*). Rotterdam: IVO

Hammink H, C Barendregt, E Wits, D van de Mheen (2015) Ondersteuning voor en door buurtgenoten in Oud-Charlois. (*Mutual support for fellow residents in Oud-Charlois*). Rotterdam: IVO

Researchers

AB Hammink MSc (researcher), C Barendregt MSc (researcher), EG Wits MSc (project leader)

In collaboration with: DOCK Charlois, Zowel! Delfshaven
Term: September 2014 – May 2015
Financing: Municipality of Rotterdam/Snapp

43 Development Master Protocol maintenance

Aim and research questions

After a certain period of time, products which are developed from Scoring Results on the basis of the Master Protocol (MP), such as guidelines and interventions, should be updated or revised. There is no given time period for updating a product; it depends inter alia on the extent to which a product is used in practice. Sometimes, products are no longer relevant through the emergence of new insights. Scoring Results wants a 'Master Protocol Maintenance' which helps to make a reasoned and insightful consideration of which product is in most need for revision. The protocol also needs to describe how to update or revise the product.

Also, the current MP (drafted by the IVO in 2007) needs an update and addition. The MP is an important document for Scoring Results which provides a guideline for the development of protocols, guidelines and knowledge documents for the addiction care. In 2007, the protocol was adapted to other protocols and guidelines, such as the Multidisciplinary Guidelines of the CBO and the quality requirements of the Accreditation Commission of the Ministry of Justice. Since then, some developments have occurred which should be reflected in the MP.

Aim of the project is twofold:

- Forming of an MP Maintenance and a decision index to prioritize products which need maintenance.
- Complementation and (at some points) slight revision of the current MP (revision light).

Methods

A literature review is performed to identify existing guidelines for the maintenance of guidelines and protocols. In addition, six semi-structured interviews are conducted with experts in the field.

Results

In 2015 a revised MP, a decision index and a roadmap for reviewing products were delivered.

Output

Masterprotocol. Handleiding voor de ontwikkeling van producten (protocollen, richtlijnen en kennisdocumenten) voor de verslavingszorg (Herziene versie 2015) (*Master Protocol. Manual for the development of standards (protocols, guidelines and information documents) for addiction treatment services. Revised version 2015*). Amersfoort: Resultaten Scoren.

Researchers

L Raaijmakers MSc (researcher), EG Wits MSc (project leader)

Term: April 2013 – June 2015

Financing: Scoring Results Foundation: Knowledge Centre on Addiction

5. Collaboration

Participation in research schools/collaboration universities

IVO collaborates with several research schools, in which several universities are represented: The Nihes (Netherlands Institute for Health Science, Rotterdam), Tranzo (Research Program Transformation in Care, Tilburg), CAPHRI, (School for Public Health and Primary Care, Maastricht) and the Behavioural Science Institute (Radboud University Nijmegen).

External affiliations and representations

Together with the AIAR and the Trimbos Institute, IVO organizes the annual congress FADO (Forum Alcohol and Drug Research).

In the field of international cooperation, IVO plays an active role in the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, the Addiction Forum, the European Society for Social Drug Research (ESSD), the European Consortium for Alcohol Research Centres Study the ECAS (European Comparative Alcohol Study) and the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction).

Prof. Dr. H van de Mheen (Director of Research & Education) is a member of the scientific advisory board of the National Drug Monitor. Since 2009 she is chairman of the supervisory board of the IVZ Organization Care Information Systems (Stichting Informatievoorziening Zorg). She is a member of the editorial board of the Journal of Addiction (Tijdschrift Verslaving), member of the ZonMw program committee "Healthy strength"(Gezonde Slagkracht), member of the coordinating board of "Scoring Results" (Resultaten Scoren), and jury-member of the SAB-award for alcohol temperance projects. She is member of the advisory board of Novadic-Kentron Addiction Care, the Scientific advisory board of Mondriaan Mental Health Care and the Scientific advisory board of U-Center, Clinic for Mental Health and Addiction. Since 2015 she is member of the advisory board of the National Gambling Authority (Kansspelautoriteit). She is participant in the international projects: GENACIS (European project on Gender, Alcohol and Culture Genacis); Consortium Up to date (Use of psychoactive substances u adults: Prevention and Treatment by General practiOners and occupational physicans. DATa RetriEval); and Alice RAP (Addictions and Lifestyles in Contemporary Europe – Reframing Addiction).

6. Organization

Staff

Miranda J Audenaardt	0,7	Director Business Affairs	until 16-09	audenaardt@ivo.nl
prof dr Dike van de Mheen PhD	1,0	Director Research & Education		vandemheen@ivo.nl

Support

Cindy TJC van der Ent	0,6	Secretary		secretariaat@ivo.nl
Robert Koops	0,6/0,7	Main accounting / Controller	change from 01-10	koops@ivo.nl

Research

Cas Barendregt MSc	0,8	Researcher		barendregt@ivo.nl
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Alice B Hammink MSc	0,8	Researcher		hammink@ivo.nl
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Gert-Jan Meerkerk PhD	0,8	Coordinator Education		meerkerk@ivo.nl
Lieke GM Raaijmakers MSc	0,7	Researcher	from 15-02 until 30-04	raaijmakers@ivo.nl
Gerda Rodenburg PhD	0,8	Researcher / Research coordinator	change from 01-03	rodenburg@ivo.nl
Tony AJ van Rooij PhD	0,8	Researcher	until 31-03	rooij@ivo.nl
Tim M Schoenmakers PhD	0,95/0,1	Research coordinator	until 30-04	schoenmakers@ivo.nl
Michelle Snelleman MSc	0,9	PhD student	until 14-03	snelleman@ivo.nl
Linda Spingvloet MSc	0,6	Researcher	from 14-04 until 13-07	springvloet@ivo.nl
Barbara van Straaten MSc	0,8	PhD student / Researcher	change from 01-05	straaten@ivo.nl
Elske G Wits MSc	0,8	Coordinator Advice and Implementation		wits@ivo.nl

Total fte's Researchers + PhD's 2015:	7,1
- Total fte's Researchers 2015:	6,1
- Total fte's PhD's 2015:	1,0
Total fte's Support 2015:	1,7

Research assistants

During 2015 several research assistants were employed on short-term activities;

Wouter Haverkort from 01-02 until 30-06

Michelle Snelleman from 01-02 until 31-07

Suzanne Agnes from 01-03 until 31-12

Monica Walhout from 01-09 until 31-12

7. Publications

International scientific

Ansem WJ van, CT Schrijvers, G Rodenburg, D van de Mheen (2015) Children's snack consumption: role of parents, peers and child snack-purchasing behaviour. Results from the INPACT study. *The European Journal of Public Health*. doi:10.1093/eurpub/ckv098

Bommel  J, M Kleinjan, TM Schoenmakers, WJ Burgk, R van den Eijnden, D van de Mheen (2015) Identifying subgroups among hardcore smokers: a latent profile approach. *PLoS ONE*, 10 (7): e0133570. doi:10.1371/journal.pone.0133570

Bos K van den, EA Lind, J Bommel , SDJ VandeVondele (2015) Reminders of behavioral disinhibition increase public conformity in the Asch paradigm and behavioral affiliation with ingroup members. *Frontiers in Psychology*, 6:837. doi:10.3389/fpsyg.2015.00837.

Choenni V, A Hammink, D van de Mheen D (2015) Association between Substance Use and the Perpetration of Family Violence in Industrialized Countries: A Systematic Review. *Trauma, Violence, & Abuse* August 2015, DOI: 10.1177/1524838015589253

Dupont HB, P Lemmens, G Adriana, D van de Mheen, NK de Vries (2015) Developing the Moti-4 intervention, assessing its feasibility and pilot testing its effectiveness. *BMC Public Health* 2015;15:500, doi:10.1186/s12889-015-1826-y

Goeij MCM, M Suhrcke, V Toffolutti, D van de Mheen, TM Schoenmakers, AE Kunst (2015) How economic crises affect alcohol consumption and alcohol-related health problems: a realist systematic review *Social Science & Medicine* 2015;131:131-146

G rtler D, HJ Rumpf, A Bischof, N Kastirke, GJ Meerkerk, U John, C Meyer (2015) Psychometrische Eigenschaften und Normierung der deutschen Version der Compulsive Internet Use Scale (CIUS). *Diagnostica*, 61(4), 210–221. doi:10.1026/0012-1924/a000127

Labree LJW, H van de Mheen, FFH Rutten, G Rodenburg, GT Koopmans, M Foets (2015) Sleep duration differences between children of migrant and native origins. *Journal of Public Health*, 23(3), 149–156. doi:10.1007/s10389-015-0665-8

Labree W, D van de Mheen, F Rutten, G Rodenburg, G Koopmans, M Foets (2015) Differences in Overweight and Obesity among Children from Migrant and Native Origin: The Role of Physical

Activity, Dietary Intake, and Sleep Duration. PLOS ONE, 10(6), e0123672.
doi:10.1371/journal.pone.0123672

Luijten M, GJ Meerkerk, IHA Franken, BJM van de Wetering, TM Schoenmakers (2015) An fMRI study of cognitive control in problem gamers. Psychiatry Research: Neuroimaging, 231(3), 262–268.
doi:10.1016/j.psychres.2015.01.004

Rooij AJ van, TM Schoenmakers, D van de Mheen (2015) Clinical validation of the C-VAT 2.0 assessment tool for gaming disorder: A sensitivity analysis of the proposed DSM-5 criteria and the clinical characteristics of young patients with 'video game addiction'. Addictive Behaviors
<http://doi.org/10.1016/j.addbeh.2015.10.018>

Snelleman M, TM Schoenmakers, D van de Mheen (2015) Attentional bias and approach/avoidance tendencies do not predict relapse or time to relapse in alcohol-dependency. Alcoholism: Clinical and Experimental Research 39 (9), 1734-1739

Straaten B van, G Rodenburg, J van der Laan, SN Boersma, JRLM Wolf, D van de Mheen (2015) Substance use among Dutch homeless people, a follow-up study: prevalence, pattern and housing status. The European Journal of Public Health. doi:10.1093/eurpub/ckv142

Straaten B van, G Rodenburg, J van der Laan, SN Boersma, JRLM Wolf, D van de Mheen (2015) Self-reported care needs of Dutch homeless people with and without a suspected intellectual disability: a 1.5-year follow-up study. *Health & Social Care In the Community*. doi: 10.1111/hsc.12287

Further scientific

Hammink A, M Cobussen, S van Ruiten-Verkuijl, S van Arum, M Visser, I de Graaf, D van de Mheen (2015) Veiligheid van kinderen boven alles. Intersectoraal samenwerken met Veilig, Sterk en Verder. *Kind & Adolescent Praktijk* 2015;14(3):28-34

Rooij AJ van, TM Schoenmakers, D van de Mheen (2015) Assessment van gameverslaving in de klinische praktijk met de C-VAT 2.0. *Verslaving. Tijdschrift over verslavingsproblematiek* 2015;11(3):184-197

Schoenmakers TM, AJ van Rooij, D van de Mheen (2015) Internet-gerelateerde verslavingen bij jongeren. *TSG Tijdschrift voor Gezondheidswetenschappen* 2015;93:91-92

Book Chapter

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