

The logo for IVO, consisting of the letters 'I', 'V', and 'O' in a bold, sans-serif font. The 'O' is stylized as a blue circle with a white dot in the center, resembling an eye or a lens. The letters are contained within a white rounded rectangular frame with a thin blue border.

IVO

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

# Annual Report

2013



# Annual Report 2013



# **IVO**

# **ADDICTION RESEARCH INSTITUTE**

ANNUAL REPORT 2013

IVO  
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# 1. Foreword

## **We present the Annual Report IVO 2013**

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 50 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 & Miranda Audenaardt  
IVO 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 50 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**

AG Rijntjes PhD (independent chairman)  
A Vreeken LL.M (representative of the Volksbond Foundation Rotterdam and treasurer)  
Prof JP Mackenbach PhD (representative Erasmus Medical Center)  
GJJ Prins MSc (independent member)  
S Buijs MD (independent member)  
P Broedelet LL.M (independent member)

## **Board of Directors**

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Mrs MJ Audenaerd (Director Business Affairs)

## **Scientific Advisory Board**

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Prof RTJM Janssen PhD (Victas Addiction Care/University of Tilburg)  
Prof G Gmel PhD (Swiss Institute for the Prevention of Alcohol and Other Drug Problems)  
Prof RJ van der Gaag PhD (UMC Radboud University Nijmegen)  
Prof T Decorte PhD (Institute for Social Drug Research Ghent University)  
O de Zwart PhD (Municipal Health Authority Rotterdam-Rijnmond)

## **Scientific Chairs**

Two chairs are established related to the IVO: at the Erasmus University (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. Furthermore, for new addictions (e.g. internet, gaming and risky eating behaviors) as well as for 'established' addictions (smoking, alcohol, drugs), the development of prevention and

treatment methods will be further explored.

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 from 4,200 to 10,600. 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.

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 can 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. On a smaller scale, but very popular in the Rotterdam region, are the IVO Seminars which are organized about two times a year (for more information on the IVO seminars see below).

Education about substance use and addiction is structurally embedded in only 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 interns, IVO realized the following educational activities in 2013:

- Development of the Minor Addiction 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
- Lectures in the course 'Physician and Public health' 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
- Participation in the development and implementation of the module Public Health for the 'Profielopleiding verslavingspsycholoog' (ProVP) (training addiction psychologist) for health psychologists (<http://www.spon-opleidingen.nl/Profiel-opleidingen/Verslavingspsycholoog/>)
- 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

# IVO Seminars 2013

## Youth and social media

Januari 29th, 2013

### Speakers

AJ van Rooij (IVO, researcher), R van den Berg MSc (Youngworks, replacing Michiel Stadhouders)  
L van Duin MSc (IVO, researcher)

### Introduction

Almost all of Dutch adolescents are active on the Internet. Moving beyond personal computers and laptops, the use of smartphones has massively increased between 2010 and 2012. This results in many questions for educators and parents about (mobile) internet use. What is normal use and when does it qualify as being problematic?

In the context of internet-related problems, the word 'addiction' is easily used; the press regularly mentions Twitter junkies and social media addicts. In this seminar, three experts reflected on the issues of internet use and 'addiction' among adolescents.

First, Tony van Rooij (IVO) presented results from the 2012 Monitor Study Internet and Youth. This included the issue problematic use. Main findings were the explosive increase in Twitter and mobile phone use. The finding that social media use is often considered to be problematic by adolescents themselves was also presented. This opens the door to a more in-depth debate on the possibility of 'social media addiction'.

Rutger van den Berg (Youngworks) presented more qualitative data on the current generation of adolescents. Trends and hypes were mentioned – including 'swag', 'shirtOS', and various other new developments. His presentation took the form an entertaining interactive quiz.

Laura van Duin (IVO) presented international data from the European IVO study into internet addiction. She discussed internet country comparisons, in which it seems that the Netherlands do not score highest on Internet addiction (Spain), but do not score lowest either (Iceland).

### Conclusion: introduction of the new Center for Behavioral Internet Science

In closing, prof. Dike van de Mheen formally introduced the Center for Behavioral Internet Science, the new label under which the IVO activities in the area of internet research are to be placed in the future. The related website was expanded in 2013 and can be accessed through [internetscience.nl](http://internetscience.nl) and on twitter at @internetsci.nl

More information, including the presentations can be found at the following location:

<http://internetscience.nl/seminar-over-sociale-media-en-internet/>

## Problematic debts among vulnerable youth

October 10th, 2013

### Speakers

C Barendregt (IVO, researcher), P van Heijst (senior researcher at Hogeschool Utrecht, faculty Participatie en Maatschappelijke Ontwikkeling), F Schutte (project leader Rotterdam municipality, vulnerable youth and problematic debts)

### Introduction

Following the publication of the IVO research report on debts among vulnerable youth, this seminar was organised to share results with relevant stakeholders and interested third parties, and to reflect on

the implications. Attention for this topic fits the trend observed in the broader population of adolescents, in that a quarter of them reports having difficulties with coping financially.

### **Presentation of research**

Cas Barendregt presented the results of the qualitative study conducted in the city of Rotterdam among vulnerable youth and their (professional) social supporters. The presentation included some theoretical notes on motivation (theory of planned behaviour) and a summary of the study results, including debt history, the role of formal social support and a brief introduction to a municipal debt project for vulnerable youth.

The greater part of the debts of the youngsters interviewed emerged after their 18th birthday. From that day on they are legally treated as adults and entitled to sign contracts, e.g. with telecom providers, and to get study loans; also financial obligations start, such as the mandatory health insurance. These latter three items make up most of the debts. When there is little income and no financial buffer, a delay in payment immediately causes extra liquidity problems the following month. Typical of the young people interviewed is to ignore admonitions from creditors and bailiffs, causing the debts to rise with interest and costs. Debts and a constant flow of admonitions cause stress and paralyse necessary action. Motivation to take action includes both attitude and (perceived) skills. As informal support is usually lacking, social professionals stimulate and support the youngsters to take action. Practical support is needed as most of them lack the financial and social skills to deal with income and debts adequately. Some of the interviewed youngsters participate in a municipal project that supports young people to enter a debt regulation program. The municipal project helps to gain control over income and to appease creditors who are willing to await the propositions of the formal debt regulation program.

### **Municipal approach**

Frank Schutte presented the municipal approach to vulnerable youth with problematic debts. This project emerged after the observation that debts among youth hamper development in other important domain of life, such as education, and that the regular debt regulation program is perceived as a high threshold service. The program plugs into the lack of financial skills many young people experience by hiring budget coaches who help youth that has logged into the project with sorting out debts, determining a weekly budget and arranging basic payments to e.g. the landlord and health insurance. After a slow start, over 230 people have enrolled in the project of which 100 have accepted a budget regulation. An intended spin-off of the project is the collaboration with social workers, they recruit youth in debt and motivate them on a day-to-day basis to adhere to the program. Part of the project is a one-day training in motivational interviewing to equip the social workers with necessary motivational skills. In conclusion, the project has opened perspectives on a healthy financial life for participants in the project.

### **Financial health**

Pim van Heijst presented a financial project in a large vocational school in the Utrecht region. The project consists of simultaneous approaches: one is to maintain weekly office hours staffed by students of the Academy of Applied Sciences. The experience shows that the office hours are perceived as low threshold and serve as a gateway to school-based social work. Parallel to this financial health is integrated in regular sociology classes and in school-based social work. A survey among teachers showed that some of them feel awkward in raising the subject in their lessons and sometimes feel uncertain about their own financial capacities. Nevertheless, experiential results show that structural attention for financial health pays off. Some lessons learned are: adapt the level of information transfer to the level of the students; do not try to deter students from making debts by telling horror stories (this does not work), and when working with students in debt, formulate realistic goals.

The success of the project has led integration of it in the regular curriculum of the students.

### **Discussion**

In the plenary discussion agreement was reached upon the idea that debts cannot be prevented all together. Making debts and solving them could be considered as an instructive experience, but it is essential not to let them get totally out of hand. Many of the young people that run into financial trouble socially inherit the lack of skill from their social background. This pattern is hard to break. Van Heijst argues that this is the reason that micro economy should be integrated in all curricula and also other social professionals should be open to deal with practical financial issues.



### 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 2013, running in 2013 or finished in 2013.

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, 2013 including. The 2013 output only is given in the list of publications (p. 68).

#### Alcohol

##### **New in 2013:**

- 1 Implementation of screening & brief interventions (SBI) in general practices for prevention of problematic alcohol use (p. 23)

##### **Running in 2013:**

- 2 Expansion of a course for the prevention of internet and game addiction, aimed at prevention workers in addiction care (p. 24)
- 3 Implicit cognitions and relapse in alcohol addiction: process and moderators (p. 24)
- 4 Improving reach of community-based addiction prevention among vulnerable youth (p. 25)
- 5 Literature review alcohol marketing and alcohol use in youth (p. 26)
- 6 Partnership Early Detection of Alcohol (PVA) (p. 27)
- 7 Plan of attack 'Alcohol and Drug' at intermediate vocational education: evaluation of effect and of process (p. 27)

##### **Finished in 2013:**

- 8 Effectiveness of the treatment of the addiction care clinic SolutionS (p. 28)
- 9 Process evaluation of implementation of the protocol 'Observation, screening and short-term intervention of risky alcohol consumption of youth' (p. 29)
- 10 The secret of Goeree. Reaching parents in the context of alcohol and drug prevention among children aged 10-12 years on Goeree Overflakkee (p. 30)

#### Illicit Drugs

##### **New in 2013**

- 11 Anxiety disorders and substance abuse: Development of a treatment guideline (p. 32)
- 12 Substantiation and adaptation of the behavioral Stay-a-way intervention for young people aged 18-22 years with problems in substance use and delinquent behavior (p. 32)
- 13 Development of guidelines for problematic substance use for forensic clinics (p. 33)

##### **Running in 2013:**

- 14 Substance use among adolescents and adults with mild intellectual disability in Rotterdam (p. 34)
- 15 Moti-4: Assessing the effectiveness of a targeted preventive cannabis intervention (p. 35)
- 16 Guideline substance use Youth Care (p. 36)



## Smoking

### Running in 2013:

- 17 Developing and testing strategies to effectively reach and involve resistant hard-core smokers in tobacco control (p. 37)

## Internet use

### New in 2013:

- 18 Behavioral addictions in the Netherlands in 2013: An inventory (p. 38)  
19 Center for Behavioral Internet science – 2013 (p. 38)  
20 Cyberslacking: Using internet for private purpose at work; prevalence and association with characteristics of work and employee (p. 39)

### Running in 2013:

- 21 Clinical Video game Addiction Test (C-VAT) (p. 40)  
22 Cognitive aspects of video game addiction (p. 41)  
23 Neurocognitive aspects of online game addiction: Role of cognitive control (p. 41)

### Finished in 2013:

- 24 Monitor Internet and youth: 2006-2012 and data collection in 2012 (p. 42)  
25 Tailored game advice [gameadviesopmaat.nl] (p. 44)  
26 Quantitative and qualitative study on excessive internet use among adolescents – part of the EU NET ADB study (p. 44)

## Gambling

### Running in 2013:

- 27 ALICE RAP: Addiction and Lifestyles in Contemporary Europe – Reframing Addictions Project (p. 47)

## Risky Nutritional behavior

### Running in 2013:

- 28 Ethnic differences in overweight and obesity among primary school children in the Netherlands, the IVO Nutrition and Physical Activity Child cohort (INPACT) (p. 48)  
29 Environmental determinants of dietary behaviours of children, the IVO Nutrition and Physical Activity Child cohort (INPACT) (p. 49)

### Finished in 2013:

- 30 Relationship between parental behaviour and overweight in primary school children in the Netherlands: the IVO Nutrition and Physical Activity Child cohort (INPACT) (p. 51)

## Social relief and social care

### New in 2013:

- 31 Evaluation 'Nieuwe Energie' (New Energy) (p. 53)  
32 Process evaluation of 'lifestyle training' for justiciables (p. 54)  
33 Baseline measurement of social objectives of the municipality of Maassluis (p. 54)  
34 Trends in homelessness in Rotterdam (p. 55)  
35 Strategy Plan for Social Relief, part two: how does it function in Rotterdam? (p. 55)

### Running in 2013:

- 36 Cohort study amongst homeless people in Amsterdam, The Hague, Rotterdam and Utrecht (the G4) – Coda-G4 (p. 56)  
37 Knowledge in the neighborhood (Social integration of supported housing projects) (. 58)

**Finished in 2013:**

- 38 Client participation in addiction care (p. 59)
- 39 Client profiles of vulnerable youth (p. 60)
- 40 Early detection of substance misuse and dependency by youth: implementation of a guideline (p. 61)
- 41 Financial debts among vulnerable youth (p. 62)
- 42 Homeless people without psychiatric problems (p. 63)

**Other****New in 2013:**

- 43 Inappropriate sexual behavior among young people in Rotterdam: Investigation of prevalence and required interventions (p. 65)
- 44 Development Master protocol maintenance (p. 66)

**Running in 2013:**

- 45 Effectiveness study Safe, Strong & Onwards (p. 66)



## 4. Project descriptions

### Domain Addictive substances

#### Alcohol

##### 1 Implementation of screening & brief interventions (SBI) in general practices for prevention of problematic alcohol use

###### Aim and research questions

Studies have shown that approximately 20-30% of patients who routinely visit primary care are harmful alcohol drinkers (Newbury-Birch et al., 2009). Therefore, primary health care settings seem to be well-placed for implementing screening and brief interventions (SBI) for prevention of problematic alcohol use. It is also known that it is difficult to find effective implementation strategies and to combine them into an effective implementation model. It is not clear which implementation strategies are needed to overcome the frequently reported barriers in implementing SBI. In this project three studies will be carried out:

- The aim of the first study is to: 1) identify factors that are associated with difficulties of screening in general practice and what can be done to overcome these, and 2) identify the extent to which experts agree on the importance of these factors and how best to overcome the frequently reported barriers of implementing screening and brief intervention (SBI) for excessive drinkers in routine general practice throughout the Netherlands. Research question: What are the solutions to the frequently reported barriers of implementation of SBI and on which solutions do experts mostly agree?
- The aim of the second study is to compare two methods of screening on feasibility, effect and efficiency of detecting problematic alcohol use in general practices. The following three screening strategies will be compared in three conditions: systematic screening, semi-systematic screening and non-systematic screening (current practice/control condition). All patients who screen positive will receive a brief advice in the form of normative feedback. Research question: which method of screening is most effective in terms of detecting problematic alcohol use in general practice?
- The aim of the third study is to assess the effectiveness, cost-effectiveness and feasibility of the implementation of a stepped-care alcohol intervention in general practices in the Netherlands. Given the lack of research on how to systematically implement efficacious interventions to reduce problematic alcohol use, our purpose is to conduct an efficacy trial of stepped care. Research question: Will a stepped-care approach reduce drinking significantly more than assessment alone?

###### Methods

- A three-round Delphi survey of expert opinion in the Netherlands will be conducted. In the first round experts will answer open-ended questions. In round 2 experts will make ratings of items developed from responses to open-ended questions in round 1. Respondents will be asked to agree or disagree with each item using a seven-point Likert scale, with response categories ranging from '1' (strongly disagree) to '5' (strongly agree). In round 3 experts will make re-ratings of the items using a seven-point Likert scale, and will receive feedback with group median ratings which will be derived from round 2.
- Study two is designed as a cluster RCT, with randomization at the level of GP practices (practices = groups/clusters). Practices in Limburg will be invited for participation. The practices that want to enroll will be randomized equally across three conditions.
- Study three is designed as a RCT, in which stepped-care will be implemented in general practices with eligible consenting participants. After screening, all participants will receive brief advice. Those participants who still exhibit risky alcohol use 6 weeks after intervention will be randomized with equal probability to either: 1) assessment only, 2) web-based MI, 3) web-based MI + attentional training. Randomization will be conducted using a computerized scheme. Participants will complete a 3 and 9-month follow-up via web assessment.

## **Results**

Not yet available

## **Output**

-

## **Researchers**

L Abidi MSc (PhD student), 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, IVO, Maastricht University

## **2 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**

The first open-entry course takes place in January 2014, an in-company session is planned for 3 March 2014.

### **Output**

Update course module 'internet and game addiction' for prevention workers

### **Researchers**

AJ van Rooij PhD (researcher), TS Schoenmakers PhD (project leader)

**Term:** November 2013 – no end date

**Financing:** Course fees

## **3 Implicit cognitions and relapse in alcohol addiction: process and moderators**

### **Aim and research questions**

The goal of this research 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. The exact process of how implicit cognitions evoke drinking is, however, still unclear. This project will study 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 moderator as well. Impulsivity, also a predictor of relapse, is linked to WMC and 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 four studies. In Study 1, potential moderators of the relationship between implicit cognition and 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, among which WMC and implicit cognitions, are measured at the beginning and the end of treatment. After treatment, patients will be 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 2 months and 3 months after ending of treatment to assess their relapse status. In Study 4, all data from the previous studies will be combined to develop a screening instrument that can assess the risk of relapse for an individual patient so that aftercare can be adjusted to the patients' needs.

## **Results**

Papers on Study 1 and Study 2 are in progress: expected publication in 2014. Study 3 and 4 are in progress: data collection will probably be finished mid-summer 2014.

## **Output**

-

## **Researchers**

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

**Term:** March 2011 – March 2015  
**Financing:** IVO, Erasmus Medical Centre Rotterdam

## **4 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 in order 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 projects will be a manual for using the RAR method in community-based addiction prevention.

### **Results**

The data collection of the assessment phase has terminated at the end of 2013. Data collection for the response phase is ongoing.

The assessment in one of the areas chosen revealed that hardly any vulnerable youth are present in public space. In two of the other areas both adolescents and teenagers make up 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 on a 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 of the four areas is ended with focus group interviews with relevant stakeholders and in three areas an assessment report has been published. The reports include action plans that are based on the results of the assessment. In three areas outreaching prevention workers will take care of the execution of the action plans.

### **Output**

Public assessment reports of Witte Vrouwenveld (Maastricht), Lindenheuvel (Sittard-Geleen) and Oud-Mathenesse/Witte Dorp (Rotterdam)

### **Researchers**

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

**In collaboration with:** Bouman GGZ, Tactus Verslavingszorg and Mondriaan Zorggroep

**Term:** September 2012 – January 2015

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

## **5 Literature review alcohol marketing and alcohol use in youth**

### **Aim and research questions**

The review will focus on:

the relationship between alcohol marketing and alcohol use in youth;  
possible factors that influence the relationship between alcohol marketing and youth drinking.

The research questions are:

1. What is the current state of evidence regarding the relationship between alcohol marketing and adolescent alcohol use?
2. Which factors are known to influence the relationship? (mediating & moderating factors, among which personality types)

### **Methods**

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

- a. peer-reviewed studies published since 1998 (15 years total);
- b. studies reporting on a link between alcohol marketing and alcohol use;
- c. respondents are young people (exact age limit will differ according to different legal drinking ages in different countries);
- d. longitudinal studies for research question 1;
- e. both cross-sectional and longitudinal studies for explorative research question 2;

Selected studies will be analysed and discussed regarding, amongst others, methods, effect size, generalizability and criticisms on the type of research. Future research directions will also be discussed.

### **Results**

Expected in spring 2014

### **Output**

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### **Researchers**

G-J Meerkerk PhD (senior researcher), TM Schoenmakers PhD (project leader)

**Term:** November 2013 – March 2014

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

## 6 Partnership Early Detection of Alcohol (PVA)

### Aim

In April 2010 the protocol 'Observation, screening and short-term intervention of risky alcohol consumption of youth' (Risselada & Schoenmakers, 2010) became available. After that 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' on p. 27), implemented the protocol in various practice settings, including the practice settings of police officers and youth workers. Based on the experiences of these organizations, the protocol itself has been adapted and a list of issues for implementation has been added to the protocol. Also, the protocol will be submitted for approval as a well-researched protocol at the Centre for Healthy Living (CGL).

### 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 for improving the protocol itself and for drawing up the list of issues for 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 will be submitted for approval at the Centre for Healthy Living.

### Output

Risselada A, TM Schoenmakers, G Rodenburg, L Naaborgh (2014) Protocol voor signalering, screening en kortdurende interventie van risicovol alcoholgebruik bij jongeren. 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 (PVA)

**Term:** October 2011 – April 2014

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

## 7 Plan of attack 'Alcohol and Drug' at intermediate vocational education: evaluation of effect and of process

### Aim and research questions

Youth at 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:

- 1 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;
- 2 barriers 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 4,000 students attending 8 locations of two Rotterdam ROCs will be compared to a matched control group of 4,000 students of 8 other locations of the same ROCs, at baseline and at about 9 months after implementation of the plan of attack.

To examine barriers and facilitators for implementing the plan of attack, focus group interviews will be held with 10 students and 10 teachers, at about 8 months after implementation of the plan of attack.

## **Results**

Expected in 2014

## **Output**

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## **Researchers**

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

**Term:** October 2012 – December 2014

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

## **8 Effectiveness of the treatment of the addiction care clinic SolutionS**

### **Aim and research questions**

The treatment method of the addiction care clinic SolutionS Centre in Voorthuizen (a combination of the Twelve-Step Minnesota Model and cognitive behavioral therapy) has several specific features, including the possibility of immediate admittance, the allocation of a personal counselor, and an extended aftercare program. This study aims at evaluating the effectiveness of the treatment for alcohol addiction.

### **Methods**

The program's effectiveness is determined by measuring abstinence versus alcohol use (relapse) among clients of SolutionS Center Voorthuizen at 3 and 12 months after finishing the clinical part of the treatment. The prospective study includes all clients with an alcohol problem entering therapy during a period of 2 years. Major outcome variable is the success rate, defined as the proportion of clients who reached and maintained abstinence at the final measurement at the end of the aftercare program, which is 12 months after discharge from clinical treatment. This rate is compared with success rates from other Dutch clinics.

### **Results**

For the study 259 clients were included. Data on almost half (46%, n=118) of the clients were available for analyses of the treatment effectiveness after 1 year. Attrition analyses revealed clients who stayed in the study did not differ from clients who dropped out of the study in terms of alcohol use and severity of alcohol dependence. However, clients who stayed in the study scored higher on care and recovery-promoting factors. Furthermore, relapse appeared higher amongst clients who dropped out of the study. Results showed that 60% of the clients had been abstinent up to 1 year after clinical treatment, 40% had experienced a lapse or relapse. About four out of five clients (81%) were abstinent at the time of the final measurement and had not drunk in the previous month. The effects of selective dropout on the results are discussed.

### **Output**

Meerkerk GJ, TM Schoenmakers (2011) Cliënttevredenheid verslavingskliniek SolutionS Voorthuizen, een tussenrapportage. Rotterdam: IVO

Meerkerk GJ, TM Schoenmakers (2012) Cliënttevredenheid verslavingskliniek SolutionS Center in Voorthuizen 2012. Rotterdam: IVO

Meerkerk GJ, TM Schoenmakers, WJC van Ansem, D van de Mheen (2013) Effectevaluatie van de behandeling van alcoholverslaving door SolutionS Center Voorthuizen. Rotterdam: IVO

## Researchers

GJ Meerkerk PhD (researcher), TM Schoenmakers PhD (project leader)

**Term:** May 2009 – September 2013

**Financing:** SolutionS Centre Voorthuizen

## 9 Process evaluation of implementation of the protocol 'Observation, screening and short-term intervention of risky alcohol consumption of youth'

### Aim and research questions

In the district South-Holland-South an alcohol-prevention program started in March 2009: 'Verzuip jij je toekomst?!' The program consists of the pillars Policy & Regulations, Enforcement, and Prevention & Education. Within the pillar Prevention & Education, strengthening of early observations and short-term intervention among high-risk groups is an important element. In April 2010 the protocol 'Observation, screening and short-term intervention of risky alcohol consumption of youth' (Risselada & Schoenmakers, 2010) became available. The Municipal health service Zuid-Holland-Zuid started a pilot in 2011 to test implementation of this protocol in the practice setting of police officers and youth workers.

The present study comprised the process evaluation of this pilot. The aim of the process evaluation was twofold. First, we aimed to detect factors that reduce and induce a successful implementation of the protocol in the activities of the community police officers and youth workers. With this information recommendations can be made for the methods of implementation and the protocol itself, during the pilot study. Second, in a systematic way we collected information on the process of implementation, with the aim to introduce the protocol in other municipalities in the Netherlands.

### Methods

Data for the process evaluation were collected on several levels and at several points in time. In 2011, information on the situation before implementing the protocol was collected (baseline measurement). In early 2012, a provisional measurement was performed: the municipal councillor of the three municipalities involved in the pilot were interviewed. The police officers and youth workers who were trained (end 2011) to use the protocol in their work were also interviewed. End 2012 the interviews with the police officers and youth workers were repeated as a final measurement. Further, the central meeting minutes and the logbook of the project leader of the pilot program were analysed.

### Results

The evaluation showed that support for implementation of the protocol is needed, not only at the administrative and management level, but also at the executive level. In addition to support for implementation, support is also needed for the content of the protocol. During the implementation phase it was found that signallers did not support the guidelines for responsible substance use that were included in the protocol. Staff changes and reorganisations were found to reduce a successful implementation, while a training for signallers can improve a) contacts between professionals with different professional backgrounds (i.e. police officers and youth workers), b) alertness for early detection of risky alcohol consumption among signallers, and c) the understanding of signallers for referral opportunities.

Also, the evaluation found that the following items deserve permanent attention during implementation:

- up-to-date supporting material for signallers, including flyers and pocket cards;
- embedding the use of the protocol into existing or new consultations;
- a practice-oriented division of tasks between a) signallers of different professional background and b) signallers and prevention workers of addiction care.
- setting realistic expectations about how many young people with risky alcohol consumption can be detected;
- monitoring by using registrations for signalling and for output (e.g. the number of contacts with young people, the number of consultations with addiction care, the number of referrals to preventive addiction care, etc.);
- assurance of the protocol.

## **Output**

Rodenburg G, L Veldhuis, TM Schoenmakers (2013) Pilot-implementatie "Protocol voor signalering, screening en kortdurende interventie van risicovol alcoholgebruik bij jongeren". Procesequaaluatie bij het implementatieproject in de GGD-regio Zuid-Holland Zuid. Rotterdam: IVO

## **Researchers**

L Veldhuis MSc (researcher), G Rodenburg PhD (researcher), TM Schoenmakers PhD (project leader)

**In collaboration with:** Municipal Health Service Zuid-Holland-Zuid

**Term:** October 2011 – July 2013

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

## **10 The secret of Goeree. Reaching parents in the context of alcohol and drug prevention among children aged 10-12 years on Goeree Overflakkee**

### **Aim and research questions**

The study aims to gain insight in the appropriate way to approach and reach parents of children aged 10-12 years during meetings on alcohol and drug prevention on Goeree Overflakkee.

Five research questions were formulated:

1. What beliefs do parents of children aged 10-12 years have about alcohol and drug use?
2. What are the barriers of parents of children aged 10-12 years to communicate about alcohol and drug use with their children?
3. Which recommendations can be made to parents of children aged 10-12 years to communicate about alcohol and drug use at home?
4. What are the barriers of parents of children aged 10-12 years to communicate about alcohol and drug use during meetings on alcohol and drug prevention?
5. Which recommendations can be made to prevention workers to approach and reach parents of children aged 10-12 years appropriately during meetings on alcohol and drug prevention?

### **Methods**

To answer the research questions, a literature search was performed. In addition, four semi-structured interviews (by telephone) were held with national experts in the field of alcohol and drug prevention, four semi-structured interviews (by telephone) with local prevention workers on Goeree Overflakkee and four semi-structured interviews (by telephone) with parents of children aged 10-12 years, living on Goeree Overflakkee.

### **Results**

Both literature findings and the interviews showed that more and more parents are aware of the harmfulness of alcohol for growing children. In addition, parents generally are of the opinion that alcohol use by youth under the age of 16 is unacceptable. However, they slightly adapt their opinions when their children get older and when they themselves drink (quite) a lot.

The interviews with parents revealed that parents are more negative towards future drug use than towards future alcohol use.

The interviews with experts about potential barriers for parents to discuss substance use with their child, showed the following potential barriers:

- parents are afraid to create a problem by discussing alcohol use;
- parents do not want to be confronted with the idea that their child may drink;
- parents miss tips how to discuss substance use with their child ;
- parents find it hard to establish clear rules about substance use and to draw consequences when the rules are not complied;
- parents are afraid not to be able to influence their child's substance use.

The interviews with parents revealed that they experience no barriers in discussing substance use with their children. They indicated that they were fully convinced that their children did not use any substances, including alcohol, at the moment of interview.

Concerning the influence of parents on future substance use, they assumed that they had an influence but that the influence would decrease over time.

The interviews with experts and parents showed that it is important for parents to choose the right moment to discuss substance use, e.g. when watching a TV program about drunk youth on holiday. Regarding the way of communication, both parents and experts stressed the importance of an engaged and open way of communication about substance use. Experts complemented these findings by stressing the importance of setting clear rules.

Based on the interviews with experts, the potential barriers for parents to discuss substance use during prevention meetings for parents were as follows:

- parents are faced with their own substance use, which confuses them;
- the presence of peer pressure among parents, which hampers them to profile their own opinion;
- ignorance of how to address substance use specific parenting;
- the prevention worker and the parents do not match, e.g. in terms of religious beliefs.

The (two) interviewed parents who attended a prevention meeting did not encounter any barriers to discuss substance use during the meeting. There was an open, interactive atmosphere, and there was ample opportunity for parents to share. To reach parents when attending a prevention meeting, both experts and parents stressed the importance of interaction between prevention worker and parents. In addition, parents stressed the importance to share experiences in substance use specific parenting with other parents. Experts also aimed to refute the misconceptions that are prevalent among parents, such as the idea that parents cannot influence child substance use and the idea that contemporary society is the same as when they were young.

### **Output**

Rodenburg G, CTM Schrijvers (2013) Het geheim van Goeree. Een studie naar het bereik van ouders op Goeree Overflakkee in het kader van genotmiddelenpreventie bij 10- tot 12-jarigen. Rotterdam: IVO

### **Researchers**

G Rodenburg PhD (researcher), CTM Schrijvers PhD (project leader)

**Term:** October 2012 – March 2013

**Financing:** CEPHIR, Academic workplace of GGD Rotterdam-Rijnmond

# Domain Addictive substances

## Illicit Drugs

### 11 Anxiety disorders and substance abuse: Development of a treatment guideline

#### Aim and research questions

Many people with substance abuse or dependency suffer from anxiety disorders, and vice versa. Appropriate guidelines for the treatment of co-morbid anxiety disorders and substance abuse disorders are lacking. In 2003 a guideline for the treatment of anxiety disorders was developed and revised in 2009. We have developed an addendum to this guideline for persons with a co-morbid substance abuse disorder.

Steering committee 'Scoring Results' decided to submit the guidelines to various professional groups for their advice and comments. The comments of these professionals are processed.

#### Methods

The method used was according to the master protocol of the Scoring Results program. Scoring Results is a nationwide program in which addiction care organisations and researchers work together to increase evidence-based practice in addiction care. This protocol consists of combining evidence-based, practice-based and preference-based (what clients want) evidence. The master protocol contains the following steps: preparation phase, literature review, field analysis, design phase, comment by experts, internal pilot, external pilot, and an implementation and maintenance phase.

#### Results

The directive will be revised and published mid-2014. The patient leaflet will also be improved.

#### Output

Snoek A, EG Wits, W Meulders (2011) Richtlijn Middelennisbruik of -afhankelijkheid en angststoornissen. Addendum bij de MDR Angststoornissen. Versie 1.0. Amersfoort: Resultaten Scoren

Snoek A, EG Wits, W Meulders (2011) Patiëntenfolder Angststoornissen en problemen met verslavende middelen. Amersfoort: Resultaten Scoren

#### Researchers

A Snoek MSc (researcher), EG Wits MSc (project leader), W Meulders MSc (project leader, Mondriaan Addiction Care), L de Vooght MSc (advisor, Mondriaan Addiction Care), K Schruers MSc (advisor, Mondriaan Addiction Care), M Wellmer PhD (advisor, Mondriaan Addiction Care), N Gielen MSc (advisor, Mondriaan Addiction Care)

**In collaboration with:** Mondriaan Addiction Care

**Term:** October 2013 – June 2014

**Financing:** Scoring Results: a program of the Netherlands Society of Mental Health Authorities (GGZ NL)

### 12 Substantiation and adaptation of the behavioral Stay-a-way intervention for young people aged 18-22 years with problems in substance use and delinquent behavior

#### Aim and research questions

Because of the upcoming adolescent criminal law, the Foundation of Addiction Probation Services (SVG) wants to strengthen interventions for young people with risky substance use or addiction who exhibit delinquent behavior. SVG has decided to adapt the Stay-a-way intervention for the target group of young adults (aged 18-22 years). Originally, the Stay-a-way was an individual behavioral intervention designed for young offenders aged up to 18 years. It should be investigated whether the same risk factors and the ability to intervene in the new target group exist to the same extent as in the younger group of offenders (for example, the influence of friends and parents).

Aim of the present project was to underpin and describe an adapted behavioral intervention for young adults based on the extending manuals of Stay-a-way. A number of different manuals will be adjusted: a general summary, a theoretical manual, program manual, an assessment and evaluation manual, a management manual and a training manual.

### **Methods**

This project consisted of three phases. In the first phase, the theoretical foundation was constructed and the criteria for a Stay-a-way indication for young adults were determined. During the second phase, the Stay-a-way manuals were adapted. New insights from the first phase of the project were incorporated in the existing manuals. At the beginning of 2014, the project is still in this second phase. In the third phase, the manuals will be submitted to the Accreditation Commission Behavioral Interventions Justice (expected mid-January 2014).

### **Results**

The new manuals for the target group of young people aged 18-22 years will be finalized when the implementation of the adolescent criminal law is completed and the organizational consequences for providers of youth interventions are clarified.

### **Output**

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### **Researchers**

EG Wits MSc (project leader, IVO), R den Ouden MSc (senior policy officer, Tactus), L Raaijmakers MSc (researcher, IVO)

**In collaboration with:** Tactus

**Term:** September 2013 – January 2014

**Financing:** Foundation of Addiction Probation Services (*Stichting Verslavingsreclassering GGZ*)

## **13 Development of guidelines for problematic substance use for forensic clinics**

### **Aim and research questions**

The Centre of Expertise Forensic Care (EFP) has requested Victas (center for addiction) and the IVO to develop two guidelines on problems in substance use in forensic care:

1. A guideline for structural assessment of the extent of substance use and their associated risk of recidivism;
2. A guideline for dealing with substance use during different phases of clinical treatment, including the accrual of leave.

The aim is to develop a broad-based, unified approach for reducing the risk of recidivism of patients in forensic care in relation to substance use. It concerns adult patients in clinical forensic psychiatric care with multimorbidity: problems in substance use, (severe) psychiatric disorders, often with an intellectual disability and a risk of violent behavior.

### **Methods**

In the first phase of the project, the focus is on the collection of current best practices through field exploration (expert consultation). The findings will be theoretically and empirically grounded in a literature study. Once the draft guidelines have been developed they will be tested within Victas (Basalt). After evaluation of the pilot and adjustment of the draft guidelines, implementation plans for both guidelines will be made. Thereafter, a pilot will be conducted at the Forensic Psychiatric Center Oostvaarders.

The aim of these pilots is fourfold:

1. Trace errors or omissions;
2. Find out additions or new insights;
3. Detect unforeseen practical implementation problems;
4. Create support for the guideline.

## Results

The guidelines will be completed in September 2014

## Output

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## Researchers

G Rodenburg PhD (researcher), EG Wits MSc (project leader), G de Weert (Victas), M Lans (Victas)

**In collaboration with:** Victas

**Term:** June 2013 – May 2013

**Financing:** Program Quality Forensic Care (*KFZ*) of Expertise Centre Forensic Psychiatry (*EFP*)

## 14 Substance use among adolescents and adults with mild intellectual disability in Rotterdam

### Aim and research questions

Little is known about the nature and extent of substance abuse among people with mild intellectual disability (MID) in the Netherlands. Although the prevalence of alcohol and drug use in this group is not higher than in the general population, the consequences of substance abuse are more harmful for people with a MID than for people from the general population. Furthermore, substance abuse among people with MID is more likely to lead to addiction than substance abuse among the general population.

Aim of this study was to estimate the nature and extent of substance abuse among adolescents and adults with MID in Rotterdam. In addition, we determined whether current healthcare facilities meet the needs of people with MID and substance abuse. Finally, we will evaluate an intervention to prevent substance abuse among people with MID.

### Methods

This study consisted of two phases. During the first phase, aimed at estimating the nature and prevalence of substance abuse among people with MID, we started with a literature study. Subsequently, one or two professionals and two people with MID were interviewed per setting where people with MID reside (healthcare institutions for mentally disabled people, social care and addiction treatment centers). Results of these interviews and results from an expert meeting with relevant institutions in Rotterdam, were used to determine which intervention should be implemented and evaluated in the second phase of this study.

During the second phase, participants, practitioners, managers and specialists are interviewed to evaluate the implementation of the intervention. Results of this evaluation will be discussed with professionals of relevant organizations. Where possible, this study will be adjusted to ongoing projects in this area, particularly to the 'Improvement project MID and substance abuse' of the Trimbos-institute.

### Results

The first phase of this study has been completed. Results of this phase show that it is difficult to estimate the prevalence of substance abuse among people with MID. Prevalence estimates range from 75% in addiction treatment and social care to 20% in healthcare organizations for mentally disabled people. Adolescents with MID predominately use cannabis and less frequently alcohol, whereas adults with MID mainly use alcohol. Adults with MID also use cannabis and some of them use illicit drugs, such as cocaine. Substance abuse negatively influences work, school, social relationships and behavior of people with an MID. In Rotterdam, there are several initiatives to improve the care for people with a MID and substance abuse. Specific needs regarding care for people with MID and substance abuse are: 1) a need for written policy on substance abuse and MID, 2) specific residential facilities for people with MID and substance abuse, and 3) improving expertise among professionals on MID (for those working in addiction treatment and social care) or substance abuse (for those working in healthcare institutions for mentally disabled people).

## **Output**

Hamminck A, C Schrijvers (2012) Middelengebruik en gokken onder jongeren en volwassenen met een licht verstandelijke beperking in de regio Rotterdam. Aard, omvang, zorgbehoeften en huidig zorgaanbod. Rotterdam: IVO

Straaten van B (2013) Middelengebruik door mensen met een licht verstandelijke beperking: hoe gaan we er mee om? Tijdschrift voor Gezondheidswetenschappen, 1, 28-29

Hamminck A, C Schrijvers, D van de Mheen (n.d.) Alcohol- en drugsgebruik onder mensen met een licht verstandelijke beperking. Verslaving: Tijdschrift over verslavingsproblematiek. Accepted for publication

## **Researchers**

AB Hamminck MSc (researcher), CTM Schrijvers PhD (project leader till May 2013), Prof H van de Mheen PhD (project leader)

**Term:** January 2012 – October 2012 (Phase 1)  
Data analysis for phase 2 is in progress. In 2014 the final report will be available

**Financing:** Regionaal Kennisnetwerk de VraagBaak Rijnmond, Stichting Pameijer

## **15 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 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. The results of a RCT are due at the end of 2014.

### **Results**

In the pilot study a significant change in both outcome measures was observed. Results of the RCT are expected in 2014.

### **Output**

Four articles are in preparation

### **Researchers**

HB Dupont (researcher, Mondriaan Mental Health Service, Maastricht University), Prof dr NK de Vries (promotor, Maastricht University), Prof dr H van de Mheen (promotor), CD Kaplan (University of Southern California LA, USA, advisor)

**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



## 16 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 purpose of the present project, conducted by the Trimbos Institute in cooperation with other organizations including the IVO and Scoring Results (*Resultaten Scoren*), is to develop a guideline for substance use among children and adolescents for professionals. The guideline can provide professionals uniform and practical handles to signal, to intervene pedagogically and to work together with parents and Youth Care/Addiction Care.

### **Methods**

The project consist of several phases. First, available data about 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. At the beginning of 2014 the project is still in this phase. After completion of the pilot implementation, the final version of the guideline will be written. The IVO has, in cooperation with Scoring Results, contributed to the development of the guideline with its knowledge on youth, and youth addiction care.

### **Results**

The guideline in concept is still in the pilot phase, the final guideline will be developed after completion of this phase (expected February 2014).

### **Output**

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### **Researchers**

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

**In collaboration with:** Trimbos Institute and Scoring Results (*Resultaten Scoren*)

**Term:** December 2012 – February 2014

**Financing:** Netherlands Youth Institute (*NJI*)

## Domain Addictive substances

### Smoking

#### 17 Developing and testing strategies to effectively reach and involve resistant hard-core smokers in tobacco control

##### Aim and research questions

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

##### Methods

At the start of this project little was known about how hard-core smokers could be attracted to a website on smoking behaviour. Therefore, in Study 1 we held focus group interviews with hard-core smokers and former hard-core smokers. The aim was to gather information about the ambivalence hard-core smokers have towards their own smoking behaviour. This information will be of use in the final part of the project, when a website will be created based on the principles of Motivational Interviewing. We used the knowledge gained from the focus groups in a subsequent online survey (Study 2). In this second study we identified subgroups of hard-core smokers based on the type of pros and cons that are relevant to them. These subgroups will be used in the online intervention to tailor information based on the outcome expectancies.

In study 3 we conducted an experiment to test several conditions for effectively influencing dysfunctional cognitions among our target group. We expect that exposure to tobacco control information combined with self-efficacy enhancing information will increase the motivation of hard-core smokers to quit smoking. Based on the results of Studies 1-3, a pro-active internet system will be developed and tested in an online randomized controlled experiment (Study 4). This system will contain the most optimal tobacco control manipulations. In addition, it will provide participants with individualized feedback about their perceived costs and benefits of smoking and quitting. We test whether this intervention could change smoking behaviour, intention to quit, adherence to disengagement beliefs, perceived costs and benefits of smoking, and self-efficacy. The internet system could easily be converted to 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 have a significant effect on public health.

##### Results

In Study 1 we held different focus groups to distinguish a number of themes in the perceived pros and cons of smoking and quitting in hard-core smokers. A paper on this topic is under review. In Study 2 we conducted a survey among hard-core and non-hard-core smokers. We found three different patterns in pros and cons ('profiles') among hard-core smokers. Among non-hard-core smokers we also found three profiles, of which two were similar to those among hard-core smokers. We are currently drafting a paper about this study. In a third study we conducted an experiment to influence dysfunctional cognitions among hard-core smokers. We will analyse these data in 2014.

##### Output

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##### Researchers

J Bommel  MSc (PhD student), Prof H van de Mheen PhD (promotor), TM Schoenmakers PhD (copromotor), M Kleinjan PhD (copromotor)

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

**Term:** November 2010 – May 2015

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

## Domain Hazardous behaviors

### Internet use

#### 18 Behavioral addictions in the Netherlands in 2013: An inventory

##### Aim and research questions

Traditionally, the term addiction is related to the excessive and uncontrolled use of psychoactive drugs, like alcohol or cocaine. The last decades, the term addiction is also used for an increasing number of addictive-like behaviors that do not concern ingestion of drugs. The most well-known example is gambling; however, also gaming, sex and pornography, and eating, are related to addiction. Still unclear is the conceptual validity of these so-called behavioral addictions. The current project aims at: a) an inventory of behavioral addictions in the professional literature and their characteristics, b) their occurrence in Dutch addiction care clinics, c) providing a theoretically sound conceptual framework that can be used to evaluate the validity of the various proposed types of behavioral addiction, and d) the availability of adequate diagnostic, therapeutic and preventive capabilities in the Dutch addiction care organizations. Focus is on shortcomings, recommendations will be formulated.

##### Methods

By distributing a questionnaire on the occurrence of a variety of behavioral addictions among ten regular and five private addiction care organizations in the Netherlands, the prevalence and appearance of behavioral addictions in Dutch addiction care is inventoried. A literature study and consultation of national experts on addiction provides insight in the theoretical and conceptual framework and in the availability of evidence-based diagnostic, therapeutic and preventive programs.

##### Results

Expected in 2014

##### Output

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##### Researchers

AJ van Rooij PhD (researcher), GJ Meerkerk PhD (researcher), I Nijs PhD (researcher), L DeFuentes-Merillas PhD (researcher Novadic-Kentron), Prof H van de Mheen PhD (advisor), TM Schoenmakers PhD (project leader)

**In collaboration with:** Novadic-Kentron

**Term:** June 2013 – April 2014

**Financing:** Scoring Results: a program of the Netherlands Society of Mental Health Authorities (GGZ NL)

#### 19 Center for Behavioral Internet Science - 2013

##### Aim and research questions

During the last 10 years, IVO has established itself as a knowledge center with regards to the study of problematic and addictive internet use. Strengths in this area include a seven-year monitor study, two senior researchers with relevant PhDs in Internet/Game addiction, and experience in communication of the knowledge to various audiovisual media, students and professionals.

However, the IVO brand and website sometimes confuses professionals looking for domain-specific knowledge or training. Therefore, IVO has decided to establish a new sub-brand, the 'Center for Behavioral Internet Science'. From 2013 onwards, all knowledge with regard to the study of behavioral aspects of internet use will be indexed and distributed through the new website [internetscience.nl](http://internetscience.nl).

Prof. Dike van de Mheen formally introduced the Center for Behavioral Internet Science during a seminar (see: IVO Seminars 2013, Youth and social media, p. 16) in January 2013. It can be accessed through [internetscience.nl](http://internetscience.nl) and on twitter at @internetsci.nl

### **Methods**

The stated aims will be achieved through the development of the following:

A strong online presence with regards to twitter @InternetSciNL and website <http://InternetScience.nl>

Clearly recognizable logo/brand

Distribution of existing knowledge through the website and courses/lectures

Continued development of new knowledge through extension and continuation of research into internet and behavior

### **Results / Output**

1. The website [internetscience.nl](http://internetscience.nl) was developed, launched, and filled with content
2. The twitter account InterentSciNL was developed and is currently in use with 186 followers (mostly media-education professionals)
3. The 2013 seminar was held to introduce the seminar in a well-attended session

Expanding into 2014 the following activities continue to be developed:

1. A book is being written on various aspects of internet 'addiction' with input from various expert science practitioners. At least two chapters are written by our own researchers. The book was initiated by the Center for Behavior Internet Science, together with therapist Herm Kisjes and teacher/editor Davy Nijs. As of 2014, the book has a publisher and is slated for publication in 2014.
2. A train-the-trainer course was taught successfully in an open-setting and in-company setting

### **Researchers**

AJ van Rooij PhD (researcher), TM Schoenmakers PhD (project leader), M Audenaert MSc (coordinator)

**Term:** January 2013 – December 2013

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

## **20 Cyberslacking: Using internet for private purpose at work; prevalence and association with characteristics of work and employee**

### **Aim and research questions**

Using the internet for private purposes at work can have negative consequences due to the waste of time and loss of productivity, as well as risks related to the security of the company's computer network. However, cyberslacking may have a positive effect on an employee's wellbeing and, therefore, on their functioning. This study aims to estimate the prevalence of cyberslacking in various types of work and reveal factors that may influence cyberslacking.

### **Methods**

A survey was conducted among a representative sample of working adults (n=4300). The survey included measures to assess the extent and nature of cyberslacking, positive effects on subjective wellbeing and work productivity, and various predictive variables such as work characteristics (e.g. number of days/hours of work per week) and aspects of work (e.g. work satisfaction/stress/autonomy and work commitment), as well as a measure to assess compulsive internet use.

### **Results**

Preliminary results show that cyberslacking is common among employees. Many use social media or other features of the internet to find information, to communicate, or to entertain themselves. Cyberslacking is more common among males, and at a younger age. Most common types of cyberslacking are using internet at work for private emailing or using social media, and as a means to gain access to news and information. Work-related factors (e.g. being bored at work) had a modest influence, whereas using the internet compulsively appeared to be a relatively strong predictor.

## Output

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## Researchers

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

**Term:** March 2013 – March 2014

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

## 21 Clinical Video game Addiction Test (C-VAT)

### Aim and research questions

In 2011 and 2012, IVO developed a screening instrument to assess game addiction in clinical practice, the Clinical Video game Addiction Test or VAT (part A of the project). This was done in cooperation with various institutions for addiction care and experts, including Parnassia-Brijder, Iriszorg, Herm Kisjes, Jellinek, Victas, Novadic-Kentron, and Youz. The main reason for part B project is the disconnection between the clinical situation and current survey-based questionnaires. Existing lists are not validated and formulated for use in clinical practice and have a limited integration with the upcoming DSM-5 with regards to 'internet use disorder'. The new assessment instrument, the C-VAT, combines current academic and clinical insights into the nature of behavioral addictions with question phrasing that fits clinical practice.

The current project aims to establish clinical profiles for 50 clients reporting for game addiction at the intake procedure of youth addiction care centers, to acquire information on the level of clinical impairment associated with various scores on the C-VAT. This is useful to establish the score that clinically relevant cases of game addiction are likely to have on this new test and will support clinicians in using the test as a support tool during the intake procedure.

### Methods

50 young clients (aged 12-23 years) reporting for game addiction at the point of intake in Addiction care will be included in the current study. In replacement of outdated assessment instruments for internet/game addiction problems, the C-VAT will be included and, for comparison purposes, the existing IVO survey instrument 'Video Game Addiction Test (VAT)' for game addiction will also be included. Further details on the patient's level of functioning will be collected through one additional questionnaire on general functioning.

Data collection has proven unexpectedly difficult as gamers are not reporting to the selected clinics for treatment in sufficient numbers to establish the expected sample size. Moreover, widespread addiction care budget cuts are not helping as we are partially dealing with staff that has other priorities alongside this project. Therefore, the recruitment has been expanded into 2014 and has been expanded to encompass the private addiction care sector as well. While efforts have been intensified, the recruitment process remains a difficult one.

### Results

This project is still in progress, data collection is active during 2013 and 2014.

The final result will consist of a report detailing clinical profiles connected to the scores on the new Game Addiction Test C-VAT. The profiles will include comorbid problems, scores on existing game addiction measures (VAT), and demographics.

### Output part A

Van Rooij AJ, L van Duin, N Frielink, LD Fuentes-Merillas, TM Schoenmakers (2012) Klinisch Assessment instrument voor Videogameverslaving. Een diagnostisch instrument voor het herkennen van gameverslaving in de klinische praktijk. Rotterdam: IVO

### Output part B

Expected in 2014

### **Researchers**

AJ van Rooij PhD (researcher), TM Schoenmakers PhD (project leader)

**In collaboration with:** Various Dutch Addiction care clinics (*Brijder and Novadic-Kentron, among others*)

**Term:** July 2012- August 2014

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

## **22 Cognitive aspects of video game addiction**

### **Aim and research questions**

About 1.5% of Dutch adolescents has addictive problems with online video games. This study aims to test factors known to contribute to substance addictions in game addicts. This will contribute to the knowledge and validation of the phenomenon game addiction and provide information on possible factors that need to be addressed in the treatment of game addiction. The study focuses on attentional bias, approach bias and working memory control. These three factors have been shown to be related to substance-related addictions as well as another behavioral addiction, i.e. pathological gambling. We expect attentional bias and approach bias for game-related stimuli to be higher in game addicts than in healthy gamers, and working memory control to be lower in game addicts compared to healthy gamers. The main objective is to determine whether treatment-seeking game addicts differ from non-addicted gamers in the strength of cognitive biases (attentional bias and approach bias). The secondary objective is to determine whether treatment-seeking game addicts differ from non-addicted gamers in the strength of working memory control.

### **Methods**

The study is an observational study. Game addicts are compared to a group of non-addictive gamers on measures of working memory control (Stroop task), attentional bias (visual probe task) and approach bias (approach avoidance task). Related constructs are also measured as co-variables (craving, attentional control). A questionnaire to measure game addiction is used to check the degree of game addiction in patients before treatment and currently, and the current status of game-addiction symptoms in healthy control subjects.

### **Results**

Expected in the summer of 2014. Data collection started in April 2013.

### **Output**

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### **Researchers**

TM Schoenmakers PhD (researcher, project leader), D Vergotis BSc (Erasmus University Rotterdam), B van der Wende BSc (Tilburg University, Novadic Kentron)

**In collaboration with:** L DeFuentes (Novadic Kentron), J Cousijn (University of Amsterdam), R van Holst (Radboud University Nijmegen), I Franken (Erasmus University Rotterdam)

**Term:** January 2012 – August 2014

**Financing:** Novadic Kentron, IVO

## **23 Neurocognitive aspects of online game addiction: Role of cognitive control**

### **Aim and research questions**

Computer game addiction is characterized by compulsive online gaming behavior and diminished control over the gaming behavior. Prolonged compulsive gaming may result in psychological, social, and occupational or learning problems.

In contrast to the emerging knowledge on the neurocognitive mechanisms of alcohol and drug addiction, the neurocognitive mechanisms behind game addiction are poorly understood.

The main goal of the present study is to examine neurocognitive mechanisms that may help to explain why some gamers become addicted to computer games.

The study is based on the theory that both reward sensitivity and lack of behavioral inhibition play a major role in the development and maintenance of addictive behaviors. Further, it elaborates on studies suggesting an important role for these brain structures which are thought to regulate, mediate and inhibit reward-related stimulus driven responses.

The research focuses on the question: is game addiction related to deficiencies in the areas known to be involved in reward processing and behavioral inhibition: the mesolimbic reward circuit, dorsal prefrontal cortex, and anterior cingulate gyrus?

### **Methods**

The mesolimbic and prefrontal functioning of two groups of participants are compared: gamers scoring high on compulsivity vs. gamers scoring low on compulsivity, whereby compulsivity is measured by means of the Video game Addiction Test (VAT). The two groups are compared using fMRI scanning techniques while performing tasks (Stroop task and Go/NoGo).

### **Results**

Results indicated increased self-reported impulsivity levels and decreased inhibitory control accompanied by reduced brain activation in the bilateral IFC and right IPL in problem gamers relative to controls. No evidence was found for reduced error-processing in problem gamers. The study provides evidence for reduced inhibitory control in problem gamers, while attentional control and error-processing appear relatively intact. These findings implicate that reduced inhibitory control and elevated impulsivity levels in problem gamers may represent the most important neurocognitive deficit in problem gamers.

### **Output**

Luijten M, GJ Meerkerk, IHA Franken, BJ van de Wetering, TM Schoenmakers (n.d.). A fMRI study of cognitive control in problem gamers. To be submitted

### **Researchers**

M Luijten PhD (researcher), GJ Meerkerk PhD (researcher), IHA Franken PhD (advisor), BJ van de Wetering PhD (advisor), TM Schoenmakers PhD (project leader)

**In collaboration with:** Erasmus University Medical Centre Rotterdam

**Term:** September 2009 – March 2014

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

## **24 Monitor Internet and youth: 2006-2012 and data collection in 2012**

### **Aim and research questions**

During the last 10 years, Internet use has become the most important leisure time activity among Dutch adolescents. On average, Dutch adolescents aged 13-14 years spent about 16 hours a week on Internet use for private purposes. However, until now, few Dutch studies have been conducted on this subject, and none of these studies have used representative samples. Moreover, few studies have used a longitudinal research design. The Monitor Study Internet and Youth addresses this issue with a longitudinal research design and includes a representative sample of Dutch adolescents in the age range 10-15 years.

The specific aim of the seventh measurement of the monitor was to extensively update the study (given recent developments with tablet computers and wireless internet), collect data and publish on findings in both 2011 and 2012.

Areas of focus in this research project for 2012 were the following:

- Developments in social media use
- New addiction risks? The role of mobile phone usage in problematic use of games and social media
- New forms of internet access: tablets and smartphones

## Methods

Participation in the study means that the adolescents fill out a paper questionnaire in the classroom, under the supervision of their teacher. Instructions are provided for the teacher, and questionnaires are returned in closed white envelopes to increase the anonymity of responses entered. The measurement in 2012 was very successful and consisted of 19 participating schools, 10 of which entered the study in 2012.

## Results

For 2012 the main study outcomes were presented in a seminar "Use of internet and social media by youngest: problems and opportunities" (*Gebruik van internet en sociale media door jongeren: problemen en kansen*) held in early 2013 in cooperation with YoungWorks.

This seminar also presented the new factsheet "The (mobile) use of social media and games by adolescents" (*Het (mobiele) gebruik van sociale media en games door jongeren*) which discussed the developments in mobile use and explores problematic use of mobile phones and social media. The study showed, among other findings, that Twitter use is rising strongly, smartphones are being rapidly adopted by children, and that problematic internet and game use seems to be rising slightly.

For more details, we refer to the full publication, which discusses the results in-depth:

Van Rooij AJ, TM Schoenmakers (2013) Monitor Internet en Jongeren 2010-2012. Het (mobiele) gebruik van sociale media en games door jongeren. Rotterdam IVO. Retrieved from <http://bit.ly/Whpt9f>

Furthermore, a collaborative paper was written on the basis of the 2012 data with professor Chris Ferguson. As of 2014, it is under review at a journal.

Van Rooij AJ, CJ Ferguson, D van de Mheen, TM Schoenmakers (n.d.) Problematic Internet Use: Comparing video gaming and social media use. [Submitted]

## Output

Over the years, the project has resulted in a wide variety of output, including a PhD thesis, scientific publications, widespread press coverage, and various presentations and brief courses on the subject. Some recent academic publications associated with the study are summarized below

Kuss DJ, GW Shorter, AJ van Rooij, MD Griffiths, TM Schoenmakers (2013) Assessing Internet addiction using the Parsimonious Internet Addiction Components Model—A preliminary study. *International Journal of Mental Health and Addiction*. doi:10.1007/s11469-013-9459-9

Kuss DJ, AJ van Rooij, GW Shorter, MD Griffiths, D van de Mheen (2013) Internet addiction in adolescents: Prevalence and risk factors. *Computers in Human Behavior*, 29(5), 1987-1996. doi:10.1016/j.chb.2013.04.002

Van den Heuvel A, RJJM van den Eijnden, AJ van Rooij, D van de Mheen (2012) Meeting online contacts in real life among adolescents: The predictive role of psychosocial wellbeing and internet-specific parenting. *Computers in Human Behavior*, 28(2), 465–472 doi:10.1016/j.chb.2011.10.018

Van Rooij AJ, TM Schoenmakers, RJJM van den Eijnden, AA Vermulst, D van de Mheen (2012) Video game addiction test: validity and psychometric characteristics. *Cyberpsychology, behavior and social networking*, 15(9), 507-11. doi:10.1089/cyber.2012.0007

Van Rooij AJ, TM Schoenmakers, RJJM van den Eijnden, D van de Mheen (2012) Online video gameverslaving: verkenning van een nieuw fenomeen. *TSG tijdschrift voor gezondheidswetenschappen*, 90(7), 421-427.

## Researchers

AJ van Rooij, PhD (researcher), TM Schoenmakers PhD (project leader)

**Term:** Monitor Internet and Youth 2012 in January - September 2013

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



## 25 Tailored game advice [gameadviesopmaat.nl]

### Aim and research questions

A small proportion of video game players has trouble keeping their gaming behavior under control and some of them even develop addiction-like behavior with psychosocial problems that warrant clinical treatment. As part of the 2011 PhD thesis 'Online video game addiction. Exploring a new phenomenon', a questionnaire was developed that can be used to assess the level of game addiction: the Video game Addiction Test (VAT). For the current 'gameadviesopmaat' (Tailored game advice) project a website was developed, centering the instrument, that can be used by health care professionals, teachers, students, and game players themselves, as a starting point in dealing with the issue. Filling out the questionnaire results in feedback based on the score on the VAT that consists of (a) the message that there is nothing to worry about, or (b) the message that the respondent should be careful with his or her gaming behavior, but the behavior appears not problematic at this point, or (c) the respondent should consider seeking help because his or her behavior shows serious signs of compulsivity. In the latter case, contact information on addiction care institutes in the area is offered.

### Methods

A new website, [www.gameadviesopmaat.nl](http://www.gameadviesopmaat.nl) was constructed using the VAT. The majority of Dutch addiction care clinics agreed to participate in the project by providing referral information for parents and placing outgoing links to the website: Brijder (Parnassia Bavo Groep); Centrum Maliebaan; Context (Parnassia Bavo Groep); De Hoop ggz; Iriszorg preventie; Jellinek; Mondriaan; Novadic Kentron; Tactus; Vincent van Gogh voor GGZ; and VNN.

### Results

The website has been designed and tested and is currently operational and available to the general public from March 2012 onwards. The website is a great success in terms of usage: over 10,000 self-tests have been done over the course of a year.

### Output

The following publications are available for download and provide details on the visitors during the first year of operation:

Van Rooij AJ, GJ Meerkerk (2012) Gameadviesopmaat.nl: Bezoek in de eerste maanden (Personal game advice website: the statistics). Rotterdam: IVO. Retrieved from <http://bit.ly/YCzfPZ>

Van Rooij AJ (2013) Gameadviesopmaat.nl: Bezoek in het eerste jaar. Rotterdam: IVO. Available at <http://bit.ly/YPpge0>

### Researchers

AJ van Rooij PhD (researcher), GJ Meerkerk PhD (project leader)

**Term:** February 2011 - July 2013

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

## 26 Quantitative and qualitative study on excessive internet use among adolescents – part of the EU NET ADB study

### Aim and research questions

The internet has become one of the most widely accessible media and is a significant part of everyday life, especially among adolescents. However, excessive use of the internet may instigate potential adverse psychosocial effects and there is a risk for developing internet addictive behavior. Problematic internet behavior is now considered a serious public health issue globally, although there is no consistent, internationally accepted definition for this excessive behavior and there are large differences in prevalence rates between countries.

The objectives of this study are 1) to evaluate the prevalence and determinants of problematic internet behavior, and 2) to assess the factors which may lead to the development of internet addictive behavior.

Similar data are collected in seven different European countries (Germany, Greece, Spain, Iceland, Poland, Rumania, the Netherlands); IVO is responsible for data collection in the Netherlands, for dissemination of knowledge from the project within the Netherlands, and member of the research team of the EU NET ADB project.

### **Methods**

For the first research question, a cross-sectional study design is applied. Anonymous self-report questionnaires were completed by adolescents at schools, during one school hour (duration 40-50 min).

To assess the factors which may lead to the development of internet addictive behavior, the second research question, a qualitative research approach is applied. In-person individual semi-structured interviews (duration 40-50 min) were conducted with adolescents with an excessive internet use, by experienced interviewers.

In addition, the adolescents filled out questionnaires (duration 35 min) prior to and 4 months after the interview, to assess the development and stability of patterns of their internet use and problems.

For the quantitative cross-sectional study, 1338 Dutch adolescents from a total of 60 schools were included between January 1 and March 7 2012. For the qualitative part of the study, 16 Dutch adolescents were included between July 14 2011 and February 22 2012. Data of all countries have been analyzed by the Greek and German research teams.

### **Results**

The full project reports contain many results but these are still confidential, awaiting approval from the financier. Results that have been made public are:

- The prevalence of internet addiction in the Netherlands is similar to the European average, i.e. around 1%.
- Emotional, behavioral and psychosocial problems correlate with being at risk for internet addiction.
- The percentage of Dutch adolescents that has been bullied through the internet is 15%, which is relatively low compared to the other countries.

### **Output**

Tsitsika A, E Tzavela, F Mavromati, The EU NET ADB Consortium (2012) Research on internet addictive behaviours among European adolescents. Athens, Greece

Tsitsika A, E Tzavela, F Mavromati, Consortium, the E. N. A. (2012). Research on internet addictive behaviours among European adolescents. Athens, Greece

Dreier M, E Tzavela, K Wölfling, F Mavromati, E Duven, C Karakitsou, ... A Tsitsika (2013) The development of adaptive and maladaptive patterns of Internet use among European adolescents at risk for Internet Addictive Behaviours: A Grounded Theory inquiry. Athens, Greece

Tsitsika AK, EC Tzavela, M Janikian, K Ólafsson, A Iordache, TM Schoenmakers, ... C Richardson (in press). Online social networking in adolescence: Patterns of use in six European countries and links with psychosocial functioning. *Journal of Adolescent Health*

### **Researchers**

L Veldhuis MSc (researcher), M Altenburg MSc (research assistant), LV van Duin MSc (research assistant), TM Schoenmakers PhD (project leader)

**In collaboration with:** The Central Authority for Media and Communication in Rhineland Palatinate (LMK), The Outpatient Clinic of Computer Game and Internet Addictive Behaviour Mainz (CCIA), Clinic of Psychosomatic Medicine and Psychotherapy at the University of Mainz, National and Kapodistrian University of Athens (N.K.U.A.) / Adolescent Health Unit (A.H.U.) Second Department of Paediatrics, The University of Akureyri Research Centre, Nobody's Children Foundation (NCF), University of Medicine and Pharmacy Iasi, Department of Psychiatry, Protegeles

**Term:** February 2011 - January 2013  
**Financing:** Safer Internet Program of the European Union

# Domain Hazardous behaviors

## Gambling

### 27 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 will commence with experts producing a series of short discipline-specific papers, reviewing the current knowledge on determinants of the different addictions. IVO will work on the three multidisciplinary reviews of the subject of gambling. Finally, all reviews will be integrated into a synthesis report, which will be 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.

#### 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, IVO, Rotterdam

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

#### Researchers

GJ Meerkerk PhD (researcher), L Raaijmakers PhD (researcher), Prof H van de Mheen PhD (supervisor)

**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 Bjerge (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 2014

**Financing:** European Commission

## Domain Hazardous behaviors

### Risky nutritional behavior

#### 28 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 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 and exercise 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 part of the ongoing 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, insight in differences in both physical activity, and energy intake, and how they relate to cultural contrasts in parental beliefs and practices, is needed.

##### 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

## **Researchers**

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

**In collaboration with:** Erasmus University Rotterdam

**Term:** 2008 - 2014

**Financing:** Erasmus University Rotterdam, IVO

## **29 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 ongoing 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 7-8 year old children (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**

In this project several sub-studies were conducted to investigate the influence of environmental determinants on children's dietary behaviours.

We have studied the following characteristics of the home environment: home availability of food, parental rule-setting and parental consumption. We found a significant association between home availability of food and children's fruit, vegetable, snack and sugar-sweetened beverages (SSBs) consumption. Also, a significant association was found between parental intake of fruit, vegetables and SSB and children's consumption of fruit, vegetables and SSB. In the case of parental rule-setting a significant association was found with children's fruit and vegetable consumption.

Our research on the school food policy at Dutch primary schools showed that most primary schools had rules about the foods and drinks children are allowed to consume during school time. However, in most cases the food rules were unclearly defined. The school food policy could be improved by clearly formulating food rules and by simplifying supervision of the food rules.

In addition, school food policy will only influence children's dietary behaviour if both the school and the parents support the food policy.

We also conducted a study on the influence of economic determinants of the neighbourhood environment on children's dietary behaviour. In this study we examined the association between parental perceptions of the local food shopping environment (more specifically the price, quality and availability of fruit and vegetables in shops) and children's fruit and vegetable consumption. No statistically significant associations were found between parental perceptions of the local food shopping environment and children's fruit and vegetable intake. However, we found that negative parental perceptions of the local food shopping environment (e.g. fruit is expensive) was associated with less fruit available at home.

Another sub-study was conducted to examine the influence of parents (snack availability at home and snack consumption rules) and the influence of peers on the snack consumption of 11-year-old children. Furthermore this study explores whether child's snack purchasing behaviour is a mediator in these associations. Of the parental factors explored in this study a positive association was found between home availability of snacks and children's snack consumption. Home availability of snacks was not associated with children's snack purchasing behaviour. Peer influence was associated with children's snack consumption and with children's snack purchasing behaviour. Children who purchased snacks from their pocket money consumed more pieces of snacks per week than children who did not purchase snacks. There was an indication that child's snack purchasing behaviour mediates the association between peer influence and child's snack consumption.

To answer the second research questionnaire, several studies focus on socio-economic differences in dietary behaviour of primary school children and investigate if modifiable environmental factors can explain such differences in children's dietary behaviour. In two studies we examined socio-economic differences in dietary behaviour of primary school children and studied if modifiable environmental factors can explain such differences in children's dietary behaviour. In one study we found that children of families with a low socio-economic status (SES) consumed less fruit and vegetables and are less likely to consume breakfast on a daily basis compared to children of families with a high SES. Furthermore, this study examined whether factors in the home food environment (parental intake of fruit, vegetables and breakfast; rules about fruit and vegetables and home availability of fruit and vegetables) mediate the association between maternal educational level and children's healthy eating behaviours (fruit, vegetable and breakfast consumption). Results of this study show that all the studied home environmental factors mediated the association between maternal educational level and children's fruit and vegetable intake. Moreover, our results indicate that the difference in fruit and vegetable consumption is explained, in particular, by parental intake of fruit and vegetables. In another study we explored the extent to which various types of micro-environmental factor explain socio-economic inequalities in children's consumption of sugar-sweetened beverages (SSBs) and energy-dense snacks. The micro-environmental factors includes home availability of SSBs and snacks, rules about snacks and SSBs and parental intake of SSBs and snacks, peer sensitivity and children's snack purchasing behaviour. Children with a high SES had the lowest snack and SSB consumption compared to children with an intermediate and low SES. None of the studied micro-environmental factors mediated the association between children's SES and their snack consumption. Home availability of SSBs and parental intake of SSBs mediated the association between children's SES and their SSB consumption.

In an explorative study we investigated differences in the local food environment (e.g. price and availability of fruit and vegetables in shops) of children from various socio-economic groups and whether such differences may explain socio-economic disparities in children's fruit and vegetable consumption. No important differences in the local food environment of children from various socio-economic groups were found. Therefore, the results indicate that the characteristics of the local food environment assessed in this study do not contribute to the explanation of socio-economic disparities in children's fruit and vegetable consumption.

## **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 (submitted). Child snack consumption: The role of parents, peers and child snack purchasing behaviour. Results from the INPACT study

Van Ansem WJC, CTM Schrijvers, G Rodenburg, D van de Mheen (submitted). Maternal educational level and children's healthy eating behaviour: role of the home food environment. Results from the Dutch INPACT study

Van Ansem WJC, FJ van Lenthe, CTM Schrijvers, G Rodenburg, D van de Mheen (submitted) Socio-economic inequalities in children's snack consumption and sugar-sweetened beverage consumption: the contribution of home environmental factors

### **Researchers**

WJC van Ansem MSc (researcher), Prof H van de Mheen PhD (promotor), FJ van Lenthe (co-promotor), CTM Schrijvers PhD, 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:** Maastricht University, National Institute for Public Health and Environment (RIVM)

**Term:** April 2010 - October 2014

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

## **30 Relationship between parental behaviour and overweight in primary school children in the Netherlands: the IVO Nutrition and Physical Activity Child cohort (INPACT)**

### **Aim and research questions**

The INPACT study aims to gain insight in the influence of parents on energy balance-related behaviours (EBRBs) and weight of children aged 8-12 years. The study started in 2008 and focuses on the home environment concerning eating and physical activity. The home environment can be divided into a social environment and a physical environment. The social environment consists of parenting styles in general, parental policies around eating/physical activity, and parental role-modelling of healthy eating/physical activity. The physical environment consists of the availability and accessibility of food/physical activity.

The main study question of INPACT is: Which (modifiable) parental factors in the home situation of children aged 8-12 years are related to their EBRBs and weight? In the search for preventive interventions that are able to diminish a child's risk to become overweight, there is a need for insight into parental factors that are modifiable.

### **Methods**

This is a four-year longitudinal cohort study in which body weight and height of children are measured (n=1,844). Questionnaires are filled in with school children 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**

The results of the INPACT study have been compiled in a thesis. It was concluded that various levels of parental factors (from distal to proximal) as well as child-related factors are associated with child EBRBs and weight, in both primary and interactive associations. Findings on primary associations were consistent with previous research. Therefore, parental education level, ethnic background, psychological control, instrumental and emotional feeding, parental modelling, parental rule-setting,



home availability and accessibility, and child appetitive traits can be seen as important correlates of children's EBRBs and weight.

Correlates which are not (easily) modifiable, such as parental education level, ethnic background and child appetitive traits, can be important to identify specific target groups for obesity prevention interventions, whereas parenting styles and parenting practices can be important focuses in general interventions targeted at parents to improve their children's dietary and activity behaviours. Because of its complexity, it is important to further elucidate the interplay between parenting practices, higher-order parental factors and child characteristics before tailored interventions can be developed and introduced on a large scale. Examining clustering in determinants of children's EBRBs is a relatively new way to examine interactive mechanisms; however, as both child preferences and parenting practices clustered in healthy and unhealthy patterns, this topic needs further investigation. The findings of this thesis indicate that parents are able to influence their child's EBRBs (and weight), and can contribute to providing a supportive home environment.

### **Output**

Rodenburg G, SPJ Kremers, A Oenema, H van de Mheen (2011) Psychological control by parents is associated with a higher child weight. *Int Journal of Pediatric Obesity*, 6(5-6), 442-449

Rodenburg G, A Oenema, SPJ Kremers, H van de Mheen (2012) Parental and child fruit consumption in the context of general parenting, parental education and ethnic background. *Appetite*, 58(1), 364-372

Rodenburg G, SPJ Kremers, A Oenema, H van de Mheen (2012) Associations of children's appetitive traits with weight and dietary behaviours in the context of general parenting. *PLoS ONE*, 7(12), e50642

Rodenburg G, A Oenema, SPJ Kremers, H van de Mheen (2013) Clustering of diet- and activity-related parenting practices: cross-sectional findings of the INPACT study. *International Journal of Behavioral Nutrition and Physical Activity*, 10(1), 36

Rodenburg G, A Oenema, M Pasma, SPJ Kremers, H van de Mheen (2013) Clustering of food and activity preferences in primary school children. *Appetite*, 60(1), 123-32

Rodenburg G, SPJ Kremers, A Oenema, H van de Mheen (2013) Associations of parental feeding styles with child snacking behaviour and weight in the context of general parenting

Rodenburg, G. Family matters? Parental influences on primary school children's energy balance-related behaviours and weight (IVO-reeks 73: thesis)

### **Researchers**

G Rodenburg PhD, SPJ Kremers PhD (copromotor, Maastricht University), A Oenema PhD (copromotor, Erasmus Medical Centre Rotterdam, Maastricht University), Prof H van de Mheen PhD (promotor)

**In collaboration with:** Erasmus Medical Centre Rotterdam, Maastricht University

**Term:** March 2007 – October 2013

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

## Domain Social relief and social care

### 31 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 will be collected among visitors (semi-structured interviews, questionnaire) and staff (semi-structured interviews), as well as focus group interviews with staff and visitors, and collaborating external parties (semi-structured interviews). On five occasions the research team will inform 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 reflect on the implications.

#### Results

The first wave 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, since the drug consumption rooms are not yet open. There are no results concerning the individual rooms as they remain unoccupied due to unmet fire regulations. The results of questionnaire show that people who only collect their mail at the Nieuwe Energie rate their social situation as being less well off compared with people who make use of the night shelter.

#### Output

After the final wave of data collection a final report will be drafted that describes the results of all three waves

#### Researchers

EG Wits MSc (project leader), C Barendregt MSc (senior researcher), A Giel-Kelly MSc (research assistant)

**In collaboration with:** Binnenvest Foundation (*Stichting de Binnenvest*)

**Term:** July 2013 - February 2015

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

## **32 Process evaluation of 'lifestyle training' for justiciables**

### **Aim and research questions**

In recent years the behavioral cognitive intervention called 'lifestyle training' has been offered to detainees and people on probation whose criminal offence is related to substance use or gambling. The lifestyle training is a formally recognized training and is performed throughout the country. The training is carried out by probation officers in extramural and intramural settings. The aim of the trainings is to reduce recidivism among the participants. Short-term goals are to enhance insight of the participants between the offence committed and substance use (or gambling), to provide cognitive tools to recognise and avoid risky situations, and to provide and practice cognitive tools to interrupt mental and social processes that may lead to criminal acts.

The aim of the process evaluation is to verify whether the various trainings are performed according to the training manual (adherence) and to identify bottlenecks that inhibit adherence. The results of this formative evaluation inform the decision whether a summative evaluation can take place in view of scientific reliability.

### **Methods**

Twelve trainings that were performed at the end of summer and fall 2013 were selected and studied as cases. Semi-structured interviews were conducted with trainers, participants and managers and a coach of the trainers. A random selection of video recordings of the trainings were analyzed to examine trainers' adherence and competence. Through an online questionnaire the trainers involved reported adherence and appraisal of the training content and didactic forms offered by the manual.

### **Results**

At the end of 2013 data collection was still ongoing. General impression is that the trainers adhere to the manual with regard to treating the themes prescribed as much as possible, depending on the needs of and resistance met in the groups. Group needs, resistance and group dynamics influence the use of prescribed working methods. Trainers tend to adapt working methods to the particularities of the group.

### **Output**

Research report expected in May 2014

### **Researchers**

EG Wiits MSc (project leader), C Barendregt MSc (senior researcher), L van de Wall BSc (research assistant), N van Gelder MSc (research assistant), EWM Scholten MSc (research assistant)

**Term:** October 2013 - April 2014

**Financing:** Research and Documentation Centre (WODC) of the Ministry of Justice and Security

## **33 Baseline measurement of social objectives of the municipality of Maassluis**

### **Aim and research questions**

In a social structural vision the municipality of Maassluis has described the social objectives they aim to have reached in 2017. The objectives address a variety of topics including welfare, housing, care, quality of life, social security, employment, income, education, sports, arts and culture. In order to ascertain whether these objectives will actually be achieved in 2017, a baseline measurement is needed. Based on these baseline and future (annual) measurements, the development of the objectives can be monitored. Main goal of the present project is to accomplish the baseline measurement and to advise how to collect missing data in future measurements.

### **Methods**

To obtain baseline data, we have inventoried existing information on the Internet and in (internal) documents of the municipality of Maassluis and other relevant organizations (policy documents, annual reports, and residents' surveys). Not all required information was available. We compiled an advise on how to collect this information in the future.

## Results

The project resulted in a schematic summary of available data for the baseline measurement, information about the missing information, advice on how to collect these data, and a description of the content and design of an annual measurement and final measurement.

## Output

Scholten E, E Wits (2014) Sociale Structuurvisie gemeente Maassluis: Monitoren van de resultaten via een optimaal gebruik van bestaande gegevensbronnen. Rotterdam: IVO (internal report for the municipality of Maassluis)

## Researchers

EG Wits MSc (project leader), EWM Scholten MSc (researcher)

**Term:** November 2013 – December 2013

**Financing:** Municipality of Maassluis

## 34 Trends in homelessness in Rotterdam

### Aim and research questions

This study aims to verify the signals of increasing homelessness among specific groups of people living in the Rotterdam area, e.g. disadvantaged youth with a low IQ. The research questions are:

1. Among which specific groups is homelessness increasing?
2. What individual and environmental factors may explain this increase?
3. Which problems do these specific groups encounter in solving their (housing) problems?

### Methods

To achieve the aim and to answer the research questions, we make use of the Rapid Assessment and Response (RAR) method, especially the assessment part. This indicates that we start looking for information as broadly as possible and that we continue to gradually 'funnel' the information obtained. In this way, we can make robust statements about the most prominent, upcoming groups of homeless people as to numbers and problems.

After a first round of 24 interviews by telephone to be inventoried, 15 semi-structured interviews will be conducted with key informants. Then, to verify, the preliminary results will be presented to 24 informants in a structured questionnaire. Finally, a focus group interview will be conducted to (when necessary) complement the results and to discuss solutions or a starting point to prevent the increase in homelessness among the specific groups.

### Results

Expected in spring 2014

### Output

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### Researchers

A Hammink MSc (researcher), G Rodenburg PhD (project leader)

**Term:** July 2013 – March 2014

**Financing:** Municipal Health Service Rotterdam area (*GGD Rotterdam*)

## 35 Strategy Plan for Social Relief, part two: how does it function in Rotterdam?

### Aim and research questions

In 2006 the Strategy Plan for Social Relief (part one) officially started in the four largest cities of the Netherlands: Amsterdam, Rotterdam, The Hague, and Utrecht. The Strategy Plan aims 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 is done by realising 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 first part of the Strategy Plan for Social Relief ended in 2010 and has been continued with a second part.

The Municipal Health Service Rotterdam area was interested in the functioning of their 'Process Control', the way in which the Municipal Health Service:

- monitors at the individual level the progress of people who make use of social relief;
- asks and – when needed - supports social relief institutions when clients do not make any progress;
- identifies bottlenecks in the social relief chain, and resolves them when possible.

The findings on functioning of 'Process Control' can be used to improve and assure Process Control in the near future.

### **Methods**

Semi-structured interviews were conducted with 23 key informants, including policies municipal employees, directors 'Process Control', chain directors, client managers of social relief institutions and client managers of the Municipal Income and Care department.

### **Results**

Not public (internal report for the Municipal Health Service Rotterdam area).

### **Output**

Barendregt C, M Dijkstra, G Rodenburg (2013) Kijk op de uitvoering van trajectregie in Rotterdam.

Evaluatie van ontwikkelde werkwijzen en trends binnen het Plan van Aanpak Maatschappelijke

Opvang II (interne rapportage). Rotterdam: IVO

### **Researchers**

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

**Term:** July 2013 – December 2013

**Financing:** Municipal Health Service Rotterdam area (*GGD Rotterdam*)

## **36 Cohort study amongst homeless people in Amsterdam, The Hague, Rotterdam and Utrecht (the G4) – Coda-G4**

### **Aim and research questions**

In 2006 the Strategy Plan for Social Relief officially started in the four largest cities of the Netherlands: Amsterdam, Rotterdam, The Hague, and Utrecht. The Strategy Plan aims 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 is done by realising 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) are followed for 30 months. During this period they will be interviewed four times using a structured interview, to establish what changes take place in their situation and functioning. A baseline measure is 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, and the results of the second measurement were published in April 2013 (see 'Output'). After every subsequent measurement an interim report will be published. Also, after every measurement separate reports for the four cities will be published (see 'Output') The final report is expected in the first half of 2015.

In addition to these reports, scientific articles will be published.

## Output

Van Straaten B, J van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf, D van de Mheen (2012) Profile of homeless people in four larger cities: Profiel van daklozen in de vier grote steden: Resultaten uit de eerste meting van de cohortstudie naar daklozen in de vier grote steden (Coda-G4). Available at: [http://codag4.nl/Coda\\_G4\\_rapporten,78](http://codag4.nl/Coda_G4_rapporten,78)

Van Straaten B, J van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf, D van de Mheen (2013) Profile of homeless people in Amsterdam: Profiel van daklozen in Amsterdam: Resultaten uit de eerste meting van de cohortstudie naar daklozen in de vier grote steden (Coda-G4). Available at: [http://www.codag4.nl/Stedenrapportages\\_eerste\\_meting,83](http://www.codag4.nl/Stedenrapportages_eerste_meting,83)

Van Straaten B, J van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf, D van de Mheen (2013) Profile of homeless people in Rotterdam: Profiel van daklozen in de vier grote steden: Resultaten uit de eerste meting van de cohortstudie naar daklozen in Rotterdam (Coda-G4). Available at: [http://www.codag4.nl/Stedenrapportages\\_eerste\\_meting,83](http://www.codag4.nl/Stedenrapportages_eerste_meting,83)

Van Straaten B, J van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf, D van de Mheen (2013) Profile of homeless people in Den Haag: Profiel van daklozen in de vier grote steden: Resultaten uit de eerste meting van de cohortstudie naar daklozen in Den Haag (Coda-G4). Available at: [http://www.codag4.nl/Stedenrapportages\\_eerste\\_meting,83](http://www.codag4.nl/Stedenrapportages_eerste_meting,83)

Van Straaten B, J van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf, D van de Mheen (2013) Profile of homeless people in Utrecht: Profiel van daklozen in de vier grote steden: Resultaten uit de eerste meting van de cohortstudie naar daklozen in Utrecht (Coda-G4). Available at: [http://www.codag4.nl/Stedenrapportages\\_eerste\\_meting,83](http://www.codag4.nl/Stedenrapportages_eerste_meting,83)

Van der Laan J, B Van Straaten, S Boersma, C Schrijvers, D van de Mheen, J Wolf (2013) Profiles of homeless people in the four larger cities and changes in housing, quality of life and care needs; Daklozenprofielen in de vier grote steden en veranderingen in wonen, kwaliteit van leven en hulpbehoeften: Resultaten uit de tweede meting van Coda-G4. Available at: [http://codag4.nl/Rapport\\_2\\_Daklozenprofielen\\_in\\_de\\_vier\\_grote\\_steden\\_en\\_veranderingen\\_in\\_wonen\\_kwaliteit\\_van\\_leven\\_en\\_hulpbehoeften,79](http://codag4.nl/Rapport_2_Daklozenprofielen_in_de_vier_grote_steden_en_veranderingen_in_wonen_kwaliteit_van_leven_en_hulpbehoeften,79)

Al Shamma S, J Van der Laan, B Van Straaten, S Boersma, C Schrijvers, D van de Mheen, J Wolf (2013) Profiles of homeless people in Amsterdam and changes in housing, quality of life and care needs; Daklozenprofielen in Amsterdam en veranderingen in wonen, kwaliteit van leven en hulpbehoeften: Resultaten uit de tweede meting van Coda-G4. Available at: [http://codag4.nl/Stedenrapportages\\_tweede\\_meting,82](http://codag4.nl/Stedenrapportages_tweede_meting,82)

Al Shamma S, J Van der Laan, B Van Straaten, S Boersma, C Schrijvers, D van de Mheen, J Wolf (2013) Profiles of homeless people in Rotterdam and changes in housing, quality of life and care needs; Daklozenprofielen in Rotterdam en veranderingen in wonen, kwaliteit van leven en hulpbehoeften: Resultaten uit de tweede meting van Coda-G4. Available at: [http://codag4.nl/Stedenrapportages\\_tweede\\_meting,82](http://codag4.nl/Stedenrapportages_tweede_meting,82)

Al Shamma S, J Van der Laan, B Van Straaten, S Boersma, C Schrijvers, D van de Mheen, J Wolf (2013) Profiles of homeless people in Den Haag and changes in housing, quality of life and care needs; Daklozenprofielen in Den Haag en veranderingen in wonen, kwaliteit van leven en hulpbehoeften: Resultaten uit de tweede meting van Coda-G4. Available at: [http://codag4.nl/Stedenrapportages\\_tweede\\_meting,82](http://codag4.nl/Stedenrapportages_tweede_meting,82)

Al Shamma S, J Van der Laan, B Van Straaten, S Boersma, C Schrijvers, D van de Mheen, J Wolf (2013) Profiles of homeless people in Utrecht and changes in housing, quality of life and care needs; Daklozenprofielen in Utrecht en veranderingen in wonen, kwaliteit van leven en hulpbehoeften: Resultaten uit de tweede meting van Coda-G4. Available at: [http://codag4.nl/Stedenrapportages\\_tweede\\_meting,82](http://codag4.nl/Stedenrapportages_tweede_meting,82)

Van Straaten B, CTM Schrijvers, J Van der Laan, SN Boersma, G Rodenburg, RLM Wolf, D Van de Mheen (2014) Intellectual Disability among Dutch Homeless People: Prevalence and Related Psychosocial Problems. PLoS ONE 9(1): e86112. doi:10.1371/journal.pone.0086112. Available at: <http://www.plosone.org/article/info%2Adoi%2F10.1371%2Fjournal.pone.0086112>

Van Straaten B, J Van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf en D van de Mheen (in press) Middelengebruik en psychische klachten van daklozen in de vier grote steden  
Resultaten uit de eerste meting van de cohortstudie naar daklozen in de vier grote steden (Coda-G4)  
Verslaving

Van Straaten B, CTM Schrijvers, J Van der Laan, SN Boersma, G Rodenburg, RLM Wolf, D Van de Mheen (in press) Daklozen met een verstandelijke beperking: prevalentie en gerelateerde psychosociale problemen. *Maandblad Geestelijke volksgezondheid (MGv)*

#### **Researchers**

B van Straaten MSc (PhD student), G Rodenburg PhD (copromotor), Prof H van de Mheen PhD (promotor), J van der Laan MSc (PhD student, Radboud University Nijmegen Medical Centre), SN Boersma PhD (copromotor, Radboud University Nijmegen Medical Centre), Prof J Wolf (promotor, Radboud University Nijmegen Medical Centre)

**In collaboration with:** Nijmegen University Medical Centre Social Care Research Centre (*Omz*)

**Term:** February 2010 – February 2015

**Financing:** Ministry of Health, Welfare and Sport

### **37 Knowledge in the neighbourhood (Social integration of supported housing projects)**

The project outlined below has not yet come into execution. The financing body formulated an extra demand to find 50% co-funding. The project was slightly reformulated in order to meet the criteria of the MOVISIE fund for social innovation. A project proposal was submitted but not granted. No further action to find additional money has been undertaken.

#### **Aim and research questions**

When it comes to local social integration and cohesion, knowledge of the neighborhood plays a vital role. Knowledge in framework is both factual and subjective. In a multi-ethnic urban environment knowledge is made up of observations, experiences and opinions and has consequences for actual behavior in everyday life. Social relief organizations run supported housing project for former homeless people in a variety of neighborhoods. Some of these facilities have been set up in the face of considerable resistance from the neighborhood.

In this research and development project we aim to bring together neighbors, professionals and researchers in three different neighborhoods, forming three subsequent neighborhood panels. Although the precise aims of these panels will only become clear when the panels are operational, the general idea is that they contribute to mutual understanding of the participants and (thus) enhanced social integration of the housing projects.

## **Methods**

The research component is twofold: first, we contribute to uncover, record and circulate relevant knowledge, experiences, opinions and behavior of the participants of the panels; secondly, we monitor the development of the panels and identify promoting and hampering factors using methodology of responsive evaluation. It should be noted that as researchers we are not objective observers but also contributors to the development process (responsive evaluation) (Guba & Lincoln 1989; Amba, 2005). This requires a sensible and reflective approach to both the development and the research components of the project.

A second instrument is to set-up a community of practice that unites stakeholders of different housing projects that aim at better integration in the neighborhood. In a series of workshops, supported housing professionals will be invited to reflect on experiences, tactics and strategies of local social integration.

## **Results**

In 2012 a project group was formed consisting of two IVO researchers and two lecturers of Hogeschool InHolland. A social relief organization has been found to participate.

## **Output**

First output expected in spring 2014

## **Researchers**

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

**In collaboration with:** Hogeschool InHolland, Stichting Ontmoeting

**Term:** December 2012 – December 2014

**Financing:** Valorisation Fund Rotterdam (*Valorisatiefonds Rotterdam*), University of Applied Science (*Hogeschool InHolland*), IVO

## **38 Client participation in addiction care**

### **Aim and research questions**

In 2010 the national client network “Het Zwarte Gat” (The Black Hole) and the network of directors of addiction care institutions agreed that ‘social recovery’ and ‘quality of life’ should be the guiding principles in the approach to addiction treatment and care. To promote that agreement (social) experiments will be set-up or allocated, to experience and test recovery-oriented activities in which experiential (tacit) knowledge of clients will be incorporated.

In this research project, 4 of the 13 allocated projects will be evaluated in a collaboration between IVO and “Kennisnetwerk Het Zwarte Gat” (Knowledge network The Black Hole).

### **Methods**

The evaluation is based on the principles of responsive evaluation (Guba & Lincoln 1989; Amba, 2005). This implies that the evaluation approach is grounded on learning rather than on judging. The researcher’s attitude is not one of an objective and distant outsider, but is participative and concerned. Researchers undertake ‘participant observations’ in team meetings, followed by written and oral feedback. Various stakeholders involved in the projects (professionals and clients) are interviewed using semi-structured questionnaires.

During the research period, six workshops (Community of Learners) with the project group and representatives of the projects (clients and professionals) are held in order to learn from one another’s experiences. In these sessions, the researchers participate both as researchers and project members who provide input in order to promote achievement of the project goals.

### **Results**

Of each participating project a description of the project outline, activities and development is made, covering approximately a one-year period. The project descriptions are followed by traditional conclusions and recommendations, and each project description is concluded with an agenda for discussion. General conclusion is that the projects could increase their visibility within the organisations in which they are embedded.



Parallel to that the hosting addiction care organisations should enhance the conditions that allow the projects to sustain and to flourish. The Community of Learners sessions have resulted in a common agenda for development (of experiential knowledge and recovery). The agenda addresses the need for an adequate recovery climate in addiction care juxtaposed to a good treatment climate. Addiction treatment organisations should be open to collaboration with social relief organisations to intensify recovery-oriented collaboration.

The final report has been co-created by Het Zwarte Gat and IVO as is the public friendly factsheet that has been derived from it. In order to make the results accessible for an audience that is less apt to read reports and fact sheets, short video presentations of the participating projects are put online (you tube, search terms: *ivo proeftuinen*).

### **Output**

Barendregt C, E Wits, G de Haan, R Schippers, L van Duin (2013) *Liggen we op koers? Herstelondersteunende verslavingszorg en inzet van ervaringskennis in vier praktijkvoorbeelden*. Rotterdam: IVO

Schippers R, C Barendregt, G de Haan, E Wits (2013) *Liggen we op koers? Vier praktijkvoorbeelden van herstelondersteunende verslavingszorg*. Rotterdam: IVO

Online video presentations

[https://www.youtube.com/watch?v=9dN9Lr1gT\\_8](https://www.youtube.com/watch?v=9dN9Lr1gT_8) (Ervaringsdeskundigen Trainen Zorgprofessionals, Utrecht)

<https://www.youtube.com/watch?v=uonRpHei9Zo> (Help mijn Buurman (ver)zuipt!, Emmen, Hoogeveen)

<https://www.youtube.com/watch?v=u57NQFg4rqc> (Cliënten Service Desk, Amsterdam)

<https://www.youtube.com/watch?v=b6MeORo8qVk> (4B, binnen buiten, buiten binnen, Venray)

### **Researchers**

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

**In collaboration with:** Knowledge network The Black Hole (*Het Zwarte Gat*): Organization for client participation

**Term:** September 2011 - January 2013

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

## **39 Client profiles of vulnerable youth**

### **Aim and research questions**

At the Youth desk, each inhabitant of Rotterdam aged 16-27 years can ask for help regarding education, work, income and housing. However, youngsters who ask for help at the Youth desk often lack educational qualifications and have little or no work experience. A suitable (care) path is determined for all adolescents that have a relevant request for help, based on information collected during the intake interview at the Youth desk. During this interview the Self-Sufficiency Matrix (SSM) is filled out by the youth coach, consisting of eleven self-sufficiency domains, e.g. daily activities, housing, addiction, social network and health. We analyzed SSM data of all vulnerable youth that registered at the Youth desk in the past 1.5 years. Vulnerable youth was defined as youth aged 18-22 years, with problems on at least five of the so-called primary domains (housing, health, income, daily activities and family relations), in which there are (in any case) problems on the domains housing or health. Client profiles of the vulnerable youth were determined. After determining client profiles, we investigated existing interventions for each profile and established whether the current range of interventions fitted the needs of clients belonging to each of the profiles.

Subsequently, in a follow-up study an attempt was made to determine client profiles for the entire group of young people who are registered at the Youth desk.

### **Methods**

Data of vulnerable youth that registered at the Youth desk between January 1 2011 and July 1 2012 were analyzed using latent class analysis (LCA) and comparative analysis. Data included the SSM and several background characteristics.

To investigate the existing interventions for each profile, we performed a literature study and document analysis, and interviewed youth coaches of the Youth desk.

To determine the client profiles of the registered young people we used data from the SSM again. The first statistical analyses (using the so-called latent class analysis) did not reveal usable client profiles.

We then described client profiles based on characteristics (based on scientific literature and practical knowledge) which deserve special attention in counseling: young people with addiction problems, (imminent) homeless young people, young people who have problems with the law, young people with mental health problems and young people with a (suspected) cognitive disability. For these groups we have performed descriptive and comparative analyzes

## **Results**

Three client profiles were determined based on the results of the LCA: 1) vulnerable youth with (imminent risk of) homelessness and delinquency, 2) vulnerable youth with (imminent risk of) homelessness with an unstable social network, and 3) vulnerable youth with health problems. The current range of interventions seems to fit the needs of clients belonging to each of these client profiles. One of the issues that can be improved in addressing vulnerable youth, is the attention paid to the social network of a youngster. The identified client profiles can be used to provide an initial classification of vulnerable youth into subgroups, which may enhance the choice of a follow-up intervention for each individual client. However, the youth coach and his/her personal assessment of the situation of a client remain crucial in supporting vulnerable youth.

The conclusion of the follow-up study is twofold. First, among young people in the client profiles there is more often case of a (suspected) cognitive disability, compared to average young people who are registered at the Youth desk. Young people with mild intellectual disabilities have more difficulties than other young people to get their lives back on track and they deserve special attention in counseling from the Youth desk. Secondly, this study showed that it is not always possible to establish client profiles with LCA. However, based on the literature, it can be determined that problems with addiction, justice, housing, light intellectual disabilities and mental health affect, or relate to, the school performance and/or the career of young people, and thus probably also affect, or relate to, the self-reliance of the young people. The analyses show that these young people indeed have more problems in different primary domains than the average young person who are registered at the Youth desk.

## **Output**

Hamminck A, CTM Schrijvers (2013) Klantprofielen van kwetsbare jongeren die zich melden bij het Jongerenloket. IVO: Rotterdam

Hamminck A, E Wits (2013) Klantprofielen van jongeren die zich melden bij het jongerenloket. IVO: Rotterdam

## **Researchers**

AB Hamminck MSc (researcher), CTM Schrijvers PhD (project leader until May 2013), EG Wits MSc (project leader)

**Term:** September 2012 – July 2013

**Financing:** Municipal Health Service Rotterdam area (*GGD Rotterdam*)

## **40 Early detection of substance misuse and dependency by youth: implementation of a guideline**

### **Aim and research questions**

In 2010 the guideline on early detection of substance misuse and dependency was published by Resultaten Scoren (Snoek, Wits, Van de Mheen, Wilbers, 2010).

To promote the use of this guideline example projects are needed that operate, or are willing to operate, according to the guideline (see also project 38). Four of the submitted projects have been approved.

The aim of this evaluation project is to examine whether or not adjustments to the guidelines should be made. The research questions focus on a comparison between everyday practice of the targeted prevention projects and the guidelines.

## **Methods**

The participants in the study keep a written record of their activities. For this, a format has been developed based on the major steps in the guideline. In addition, telephonic interviews are held with principal stakeholders involved in the prevention projects.

In two of the projects face-to-face interviews were conducted. Three meetings are held in which project leaders of all participating organizations meet and discuss the implementation processes.

## **Results**

Results show that the selected projects roughly work in line with the guidelines. This was hypothesized because the guidelines are based on an inventory of best practices. It appeared that the participating projects use the guidelines when it is convenient, they are not regarded as instructions. Two principal uses of the guidelines emerged: a reference book or checklist in every stage of setting up an early detection project, and a written proof of thoroughness towards external partners.

## **Output**

Barendregt, C & Wits, E (2013) Vroegsignalering van middelenproblematiek bij jongeren. Voorbeelden van toepassing van de Richtlijn vroegsignalering middelenmisbruik of -afhankelijkheid in de praktijk. Rotterdam: IVO

Weekly dissemination of 20 good examples of early detection practices to members of the national network of prevention workers by email. (Also included in the final report)

## **Researchers**

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

**Term:** November 2011 - September 2013

**Financing:** Scoring Results: a program of the Netherlands Society of Mental Health Authorities (*GGZ NL*)

## **41 Financial debts among vulnerable youth**

### **Aim and research questions**

In previous research among homeless youth (Barendregt, Schrijvers, Baars and Van de Mheen, 2011) we found that at entry of social relief trajectory debts mounted to an average of 5,500 euro. One year after entry the mean amount of debts was 6,900 euro; a considerable increase. The city of Rotterdam has launched a project to support young people to get a grip on their debts as they recognize that debts hamper progression on several other domains of life, for example, education. In this qualitative study we explore what caused the debts, what kind of assistance is provided to get a grip on debts and to what extent the assistance meets the needs of young people.

### **Methods**

By means of semi-structured interviews with professionals that provide supported housing, financial experts on debt regulation, an overall view is obtained on the debts situation among vulnerable youth. Parallel to that semi-structured interviews are held with 15 young people (aged 18-23 years) on their debt situation, their income and spending. The interview results will be analysed thematically focusing on the research questions and emerging topics. Each interviewed young person is asked to provide an overview of income and spending in the previous month.

### **Results**

The greater part of the debts of the interviewed youngsters have emerged after their 18<sup>th</sup> birthday. From that day on they are legally treated as adults and entitled to sign contracts (for example, with telecom providers) and to get study loans, but also financial obligations start, such as the mandatory health insurance. These latter three make up most of the debts. When there is little income and no financial buffer, a delay in payment immediately causes extra liquidity problems the following month. Typical of the young people is to ignore admonitions from creditors and bailiffs, causing the debts to rise with interest and costs. Debts and a constant flow of admonitions causes stress and paralyzes necessary action. Motivation to take action includes both attitude and (perceived) skills. As informal support is usually lacking, social professionals stimulate and support the youngsters to take action. Practical support is needed as most of them lack the financial and social skills to deal with income and

debts adequately. Some of the interviewed youngsters participate in a municipal project that supports young people to enter a debt regulation program. The municipal project helps them to gain control over income and to appease creditors who are willing to await the propositions of the formal debt regulation program.

### **Output**

Barendregt C, G Rodenburg (2013). Schuldenproblematiek bij kwetsbare jongeren. Een kwalitatief onderzoek naar kwetsbare jongeren met schulden in Rotterdam. Rotterdam: IVO

IVO seminar, October 2013

Barendregt C, G Rodenburg (2014) Kwetsbare jongeren en schulden. Maatwerk, vakblad voor maatschappelijk werk nr. 1, p 28-30

### **Researchers**

C Barendregt MSc (researcher), CTM Schrijvers PhD (project leader)

**Term:** November 2012 – May 2013

**Financing:** Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*), Municipal Health Service Rotterdam area (*GGD Rotterdam*)

## **42 Homeless people without psychiatric problems**

### **Aim and research questions**

Since 2006, every homeless person has to register at the desk of a central access point for social relief, in order to get access to social relief facilities, like a night shelter. Rotterdam, the second largest city of the Netherlands, also has such a central access point. Criteria to access the social relief system are that persons: 1) are aged 23 years or older, 2) have a legal residence permit, 3) are connected to Rotterdam, 4) have a need for shelter, and 5) have psychiatric problems (including substance dependency). In recent years, the number of homeless people without psychiatric problems that want to register at the central access point in Rotterdam has increased. An unknown part of this group is denied access to social relief facilities due to the fact that they do not meet the fifth criterium (as mentioned above). Preventing homelessness is one of the main aims of the Social Relief Policy of the four largest cities of the Netherlands. However, a number of people (without psychiatric problems) could not prevent becoming homeless, even though some facilities are available that aim at preventing homelessness, e.g. Reporting Center for preventing domestic evictions, Second Chance Policy, social work, Kredietbank Rotterdam and the Local Networks of Care. It is possible that this group has made insufficient use of these facilities.

Aim of this study is to determine the magnitude and profile of the group of homeless people without psychiatric problems. Furthermore, to determine which facilities (if any) aimed at preventing homelessness were used by this group in the year prior to their homelessness.

### **Methods**

Several methods are used to answer the research questions. Employees of the central access point are asked to estimate the number of people in this group. In addition, 70 homeless persons will be interviewed to identify a profile of this group, and to determine which facilities they used in the year prior to their homelessness. Finally, ten professionals of the facilities for prevention of homelessness will be interviewed about their current and preferred procedures.

### **Results**

This study provides insight into the characteristics of homeless people without psychiatric problems. Although this group clearly differs from the homeless people who are referred to the social care (Van Straaten et al, 2012), they still seem to be a vulnerable group with problems in several domains. For instance, on average, clients of the project Prevention Homelessness have more problems with their mental health than the general population. It is possible that some individuals already had psychiatric problems at the time of registration at the central access point without having been recognized by the client manager. Also, some of the clients have an (suspected) intellectual disability. With regard to the use of care by the clients, it is remarkable that they used (very) few facilities before they became

homeless. Currently, a preventive strategy for singles and people with their own home seems to be absent.

**Output**

Hammink A, CTM Schrijvers, D van de Mheen (2013). Daklozen zonder OGGZ-problemen in Rotterdam. Het CVD project Preventie Dakloosheid: kenmerken van cliënten en de werkwijze van voorzieningen. Rotterdam: IVO

**Researchers**

AB Hammink MSc (researcher), CTM Schrijvers PhD (project leader till May 2013), Prof H van de Mheen (project leader)

**Term:** August 2012 – June 2013

**Financing:** Municipal Health Service Rotterdam area (*GGD Rotterdam*)

## Other

### 43 Inappropriate sexual behavior among young people in Rotterdam: Investigation of prevalence and required interventions

#### Aim and research questions

At request of the Directorate of Youth and Education of the City of Rotterdam, the IVO investigated the extent to which inappropriate sexual behavior occurs among young people aged 12-18 years in the municipality of Rotterdam. In addition, it examined which intervention is required. Reason for the study was a paper from the Rotterdam Youth Council reporting an increase in inappropriate sexual behavior among youth in Rotterdam (RJR, 2013). Examples include young people performing sexual acts for a fee (money or goods), or distributing sexual images and/or movies of others on the social media.

#### Methods

To gain insight into the nature and extent of inappropriate sexual behavior in Rotterdam quickly, the Rapid Assessment and Response methodology was used (Burr, Verbraeck, & Trautmann, 2004). This method is designed to identify (Assessment) hidden problems quickly, and to formulate answers to the problems (Response). Many different data sources and data collection methods were used to avoid an unilateral or incomplete view (triangulation). The study consisted of the following phases:

Literature research and expert meeting.

Open interviews with key informants.

Semi-structured interviews with key informants and young people.

Structured interviews with key informants and young people.

#### Results

Inappropriate sexual behavior among young people is a nationwide phenomenon that also occurs among people aged 12-18 years in Rotterdam. It was difficult to gain in-depth insight into the incidence of sexual behavior among young people in Rotterdam, because young people, parents, and professionals who work with young people, do not speak easily about inappropriate sexual behavior.

A number of recommendations emerged from the analysis:

Awareness and knowledge of professionals about the nature and extent of inappropriate sexual behavior among young people should be increased.

Professionals should be given more knowledge and skills to identify inappropriate sexual behavior.

Professionals should be trained to make sexuality and relationships negotiable.

Organizations working with young people should have a clear policy for professionals regarding how to act when observing signals of inappropriate sexual behavior.

Signals of inappropriate sexual behavior should be structurally registered to gain insight into the prevalence of inappropriate sexual behavior among young people.

#### Output

Van Ansem WJC, EG Wits (2013) Seksueel grensoverschrijdend gedrag onder jongeren in Rotterdam: onderzoek naar omvang, risicogroepen en benodigde aanpak (Inappropriate sexual behavior among young people in Rotterdam: Investigation of prevalence and required interventions). Rotterdam: IVO

#### Researchers

EG Wits MSc (project leader), W van Ansem MSc (researcher), L van der Wall BSc (interviewer)

**Term:** June 2013 – September 2013

**Financing:** Municipality of Rotterdam

## 44 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 term 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:

1. Forming of an MP Maintenance and a decision index to prioritize products which need maintenance.
2. 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

Begin 2014, a revised MP, a decision index and a roadmap for reviewing products is delivered. Using a practical example, during 2014 it will be determined if the roadmap is workable. If necessary the roadmap will be revised at the end of 2014.

### Output

A revised Master Protocol

A decision index, which can help with the (objective as possible) determination of products which are ready for maintenance

A roadmap for revision (committing maintenance) of a product of Scoring Results (such as a protocol, guideline, method, etc.)

### Researchers

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

**Term:** April 2013 – December 2014

**Financing:** Scoring Results: a program of the Netherlands Society of Mental Health Authorities (GGZ NL)

## 45 Effectiveness study Safe, Strong & Onwards

### Aim and research questions

Safe, Strong & Onwards (SSO) (Veilig, Sterk & Verder: VSV) is a newly developed ecological intervention for families in which physical child abuse takes place. SSO is based on the view that physical child abuse is an interactional problem between parents and their children. Based on this view, parents as well as children receive treatment.

Treatment for children focuses on reducing trauma symptoms and behavioral problems. Treatment for the maltreating parent focuses on developing parenting skills and improving emotional functioning. For the non-maltreating parent treatment focuses on being supportive of the child, and strengthening communication and parenting skills.

The goal of this ecological approach is to improve the quality of the parent-child relationship in order to create a safe home situation in which physical abuse no longer occurs.

The aim of this study is to evaluate the effect of SSO on the above-mentioned outcomes. Secondly, specific determinants of treatment effects will be examined. With the study results the SSO treatment program can be improved and empirical support can be gathered and strengthened regarding ecological treatment for families in which physical child abuse has occurred.

### **Methods**

The study focuses on the effects of SSO on parents and their children (aged 4-16 years). The study will include 10-15 families. Measurements will take place before, during, and after the intervention (6 and 12 months), using questionnaires, interviews, and observational tasks.

Effectiveness of the intervention will be established in terms of statistical and clinically significant change in the outcome measures.

### **Results**

After an inclusion period of 2 years there were still not enough families that started with the SSO intervention. Therefore, the effectiveness study was stopped. The project will be continued in 2014 by means of a process evaluation and a study on the intake and referral practice in Youth Care Agencies (*Bureau Jeugdzorg*).

### **Output**

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### **Researchers**

MSV Choenni MSc (researcher until September 2012), CPG Couwenbergh PhD (researcher), CTM Schrijvers PhD (project leader), Prof H van de Mheen PhD (project leader)

**In collaboration with:** De Waag, Centre for Outpatient Forensic Psychiatry, Child and Adolescent Trauma Centre (Haarlem), Youth Care Agency (Haarlem), Rivierduiden, Centre for Mental Health Care (Leiden)

**Term:** September 2011 - December 2015

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





## 5. Collaboration

### Participation in research schools/collaboration universities

IVO collaborates with several research schools, in which several universities are represented: The Netherlands Institute for Health Science, Rotterdam), Tranzo (Research Program Transformation in Care, Tilburg), CaRe (Primary Care Research, 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 advisory board of the Dutch Public Health Federation (NPHF). She is also 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*). Professor van de Mheen is a member of the advisory committee "High specialized Mental Health Care" established by the National Health Council. 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 participant in the international projects: GENACIS (European project on Gender, Alcohol and Culture Genacis); Consortium Up to date (Use of psychoactive substances in adults: Prevention and Treatment by General practitioners and occupational physicians. **DATA** Retrieval); and Alice RAP (Addictions and Lifestyles in Contemporary Europe – Reframing Addiction).



## 6. Organization

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Michelle Snelleman MSc	0,8	PhD student		snellemans@ivo.nl
Barbara van Straaten MSc	0,8	PhD student		straaten@ivo.nl
Elske G Wits MSc	0,8	Coordinator Advice and Implementation		wits@ivo.nl

Total fte's Researchers + PhD's 2013	:	11,1
- Total fte's Researchers 2013	:	7,1
- Total fte's PhD's 2013	:	4,0
Total fte's Support 2013	:	4,0



## 7. Publications

### International scientific

Cock, de R, J Vangeel, A Klein, P Minotte, O Rosas, GJ Meerkerk (2013) Compulsive use of social networking sites in Belgium: Prevalence, profile, and the role of attitude toward work and school. *Cyberpsychology, Behavior and Social Networking*, 17(3), 166-171. doi:10.1089/cyber.2013.0029

Hellman M, TM Schoenmakers, BR Nordstrom, RJ van Holst (2013) Is there such a thing as online video game addiction? A cross-disciplinary review. *Addiction Research & Theory*, 21(2), 102–112. doi:10.3109/16066359.2012.693222

Kuss DJ, AJ van Rooij, GW Shorter, MD Griffiths, D van de Mheen (2013) Internet addiction in adolescents: Prevalence and risk factors. *Computers in Human Behavior*, 29(5), 1987–1996. doi:10.1016/j.chb.2013.04.002

Kuss DJ, GW Shorter, AJ van Rooij, MD Griffiths, TM Schoenmakers (2013) Assessing Internet addiction using the parsimonious Internet addiction components model - A preliminary study. *International Journal of Mental Health and Addiction*, online. doi:10.1007/s11469-013-9459-9

Kremers S, E Sleddens, S Gerards, J Gubbels, G Rodenburg, D Gevers, P van Assema (2013) General and food-specific parenting: measures and interplay. *Childhood obesity (Print)*, 9 Suppl, S22–31. doi:10.1089/chi.2013.0026

Rodenburg G, SPJ Kremers, A Oenema, D van de Mheen (2013) Associations of parental feeding styles with child snacking behaviour and weight in the context of general parenting. *Public health nutrition*, 1–10. doi:10.1017/S1368980013000712

Rodenburg G, A Oenema, SPJ Kremers, D van de Mheen (2013) Clustering of diet- and activity-related parenting practices: cross-sectional findings of the INPACT study. *International Journal of Behavioral Nutrition and Physical Activity*, 10, 36. doi:10.1186/1479-5868-10-36

Rodenburg G, A Oenema, M Pasma, SPJ Kremers, D van de Mheen (2013) Clustering of food and activity preferences in primary school children. *Appetite*, 60, 123–32. doi:10.1016/j.appet.2012.10.007

Rumpf HJ, AA Vermulst, A Bischof, N Kastirke, D Gürtler, G Bischof, GJ Meerkerk, U John, C Meyer (2013) Occurrence of Internet addiction in a general population sample: A latent class analysis. *European Addiction Research*, 20(4), 159–166. doi:10.1159/000354321

Schelleman-Offermans K, RA Knibbe, M Derickx, D van de Mheen (2013) A process evaluation of a community intervention to reduce youth drinking. *Sucht*, 59, 249-259

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 (2013) 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*, 16, 1206-1214

Van den Eijnden, RJJM, A Vermulst, AJ van Rooij, R Scholte, D van de Mheen (2013) The bidirectional relationships between online victimization and psychosocial problems in adolescents: A comparison with real-life victimization. *Journal of Youth and Adolescence*, published online.

doi:10.1007/s10964-013-0003-9

### **Further scientific**

Barendregt C, E Wits (2013) Proeftuinen van herstel. Tijdschrift Verslaving Volume 9, Issue 4, pp 34-46

Straaten van B (2013) Middelengebruik door mensen met een licht verstandelijke beperking: hoe gaan we er mee om? Tijdschrift voor Gezondheidswetenschappen, 1, 28-29

Tsitsika A, M Janikian, EC Tzavela, TM Schoenmakers, K Ólafsson, E Halapi, ... C Richardson (2013) Internet use and internet addictive behaviour among European adolescents: A cross-sectional study. Retrieved from [http://www.eunetadb.eu/files/docs/Qualitative\\_Report\\_D6.pdf](http://www.eunetadb.eu/files/docs/Qualitative_Report_D6.pdf)

### **Book Chapter**

Van Rooij AJ, TM Schoenmakers, RJM van den Eijnden, AA Vermulst, D van de Mheen (2013) Friendship quality matters for multiplayer gamers: The role of online and real-life friendship quality in the relationship between game addiction and psychosocial wellbeing in a sample of adolescents online gamers. In: Quant T, Kröger S (eds). Multiplayer. The Social Aspects of Digital Gaming. Routledge London/New York, 2013, P 213-225

### **Other publications**

Barendregt C, M Dijkstra, G Rodenburg (2013) Kijk op de uitvoering van trajectregie in Rotterdam. Evaluatie van ontwikkelde werkwijzen en trends binnen het Plan van Aanpak Maatschappelijke Opvang II (interne rapportage). Rotterdam: IVO

Barendregt C, G Rodenburg (2013) Schuldenproblematiek bij kwetsbare jongeren. Een kwalitatief onderzoek naar kwetsbare jongeren met schulden in Rotterdam. Rotterdam: IVO

Barendregt C, D van de Mheen, E Wits (2013) Screenen op middelengebruik en psychische klachten in de maatschappelijke opvang. Rotterdam: Stichting IVO

Barendregt C, E Wits (2013) Vroegsignalering van middelenproblematiek bij jongeren. Voorbeelden van toepassing van de Richtlijn vroegsignalering middelenmisbruik of afhankelijkheid in de praktijk. Rotterdam: Stichting IVO

Barendregt C, E Wits, G de Haan, R Schippers, L van Duin (2013) Liggen we op koers? Herstelondersteunende verslavingszorg en inzet van ervaringskennis in vier praktijkvoorbeelden. Rotterdam: IVO

Couwenbergh C, E Wits (2013) Samenwerken om bij middelenproblematiek tijdig te signaleren, door te verwijzen en te behandelen. Voorbeelden van verslavingspreventie en -zorg voor kwetsbare jongeren in de jeugdsector. Rotterdam: IVO

Hammink A, CTM Schrijvers, D van de Mheen (2013) Daklozen zonder OGGZ-problemen in Rotterdam. Het CVD project Preventie Dakloosheid: kenmerken van cliënten en de werkwijze van voorzieningen. Rotterdam: IVO

Hammink A, D van de Mheen (2013) Ambulante begeleiding door Stichting Ontmoeting: profiel en zorggebruik van daklozen zonder OGGZ problemen. Rotterdam: IVO

Hammink A, CTM Schrijvers (2013) Klantprofielen van kwetsbare jongeren die zich melden bij het Jongerenloket. IVO: Rotterdam

Hammink A, E Wits (2013) Klantprofielen van jongeren die zich melden bij het jongerenloket. IVO: Rotterdam

Laan J van der, B van Straaten, S Boersma, DTM Schrijvers, D van de Mheen, J Wolf (2013) Daklozenprofielen in de vier grote steden en veranderingen in wonen, kwaliteit van leven en hulpbehoeften. Resultaten uit de tweede meting van de Cohortstudie naar daklozen in de vier grote steden (Coda-G4). Rotterdam/Nijmegen: IVO/UMC St Radboud

Meerkerk GJ, TM Schoenmakers (2013) Hoe harder hoe beter? Een onderzoek naar de relatie tussen het kijken naar online pornografie en het optreden van tolerantie- en sensibilisatie-effecten. Rotterdam: IVO

Meerkerk GJ, TM Schoenmakers, WJC van Ansem, D van de Mheen (2013) Effectevaluatie van de behandeling van alcoholverslaving door SolutionS Center Voorthuizen. Rotterdam: IVO

Mheen D van de (2013). Zorgen voor morgen? The day after.... Inaugurele reden. Maastricht: Maastricht University

Rodenburg G, CTM Schrijvers (2013). Het geheim van Goeree. Een studie naar het bereik van ouders op Goeree Overflakkee in het kader van genotmiddelenpreventie bij 10- tot 12-jarigen. Rotterdam: IVO

Rodenburg G, L Veldhuis, TM Schoenmakers (2013) Pilot-implementatie "Protocol voor signalering, screening en kortdurende interventie van risicovol alcoholgebruik bij jongeren". Procesevaluatie bij het implementatieproject in de GGD-regio Zuid-Holland Zuid. Rotterdam: IVO

Schippers R, C Barendregt, G de Haan, E Wits (2013) Liggen we op koers? Vier praktijkvoorbeelden van herstelondersteunende verslavingszorg. Rotterdam: IVO

Van Ansem WJC van, E Wits (2013) Seksueel grensoverschrijdend gedrag onder jongeren in Rotterdam. Onderzoek naar omvang, risicogroepen en benodigde aanpak. Rotterdam: IVO

Van Duin L, TM Schoenmakers, L Veldhuis, M Janikian (2013) Risico's in internetgebruik door jongeren. Verslag over de Nederlandse jongeren binnen een Europees onderzoek naar risicovol en verslavend internetgebruik Rotterdam: IVO

Van Rooij AJ, TM Schoenmakers (2013) Monitor Internet en Jongeren 2010-2012. Het (mobiele) gebruik van sociale media en games door jongeren. Rotterdam: IVO

Van Rooij AJ (2013) Gameadviesopmaat.nl: Bezoek in het eerste jaar. Rotterdam: IVO. Available at <http://bit.ly/YPpge0>

Van Straaten B, J van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf, D van de Mheen (2013) Profile of homeless people in Amsterdam: Profiel van daklozen in Amsterdam: Resultaten uit de eerste meting van de cohortstudie naar daklozen in de vier grote steden (Coda-G4). Available at: [http://www.codag4.nl/Stedenrapportages\\_eerste\\_meting.83](http://www.codag4.nl/Stedenrapportages_eerste_meting.83)

Van Straaten B, J van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf, D van de Mheen (2013) Profile of homeless people in Rotterdam: Profiel van daklozen in de vier grote steden: Resultaten uit de eerste meting van de cohortstudie naar daklozen in Rotterdam (Coda-G4). Available at: [http://www.codag4.nl/Stedenrapportages\\_eerste\\_meting.83](http://www.codag4.nl/Stedenrapportages_eerste_meting.83)

Van Straaten B, J van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf, D van de Mheen (2013) Profile of homeless people in Den Haag: Profiel van daklozen in de vier grote steden: Resultaten uit de



eerste meting van de cohortstudie naar daklozen in Den Haag (Coda-G4). Available at:  
[http://www.codag4.nl/Stedenrapportages\\_eerste\\_meting.83](http://www.codag4.nl/Stedenrapportages_eerste_meting.83)

Van Straaten B, J van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf, D van de Mheen (2013) Profile of homeless people in Utrecht: Profiel van daklozen in de vier grote steden: Resultaten uit de eerste meting van de cohortstudie naar daklozen in Utrecht (Coda-G4). Available at:  
[http://www.codag4.nl/Stedenrapportages\\_eerste\\_meting.83](http://www.codag4.nl/Stedenrapportages_eerste_meting.83)

Wits E, V Choenni, L van Duin (2013) Verslavingsreclassering voor jongeren met middelenproblematiek. Ontwikkeling van een landelijk, eenduidig aanbod van advies, toezicht en gedragsinterventies. Rotterdam: IVO

### **Thesis**

Rodenburg G. (2013) Family matters? Parental influences on primary school children's energy balance-related behaviours and weight. Rotterdam: IVO (IVO-reeks 73: thesis)



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