

The logo for IVO, featuring the letters 'IVO' in a bold, black, sans-serif font. The letter 'O' is replaced by a blue circle with a white ring inside, resembling a magnifying glass or a lens. The entire logo is enclosed in a white rounded rectangle with a thin black border.

IVO

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

# Annual Report

2014



# Annual Report 2014



# IVO

## ADDICTION RESEARCH INSTITUTE

ANNUAL REPORT 2014



IVO  
July 2015

Heemraadssingel 194  
3021 DM Rotterdam  
The Netherlands

tel: +31 (0) 10 425 33 66  
Email: [secretariaat@ivo.nl](mailto:secretariaat@ivo.nl)  
Website: [www.ivo.nl](http://www.ivo.nl)



## Content

<b>1.</b>	<b>Foreword</b>	<b>4</b>
<b>2.</b>	<b>About the IVO</b>	<b>5</b>
	IVO in brief	5
	Vision	6
	Knowledge sharing and education	9
<b>3.</b>	List of projects	<b>10</b>
<b>4.</b>	<b>Project descriptions</b>	<b>13</b>
	Domain Addictive substances	13
	Alcohol	13
	Illicit Drugs	23
	Smoking	27
	Domain Hazardous behaviors	29
	Internet use	29
	Gambling	36
	Risky nutritional behavior	38
	Domain Social relief and social care	43
	Other	53
<b>5.</b>	<b>Collaboration</b>	<b>59</b>
	Participation in research schools/collaboration universities	59
	External affiliations and representations	59
<b>6.</b>	<b>Organization</b>	<b>60</b>
<b>7.</b>	<b>Publications</b>	<b>61</b>

# 1. Foreword

## **We present the Annual Report IVO 2014**

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

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

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

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

Dike van de Mheen & 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 25 employees/associated researchers
- Bringing together various areas of expertise in the field of lifestyle and addiction
- A professional and project-based organization in which the composition of the team of researchers and advisers varies per project

#### **Our mission**

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

#### **Our approach**

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

#### **Our services**

- Fundamental research
- Applied research
- Policy-based research

#### **Our research themes**

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



## **Supervisory Board**

R Gorter MSc (independent chairman) since 1 April  
A Vreeken LLM (representative of the Volksbond Foundation Rotterdam and treasurer) until 1 July  
Prof JP Mackenbach PhD (representative Erasmus Medical Center)  
GJJ Prins MSc (independent member) until 1 May  
P Broedelet LLM (independent member)  
MJBM Goumans PhD (independent member)  
A Thissen LLM (independent member) since 1 April

## **Board of Directors**

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

## **Scientific Chairs**

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

## **Vision**

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

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

IVO's research focuses on the general population and its subgroups, particularly vulnerable groups, such as people with a high risk of (harmful) substance use and/or related problems. These include youths, young adults and seniors, as well as groups covered by the social relief system and social care, such as homeless individuals. Another vulnerable subgroup that will receive attention in the future are people with a mild intellectual disability (MID).

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

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.

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 intern, IVO realized the following educational activities in 2014:

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

### 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 2014, running in 2014 or finished in 2014.

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, 2014 including. The 2014 output only is given in the list of publications (p. 68).

#### Alcohol

##### **New in 2014**

- 1 Early detection of alcohol problems among elder clients of a home care organization (p. 13)
- 2 Recovery and relapse among fellows and clients of SolutionS (p. 14)
- 3 Alcohol, marketing and youth (p. 15)

##### **Running in 2014**

- 4 Implicit cognitions and relapse in alcohol addiction: process and moderators (p. 15)
- 5 Partnership Early Detection of Alcohol (PVA) (p. 17)
- 6 Improving reach of community-based addiction prevention among vulnerable youth (p. 18)
- 7 Plan of attack ‘Alcohol and Drug’ at intermediate vocational education: evaluation of effect and of process (p. 19)
- 8 Implementation of alcohol screening & brief interventions (ASBI) in general practice (p. 20)

##### **Finished in 2014**

- 9 Literature review alcohol marketing and alcohol use in youth (p. 21)
- 10 Expansion of a course for the prevention of internet and game addiction, aimed at prevention workers in addiction care (p. 22)

#### Illicit Drugs

##### **New in 2014**

- 11 The gender dimension of non-medical use of prescription drugs in Europe and the Mediterranean region (p. 23)

##### **Running in 2014**

- 12 Moti-4: Assessing the effectiveness of a targeted preventive cannabis intervention (p. 24)

##### **Finished in 2014**

- 13 Guideline substance use Youth Care (p. 25)
- 14 Anxiety disorders and substance abuse: Development of a treatment guideline (p. 25)

## Smoking

### Running in 2014

- 15 Developing and testing strategies to effectively reach and involve resistant hard-core smokers in tobacco control (p. 27)

## Internet use

### New in 2014

- 16 Recognition Tailored Game Advice website (gameadviesopmaat.nl) (p. 29)  
17 Parenting practices for the prevention of problematic Internet use among primary school children: an exploratory study (p. 29)

### Finished in 2014

- 18 Neurocognitive aspects of online game addiction: Role of cognitive control (p. 30)  
19 Cyberslacking: Using internet for private purpose at work; prevalence and association with characteristics of work and employee (p. 31)  
20 Behavioral addictions in the Netherlands in 2013: An inventory (p. 32)  
21 Clinical Video game Addiction Test (C-VAT) (p. 33)  
22 Cognitive aspects of video game addiction (p. 34)

## Gambling

### Finished in 2014

- 23 ALICE RAP: Addiction and Lifestyles in Contemporary Europe – Reframing Addictions Project (p. 36)

## Risky Nutritional behavior

### Running in 2014

- 24 Ethnic differences in overweight and obesity among primary school children in the Netherlands, the IVO Nutrition and Physical Activity Child cohort (INPACT) (p. 38)

### Finished in 2014

- 25 Environmental determinants of dietary behaviours of children: the IVO Nutrition and Physical Activity Child cohort (INPACT) (p. 39)

## Social relief and social care

### New in 2014

- 26 Antisocial behavior and problematic substance use among forensic patients (p. 43)  
27 Homeless and former homeless people look back on their individual assistance program (Qualitative study Coda G4) (p. 44)  
28 Quality of life assessment of people with psychiatric problems in need of help: One size does not fit all (p. 45)

- 29 Daytime activities: an important output variable (p. 46)  
**Running in 2014**  
30 Evaluation 'Nieuwe Energie' (New Energy) (p. 47)  
31 Cohort study amongst homeless people in Amsterdam, The Hague, Rotterdam and Utrecht (the G4): Coda-G4 (p. 48)

**Finished in 2014**

- 32 Trends in homelessness in Rotterdam (p. 51)  
33 Process evaluation of 'lifestyle training' for justiciables (p. 52)

**Other**

**New in 2014**

- 34 Increase the reach of preventive interventions among informal caregivers and employed persons (p. 53)  
35 Sam Sam Together Strong (p. 53)  
36 Retraining approach bias in forensic sexual offenders and sexual addicts (p. 55)  
37 IVO Jubilee Masterclass Addiction 2014: Talking, Pills and Technology (p. 55)

**Finished in 2014**

- 38 Development Master protocol maintenance (p. 56)  
39 Referral to care in cases of child abuse (p. 57)

## **4. Project descriptions**

### **Domain Addictive substances**

#### **Alcohol**

##### **1 Early detection of alcohol problems among elder clients of a home care organization**

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

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

###### **Methods**

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

###### **Results**

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

###### **Output**

-

###### **Researchers**

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



**Term:** January 2014 – September 2015  
**Financing:** Fund NutsOhra (*Fonds NutsOhra*)

## **2 Recovery and relapse among fellows and clients of SolutionS**

### **Aim and research questions**

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

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

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

### **Methods**

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

### **Results**

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

### **Output**

-

### **Researchers**

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

**Term:** May 2014 – September 2015  
**Financing:** SolutionS Addiction Care (*Solutions Center*)

### **3 Alcohol, marketing and youth**

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

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

The current research aims to study the relationship between marketing exposure and alcohol use in youth, as well as factors influencing this relationship. Also, we aim to put the effect of marketing into perspective by studying the effect that other modifiable factors have on alcohol use in youth.

#### **Methods**

A longitudinal, 3 wave, cohort study among 1,500 adolescents at baseline. Baseline measurement (T0) took place in November 2014 in the second school year of secondary school (typical ages 13-14), T1 is 12 months later (ages 14-15) and T2 another 12 months later (ages 15-16). The study uses a school-based survey, using tablets, (number of participating schools to assess marketing exposure, alcohol use and interpersonal and environmental factors).

#### **Results**

Expected after the third wave, early 2017.

#### **Output**

-

#### **Researchers**

G Rodenburg PhD (researcher ) TM Schoenmakers PhD (projectleader)

#### **In collaboration with:** -

**Term:** February 2014 – May 2017

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

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

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

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

moderator. The global hypothesis is that abstinent alcoholic patients have a greater chance to relapse when they are cognitively vulnerable: high on impulsivity and trait anxiety, low in WMC, and highly sensitive to alcohol-related cues.

## **Methods**

The research project consists of 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 are followed by Ecological Momentary Assessments (EMA). This relatively new method studies processes in near real-life. Participants are asked to carry around a pocket PC and answer questions and perform small tasks for a certain number of times per day. The participants will carry the pocket PC for a month and will be contacted 2 months and 3 months after the end of treatment to assess their relapse status. In Study 4, all data from the previous studies are 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 patient's needs.

## **Results**

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

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

Study 3 shows that attentional bias and approach/avoidance tendencies are not predictive of relapse in an abstinent outpatient alcohol-dependent sample. Additionally, trait anxiety evokes craving, and this relationship is moderated by drinking to cope with negative affect. Trait anxiety was not associated with pretreatment drinking levels of the participants.

Finally, Study 4 shows that differences exist between random assessments and temptation assessments regarding various subjective variables, such as craving and temptation, current stress and stress in the past hour, and abstinence motivation.

## **Output**

Snelleman M, TM Schoenmakers, D van de Mheen (2014). The relationship between perceived stress and cue sensitivity for alcohol. *Addictive Behaviors*, 39(12), 1884–1889.  
<http://doi.org/10.1016/j.addbeh.2014.07.024>

Snelleman M, TM Schoenmakers, D van de Mheen (submitted) Relapse and Craving in Alcohol-Dependent Individuals: a Comparison of Self-Reported Determinants

Snelleman M, TM Schoenmakers, D van de Mheen (submitted) Attentional bias and approach/avoidance tendencies do not predict relapse or time to relapse in alcohol-dependency

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

Snelleman M, AJ Waters, TM Schoenmakers, E Szeto, IHA Franken, V Hendriks, D van de Mheen (in preparation) Unraveling the natural history of craving in alcohol-dependent outpatients using Ecological Momentary Assessment

### **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 (*Erasmus MC Rotterdam*)

## **5 Partnership Early Detection of Alcohol (PVA)**

### **Aim and research questions**

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

### **Methods**

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

### **Results**

The adapted protocol, including the list of issues for implementation, can be found on:

<http://www.vroegsignaleringalcohol.nl/werkgroepen/werkgroep-jongeren/producten>.

Early 2014 the protocol was submitted to the Centre for Healthy Living for approval. Early 2015 the protocol was approved as a well-described protocol (see: <http://www.loketgezondleven.nl/i-database/interventies/p/1402300/>).

### **Output**

Risselada A, TM Schoenmakers, G Rodenburg, L Naaborgh (2014) Protocol voor signalering, screening en kortdurende interventie van risicovol alcoholgebruik bij jongeren. 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 – March 2015  
**Financing:** Partnership Early Detection of Alcohol (PVA)

## **6 Improving reach of community-based addiction prevention among vulnerable youth**

### **Aim and research questions**

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

### **Methods**

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

### **Results**

Data collection of the assessment phase was completed end 2013. Data collection for the response phase was completed end 2014. The assessment in one of the selected areas revealed that hardly any vulnerable youth are present in local public space. In two of the other areas both adolescents and teenagers constitute vulnerable youth. Adolescents appear to use cannabis and sometimes other drugs in a problematic manner, many of them 'resistant' to preventive interventions. The identified teenagers use alcohol and drugs with diminishing frequency. In the third area, vulnerable youth is difficult to find, mainly due to difficulties of the RAR team to tap into relevant social networks. The assessment phase in all four areas is finalized with focus group interviews with relevant stakeholders, and for three areas an assessment report has been published. The reports include action plans based on the results of the assessment. In three areas, outreach prevention workers will implement the action plans. Results of the response phase are expected early 2015.

### **Output**

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

Barendregt C, A Hammink, E Wits, D van de Mheen (2015) *Wijkgerichte verslavingspreventie. Ervaringen met Rapid Assessment and Response in vier Nederlandse wijken*. Rotterdam: IVO

Hammink A, C Barendregt, E Wits, D van de Mheen (2015) Wijkscan Plus: lokaal gedragen preventie van middelengebruik onder kwetsbare jongeren. Rapid Assessment and Response als basis voor preventie op wijkniveau. Rotterdam: IVO

#### **Researchers**

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

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

**Term:** September 2012 – January 2015

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

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

### **Aim and research questions**

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

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

### **Methods**

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

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

### **Results**

Although our study could not demonstrate that the plan of attack was effective in reducing students’ alcohol use, drug use and alcohol/drug-related problems, the logbook and interview data elucidated the reasons why. Implementation of the plan of attack was hampered by organizational problems (e.g. insufficient publicity and support for the plan of attack among teachers) and practical problems (e.g. suitable addiction care professionals, as part of the plan of attack, were difficult to acquire and not available when other components of the plan were implemented). These implementation problems also hampered the research, resulting in relatively low levels of response.

### **Output**

Two English-language papers, a Dutch report, a Dutch paper and a Dutch factsheet are expected in 2015.

## Researchers

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

**Term:** October 2012 – February 2015

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

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

### Aim and research questions

In the Netherlands more than 10% of the Dutch population age 16-69 years drink alcohol at levels considered hazardous or harmful, and among those aged 16-25 years this percentage is even higher, i.e. 34% of men and 9% of women (Van Dijck & Knibbe, 2005). The primary healthcare setting seems well suited to implement screening and brief interventions (SBI) for the prevention of problematic alcohol use. There is sufficient evidence to support the efficacy and (cost-) effectiveness of alcohol screening and brief interventions (ASBI) in a primary healthcare setting (Bartholet et al., 2005; Kaner et al., 2009), indicating that ASBI, compared with control conditions, leads to a significant reduction of hazardous and harmful alcohol use as well savings in healthcare resources. However, it is difficult to find effective implementation strategies and combine them into an effective implementation model. In a series of studies we will systematically investigate solutions to known barriers and, specifically, the implementation of the practice nurse 'mental health' in general practice. Based on the results of these studies, we will develop an implementation effort in which combined strategies will be tested. The following studies will be performed:

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

## Results

Delphi study: In total, 39 out of 69 (57% response rate) participants enrolled in the first round, 214 participants completed the second round, and 144 participants (67% response rate) completed the third round questionnaire. Results show that participants reached consensus on 62 of 84 strategy items. Differences between groups were primarily found between GPs and practice nurses on the one hand, and addiction prevention workers on the other. The strategies found represent views from healthcare professionals and addiction prevention experts and, as such, fit with their belief about what is required to implement ASBI in primary healthcare in the Netherlands. The main finding of this study is that implementation efforts should not only focus on strategies targeting the provider, organization and patient level, but should also take into account outer setting strategies, characteristics of the specific strategy/intervention, and the process of implementation. The study also showed that a multi-faceted approach for each barrier might be needed to implement ASBI in general practice. In summary: this explorative study identified a broad set of feasible strategies aimed at overcoming barriers to ASBI implementation in routine practice and paves the way for future research to experimentally test the identified implementation strategies using multifaceted approaches.

## Output

-

## Researchers

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

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

**Term:** May 2013 – May 2017

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

## 9 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:

- What is the current state of evidence regarding the relationship between alcohol marketing and adolescent alcohol use?
- Which factors are known to influence the relationship? (mediating & moderating factors)

### Methods

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

- A. Peer-reviewed longitudinal 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)

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**

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

## **Output**

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

## **Researchers]**

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

**Term:** November 2013 – March 2014

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

## **10 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**

Open-entry courses took place in January 2014, November 2014, and an in-company session at a major addiction care clinic (VNN) was held in March 2014.

### **Output**

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

### **Researchers**

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

**Term:** November 2013 – December 2014

**Financing:** Course fees

# Domain Addictive substances

## Illicit Drugs

### 11 The gender dimension of non-medical use of prescription drugs in Europe and the Mediterranean region

#### Aim and research questions

Understanding gender as it relates to drug use and drug-use disorders is a critical requirement for developing effective policy and practice responses. This study aims to explore the gender dimension of the non-medical use of prescription drugs (NMUPD) in Europe and the Mediterranean region, to build on the corpus of knowledge on the subject, and to help identify gaps in this knowledge.

The main aims of this study are:

- To explore gender differences in NMUPD in Europe and the Mediterranean region through a documentation of secondary sources;
- To identify gaps in the data available for Europe and the Mediterranean region;
- To make recommendations for further research;
- To make recommendations for policy development and practice.

#### Methods

The research tool used in this study was a questionnaire sent to experts nominated by the permanent correspondents of the Pompidou Group (PG) member states and former member states, and experts nominated through the PG's Mediterranean Network (MedNET) correspondents for the Mediterranean region countries.

This study is based on a geographically representative sample of PG member states, MedNET participating countries and some former PG member states. Seventeen countries participated: Cyprus, Czech Republic, Egypt, France, Germany, Greece, Ireland, Israel, Italy, Lebanon, Lithuania, Malta, Morocco, Serbia, the Netherlands, Tunisia and the United Kingdom (Wales only).<sup>1</sup>

#### Results

The literature review identifies woman as a high-risk category for NMUPD and shows that gender is not predictive in the same direction across different drug categories. It highlights how the telescoping phenomenon is evident for women in their NMUPD "career path" and that women manifest different patterns of use compared to men. It highlights how trauma and interpersonal violence may be causal factors for NMUPD among women.

The submitted data indicates that, in the general population, the use of prescription drugs is higher among women than men. Prescription-drug use increases with age, with the thirties constituting the highest risk period. No conclusion about gender influences on the use of a specific class of prescription drug were reached.

Disparity in the type of drug use surveyed in relation to prescription-drug use and NMUPD makes comparison of prevalence rates particularly problematic, and there is no clear documentation of the full extent of NMUPD which would allow researchers to highlight gender differences. Data-collection instruments, such as general population drug prevalence surveys, do not always distinguish between

---

<sup>1</sup> Wales is not a sovereign state but rather a semi-autonomous region of the UK.

“medical use” and “non-medical use”. The national data on the use and misuse of prescription drugs among general populations should, therefore, be interpreted very cautiously.

#### **Output**

M Clark (2015) The gender dimension of non-medical use of prescription drugs in Europe and the Mediterranean region

#### **Researchers**

E Scholten MSc (researcher), Prof H van de Mheen PhD (project leader)

**In collaboration with:** Pompidou Group, Council of Europe

**Term:** January 2014 – September 2014

**Financing:** Council of Europe, Italian Authorities Department of Anti Drug Policies

## **12 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.

### **Results**

In the pilot study a significant change in both outcome measures was observed. Results of the RCT are expected in 2015.

### **Output**

Four articles are submitted or in preparation

### **Researchers**

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

**In collaboration with:** Mondriaan Organisation for Mental Health Care, Maastricht University, University of Southern California, LA, USA  
**Term:** 2010 - 2015  
**Financing:** Mondriaan Organisation for Mental Health Care (*Mondriaan Organisatie voor Geestelijke Gezondheidszorg*)

### **13 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*), was to develop a guideline for substance use among children and adolescents, for professionals. The guideline provides professionals with practical and uniform ways to signal, to intervene pedagogically, and to work together with parents and Youth Care/Addiction Care. The IVO has, in cooperation with Scoring Results, contributed to the development of the guideline with its knowledge on youth, and youth addiction care.

#### **Methods**

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

#### **Results**

After completion of the pilot implementation, the final version of the guideline was written and authorized by the professional organizations of youth workers, and will be published mid 2015.

#### **Output**

Wits E, T Doreleijers, W van den Brink, D Meije, B van Wijngaarden, G van de Glind (2015) Richtlijn Middelengebruik in de jeugdhulp. Utrecht: Trimbos-instituut

#### **Researchers**

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

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

**Term:** December 2012 – February 2014

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

### **14 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.

The 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 guideline and the patient leaflet have been revised.

### **Output**

Snoek A, EG Wits, W Meulders (2012) Richtlijn Middelenmisbruik of -afhankelijkheid en angststoornissen. Addendum bij de MDR Angststoornissen. Versie 1.0. Amersfoort: Resultaten Scoren.

Snoek A, EG Wits, W Meulders (2012) 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 Mental Health Care), L de Vooght MSc (advisor, Mondriaan Mental Health Care), K Schruers MSc (advisor, Mondriaan Mental Health Care), M Wellmer PhD (advisor, Mondriaan Mental Health Care), N Gielen MSc (advisor, Mondriaan Mental Health Care)

**In collaboration with:** Mondriaan Organization for Mental Health Care

**Term:** October 2013 – June 2014

**Financing:** Scoring Results Foundation: Knowledge Centre Addiction

## **Domain Addictive substances**

### **Smoking**

#### **15 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. Several studies were performed to develop this online intervention.

##### **Methods**

At the start of this project little was known about how hardcore smokers could be motivated to visit a website about smoking behaviour. Therefore, in Study 1 focus group interviews were held with hardcore smokers and former hardcore smokers. We aimed to gain insight into the ambivalence hardcore smokers have towards their own smoking behaviour. This information will be useful in the final part of the project, when a website is created based on Motivational Interviewing principles. The knowledge gained from the focus groups was used in a subsequent online survey. In Study 2 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, an experiment was conducted to test whether we could influence dysfunctional cognitions in hardcore smokers. We combined a self-affirmation manipulation and a self-efficacy manipulation to increase intention to quit, perceived self-efficacy, and receptiveness to antismoking messages.

Based on the results of Studies 1-3, we developed an online intervention for hardcore smokers. In this online intervention, hardcore smokers are encouraged to evaluate their beliefs about smoking. The intervention contains manipulations from Study 3 and provides participants with individualised feedback about their perceived costs and benefits of smoking and quitting. The intervention aims to change smoking behaviour, to increase intention to quit, to increase self-efficacy, and to increase receptivity to subsequent anti-smoking messages. In the future, this intervention could easily be converted for use 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. In Study 4, the effectiveness of the online intervention was tested in a randomised controlled experiment.

##### **Results**

In Study 1 a number of themes were distinguished related to the perceived pros and cons of smoking and quitting in hard-core smokers; these data have been published. In Study 2, in 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 three profiles also emerged, of which two were similar to those among hard-core smokers. In Study 3, we developed a self-affirmation manipulation for hardcore smokers. Two papers related to Study 2 and 3 are in preparation, and Study 4 has not yet been completed.

**Output**

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

**Researchers**

J Bommelé 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

#### 16 Recognition Tailored Game Advice website ([gameadviesopmaat.nl](http://gameadviesopmaat.nl))

##### Aim and research questions

It is established that a small group of adolescents has trouble controlling their game use. Moreover, a small proportion of adolescents even develops problems with game use that warrant clinical treatment. As part of the 2011 PhD thesis 'Online video game addiction. Exploring a new phenomenon', a measure was developed which aims to assess the level of game addiction – the Video game Addiction Test (VAT). A new website, [www.gameadviesopmaat.nl](http://www.gameadviesopmaat.nl) was constructed using the VAT in a previous project (406).

##### Methods

At the request of the RIVM institute, the current project reformats the documentation and evaluation on the Tailored Game Advice website to prepare a submission for recognition as a 'well-supported' intervention in the official CGL database (<http://www.loketgezondleven.nl/interventies/i-database/>).

The process involves: a written report including (among other items): a description of the intervention, the evaluation study, and the reach of the intervention. It also involves an update of the earlier site-statistics report. Secondly, it involves the preparation of materials for the official recognition procedure.

##### Results

All materials were submitted through the official channel in March 2015.

##### Researchers

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

**Term:** August 2014 – March 2015

**Financing:** National Institute for Public Health and Environment (*RIVM*)

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

##### Aim and research questions

Children start using the Internet, including social media and games, at younger ages. Also, access to the Internet has increased significantly through smart phones and other mobile internet-connected devices. However, excessive Internet use can cause problems and parents do not necessarily know how to deal with their child's Internet use.

Due to the rapidly changing technologies, research from 10 years ago is outdated. In addition, research on media education and addiction to the Internet focusing on primary school children is lacking in the Netherlands. Therefore, the current research investigates the relationship between Internet-related parenting practices and Internet use (games and social media) among Dutch primary



school children aged 10-12 years. We hypothesize that the effectiveness of Internet-related parenting practices will depend on parental knowledge and on parental involvement regarding their child's Internet use.

### **Methods**

A (cross-sectional) survey will be conducted among 300 to 350 primary school children (grades 7 and 8, aged 10-12 years) and their parents. Prior to the survey, a pilot study on Internet use among primary school children will be performed to ensure that the children's questionnaire fits their language skills and the rapidly changing world regarding children's Internet use.

### **Results**

Expected in June 2015.

### **Output**

-

### **Researchers**

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

**Term:** September 2014 – June 2015

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

## **18 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, BJM van de Wetering, TM Schoenmakers (2015) An fMRI study of cognitive control in problem gamers. *Psychiatry Research: Neuroimaging*

## Researchers

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

**In collaboration with:** Erasmus University Rotterdam

**Term:** September 2009 – March 2014

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

## 19 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

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**

Meerkerk GJ, TM Schoenmakers, D van de Mheen (2014) Cyberslacking Het gebruik van het internet voor privédoeleinden tijdens werktijd. Rotterdam

## **Researchers**

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

**Term:** March 2013 – March 2014

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

## **20 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 substances like alcohol or cocaine. More recently, the term addiction is also used for an increasing number of addictive-like behaviors that do not require the use of psychoactive substances. The most well-known example is gambling; however, also gaming, sex and pornography, eating, or even Facebook use, have been related to addiction. Still unclear is the conceptual validity of these so-called behavioral addictions.

The current project aims at: a) making an inventory of behavioral addictions in scientific literature and their characteristics, b) estimating 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) checking 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 has been inventoried. A literature study and consultation of national experts on addiction provided insight in the theoretical and conceptual framework and in the availability of evidence-based diagnostic, therapeutic and preventive programs.

### **Results**

Internet addiction, gaming addiction, sex addiction, online pornography addiction, and eating addiction were reported most frequently by the addiction care organizations. The number of clients with these kind of problems appears to be very small, but several institutions expect these numbers to increase in the coming years. Quite often the problems appeared to coexist secondary to other more traditional forms of addiction. Most institutions are able to offer specialized or general treatment for these kind of addiction problems, and most institutions are able to conduct prevention interventions. However, not much is known about the effectiveness of these efforts. Substance and behavioral addictions appear to have a lot of symptoms in common, although the severity of the consequences may vary.

### **Output**

Van Rooij AJ, L Defuentes-merillas, GJ Meerkerk, IMT Nijs, D van de Mheen, TM Schoenmakers (2014) Gedragsverslavingen: de stand van zaken in wetenschap en praktijk. Amersfoort / Rotterdam: Resultaten Scoren / IVO

## **Researchers**

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

**In collaboration with:** Novadic-Kentron

**Term:** June 2013 – April 2014

**Financing:** Scoring Results Foundation: Knowledge Centre Addiction

## **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 of the 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 limited integration with the upcoming DSM-5 with regard to 'internet use disorder'. The new assessment instrument, the C-VAT, combines current academic and clinical insights into the nature of behavioral addictions with phrasing of questions that fit with 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**

A total of 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. To replace the 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 a hindrance as we are (partially) dealing with staff that has priorities other than this specific project. Therefore, recruitment has been extended into 2014 and has been expanded to encompass the private addiction care sector. Although efforts have been increased, the recruitment process remains difficult.

### **Results**

The final result consists of a report detailing clinical profiles connected to the scores on the new Game Addiction Test C-VAT. The profiles include comorbid problems, scores on existing game addiction measures (VAT), and demographics. The report was published in Dutch and was summarized as a Dutch language journal article (submitted), and will be translated into English for submission in 2015 as a brief journal article.

### **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**

Van Rooij AJ, L van Duin, N Frielink, L DeFuentes-Merillas, TM Schoenmakers (2012) C-VAT: Clinical Video game Addiction Test. Een diagnostisch instrument voor het herkennen van gameverslaving in de klinische praktijk. TOKK, 37(3), 139-52. Retrieved from [http://www.acco.be/uitgeverij/nl/tijdschriften/tokk/jaargang\\_37/tokk\\_3-4](http://www.acco.be/uitgeverij/nl/tijdschriften/tokk/jaargang_37/tokk_3-4)

### **Researchers**

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

**In collaboration with:** Various Dutch Addiction care clinics (e.g. Brijder and Novadic-Kentron)

**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 aimed to test factors known to contribute to substance addictions in game addicts. This would 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 focused 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 was 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 was 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**

Data collection started in April 2013. However, after over a year of data collection, only 7 patients had been included, while at least 20 were needed. An additional control group of 20 healthy gamers has been tested but, within the research goals, these data were only useful in comparison to game addicts. A lack of sufficient patients entering Novadic Kentron was the main reason for the slow data collection. Because of this, Novadic Kentron and IVO decided to terminate the study.

### **Output**

-

**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 – December 2014

**Financing:** Novadic Kentron, IVO

## Domain Hazardous behaviors

### Gambling

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

##### Aim and research questions

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

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

##### Methods

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

##### Results

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

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

##### Researchers

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

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

Sheffield), T Besednjak Valič (School of Advanced Social Studies), T Ponk  
(Universiteit van Amsterdam), FJ Eiroá-Orosa (Institut Catala de la Salut Huv)  
May 2011 - April 2014  
European Commission

**Term:**

**Financing:**



## Domain Hazardous behaviors

### Risky nutritional behavior

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

##### Aim and research questions

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

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

Main research question are:

What is the prevalence of overweight and obesity, and of (un)healthy eating and exercise patterns, among migrant children as compared to Dutch children? To what extent do these differences reflect socioeconomic difference?

Are there differences in eating, exercise and sleep behaviour between native and migrant children? To what extent do these differences reflect socioeconomic differences and to what extent do they reflect differences in parental educational styles?

Are there differences in the relative importance of environmental and parental factors in the development of overweight and obesity between native and migrant children? How do parental and environmental factors interact in the development of overweight and obesity in migrant children?

##### Methods

This study 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 physical activity, energy intake and sleeping behaviour, 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

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

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

Labree LJW, D van de Mheen, FFH Rutten, G Rodenburg, G Koopmans G, M Foets (accepted for publication) Sleep duration differences between children from migrant and native origin. *J Public Health*

Labree LJW, D van de Mheen, FFH Rutten, G Rodenburg, G Koopmans, M Foets (accepted for publication) Differences in overweight and obesity among children from migrant and native origin: role of physical activity, dietary intake, and sleep duration. *PLOS ONE*

### **Researchers**

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

**In collaboration with:** Erasmus University Rotterdam

**Term:** 2008 - 2015

**Financing:** Erasmus University Rotterdam, IVO

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

### **Aim and research questions**

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

### **Research questions are:**

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

## **Methods**

This study is part of the 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 children aged 7-8 years (group 5 of Dutch primary schools) and their parents were invited to participate in the study; a sample of 1844 parents and children gave informed consent.

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

## **Results**

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 not clearly 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 were 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 factors 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 (2014) Maternal educational level and children's healthy eating behaviour: role of the home food environment. Results from the Dutch INPACT study. *International Journal of Behavioral Nutrition and Physical Activity*, **11**:113

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

**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

## Domain Social relief and social care

### 26 Antisocial behavior and problematic substance use among forensic patients

#### Aim and research questions

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

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

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

#### Methods

The project consisted of the following phases:

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

#### Results

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

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

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

#### Output

Chapter 'Severe antisocial behavior and substance use' as part of the background report belonging to the guideline 'Problematic substance use in the forensic clinical care'.

#### References

Lans M, LGM Raaijmakers, E Wits (2015) Guideline problematic substance use in the forensic clinical care. Utrecht/Rotterdam: Victas/IVO

Raaijmakers LGM, R Rodenburg, E Wits, M Lans (2015) Background report to the guideline problematic substance use in the forensic clinical care. Utrecht/Rotterdam: Victas/IVO

## **Researchers**

G Rodenburg PhD (researcher), LGM Raaijmakers PhD (researcher until December 2014), M Lans (researcher, Victas Addiction Care), EG Wits MSc (projectleader), Prof H van de Mheen PhD (project leader), G de Weert PhD (advisor, Victas Addiction Care), H Enzerink (advisor, Tactus addiction treatment)

**In collaboration with:** Victas Addiction Care, Tactus addiction treatment

**Term:** January 2014 – January 2015

**Financing:** Program of the Expertisecentrum Forensische Psychiatrie (*EFP*)

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

### **Aim and research questions**

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

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

### **Methods**

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

### **Results**

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

mental adaptation to a lasting deprived situation may play a role, whereas social workers mainly base their judgement on the factual situation.

**Output**

Research report available in 2015

**Researchers**

C Barendregt MSc (researcher), D Weverinke MSc (researcher, Impuls Nijmegen), S Boersma PhD (projectleader, Impuls Nijmegen), G Rodenburg PhD (project leader)

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

**Term:** February 2014 – June 2015

**Financing:** Ministry of Health Welfare and Sports (VWS)

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

**Aim and research questions**

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

**Methods**

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

**Results**

Not yet available

**Output**

-

**Researchers**

D Buitenweg MSc (PhD student, Tilburg University), Prof Ch Van Nieuwenhuizen PhD (promotor, Tilburg University), Prof H van Oers PhD (promotor, RIVM), Prof H van de Mheen PhD (promotor)



**In collaboration with:** Tilburg University, RIVM and six societal organizations  
**Term:** June 2014 – April 2019  
**Financing:** Netherlands Organization for Scientific Research (*NWO*)

## 29 Daytime activities: an important output variable

### Aim and research questions

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

### Methods

Three out of 14 closed youth care institutions acted as research partners. Persons responsible for the monitoring process provided in-depth information on practices. A quantitative examination was made on the (anonymised) database of the monitor provided by Youth Care Netherlands (Jeugdzorg Nederland). Cross-sectional relations were tested between the output variable 'daytime activities' and characteristics of the youngsters that were likely to correlate. Qualitative methods were applied to reveal which other variables in the monitor should be explored. Apart from the characteristics found in the database itself, the interviews focused on the processes of care, and referral to follow-up institutions and settings. Also, the monitoring process itself was explored as a possible contributing factor to explanation the phenomenon.

### Results

Analysis of the database revealed that, in addition to a large part of the variable 'daytime activities' being scored with "none" and "unknown", an even larger part of the data are missing. This indicates that compliance with the monitor is relatively low. Especially for youngsters that stay less than three months in the closed treatment setting, many "none's" and "unknown's" are reported and considerably more data are missing. Tentatively, there are three main explanations for this: 1) when youngsters leave the setting without permission (run away), no information is available on the daytime activities, 2) scoring the variable daytime activities is not required before closing the case, and 3) those responsible for entering the monitor data consider daytime activities as a variable with low priority compared with other variables based on validated questionnaires.

### Output

A research report is expected June 2015.

### Researchers

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

**In collaboration with:** Parlan/Transferium (Alkmaar), Het Poortje (Groningen), Intermetzo (Eefde)  
**Term:** September 2014 – June 2015  
**Financing:** Netherlands Organization for Health Research and Development (*ZonMw*)

## 30 Evaluation 'Nieuwe Energie' (New Energy)

### Aim and research questions

The "Nieuwe Energie" (New Energy) is a low-threshold centre for social relief in the city of Leiden; its main function is to offer shelter for homeless citizens. The centre is part of a larger organisation for social relief in Leiden and surrounding areas. Since 2012 the approach to social relief of the Nieuwe Energie has gradually transformed to a recovery-based approach. The basis of the transformation includes offering regular meals and the obligation of clients to participate in one of the activities offered by the Nieuwe Energie, e.g. catering, cleaning, street sweeping, and small jobs offered by the organisation for labour reintegration. Another part of the transformation is the opening of consumption rooms for hard drugs and cannabis, and adaptation of the house rules of the existing alcohol consumption room to the house rules of the drug consumption rooms. The departure of a wood workshop in the building of the Nieuwe Energie offered the opportunity to construct nine individual rooms in the building. These rooms are destined for temporary occupation by users of the night shelter who have prospects of finding regular housing. One of the hot topics involves the question as to whether or not the tenants are entitled to use psychoactive substance in their rooms.

The aims of the study are to: examine how the consumption room functions and its effect on the visitors; examine changes in the outdoor situation that have led to the opening of the consumption rooms; to examine the policy and house rules regarding the individual rooms; and to investigate how these things are viewed by the stakeholders.

### Methods

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

### Results

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

### Output

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

### Researchers

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

**In collaboration with:** Binnenvest Foundation  
**Term:** July 2013 - March 2015  
**Financing:** Binnenvest Foundation (*Stichting de Binnenvest*), Municipality of Leiden

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

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

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

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

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

#### **Methods**

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

#### **Results**

The results of the first measurement were published in May 2012, the results of the second measurement were published in April 2013, and the results of the third measurement were published in June 2014 (see 'Output'). Also, after every measurement separate reports for the four cities will be published (see 'Output') The final report is expected in 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, D van de Mheen (2014) 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*, 10, 19-36

Van Straaten B, CTM Schrijvers, J van der Laan, SN Boersma, G Rodenburg, RLM Wolf, D van de Mheen (2014) Daklozen met een verstandelijke beperking: prevalentie en gerelateerde psychosociale problemen. *Maandblad Geestelijke volksgezondheid (MGv)*, 69, 22-30

Van Straaten B, J van der Laan, G Rodenburg, S Boersma, J Wolf, D van de Mheen (2014) Homeless people in the four larger cities: changes in living situation, care use and quality of life; Dakloze mensen in de vier grote steden: veranderingen in leefsituatie, zorggebruik en kwaliteit van leven. Resultaten uit de derde meting van Coda-G4: 1,5 jaar na instroom in de maatschappelijke opvang. Rotterdam / Nijmegen: IVO; Impuls - Onderzoekscentrum maatschappelijke zorg Radboudumc. Available at: [http://www.codag4.nl/derde\\_rapport](http://www.codag4.nl/derde_rapport)

Scholten E, B van Straaten, J van der Laan, G Rodenburg, S Boersma, J Wolf, D van de Mheen (2014) Homeless people in Amsterdam: changes in living situation, care use and quality of life; Dakloze mensen in Amsterdam: veranderingen in leefsituatie, zorggebruik en kwaliteit van leven. Resultaten uit de derde meting van Coda-G4 in Amsterdam: 1,5 jaar na instroom in de maatschappelijke opvang. Rotterdam / Nijmegen: IVO; Impuls - Onderzoekscentrum maatschappelijke zorg Radboudumc. Available at: [http://www.codag4.nl/stedenrapportages\\_derde\\_rapport](http://www.codag4.nl/stedenrapportages_derde_rapport)

Scholten E, B van Straaten, J van der Laan, G Rodenburg, S Boersma, J Wolf, D van de Mheen (2014) Homeless people in Rotterdam: changes in living situation, care use and quality of life; Dakloze mensen in Rotterdam: veranderingen in leefsituatie, zorggebruik en kwaliteit van leven. Resultaten uit de derde meting van Coda-G4 in Rotterdam: 1,5 jaar na instroom in de maatschappelijke opvang. Rotterdam / Nijmegen: IVO; Impuls - Onderzoekscentrum maatschappelijke zorg Radboudumc. Available at: [http://www.codag4.nl/stedenrapportages\\_derde\\_rapport](http://www.codag4.nl/stedenrapportages_derde_rapport)

Scholten E, B van Straaten, J van der Laan, G Rodenburg, S Boersma, J Wolf, D van de Mheen (2014) Homeless people in Den Haag: changes in living situation, care use and quality of life; Dakloze mensen in Den Haag: veranderingen in leefsituatie, zorggebruik en kwaliteit van leven. Resultaten uit de derde meting van Coda-G4 in Den Haag: 1,5 jaar na instroom in de maatschappelijke opvang. Rotterdam / Nijmegen: IVO; Impuls - Onderzoekscentrum maatschappelijke zorg Radboudumc. Available at: [http://www.codag4.nl/stedenrapportages\\_derde\\_rapport](http://www.codag4.nl/stedenrapportages_derde_rapport)

Scholten E, B van Straaten, J van der Laan, G Rodenburg, S Boersma, J Wolf, D van de Mheen (2014) Homeless people in Utrecht: changes in living situation, care use and quality of life; Dakloze mensen in Utrecht: veranderingen in leefsituatie, zorggebruik en kwaliteit van leven. Resultaten uit de derde meting van Coda-G4 in Utrecht: 1,5 jaar na instroom in de maatschappelijke opvang. Rotterdam / Nijmegen: IVO; Impuls - Onderzoekscentrum maatschappelijke zorg Radboudumc. Available at: [http://www.codag4.nl/stedenrapportages\\_derde\\_rapport](http://www.codag4.nl/stedenrapportages_derde_rapport)

## 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), S Al Shamma MSc (researcher, Radboud University Nijmegen Medical Centre) SN Boersma PhD (copromotor, Radboud University Nijmegen Medical Centre), Prof RLM Wolf PhD (promotor, Radboud University Nijmegen Medical Centre)

**In collaboration with:** Radboud University Medical Center, Department of Primary and Community Care, Impuls - Netherlands Center for Social Care Research

**Term:** February 2010 – September 2015

**Financing:** Ministry of Health, Welfare and Sport (*VWS*)

## 32 Trends in homelessness in Rotterdam

### Aim and research questions

This study aimed 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 gain insights in trends in homelessness in Rotterdam we used the RAR (Rapid Assessment and Response) method. After a broad investigation of new groups of homeless people, we focused the study on three specific groups: 1) youngsters and adults with mild intellectual disability (MID), 2) European migrant workers, and 3) marginally housed adolescents with financial problems, who are unemployed or in school. These groups were further investigated through interviews with professionals, interviews with persons from the target population, and a focus group interview.

### Results

The increase of youngsters and adults with MID that may become homeless was explained by changes in the indications for MID care, a care supply that did not match the needs of this population and better recognition of MID. Although the group of migrant workers that may become homeless did not increase, this group is vulnerable for homelessness because of the decrease of employment opportunities. Factors that play a role in the increase of marginally housed youngsters that may become homeless are the economic crisis, a weak social network, lack of financial training, and improved access to care. People in these groups blame themselves for their homelessness and are satisfied with the care offered in Rotterdam. Our report includes recommendations to prevent homelessness in these groups and recommends to provide more tailored care for these groups.

### Output

Hammink A, G Rodenburg (2014) Trends in homelessness among vulnerable people in Rotterdam. An exploration of three groups: youngsters and adults with mild intellectual disability, European migrant workers and marginally housed youngsters. Rotterdam: IVO

## Researchers

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

**Term:** July 2013 – March 2014

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

### **33 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 Netherlands. The training is carried out by probation officers in extramural and intramural settings. The aim of the training 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/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**

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. Comparison between training practices reveals that homework and role-playing exercises are not (equally) performed in all trainings. The prescribed buddy system is also not executed in most trainings. These disparities should be equalised between trainings in order to start a summative evaluation. All trainings are carried out two times per week, whereas the manual prescribes once a week. This deviation is not considered problematic by most stakeholders. Trainers plea for a certain degree of freedom to which they adhere to the manual. Group needs, resistance and group dynamics influence the usability of the prescribed working methods. Trainers tend to adapt their working methods to the particularities of the group.

#### **Output**

Barendregt C, E Wits (2014) De leefstijltraining in woord en daad. Programma-integriteit van de uitvoering van de Leefstijltraining voor verslaafde justitiabelen. Rotterdam: IVO

#### **Researchers**

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

**Term:** October 2013 - April 2014

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

## Other

### **34 Increase the reach of preventive interventions among informal caregivers and employed persons**

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

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

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

#### **Methods**

A conjoint analysis is applied to identify preferences of each target group. Two research panels were compiled: one of informal caregivers and one of employees on sick leave. In the first step the panels reviewed and selected a long list of attributes related to an intervention. In the second step the panels score vignettes of treatment offers regarding their appropriateness. With the aid of regression analysis the most important features of a treatment offer are selected and integrated in a tentative decision tool. In the final step the decision tool is reflected upon in a focus group of service providers.

#### **Output**

Research report, decision tool (in 2015)

#### **Researchers**

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

**In collaboration with:** Trimbos-instituut

**Term:** April 2014 - December 2015

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

### **35 Sam Sam Together Strong**

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

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



## Methods

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

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

## Results

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

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

## Output

Expected in 2015:

- Brief report to Snapp, the leading partner (English)
- Research report including a description of the improved Sam Sam instrument
- Two neighbourhood reports (fact sheets) for participants in the study
- Feedback meeting with participants in Oud-Charlois

## Researchers

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

**In collaboration with:** DOCK Charlois, Zowel! Delfshaven

**Term:** September 2014 – May 2015

**Financing:** Municipality of Rotterdam/Snapp

## 36 Retraining approach bias in forensic sexual offenders and sexual addicts

### Aim and research questions

Within the forensic health services there is demand for objective assessment tools. In this study we test an instrument designed to measure approach bias towards sexual stimuli. It is hypothesized that we will find an approach bias among sexual offenders in forensic health care and among those with a sex addiction. A second aim is to test an intervention designed to reduce approach bias. It is hypothesized that the intervention, in comparison to the placebo intervention, will lead to a reduction in approach bias. The main research questions are whether an approach bias in sex offenders and sex addicts can be determined, whether this approach bias differs between these groups, and whether this approach bias can be diminished by an intervention (the 'avoidance training'). Secondary objectives are to test whether the training reduces sexual preoccupation and sexual behaviors and to test whether these reductions are related to a reduction in approach bias.

### Methods

The study consists of an observational study focusing on the assessment of the approach bias and an experimental, double-blind, placebo-controlled study for the assessment of the retraining of the approach bias. The study population consists of 52 male sex offenders between the ages of 18 and 65 years who are receiving forensic treatment at de Waag, and 52 male clients between the ages of 18 and 65 years who are receiving treatment for a sex addiction at the addiction treatment center Victas. Approach bias is assessed using the Stimulus Response Compatibility task (SRC) and the Approach Avoidance task (AAT). The intervention is a so-called 'avoidance training' in which the participants see sexual images and control images which have to be pushed away or pulled towards themselves depending on the condition.

### Results

First results are expected in the summer 2015

### Output

-

### Researchers

GJ Meerkerk PhD (researcher), EG Wits MSc (projectleader), E Wever (researcher, De Waag), O. Smid PhD (advisor, De Waag), J van Horn PhD (projectleader, De Waag), G de Weert PhD (advisor, Victas)

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

**Term:** October 2014 - March 2016

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

## 37 IVO Jubilee Masterclass Addiction 2014: Talking, Pills and Technology

### Overview

An increasing number of technological innovations are used for the treatment of addiction. Examples are deep brain stimulation and neuro feedback, which can be used to manipulate the brain, apps on the telephone that can help to make existing treatment strategies more efficient, or e-health services that offer low threshold and possibly cost-effective alternatives for, or supplements to traditional treatment.

The third IVO Master Class Addiction, which was organized in part to celebrate the 25 year jubilee of the IVO institute, presented the latest technological developments but also focused on the perspectives of stakeholders from science, addiction treatment institutes, industrial developers and designers, and health insurance companies.

### **The program**

In the morning program three renowned speakers gave an overview of the latest technological developments. In the afternoon the focus was on practical applications and bridging gaps between science, treatment, developers, and health insurance.

### **Speakers**

#### Morning

- Prof. Wim van den Brink PhD (University of Amsterdam)
- Prof. Jens Kuhn PhD (University of Cologne)
- Prof. Reinout Wiers PhD (University of Amsterdam)

#### Afternoon

- Evert Hoogendoorn MSc (IJsfontein Interactive Media)
- Martin Ouwerkerk PhD (Brain, Body and Behavior Group Philips Research)
- Anouk de Gee MSc (Trimbos Instituut)
- Inge Muis MSc (BoumanGGZ)
- Tijs van Hoek MSc (CZ health insurance)
- Menno Kok PhD (Medical Delta)

### **Organizers**

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

**Date** Thursday, October 16th, 2014

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

## **38 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:

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

### **Methods**

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

### **Results**

At the end of 2014 a revised MP, a decision index and a roadmap for reviewing products has been delivered.

### **Output**

Masterprotocol. Handleiding voor de ontwikkeling van producten (protocollen, richtlijnen en kennisdocumenten) voor de verslavingszorg (2015). Herziene versie. Amersfoort: Resultaten Scoren.

### **Researchers**

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

**Term:** April 2013 – December 2014

**Financing:** Scoring Results Foundation: Knowledge Centre Addiction

## **39 Referral to care in cases of child abuse**

### **Aim and research questions**

Child abuse and adequate pathways to care for children and their parents are important subjects for Youth Care Agencies (*Bureau Jeugdzorg*). According to the most recent prevalence study in the Netherlands (NPM, 2010), 3.4% of all children below the age of 18 years are victims of child abuse. Many of these families in which child abuse occurs are referred to care by Youth Care Agencies. Aim of this study was to gain insight into the types of care these families are referred to, and the way referral takes place. We investigated the process of risk assessment, the assessment of the severity of the problems, and the types of care and interventions the families were referred to. This project is a follow-up project of the effectiveness study 'Safe, Strong & Onwards' (SSO), which was stopped in 2014 due to the limited inflow of families in the SSO intervention.

### **Methods**

We analysed 221 files of three different Youth Care Agencies (Rotterdam, Limburg and Midden- en Zuid-Kennemerland). In these three, and in seven additional Youth Care Agencies, we interviewed professionals about their work processes. Finally, we made an in-depth qualitative and quantitative analysis of children who witnessed violence between their parents.

### **Results**

The problems of families in which child abuse occurs are highly complex. There are often multiple forms of child abuse, unemployment or poverty, psychiatric problems, substance abuse problems and (in some families) unstable housing. To gain insight in the types of care and interventions where Youth Care Agencies refer to, files were subdivided into nine main profiles. These profiles characterize the most common problems and the associated referral to care.

Many families have a long history of care, including both voluntary and compulsory assistance. This assistance was often ended prematurely due to lack of parental motivation. However, some parents were unable to follow-up advice because of a mild intellectual disability, psychiatric problems or substance abuse disorder. Many children that are victim of child abuse show externalizing behavioural problems (defiant, angry or difficult behaviour). Internalizing behavioural problems are probably underreported.

To establish the necessary care or assistance, Youth Care Agencies collaborate with care providers, the family itself, and with colleagues in a multidisciplinary setting. Most families are referred to parenting support for the parents or the whole family, which can vary in intensity. Aim of this support is to acquire parenting skills and stabilize the situation at home. Stability at home is required before trauma care for the child can start; this a complex dilemma. Stabilizing the situation at home can take a long time. Meanwhile, there must be sufficient supervision for the child and his/her development, especially since trauma symptoms do not necessarily occur immediately.

### **Output**

Choenni V, A Hammink, D van de Mheen (2014) Association between Substance Use and the Perpetration of Family Violence in Industrialized Countries: A Systematic Review. *Trauma, Violence, & Abuse* 2014, accepted for publication

Cobussen M, A Hammink, I de Graaf, E Wits, D van de Mheen (2014) Referral to care in cases of child abuse. Insights in referral to care from Youth Care Agencies. IVO: Rotterdam

Hammink A, M Cobussen, S van Ruiten-Verkuijl, S van Arum, M Visser, I de Graaf, D van de Mheen (2015) Intersectoral collaboration in an integrated treatment for perpetrators and victims of child abuse: Safe, Strong & Onward (in press) *Kind en Adolescent Praktijk*

Hammink A, M Cobussen, I de Graaf, E Wits, D van de Mheen (2015) The vulnerable position of the child in cases of violence between parents. IVO: Rotterdam

### **Researchers**

M Cobussen MSc (researcher), AB Hammink MSc (researcher), I de Graaf PhD (projectleader), EG Wits MSc (projectleader), C Hoogeveen MSc (Bureau Alpha, advisor), Prof D van de Mheen PhD (advisor)

**In collaboration with:** Three Youth Care Agencies (Limburg, Rotterdam and Midden en Zuid-Kennemerland)

**Term:** February 2014 - December 2014

**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 was 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

### Staff 2014

Miranda J Audenaerd	0,7	Director Business Affairs		audenaerd@ivo.nl
prof H Dike van de Mheen PhD	1,0	Director Research & Education		vandemheen@ivo.nl

### Support

Cindy TJC van der Ent	0,7	Secretary		secretariaat@ivo.nl
Robert Koops	0,6	Main Accounting		koops@ivo.nl
Eline Scholten	0,7	Research assistant	until 31-10	scholten@ivo.nl
Ineke H Zoutendijk	0,6	Human Resources	until 28-02	zoutendijk@ivo.nl

### Research

Cas Barendregt MSc	0,8	Researcher		barendregt@ivo.nl
Jeroen Bommelé MSc	0,8	PhD student		bommele@ivo.nl
Maartje Cobussen	0,8	Researcher	since 17-02	cobussen@ivo.nl
Alice B Hammink MSc	0,8	Researcher		hammink@ivo.nl
Gert-Jan Meerkerk PhD	0,8	Research coordinator		meerkerk@ivo.nl
Lieke GM Raaijmakers	0,7	Researcher	since 15-04	raaijmakers@ivo.nl
Gerda Rodenburg PhD	0,8	Researcher		rodenburg@ivo.nl
Tony AJ van Rooij PhD	0,8	Researcher		rooij@ivo.nl
Tim M Schoenmakers PhD	0,95	Research coordinator		schoenmakers@ivo.nl
Michelle Snelleman MSc	0,9	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 2014: 10,5

- Total fte's Researchers 2014: 8,0

- Total fte's PhD's 2014: 2,5

Total fte's Support 2014: 2,6

## 7. Publications

### International scientific

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

Choenni V, A Hammink, D van de Mheen (2014) Association between Substance Use and the Perpetration of Family Violence in Industrialized Countries: A Systematic Review. *Trauma, Violence, & Abuse* 2014, accepted for publication

Christiansen P, TM Schoenmakers, M Field (2014) Less than meets the eye: Reappraising the clinical relevance of attentional bias in addiction. *Addictive Behaviors*, in press.

De Cock R, J Vangeel, A Klein, P Minotte, O Rosas, GJ Meerkerk (2014) 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), 166–71. doi:10.1089/cyber.2013.0029

Guertler D, A Broda, A Bischof, N Kastirke, GJ Meerkerk, U John, HJ Rumpf (2014) Factor Structure of the Compulsive Internet Use Scale. *Cyberpsychology, Behavior and Social Networking*, 17(1), 46–51. doi:10.1089/cyber.2013.0076

Kamperman AM, J Henrichs, S Bogaerts, EMEH Lesaffre, AI Wierdsma, RRR Ghauharali, W Swildens, Y Nijssen, M van der Gaag, JR Theunissen, PA Delespaul, J van Weeghel, JT van Busschbach, H Kroon, LZ Teplin, D van de Mheen, CL Mulder (2014) Criminal Victimization in People with Severe Mental Illness: A Multi-site Prevalence and Incidence Survey in the Netherlands. *PLoS ONE* 2014; 9(3):e91029

Kuss DJ, GW Shorter, AJ van Rooij, MD Griffiths, TS Schoenmakers (2014) Assessing Internet addiction using the parsimonious Internet addiction components model - A preliminary study. *International Journal of Mental Health and Addiction*, 12, 351–366. <http://doi.org/10.1007/s11469-013-9459-9>

Kuss DJ, GW Shorter, AJ van Rooij, D van de Mheen, MD Griffiths (2014) The Internet addiction components model and personality: Establishing construct validity via a nomological network. *Computers in Human Behavior*, 39, 312–321. doi:10.1016/j.chb.2014.07.031

Labree W, F Lötters, D van de Mheen, F Rutten, AR Chavarría, M Neve, G Rodenburg, H Machielsen, G Koopmans, M Foets (2014) Physical activity differences between children from migrant and native origin. *BMC Public Health*, 14, 819

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



Rodenburg G, SPJ Kremers, A Oenema, D van de Mheen (2014) Associations of parental feeding styles with child snacking behaviour and weight in the context of general parenting. *Public health nutrition*, 17(5), 960-969

Rood P, JA Haagsma, S Boersma, A Tancica, E van Lieshout, T Mulligan, D van de Mheen, EF van Beeck, P Patka (2014) Psychoactive substance (Drugs and Alcohol) use by Emergency Department patients prior to injury. *European Journal of Emergency Medicine* 2014, accepted for publication

Scholten EWM, CTM Schrijvers, C Nederkoorn, SPJ Kremers, G Rodenburg (2014) Relationship between Impulsivity, Snack Consumption and Children's Weight. *PLoS ONE*, 9(2), e88851  
doi:10.1371/journal.pone.0088851.

Snelleman M, TM Schoenmakers, D van de Mheen (2014) The relationship between perceived stress and cue sensitivity for alcohol. *Addictive Behaviors*, 39(12), 1884–1889  
<http://doi.org/10.1016/j.addbeh.2014.07.024>

Tsitsika AK, M Janikian, TM Schoenmakers, EC Tzavela, K Ólafsson, S Wójcik, EU NET ADB Consortium. (2014) Internet addictive behavior in adolescence: a cross-sectional study in seven European countries. *Cyberpsychology, Behavior and Social Networking*, 17(8), 528–535

Tsitsika AK, EC Tzavela, M Janikian, K Ólafsson, A Iordache, TM Schoenmakers, C Richardson (2014) Online social networking in adolescence: Patterns of use in six European countries and links with psychosocial functioning. *Journal of Adolescent Health*, 55(1), 141–147  
<http://doi.org/10.1016/j.jadohealth.2013.11.010>

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

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

Van Rooij AJ, DJ Kuss, MD Griffiths, GW Shorter, TM Schoenmakers, D van de Mheen (2014) The (co-)occurrence of problematic video gaming, substance use, and psychosocial problems in adolescents. *Journal of Behavioral Addictions*, 3(3), 157–165. doi:10.1556/JBA.3.2014.013

Van Rooij AJ, N Prause (2014) A critical review of "Internet addiction" criteria with suggestions for the future. *Journal of Behavioral Addictions*, 3(4), 203–213. doi:10.1556/JBA.3.2014.4.1

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>

### Further scientific

Boomsma L, B Drost, I Larsen, H Luijckx, G Meerkerk, N Valken, M Sijbom (2014) NHG-Standaard Problematisch alcoholgebruik (derde herziening). *Huisarts En Wetenschap*, 57(12), 638–46

Hammink A, C Schrijvers, D van de Mheen (2014) Alcohol- en drugsgebruik onder mensen met een licht verstandelijke beperking. *Tijdschrift voor Verslaving*, 2

Hammink A, M Cobussen, S van Ruiten-Verkuijl, S van Arum, M Visser, I de Graaf, D van de Mheen (2015) Intersectoral collaboration in an integrated treatment for perpetrators and victims of child abuse: Safe, Strong & Onward (in press) *Kind en Adolescent Praktijk*

Landsmeer N, M L'Hoir, T Schoenmakers, S Pillen (2014) Kind en beeldscherm: een te hecht koppel. *Medisch Contact*, 1038–1041

Van Rooij AJ, TM Schoenmakers, D van de Mheen (2014) Problematisch gebruik van sociale media en games. 4W Weten Wat Werkt Waarom. Zoetermeer: Kennisnet & IVO. Retrieved from <http://4w.kennisnet.nl/artikelen/2014/06/04/problematisch-gebruik-van-sociale-media-en-games/>

Van Straaten B, CTM Schrijvers, J Van der Laan, SN Boersma, G Rodenburg, RLM Wolf, D Van de Mheen (2014) Daklozen met een verstandelijke beperking: prevalentie en gerelateerde psychosociale problemen. *Maandblad Geestelijke volksgezondheid (MGv)*, 69, 22-30

### Book Chapter

Hammink A, J Vandernagel, D van De Mheen (2014) Dual diagnosis: mild intellectual disability and substance abuse. In: Dom G, Moggi F (eds). *Dual disorders and their treatment - a European perspective*. Springer Berlijn

Van Rooij T, TM Schoenmakers (2014) Verslaafd aan het internet? Inleiding en begrippen. In H. Kisjes, D. Nijs, & T. Van Rooij (Eds.), *Internetverslaving* (pp. 13–19). Amsterdam: Uitgeverij Boom

Van Rooij T, TM Schoenmakers, D van de Mheen (2014) De zin en onzin van sociale media verslaving. In H. Kisjes, D. Nijs, & T. Van Rooij (Eds.), *Internetverslaving* (pp. 65–76). Amsterdam: Uitgeverij Boom

Van Rooij AJ, MF Zinn, TM Schoenmakers, D van de Mheen (2014) Het behandelen van internetverslaving met cognitieve gedragstherapie. Een thematische analyse van therapeutervaringen. In D. van de Mheen (Ed.), *Gedragsverslaving* (pp. 31–45). Houten: Bohn Stafleu van Loghum. doi:10.1007/978-90-368-0792-0

### Other publications

Barendregt C E Wits (2014) *De Leefstijltraining in woord en daad. Programma-integriteit van de uitvoering van de Leefstijltraining voor verslaafde justitiabelen*. Rotterdam: IVO

Cobussen M, A Hammink, I de Graaf, E Wits, D van de Mheen (2014) Referral to care in cases of child abuse. Insights in referral to care from Youth Care Agencies. IVO: Rotterdam

Cobussen M, A Hammink, I de Graaf, E Wits, D van de Mheen (2014) Toeleiding naar zorg bij kindermishandeling. Inzicht in de toeleiding naar hulpverlening vanuit Bureau Jeugdzorg. IVO: Rotterdam

Hammink A, G Rodenburg (2014) Trends in dakloosheid onder kwetsbare Rotterdammers. Een verkenning van drie groepen: jongeren en volwassenen met LVB, EU-arbeidsmigranten en marginaal gehuisveste jongeren. IVO: Rotterdam

Meerkerk GJ, T Schoenmakers, D van de Mheen (2014) Cyberslacking Het gebruik van het internet voor privédoeleinden tijdens werktijd. Rotterdam. <http://www.ivo.nl/?id=1042&parent=462&current=462>

Risselada A, TM Schoenmakers, G Rodenburg, L Naaborgh (2014) Protocol voor signalering, screening en kortdurende interventie van risicovol alcoholgebruik bij jongeren. Versie 2. Rotterdam / Utrecht

Van Rooij AJ, L Defuentes-merillas, G Meerkerk, IMT Nijs, D van de Mheen, TM Schoenmakers (2014) Gedragsverslavingen: de stand van zaken in wetenschap en praktijk. Amersfoort / Rotterdam: Resultaten Scoren / IVO. Retrieved from <http://bit.ly/1nRNf46>

Scholten E, B van Straaten, J van der Laan, G Rodenburg, S Boersma, J Wolf, D van de Mheen (2014) Homeless people in Amsterdam: changes in living situation, care use and quality of life; Dakloze mensen in Amsterdam: veranderingen in leefsituatie, zorggebruik en kwaliteit van leven. Resultaten uit de derde meting van Coda-G4 in Amsterdam: 1,5 jaar na instroom in de maatschappelijke opvang. Rotterdam / Nijmegen: IVO; Impuls - Onderzoekscentrum maatschappelijke zorg Radboudumc. Available at: [http://www.codag4.nl/stedenrapportages\\_derde\\_rapport](http://www.codag4.nl/stedenrapportages_derde_rapport)

Scholten E, B van Straaten, J van der Laan, G Rodenburg, S Boersma, J Wolf, D van de Mheen (2014) Homeless people in Den Haag: changes in living situation, care use and quality of life; Dakloze mensen in Den Haag: veranderingen in leefsituatie, zorggebruik en kwaliteit van leven. Resultaten uit de derde meting van Coda-G4 in Den Haag: 1,5 jaar na instroom in de maatschappelijke opvang. Rotterdam / Nijmegen: IVO; Impuls - Onderzoekscentrum maatschappelijke zorg Radboudumc. Available at: [http://www.codag4.nl/stedenrapportages\\_derde\\_rapport](http://www.codag4.nl/stedenrapportages_derde_rapport)

Scholten E, B van Straaten, J van der Laan, G Rodenburg, S Boersma, J Wolf, D van de Mheen (2014) Homeless people in Rotterdam: changes in living situation, care use and quality of life; Dakloze mensen in Rotterdam: veranderingen in leefsituatie, zorggebruik en kwaliteit van leven. Resultaten uit de derde meting van Coda-G4 in Rotterdam: 1,5 jaar na instroom in de maatschappelijke opvang. Rotterdam / Nijmegen: IVO; Impuls - Onderzoekscentrum maatschappelijke zorg Radboudumc. Available at: [http://www.codag4.nl/stedenrapportages\\_derde\\_rapport](http://www.codag4.nl/stedenrapportages_derde_rapport)

Scholten E, B van Straaten, J van der Laan, G Rodenburg, S Boersma, J Wolf, D van de Mheen (2014) Homeless people in Utrecht: changes in living situation, care use and quality of life; Dakloze mensen in Utrecht: veranderingen in leefsituatie, zorggebruik en kwaliteit van leven. Resultaten uit de derde meting van Coda-G4 in Utrecht: 1,5 jaar na instroom in de maatschappelijke opvang. Rotterdam / Nijmegen: IVO; Impuls - Onderzoekscentrum maatschappelijke zorg Radboudumc. Available at: [http://www.codag4.nl/stedenrapportages\\_derde\\_rapport](http://www.codag4.nl/stedenrapportages_derde_rapport)

Van Rooij T, T Schoenmakers, D van de Mheen (2014) C-Vat 2.0. Klinische toepassing en validatie van een assessment tool voor game verslaving. Rotterdam: IVO

Van Straaten B, J van der Laan, G Rodenburg, S Boersma, J Wolf, D van de Mheen (2014) Homeless people in the four larger cities: changes in living situation, care use and quality of life; Dakloze mensen in de vier grote steden: veranderingen in leefsituatie, zorggebruik en kwaliteit van leven. Resultaten uit de derde meting van Coda-G4: 1,5 jaar na instroom in de maatschappelijke opvang. Rotterdam / Nijmegen: IVO; Impuls - Onderzoekscentrum maatschappelijke zorg Radboudumc. Available at: [http://www.codag4.nl/derde\\_rapport](http://www.codag4.nl/derde_rapport)

Van Straaten B, J Van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf en D van de Mheen (2014) 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, 10, 19-36



IVO  
Heemraadssingel 194  
3021 DM Rotterdam  
T 010 425 33 66  
F 010 276 39 88  
Secretariaat@ivo.nl  
www.ivo.nl