European Society for Prevention Research

THE PREVENTION CONTINUUM

Implications for research and practice

16th EUSPR Conference and Members' Meeting

23-26 September 2025 - Berlin, Germany

PROGRAMME & BOOK OF ABSTRACTS

euspr.org

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WELCOME TO THE 2025 EUSPR CONFERENCE IN BERLIN! 23–26 SEPTEMBER · CHARITÉ – UNIVERSITÄTSMEDIZIN BERLIN

We are delighted to welcome you to this year's EUSPR Conference, held at the historic Charité in Berlin—an institution where pioneers such as Rudolf Virchow, Robert Koch, and Paul Ehrlich once taught and shaped the foundations of modern public health. In gathering here, we are reminded of Virchow's enduring insight that "medicine is a social science, and politics is nothing but medicine on a larger scale." His call for socially responsible science resonates deeply with our theme and mission:

This year, we reflect on **"The Prevention Continuum: Implications for Research and Practice"**. The conference explores the diverse definitions and practices of prevention and their impact on systems, disciplines, and populations. We aim to strengthen connections between cutting-edge research and the practical needs of practitioners, policymakers, and communities—working toward better integration across sectors such as health, education, and social care.

The prevention continuum spans from universal and primary prevention to indicated and tertiary approaches and includes environmental prevention. Within this broad landscape, we will address the ongoing tension and complementarity between individually focused prevention—as seen in precision medicine and behavioural interventions—and environmentally focused or systemic prevention, exemplified by structural reforms at macro level and physical/urbanist or regulatory/economic changes at community level.

In this spirit, we emphasize an interdisciplinary and intersectoral approach to address both the complexity and context of prevention. Our keynotes and special sessions will highlight intersections between disciplines, epistemologies, and national prevention cultures—fostering shared learning and advancing both education and practice.

Together, in the very rooms where the vanguards of public health once challenged scientific norms and societal structures, we invite you to do the same: question assumptions, share knowledge, and shape the future of prevention.

We look forward to inspiring discussions, new collaborations, and a memorable gathering in Berlin.

GREGOR BURKHART
EUSPR PRESIDENT

ACKNOWLEDGEMENTS

We would like to offer our special thanks to the following colleagues who have helped in organising the progamme, reviewing abstracts, and supporting administration.

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Maria Blanes - Universitat de les Illes Balears, Spain
Victòria Romero - Universitat de les Illes Balears, Spain

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Maximilian von Heyden - FINDER Akademie and Charité, Universitätsmedizin Berlin
Patrick Wentorp - FINDER Akademie

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Samuel Tomczyk - Universität Greifswald, Germany
Elizabeth Zimmermann - Universität Greifswald, Germany

Names are listed in alphabetical order (by last name)

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UNIVERSITÄT GREIFSWALD
Wissen lockt. Seit 1456

FINDER akademie

CHARITÉ
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BERLIN

THE ORGANISING COMMITTEE

The conference is co-organised by FINDER Akademie and the Institute of Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin.

The 16th EUSPR Conference receives financial support from the Berlin Senate Department for Economics, Energy and Public Enterprises through the Congress Fund for Sustainable Meetings.

Members of the organising committee are:

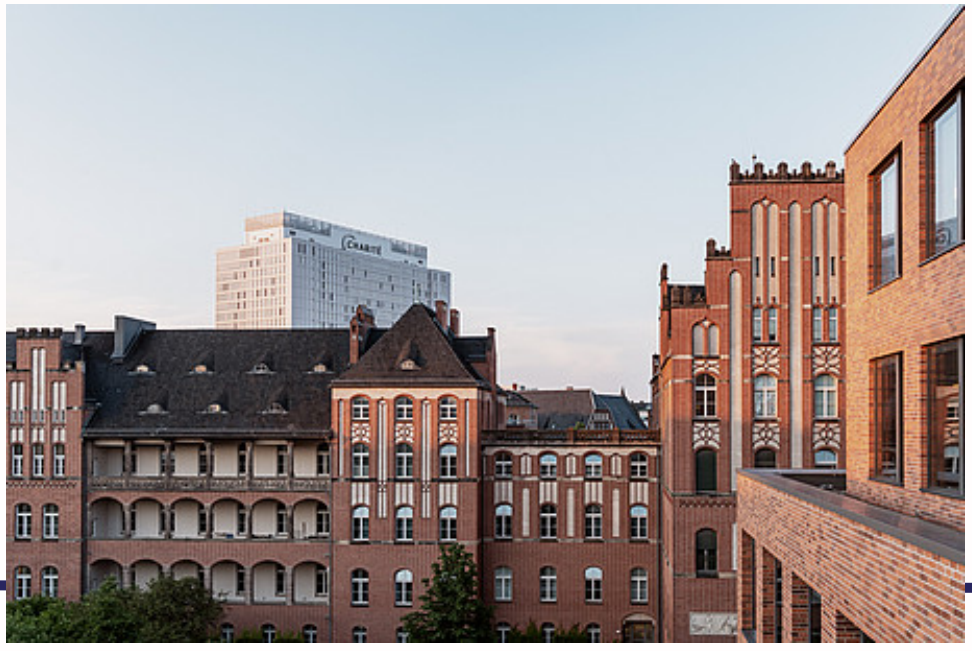
Klaus M. Beier (Charité – Universitätsmedizin Berlin)
Maximilian von Heyden (FINDER Akademie and Charité – Universitätsmedizin Berlin)
Patrick Wentorp (FINDER Akademie)

THE HOST ORGANISATION

The chosen venue for this year's conference is the historical Charité – Universitätsmedizin Berlin, campus Mitte, in Berlin city centre. The history of Charité dates back to the year 1710 as a quarantine hospital. Since then, it has retained its importance as a clinical training center and later academic education of civilian physicians and has since become Europe's largest university hospital. As such, it is widely known for its high research impact and its state-of-the-art care facilities. From a medical perspective, it has also recently built a strong focus on prevention and established a prevention, health and human sciences center.

FINDER akademie

CHARITÉ
UNIVERSITÄTSMEDIZIN BERLIN



KEYNOTE SPEAKERS' BIOS

EU SPR

European Society for Prevention Research

CHRISTINE HEIM

Charité – Universitätsmedizin Berlin

Christine Heim is Professor and Director of the Institute of Medical Psychology at Charité Universitätsmedizin Berlin, a principal investigator in the German Research Foundation Excellence Cluster NeuroCure, and a principal investigator in the German Center for Mental Health.

Dr. Heim's research in focuses on understanding the influence of early adversity on disease risk across the lifespan and on identifying biological and psychological mechanisms that lead to adverse health outcomes. With her research, she hopes to pave the way for a novel improved conceptualization of disease pathways across diagnostic boundaries that enables innovative and targeted precision interventions to mitigate and prevent adverse health outcomes after early stress.

Prof. Heim is recipient of several international honors and awards, member of the German National Academy of Sciences Leopoldina, and member of the Berlin Brandenburg Academy of Sciences and Humanities.

Neurobiological Consequences of Traumatization and Preventive Measurements

24 September
9.30 AM

Streamed session

ANDREAS BEELMANN

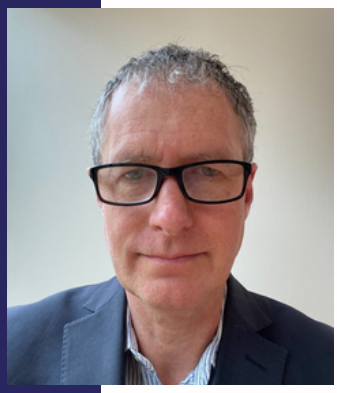
University of Jena

Andreas Beelmann, PhD., is Professor for Research Synthesis, Intervention and Evaluation at the Institute of Psychology at the Friedrich Schiller University in Jena, Germany, and co-founder and former director of the Centre for Research on Right-Wing Extremism, Civic Education and Social Integration (KomRex). Since 2023, he is also CEO of the German Forum for Crime Prevention Foundation (DFK), which is concerned with the transfer of scientific findings into political decision-making and prevention practice. His research focuses on the prevention of developmental and behavioural disorders in childhood and adolescence, including antisocial behavior, prejudice, crime, and violent radicalization. He has published over 200 articles and several book including comprehensive reviews and meta-analyses. Within the last five years he has done several studies on the development and prevention of radicalization in young people.

Developmental prevention of radicalisation: Concepts, state of research and current findings

24 September
1.30 PM

Streamed session



NICK CHATER

Warwick Business School

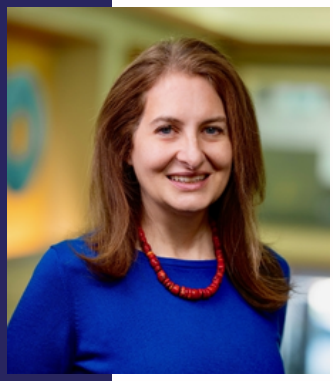
Nick Chater is professor of Behavioural Science at Warwick Business School. His research focuses on the cognitive and social foundations of rationality, with applications to business and public policy. His research has won awards including the British Psychological Society's Spearman Medal (1996); the Experimental Psychology Society Prize (1997); and the Cognitive Science Society's life-time achievement award, the David E Rumelhart Prize (2023). He is a co-founder of the research consultancy Decision Technology; has served on the advisory board of the Behavioural Insight Team (popularly known as the 'Nudge Unit'); and been a member of the UK government's Climate Change Committee.

The i-frame and the s-frame: How focusing on individual-level solutions has led behavioral public policy astray (Nick Chater & George Loewenstein)

24 September
16 PM
ONLINE

EUSPR 2025 President's Award

Streamed session



TAMAR MENDELSON

Johns Hopkins Bloomberg School of Public Health

Dr. Tamar Mendelson is a Bloomberg Professor of American Health at the Johns Hopkins Bloomberg School of Public Health. She directs the Johns Hopkins Center for Adolescent Health (CAH) and chairs the Adolescent Health area steering committee of the Bloomberg American Health Initiative. Trained as a clinical psychologist, her work addresses the prevention of mental health issues and promotion of positive development in adolescents, with an emphasis on young people growing up in marginalized communities. A key focus in her research is on adapting and testing evidence-based interventions so that they can be feasibly and sustainably embedded in systems, such as schools, that serve families and youth. She takes a community-engaged approach in her work and seeks feedback and involvement from young people.

From Evidence to Impact: Advancing School-Based Mental Health Promotion

25 September
1.30 PM

Streamed session

PROGRAMME AND BOOK OF ABSTRACTS

EU SPR

European Society for Prevention Research

Tuesday 23 September

08:00 – 09:00

Registration/Welcoming delegates

Session | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

09:00 – 12:30

Meeting of National and International Prevention and Public Health Registries

Session | **Location:** Virchowweg 9, Innere Medizin/2-404 | **Convener:** Karin Streimann (National Institute for Health Development)

09:00 – 12:30

Workshop 1: Early Career Scientific Writing Workshop: Tips for a Reviewer-Satisfying Methods Section

Session | **Location:** Virchowweg 9, Innere Medizin/1-401 - Seminarraum 401

09:00–12:30 (3h 30m)

Workshop 1: Early Career Scientific Writing Workshop: Tips for a Reviewer-Satisfying Methods Section

Speakers

Prof. Zila Sanchez (Universidade Federal de São Paulo), Giovanni Aresi (Università Cattolica del Sacro Cuore)

Location

Virchowweg 9, Innere Medizin/1-401 - Seminarraum 401

Description

Authors: Zila Sanchez (Universidade Federal de São Paulo), Giovanni Aresi (Università Cattolica del Sacro Cuore)

This workshop is part of a series of workshops offered at EUSPR conferences. It is specifically aimed at those at the beginning of their careers in prevention (early career).
It is designed to help researchers improve their skills in writing scientific articles. It aims to provide practical guidance on how to structure, write, and prepare a clear and strong manuscript that meets international publication standards.
The workshop will be divided into two parts:
In the first part, all participants will attend a plenary session. This session will cover the key elements of scientific writing, including how to organize the main sections of a manuscript (Introduction, Methods, Results, and Discussion), how to write effective titles and abstracts, and how to avoid common mistakes. This workshop will focus on writing the methods section of a manuscript.
In the second part, participants will be divided into two small groups based on their main interest:
- Group 1: Qualitative research methods section
- Group 2: Randomized Controlled Trial (RCT) methods section
Each group will work with real excerpts from published manuscripts. Participants will analyze and discuss these excerpts using relevant reporting guidelines (e.g., COREQ for qualitative studies, CONSORT for RCTs). The goal is to help participants recognize the characteristics of high-quality writing and understand how to apply guidelines to improve the clarity, transparency, and scientific rigor of their own work.

The workshop will be co-facilitated by Zila Sanchez and Giovanni Aresi, Editor-in-Chief and Associate Editor, respectively, of the Journal of Prevention, the Official Journal of the European Society for Prevention Research.

09:00 – 12:30

Workshop 2: Developing methodological recommendations for multiple outcomes evaluations in health promotion interventions

Session | **Location:** Virchowweg 9, Innere Medizin/2-403

09:00–12:30 (3h 30m)

Workshop 2: Developing methodological recommendations for multiple outcomes evaluations in health promotion interventions

Speaker

Mrs Claire Collin (Université Paris Cité, France)

Location

Virchowweg 9, Innere Medizin/2-403

Description

Authors: Claire Collin (Université Paris Cité, France), Clara Eyraud (ECEVE UMR 1123 - Inserm - Paris Cité University - France), Philippe Martin (Inserm CIC1426 / U1123), Noëline Vivet (Université Paris Saclay, Ined, France), Lorraine Cousin Cabrolier (AP-HP. Nord-Université Paris Cité, Hôpital Universitaire Robert Debré, Unité d'épidémiologie Clinique, Inserm, CIC-1426, Paris, France.), Enora Le Roux (U1123, INSERM, Paris Cité University, PARIS, France; CIC1426, INSERM, Paris, France; SHU-SMAJA, FSEF, Paris, France), Corinne Alberti (Université Paris Cité, France)

Background: Evaluating health promotion interventions often involves assessing multiple outcomes, introducing methodological challenges such as increased risk of type I errors, complex sample size calculations, and difficulties interpreting conflicting results. Despite these challenges, no guidance exists for selecting, analysing, and interpreting multiple, multidimensional outcomes to determine intervention success. This workshop aims to collaboratively refine and extend methodological recommendations for multiple outcome evaluations in health promotion research through expert input and consensus-building activities.
Methods: The workshop will follow a structured three-part approach.
Part 1. Presentation of research findings. We will present findings from a systematic review and expert consultations on multiple outcome evaluations in health promotion. Five preliminary recommendations will be introduced: (1) developing core outcome sets tailored to health promotion interventions, (2) selecting multidimensional outcomes through multidisciplinary steering committees, (3) applying multiple criteria decision analysis and consensus-driven methods for transparent outcome combination, (4) strengthening methodological reporting throughout intervention development and evaluation, and (5) increasing complex intervention experts' involvement in ethics, funding, and evaluation committees to strengthen evidence recognition.
Part 2. Small-group critical analysis. Participants will engage in facilitated small-group discussions to identify additional challenges and critically analyse the proposed recommendations. Each group will document their insights, suggested modifications, and potential new recommendations.
Part 3. Collective validation and refinement. A whole-group discussion will synthesise small-group insights through structured consensus-building exercises, refining recommendations and identifying new methodological strategies.
Results: Participants will contribute to evidence-informed recommendations to improve the transparency and methodological rigour of multiple outcome evaluations in health promotion, supporting the development of standardised approaches.
Discussion: The workshop will foster opportunities for future collaborations around methodological research in health promotion evaluation and lay the foundation for an enduring network of researchers, institutions, and practitioners dedicated to advancing methodological research to support high-quality evidence generation and evidence-based decision-making in prevention and health promotion.

12:30

10:30

Coffee break 1

Break | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

11:00

10:45

Communities That Care - Prävention nach Maß: German CTC meeting

Session | **Location:** Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium | **Conveners:** Vivien Voit (FINDER e.V.), Maximilian von Heyden (FINDER e.V.), Katrin Hayn (FINDER Akademie), Frederick Groeger-Roth (Ministry of Justice Lower Saxony)

Description

Die Herausforderung

Kommunen in Deutschland stehen vor der Aufgabe, mit begrenzten Ressourcen wirksame Präventionsstrategien für Kinder und Jugendliche zu entwickeln. Substanzkonsum, psychische Belastungen, Gewalt und Schulabbruch erfordern koordinierte, ressortübergreifende Ansätze – doch wie können Kommunen ihre Präventionslandschaft so gestalten, dass sie nachweislich wirkt und nachhaltig finanziert werden kann?

Forschungsergebnisse zeigen: Systematische, datenbasierte und evidenzgeleitete Prävention ist kosteneffektiv und erzielt nachhaltige Wirkung. Das in Deutschland bereits von über 50 Kommunen erfolgreich eingesetzte Präventionssystem "Communities That Care" (CTC) und die Fördermöglichkeiten nach § 20a SGB V bieten zusammen einen vielversprechenden Lösungsansatz.

Die Gesundheitsministerkonferenz hat in ihrem wegweisenden Beschluss zur Stärkung der Prävention die Förderung integrierter kommunaler Gesundheitsstrategien als zentrale Aufgabe definiert. Communities That Care bietet genau jenes evidenzbasierte Rahmenwerk, das die GMK für eine wirksame und nachhaltige Präventionsarbeit fordert.

Die Zielsetzung

Diese bundesweite Fachtagung schafft einen Resonanzraum für den Dialog zwischen etablierten Akteuren des CTC-Netzwerks und jenen, die neue Wege in der kommunalen Präventionsarbeit erkunden möchten. Im Zentrum steht die Frage nach einer Prävention, die über programmatische Einzelmaßnahmen hinausgeht und systemische Wirkung entfaltet.

CTC fungiert dabei als analytische Linse und strukturgebendes Rahmenwerk – ein „Betriebssystem" für die kommunale Präventionsarchitektur. Basierend auf dem Modell der Sozialen Entwicklung und der systematischen Analyse von Risiko- und Schutzfaktoren ermöglicht CTC eine evidenzbasierte Steuerung bestehender Ressourcen. Die internationale Forschung attestiert beeindruckende Wirkungsnachweise mit einer hohen Sozialrendite: 12,88 US-Dollar für jeden investierten Dollar in den USA (Kuklinski et al., 2021) und 2,60 AUD in Australien (Abimanyi-Ochom et al., 2024).

Zentrale Reflexionsfragen der Fachtagung:

- Welche Rolle spielt kommunale Prävention bei der Bewältigung aktueller und zukünftiger Krisen?
- Wie wird ressortübergreifende Zusammenarbeit zur Selbstverständlichkeit?
- Welche Finanzierungsarchitekturen ermöglichen den Übergang von der Projektlogik zur Strukturförderung?
- Wie gelingt über die Kinder- und Jugendbefragung hinaus echte Partizipation in der Kommune? Die Tagung bietet Raum für Vernetzung, Diskussion, kollegialen Erfahrungstransfer und die gemeinsame Entwicklung zukunftsfähiger Handlungsstrategien. Profitieren Sie vom Wissen erfahrener Praktiker:innen und bringen Sie Ihre eigenen Perspektiven in die Gestaltung einer präventiven Kommunalentwicklung ein.

Die Fachtagung findet im Vorfeld der Jahrestagung der Europäischen Gesellschaft für Präventionsforschung statt.

11:00–11:45 (45m)

Communities That Care: Vom 5-Phasen-Modell zur nachhaltigen Wirkung – Erkenntnisse aus 15 Jahren CTC in Deutschland

Speakers

Dominik Röding (Hannover Medical School), Frederick Groeger-Roth (Ministry of Justice Lower Saxony)

Description

Authors: Dominik Röding (Hannover Medical School), Frederick Groeger-Roth (Ministry of Justice Lower Saxony)

Communities That Care (CTC) hat sich in über 50 deutschen Kommunen als wirksames Präventionssystem etabliert. Der Vortrag zeigt, wie das strukturierte 5-Phasen-Modell Kommunen befähigt, Präventionsarbeit evidenzbasiert zu gestalten – von der datengestützten Bedarfsanalyse bis zur nachhaltigen Umsetzung. Aktuelle Studien belegen beeindruckende Erfolge: Die US-Langzeitstudie CYDS zeigt positive Effekte bis ins Erwachsenenalter, eine neue Evaluation aus Denver (2025) dokumentiert 75% weniger Jugendgewalt. Praxisnah werden die Erfolgsfaktoren vermittelt: repräsentative Schülerbefragungen, Auswahl evaluierter Programme aus der Grünen Liste Prävention und die Verankerung über politische Wechsel hinweg.

11:45–12:30 (45m)

„Einfach weniger online? – Warum Mediensuchtprävention bei Kindern und Jugendlichen mehr braucht als Bildschirmzeit-Debatten“

Speaker

Prof. Kerstin Paschke (Deutsches Zentrum für Suchtfragen des Kindes- und Jugendalters, UKE Hamburg)

Description

Author: Kerstin Paschke (Deutsches Zentrum für Suchtfragen des Kindes- und Jugendalters, UKE Hamburg)

Statt sich auf reine Bildschirmzeit-Diskussionen zu beschränken, braucht es ein tieferes Verständnis für die diagnostischen Kriterien von Mediensucht sowie für die sozialen, emotionalen und strukturellen Faktoren, die problematische Mediennutzung begünstigen. Der Vortrag beleuchtet praxisnahe Ansätze zur Prävention, die in den Lebenswelten von Kindern und Jugendlichen ansetzen – in Schule, Familie und Freizeit. Ziel ist es, Wege aufzuzeigen, wie eine gesunde Medienkompetenz gefördert und Risiken frühzeitig erkannt werden können.

13:30–15:00 (1h 30m) **CTC als Steuerungsinstrument in der Jugendhilfeplanung**

Speaker

Mr Janni Mouratidis (Stadt Wolfsburg, Jugendhilfeplanung)

Description

Authors: Janni Mouratidis (Stadt Wolfsburg, Jugendhilfeplanung)

13:30–15:00 (1h 30m) **Handlungsempfehlungen für die Implementation von Communities That Care**

Speaker

Prof. Ulla Walter (Institut für Epidemiologie, Sozialmedizin und Gesundheitssystemforschung an der Medizinischen Hochschule Hannover)

Description

Authors: Ulla Walter (Institut für Epidemiologie, Sozialmedizin und Gesundheitssystemforschung an der Medizinischen Hochschule Hannover)

15:15–16:45 (1h 30m) **Programme sind nicht alles: Die Soziale Entwicklungsstrategie als Erfolgsrezept**

Speakers

Katrin Hayn (FINDER Akademie), Vivien Voit (FINDER e.V.)

Description

Authors: Katrin Hayn (FINDER Akademie), Vivien Voit (FINDER e.V.)

15:15–16:45 (1h 30m)

Kommunale Prävention und Gesundheitsförderung finanzieren – am Beispiel von CTC und dem PrävG

Speaker

Ms Mandy Tuxhorn

Description

Authors: Mandy Tuxhorn

17:00

11:00

EUPC Trainer Network Meeting (Organized by EUDA)

Session | **Location:** Virchowweg 9, Innere Medizin/2-402

Description

Who Should Attend

- EUPC national trainers and master trainers
- European master trainers
- EUPC Advisory Board (EAB) members
- Representatives from national focal points interested in EUPC implementation

Meeting Objectives

1. **Review** EUDA's new mandate and discuss its implications for prevention capacity building
2. **Explore** PLATO platform enhancements and opportunities for expanded e-learning delivery
3. **Provide input** on curriculum updates and strategic directions for EUPC development
4. **Learn** about the new EUPC frontline version launching in 2025
5. **Discuss** quality assurance and fidelity in EUPC implementation across different countries and contexts
6. **Exchange** best practices for training decision-, opinion-, and policy-makers (DOPs) in evidence-based prevention
7. **Address** challenges in engaging and influencing prevention decision-makers at local, regional, and national levels

Preliminary Agenda

Welcome and Introductions

- Overview of trainer network growth and geographic expansion
- Recognition of new national and master trainers

EUDA Updates and Innovations

- EUDA's new mandate and its implications on capacity building
- PLATO platform development: new features and language expansions
- Launch of EUPC frontline version for prevention professionals
- Integration with law enforcement and other frontline workers

Quality Assurance and Implementation Fidelity

- Best practices for maintaining EUPC standards
- Discussion on trainer certification and recertification processes
- Addressing common implementation challenges

Trainer Experiences and Knowledge Exchange

- Country-specific adaptations and successes
- Engaging decision-makers and policy-makers effectively

Interactive Workshop Sessions *(based on participant interests)*

- Evaluating training impact and outcomes
- Building sustainable prevention infrastructure

Strategic Planning and Future Directions

- Expanding the trainer network to underserved regions
- Input for EUPC curriculum updates and improvements

Networking and Community Building

- Establishing mentorship pairs between experienced and new trainers
- Creating regional trainer support groups

17:00

12:30

Lunch break 1

13:30

Break | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

13:30

Communities That Care: European Network Meeting

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141 | **Conveners:** Margaret Kuklinski (University of Washington), Frederick Groeger-Roth (Ministry of Justice Lower Saxony)

16:30

13:30

Workshop 3: Backstage Stories: Barriers and Facilitators in Conducting Prevention Research with Immigrant Youth and Families

Session | **Location:** Virchowweg 9, Innere Medizin/1-401 - Seminarraum 401

13:30–17:00 (3h 30m)

Workshop 3: Backstage Stories: Barriers and Facilitators in Conducting Prevention Research with Immigrant Youth and Families

Speaker

Dr Metin Özdemir (Örebro University)

Location

Virchowweg 9, Innere Medizin/1-401 - Seminarraum 401

Description

Auhtors: Metin Özdemir (Örebro University), Hasnaa Amouri (Örebro University, Sweden), Layan Amouri (Örebro University), Linda Juang (University of Potsdam, Germany), Maja Schachner (Martin Luther University, Halle-Wittenberg, Germany), Maja Västhagen (Karolinska Institutet), Sandra Altebo Nyathi (Örebro University)

This workshop aims to present the barriers and facilitators of conducting prevention research with youth and families from immigrant and refugee backgrounds. Conducting such research involves unique challenges, including language barriers, cultural differences, limited understanding of or different views about research, distrust, and instability in living conditions. These are just a few of the unique challenges that researchers must address to ensure the quality implementation of their research. However, there are limited resources available to guide novice researchers and practitioners in learning from the experiences of others.
Experiences from two large-scale projects in different contexts, Germany and Sweden, will form the basis of this workshop. We will present the strategies that were effective in achieving the project goals, as well as the failures and lessons learned. The facilitators include senior researchers, a doctoral student, project assistants who worked on project administration and data collection, and intervention leaders who ran intervention sessions with the participants. Workshop participants will have the opportunity to interact with both senior and junior research staff, who will share firsthand experiences from different phases of project development, implementation, and dissemination.
Overall, this workshop is designed to empower novice researchers and practitioners by enhancing their understanding of the challenges, barriers, and facilitators of conducting prevention research with youth and families from immigrant and refugee backgrounds. The program will include interactive group activities to provide hands-on experiences for the participants.

17:00

13:30 **Workshop 4: Systems mapping methods for prevention research**

Session | **Location:** Virchowweg 9, Innere Medizin/2-403

13:30–17:00 (3h 30m) **Workshop 4: Systems mapping methods for prevention research**

Speakers

Dr Geoff Bates (University of Bath, United Kingdom), Wesley Hughes (University of Bath, United Kingdom)

Location

Virchowweg 9, Innere Medizin/2-403

Description

Authors: Geoff Bates (University of Bath, United Kingdom), Wesley Hughes (University of Bath, United Kingdom)

Background: Systems thinking and methods can help us to understand and tackle complex behaviours or problems. This workshop aims to support participants to take a ‘systems approach’ for prevention, specifically through using system mapping methods. Systems mapping is an increasingly common method used in public health to understand the factors influencing a behaviours or outcome that we want to prevent or change, and to visualise how these factors relate to one another in a connected system. The learning and outputs developed through system mapping can be used to identify and evaluate interventions.
Methods: Participants will 'learn by doing' and, in groups, develop their own system map through activities based on group model building methods. The activities will be supported by presentations introducing theoretical aspects, practical issues, and different methods for mapping systems drawing on the facilitators’ own research. Participants will be given a choice of topic areas to focus on including drug prevention, healthcare professional prescribing, and mental health. They will participate in group discussions to reflect on key concepts and methods used, and consider their application to their own topic/ research areas.
Results: The intended outcomes of the workshop for participants will be (i) increased understanding about how systems thinking and systems approaches can support prevention science and (ii) development of the skills and knowledge to undertake systems mapping. Through creating a systems map, participants will also improve their understanding about their own role in the systems that they work in.
Discussion: Applying systems methods can help researchers, practitioners and policymakers develop a deeper understanding of the causes of problems and behaviours. By analysing and mapping how complex systems work they can identify opportunities for interventions to prevent and change these outcomes. Importantly, systems mapping can also help to identify and mitigate unintended consequences of interventions.

17:00

15:00 **Coffee break 2**

Break | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

15:30

15:30 **JoP meeting**

Session | **Location:** Virchowweg 9, Innere Medizin/2-404

17:00

18:30

Opening ceremony and welcome reception

Session | **Location:** Philippstraße 11, Institut für Anatomie/1-1 - Friedrich Kopsch Hörsaal | **Conveners:** Gregor Burkhart (EUSPR), Elena Gervilla Garcia (University of the Balearic Islands), Maximilian von Heyden (FINDER e.V.)

Description

1. Greetings
Moderator
Maximilian von Heyden
Welcome addresses by:
Dr. Ina Czyborra, *Berlin Senator for Science, Health and Care*
Prof. Dr. Dr. Klaus M. Beier, *Director, Institute of Sexology and Sexual Medicine, Charité - Universitätsmedizin Berlin*
Dr. Gregor Burkhart, *President, European Society for Prevention Research (EUSPR)*

2. Opening Talks
Prof. Dr. Andreas Diefenbach, *Director, Institute of Microbiology, Infectious Diseases and Immunology, Charité - Universitätsmedizin Berlin*
Prof. Elena Gervilla, *President-Elect, EUSPR*

3. Panel Discussion: "The Prevention Continuum"
A discussion on the conference topic will follow the opening talks.
Participants
Prof. Dr. Andreas Diefenbach Dr. Gregor Burkhart
Prof. Elena Gervilla

Topic
The discussion will explore different understandings of prevention, focusing on the contrast and synergy between:

Biological/Molecular Prevention: Represented by **Prof. Diefenbach**, this perspective covers the work at Charité on individualized prevention based on biological and molecular research.

Psychosocial Prevention: Represented by **Prof. Gervilla**, this perspective highlights the social science and behavioral science focus in prevention strategies.

20:00

19:00

Early Career "Meet and Greet"

Session | **Location:** Friedrich Kopsch-Hörsaal: https://maps.app.goo.gl/jqs2sUR7kYXxGANP7 | **Conveners:** Joella Anupol, Boris Chapoton

19:30

20:00

Early career social dinner (previous registration required)

Session | **Location:** LAWRENCE berlin mitte

Description

Previous registration required.

22:00

Wednesday 24 September

08:00

Registration/Welcoming delegates

Session | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

09:00

09:00

Opening session (streamed session)

Session | **Location:** Sauerbruchweg 2, Innere Medizin/2-0 - Hörsaal 22 | **Conveners:**
Gregor Burkhart (EUSPR), Elena Gervilla Garcia (University of the Balearic Islands), Maximilian von Heyden (FINDER e.V.)

09:30

09:30

Keynote 1 (streamed session): Neurobiological Consequences of Early-Life Stress: From Mechanisms to Novel Approaches for the Developmental Programming of Lifelong Health

Session | **Location:** Sauerbruchweg 2, Innere Medizin/2-0 - Hörsaal 22 | **Convener:**
Prof. Christine Heim (Charité – Universitätsmedizin Berlin)

Description

Chairs: Gregor Burkhart, Klaus Beier, Maximilian von Heyden
Adversity in early life, such as childhood abuse, neglect and loss, during times of developmental plasticity can cause lifelong neurobiological changes that leave the individual vulnerable to subsequent maladaptation and at markedly heightened risk to develop a broad spectrum of diseases. Understanding mechanisms and trajectories of biological embedding across development, as well as their moderation by gene-environment interaction, is critical to design novel precision interventions that directly reverse these processes and to derive biomarkers that identify individuals who are at risk to develop disorders or are susceptible to specific interventions. Such advances will promote personalized care based on risk profiles and will inform targeted and mechanism-based interventions to mitigate the adverse outcomes of early-life stress. By specifically targeting processes of developmental programming, it may be conceivable to promote trajectories of health and adaptation with lifelong beneficial effects.

10:30

10:30

Coffee break 3

Break | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

11:00

11:00

Campfire 1A: Policy Decision-making in Prevention: Tools, Technology, and Opportunities to support the Prevention Continuum

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

11:00–12:30 (1h 30m)

Campfire 1A: Policy Decision-making in Prevention: Tools, Technology, and Opportunities to support the Prevention Continuum

Speakers
Dr Damon Jones (Penn State University), Joel Segel (Penn State University), Michael Donovan (The Pennsylvania State University)

Location
Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

Description

Authors: Damon Jones (Penn State University), Joel Segel (Penn State University), Michael Donovan (The Pennsylvania State University)

Background: Effective prevention policy requires decision-makers to rapidly interpret complex, cross-sector data and translate research into actionable strategies. This session explores technological and methodological innovations that bridge research, practice, and policy, focusing on tools that enhance evidence-based decision-making and research translation.
Methods: This session showcases a suite of decision-support tools and translational strategies developed within existing research and practice contexts. These research programs typically employ both quantitative and qualitative methods.
Results: Discussion includes lessons learned from:
• An AI-supported Early Warning System (EWS) for substance use threats that demonstrated improved detection of acute substance use threats, enabling faster, more targeted interventions.
• An AI chatbot designed to help policymakers and practitioners navigate evidence-based prevention resources.
• A demonstration of a Tableau-based tool for approximating monetary benefits of a known evidence-based programs across multiple policy areas, illustrating how data visualization can inform resource allocation and maximize programmatic impact in the US context.
Discussion: Integrating advanced analytics, AI, and visualization tools into prevention policy decision-making accelerates the translation of research into practice, fosters cross-sector collaboration, and improves the timeliness and quality of interventions. Effective research translation hinges on partnerships, tailored communication, and interoperable data systems that connect researchers, policymakers, and practitioners. These innovations collectively advance the prevention continuum, ensuring that policy decisions are informed by robust evidence, responsive to local needs, and positioned for real-world impact.

12:30

11:00

Parallel session 1A: Adolescents and Risky Behaviours

Session | **Location:** Virchowweg 9, Innere Medizin/1-401 - Seminarraum 401

Description

Chair: Ina Koning

11:00–11:15 (15m)

Adolescent Exposure to Sexually Explicit Internet Material: Risks, Parental Influence, and Preventive Strategies

Speaker

Carmen Orte (Universitat de les Illes Balears)

Description

Authors: Carmen Orte (Universitat de les Illes Balears), María Valero de Vicente (University of Balearic Islands), Joan Amer (Universitat de les Illes Balears), Pep Lluís Oliver (University of Balearic Islands), Àngel Aguiló-Zuzama (University of Balearic Islands)

Background: Exposure to sexually explicit internet material (SEIM) among adolescents has become increasingly prevalent, influencing their affective and sexual development. Research indicates that SEIM consumption can shape distorted perceptions of sex, affect relationship satisfaction, and influence sexual behaviors. Parental involvement and comprehensive sexuality education have been identified as key protective factors. This study examines the impact of SEIM on adolescents and explores the moderating role of parental guidance.
Methods: A systematic review of 24 European studies published between 2014 and 2024 was conducted, adhering to PRISMA guidelines. Databases including Scopus and Web of Science were searched using stringent inclusion criteria. The review aims to inform evidence-based strategies in affective-sexual education and prevention.
Results: The findings reveal widespread SEIM consumption, particularly among boys, with associated emotional and psychological outcomes such as anxiety and stress. Exposure is linked to earlier sexual initiation, engagement in risky behaviors (e.g., unprotected sex, substance use before intercourse), and the reinforcement of gender stereotypes. Parental influence emerged as a key moderating factor: open, emotionally supportive communication was associated with lower SEIM consumption, while restrictive mediation tended to have the opposite effect.
Discussion: SEIM exposure plays a significant role in shaping adolescents' sexual and emotional development, often increasing the risk of unhealthy sexual practices and psychological distress. Effective prevention must combine comprehensive sexuality education with active parental involvement. Educational and family-based approaches should promote critical thinking and encourage responsible, respectful sexual behaviors among young people.

11:15–11:30 (15m)

Augmenting Mindfulness-Based Prevention for Adolescent Conduct Problems with an Integrated Mobile App – A Pilot Randomized Controlled Trial

Speaker

Timothy Piehler (University of Minnesota)

Description

Authors: Timothy Piehler (University of Minnesota), Rachel Lucas-Thompson (Colorado State University), Nicole Morrell (University of Minnesota)

Background: Mindfulness-based interventions (MBIs) promote self-regulation skills in adolescents, which are critical for preventing conduct problems such as aggression, defiance, and violence. However, MBIs have rarely been tested for their effectiveness with adolescents at risk for conduct problems. Furthermore, many youth struggle to apply mindfulness skills during real-world stress, limiting the preventive potential of these programs.
Integrating mobile apps with in-person MBIs may help bridge this gap. In-person sessions build foundational skills, while apps can support daily use and skill generalization. Using a stakeholder engaged process, we developed and piloted Learning to BREATHE Plus App (L2B+App)—a combined in-person and mobile intervention—designed for adolescents. L2B+App supplements the 6-session, evidence-based L2B curriculum with mobile features including: (1) a library of guided mindfulness practices, (2) daily motivational messages, and (3) just-in-time support triggered by stress check-ins.
Methods: We recently launched a pilot 3-arm randomized controlled trail, including L2B+App, standard L2B with no app component, and an active control condition. We are in the process of recruiting 120 adolescents (ages 14 - 16) who have been identified through standardized screening procedures to be at risk for escalations in school-based conduct problems. We are assessing feasibility, acceptability, and preliminary intervention outcomes, including self-regulation, mindfulness skills, and conduct problems. Intervention facilitators are also providing feedback on implementation.
Results: Preliminary findings support the feasibility of delivering L2B+App in school settings. Youth and facilitators successfully engaged with the app, and early feedback indicates high satisfaction and ease of use.
Discussion: Our study will yield important feasibility and acceptability data for the use of an MBI augmented with a mobile app in a novel population of adolescents at risk for conduct problems. This approach has the potential to innovate our delivery of MBIs with adolescents and accelerate the development of novel intervention approaches for adolescent conduct problems.

11:30–11:45 (15m)

The Relation between (Problematic) Social Media Use and Physical Activity; a two-wave study

Speaker

Ina M. Koning (VU Amsterdam)

Description

Authors: Ina M. Koning (VU Amsterdam), Emma Morelissen, Helen Vossen (Utrecht University)

Background: This study investigated the longitudinal effects of (problematic) social media use on physical activity levels among adolescents and the extent to which gender moderated this relationship.
Methods: A total of 205 adolescents (Mage= 13.7 years; 53.7% female) participated in two annual measurements, using online self-report questionnaires.
Results: Results show a significant negative effect between problematic social media use and physical activity, no significant effect of intensity of social media use on physical activity was found. That is, problematic social media use predicted decreased physical activity among adolescents one year later. In addition, gender did not significantly moderate the main effects. Thus, social media use negatively affects physical activity levels only when social media is used in a problematic manner. Just the intensity of social media use does not lead to decreased physical activity.

11:45–12:00 (15m)

Understanding profiles of multiple forms of violence exposure (witness, perpetration, victimization) of Mexican adolescents using Latent Profile Analysis

Speaker
Dr Stephen Kulis (Arizona State University)

Description

Authors: Flavio Marsiglia (Arizona State University), Stephen Kulis (Arizona State University), Sun-Kyung Lee (Arizona State University)

Background: Exposure to violence in various forms is a common developmental risk for adolescents. Youth who witness, experience, and perpetrate violence are at high risk for maladaptive behavioral outcomes, including substance use, externalizing behaviors, and delinquency. This study examines the dynamic interplay among different types of violence exposure in an urban sample of adolescents in Mexico, one that is frequently exposed to violence across home, school, and community settings. We show how the different forms of violence—witnessing, perpetration, and victimization—manifest in combination in the adolescents' lives, and explore predictors of each pattern.
Methods: Data come from 5,442 seventh-grade students drawn from a stratified probability sample of 36 public middle schools in Mexico City, Guadalajara, and Monterrey. Students completed questionnaires that assessed the frequency of witnessing violence (e.g., physical violence, police enforcement), personally perpetrating violence (e.g., physical aggression, bullying, emotional abuse), and victimization (e.g., physical and emotional abuse), with 15 items for each type. We derived distinct patterns of violence exposure using Latent Profile Analysis (LPA) and identified individual and parental psychosocial factors associated with each profile.
Results: Four profiles emerged: (1) Minimal involvement in all forms of violence (77%), (2) Simultaneous perpetrators and victims (11%), (3) Witnessing violence only (10%), and (4) High involvement in all forms of violence (2%). Girls, youth with lower levels of depression, and less parent–child conflict were more likely to belong to the minimal involvement group. Older youth were more likely to belong to the group only witnessing violence. High-involvement youth reported lower parental monitoring and greater substance use intentions.
Discussion: Findings highlight distinct violence exposure patterns and associated psychosocial risks. Prevention efforts could be tailored to address multiple forms of violence and target salient family factors such as parental monitoring. Future research should track how violence profiles evolve throughout adolescence.

12:30

11:00

Parallel session 1B: Participatory Research and Practice

Session | **Location:** Virchowweg 9, Innere Medizin/2-403

Description

Chair: Charlotte de Kock

11:00–11:15 (15m)

Partnership Centered Research Leads to Integrated Family-School Partnership Support for Adolescents with Emotional and Behavior Concerns

Speaker
Andy Garbacz

Description

Author: Andy Garbacz

Background: We developed a research-practice partnership with schools, community mental health, and researchers and used the eco-interactional developmental model to develop and test a family-school partnership intervention for adolescents with emotional and behavior concerns. Aims included: (1) Determine the core components of the family-school partnership intervention. (2) Determine the impact of the family-school partnership intervention on parenting, the parent-teacher relationship, and adolescent emotional and social behavior. (3) Examine implementation of the of the family-school partnership intervention.
Methods: For Aim 1, we used a participatory qualitative design. Within the context of a hybrid type 1 study, we implemented a randomized trial to determine the impact of the family-school partnership intervention (Aim 2) and embedded an implementation study (Aim 3). For the implementation study, we used a convergent mixed methods design to examine quantitative data; qualitative parent, teacher, and student data; and convergence and divergence across the quantitative and qualitative data.
Results: Findings suggested core components of the family-school partnership intervention included culturally responsive practices, relationship-building, and emotional and behavior support across home and school implemented across a three-stage partnership-centered approach. We observed impacts on the parent-teacher relationship, parent efficacy, and adolescent interpersonal skills. Providers adhered to an average of 90% of objectives. Parent-report of stress and teacher-report of behavior severity were negatively associated with implementation. We identified convergence and divergence across quantitative and qualitative implementation data.
Discussion: A participatory process facilitated identifying a family-school partnership intervention that emphasizes culturally responsive cross-setting support for adolescents, which led to improvements in cross-setting outcomes. We will discuss implications for developing family-school partnership interventions for adolescents with emotional and behavior concerns. We will emphasize how the mixed methods data can be used in iterative intervention refinement to promote positive outcomes for adolescents and reduce the risk of escalating emotional and behavior concerns during adolescence.

11:15–11:30 (15m)

A Co-Designed Multi-Level Prevention Approach to Gender-Based Violence Among Refugee Women in Sweden

Speaker

Georgina Warner (Department of Public Health and Caring Science, Uppsala University, Sweden)

Description

Authors: Georgina Warner (Department of Public Health and Caring Science, Uppsala University, Sweden), Anna Pérez-Aronsson (Department of Public Health and Caring Science, Uppsala University, Sweden)

Background: Despite its reputation for gender equality, Sweden experiences persistently high rates of gender-based violence (GBV). Refugee women can be disproportionately affected due to intersecting systemic and social vulnerabilities. In response, we undertook a co-design process to develop a psychosocial support model attuned to the needs of refugee women with lived experience of GBV. Aligned with the prevention continuum, the model spans primary, secondary, and tertiary levels, integrating awareness-raising, help-seeking facilitation, and trauma-informed care.
Methods: Using a structured workshop methodology, we engaged a co-design team comprising researchers, survivor co-researchers, and service providers. The resulting model includes two interlinked components: (1) a community-based awareness and help-seeking intervention hosted at open preschools, targeting women at the primary and secondary prevention levels; and (2) a group-based clinical intervention hosted by the Swedish Red Cross, offering tertiary prevention for survivors. The clinical component, Skills Training in Affective and Interpersonal Regulation (STAIR), was pilot tested through a convergent mixed-method case series (N=6).
Results: Participants in the STAIR pilot reported positive experiences with the group format, relaxation exercises, and skills for setting boundaries. While only two participants demonstrated clinically meaningful reductions in PTSD symptoms, qualitative data revealed perceived psychosocial benefits not captured by standard measures. Patterns of individual variation were observed in weekly well-being scores.
Discussion: This co-designed model illustrates how prevention-oriented research and practice can be integrated to address GBV across the continuum. The open preschool platform is designed to enhance early identification and engagement, while the Swedish Red Cross intervention is intended to provide targeted therapeutic support. Findings from the clinical pilot underscored the importance of trauma-informed facilitation, extended delivery timelines, and attention to group dynamics. Future steps include larger-scale implementation and long-term evaluation.

11:30–11:45 (15m)

Substance use among displaced populations in Europe: structural prevention as a policy imperative

Speaker

Dr Charlotte De Kock (Ghent University)

Description

Author: Charlotte De Kock (Ghent University)

Background: Displaced populations in Europe, including applicants for international protection and undocumented individuals, face elevated risks of mental health and substance use related problems due to pre- and post-migration stressors such as war trauma, hazardous journeys, and fragmented reception conditions. While WHO and academics advocate prioritizing mental health in European reception settings, most evidence-based interventions originate from low- and middle-income countries and to not evaluate substance use outcomes, leaving EU-specific strategies underdeveloped.
Methods: This mixed-methods study examines gaps in substance use support across reception settings in the EU and across the intervention spectrum. Data derive from: (1) a 2023 questionnaire profiling training and intervention needs among reception workers (n=98) and (2) a 2025 scoping review (Web of Science, targeted surveys) mapping substance use related interventions in European reception contexts.
Results: 72% of reception workers did not receive any formal training related to substance use, with over 80% prioritising the need for training on prevention, intoxication assessment, and incident management. Meanwhile, the top priority highlighted by participants was the accessibility of treatment services. The review in turn identified sparse, ad hoc, predominantly unevaluated interventions in EU settings. Some WHO-developed tools (MHGap, ASSIST, ProblemManagement+, SelfHelp+) have documented outcome effectiveness. Recent years showed an increase in the publication of evaluation designs in this domain in Europe (e.g. BePrepared, Step-by-step, STARC-SUD).
Discussion: The results highlight the pressing need to invest in staff training and scale-up evidenced interventions to meet substance use related needs of displaced populations in Europe. Three pathways emerge from these findings: (1) adapting and evaluating evidence-based global interventions in EU reception contexts increasingly resembling low-resource settings, (2) Evaluating local intervention program theory and scalability. Crucially, (3) structural barriers such limited healthcare access and social exclusion demand renewed attention to the effect of and need for structural prevention.

11:45–12:00 (15m)

Developing and prototyping Friends in Focus, a new UNODC youth-based peer-to-peer prevention programme

Speaker

Ali Yassine (Associate Drug Control and Crime Prevention Officer)

Description

Authors: Su Hong (UNODC), Peer van der Kreeft (Ghent University College), Johan Jongbloet (Ghent University College), Wadih Maalouf (UNODC)

The United Nations Office on Drugs and Crime (UNODC) seeks to promote a culture of prevention in line with prevention science, including through meaningful participation of youth in prevention efforts. UNODC recently developed 'Friends in Focus', a new youth peer-to-peer drug prevention programme, through which young people learn about preventive thinking for themselves and how they can disseminate it amongst their friends. It leverages on the positive influence that peer interaction can have in promoting healthy attitudes, normative beliefs, and social skills. Friends in Focus supports youths on learning how to recognize risk and protective factors to drug use, to critically reflect and challenge normative beliefs and misperceptions, experience how group dynamics affect behaviour and can interfere with prosocial intentions, and how to become an upstander in situations of pressure.
Its development was innovatively guided by a large panel of global experts in prevention science and/or experienced with youth (academics and practitioners), as well as youth implicated in prevention initiatives by UNODC. Following the initial development, a prototyping exercise began in early 2025 in 8 geographical sites (Italy, Serbia and 5 Central Asian countries). The prototyping will collect field experiences from youth, which will be reviewed by the design team and shared with the peer review group, to assess the programme's feasibility and understandability in youths. It will also report on the process of implementation and fidelity in training and application through the varying settings and modalities, including school-based, community-based, single-city/country, and multi-country contexts. Building on this feedback, UNODC aims to revise the programme to an improved version for testing its effectiveness and scale-up.
This abstract will report on this iterative process of development of this new tool and reflect on its potential to fill an important gap in youth active participation and engagement in peer-to-peer prevention.

12:30

11:00

Symposium 1A: The Guiding Good Choices Parenting Program: Preventing substance use and mental health concerns by supporting families across the prevention continuum

Session | **Location:** Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

11:00–12:30 (1h 30m)

Symposium 1A: The Guiding Good Choices Parenting Program: Preventing substance use and mental health concerns by supporting families across the prevention continuum

Speakers

Margaret Kuklinski (University of Washington, Social Development Research Group), Dalene Beaulieu (University of Washington), Nicole Eisenberg (University of Washington), Mrs Eva-Lotta Björk (Prevention Sverige)

Location

Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

Description

Authors: Margaret Kuklinski (University of Washington, Social Development Research Group), Dalene Beaulieu (University of Washington), Nicole Eisenberg (University of Washington), Eva-Lotta Björk (Prevention Sverige), Rivka Schwartz (SAR High School), Mats Glans (Swedish Institute for Applied Prevention Science), Birgitta Mansson (Swedish Institute for Applied Prevention Science), Sara Heide (Swedish Institute for Applied Prevention Science), Romina Veas (San Carlos de Maipo Foundation), Raul Perry (San Carlos de Maipo Foundation), Marcelo Sanchez (San Carlos de Maipo Foundation), Crisitian Meneses (San Carlos de Maipo Foundation), Jim Leighty (University of Washington)
Chair: Margaret Kuklinski

Cross-cultural research studies affirm that warm, nurturing relationships between parents and their children, along with clear guidelines for children's behavior, promote healthy development across a variety of contexts and cultures. Guiding Good Choices (GGC) is an evidence-based universal prevention program for parents of children ages 9-14, that reduces risk factors for substance use and other behavioral health concerns, and enhances protective factors by teaching parents strategies and skills that promote bonding and enable clear guidelines. Research trials have demonstrated that GGC strengthens connection between parents and children, increases parenting skills, reduces family conflict, and improves substance use, depression symptoms, and delinquent behavior. GGC is currently available for in-person or virtually delivery to groups of parents in English, Spanish, and Swedish.

This symposium features four presentations. The first describes GGC, including its theoretical underpinnings, target audience, evidence base, outcomes, and recommendations for successful implementation. The second provides international examples of GGC implementation in two very different countries, Sweden and Chile, including describing adjustments made to align with local context. The third presentation reports on GGC implementation in a school setting, illustrating the process from program selection, to adaptation, implementation, and saturation among families in the school. The final presentation highlights the program's acceptability and utility across diverse settings (e.g., schools, pediatrics clinics), modes (in-person, virtual), and populations (universal, selective, indicated).

These presentations reveal that GGC can be an effective tool for supporting parents and fostering adolescent health across diverse contexts and settings. Acceptability in multiple countries and cultures holds promise for extending reach of effective parenting supports globally. Implementing virtually and in diverse settings points to opportunities for reducing attendance barriers and further extending reach. The GGC program has the potential to support families and adolescents globally by equipping them with strategies aimed at preventing behavioral health problems and promoting wellbeing.

ABSTRACT 1
What is Guiding Good Choices?

Margaret Kuklinski (University of Washington, Social Development Research Group), Dalene Beaulieu (University of Washington), Nicole Eisenberg (University of Washington)

Background: Over the last decade, behavioral health problems have risen dramatically among youth worldwide. Broader dissemination of effective family-focused prevention programs could reduce these concerns, promote health and wellbeing, and support parents and families, with positive effects on global public health. Guiding Good Choices (GGC) is an evidence-based family-focused prevention program for parents with children ages 9 to 14. It has been shown in two randomized controlled trials to sustainably reduce substance use, depression symptoms, and delinquent behavior, and to support positive, nurturing family relationships. This presentation describes GGC's theoretical foundation; the goals of each GGC session; the tools, training, and technical assistance available to support high quality implementation; and overviews the feasibility of GGC implementation and impact in diverse countries, cultures, and context.
Method: GGC is theoretically grounded in the Social Development Strategy, which underscores the importance of strong positive bonds, which are broadly protective, and clear guidelines, which serve as guardrails against health risking behaviors. Each of GGC's 5 sessions offers parents tools, skills, and strategies (e.g., setting consistent guidelines, conflict management, dealing with peer pressure) that promote family bonding and increase the likelihood of healthy behavior in adolescence. Information, opportunities for discussion, skills demonstration, and ample time to practice facilitate the use of tools, skills, and strategies in the home environment.
Results: In addition to evidence of positive impact on families and adolescent health, recent evaluations have demonstrated the feasibility, acceptability, and preliminary effectiveness of implementing the program in multiple settings (e.g., community-based organizations, healthcare settings), languages (e.g., Spanish, Swedish), and when delivered virtually.
Discussion: GGC is a universal anticipatory guidance curriculum with high potential for equipping families across the globe with skills to prepare for the teenage years. Training and technical assistance are routinely available to facilitators and agencies wishing to implement the program.

ABSTRACT 2
International implementation of Guiding Good Choices: Lessons learned from Sweden and Chile

Eva-Lotta Björk (Prevention Sverige), Nicole Eisenberg (University of Washington), Sara Heide (Swedish Institute for Applied Prevention Science), Birgitta Mansson (Swedish Institute for Applied Prevention Science), Mats Glans (Swedish Institute for Applied Prevention Science), Romina Veas (San Carlos de Maipo Foundation), Crisitian Meneses (San Carlos de Maipo Foundation), Raul Perry (San Carlos de Maipo Foundation), Marcelo Sanchez (San Carlos de Maipo Foundation), Dalene Beaulieu (University of Washington)

Background: While there is a strong need for preventive interventions worldwide, there is a dearth of evidence-based programs that are linguistically and culturally relevant for use across multiple countries, especially in underserved areas (e.g., Latin America), where prevention needs are high, or in countries that lack interventions in the desired language. We share results from the implementation of Guiding Good Choices—a universal preventive parenting intervention—across two very different countries: Chile and Sweden.
Method: GGC was developed in the U.S. as a bilingual program; all materials and trainings are available in English and Spanish. In Chile, the Spanish-language version was piloted in 2021-2 as part of a feasibility study that examined implementation fidelity and participant satisfaction using surveys and observer ratings. Recruitment was tailored to the local context and Chilean substance use data were included in the curriculum, but the program was not adapted any further. In Sweden, all program materials and trainings were translated into Swedish, including creating new videos used in the curriculum. GGC implementation began in 2021 as part of city-wide community prevention efforts in two Swedish cities.
Results: In Chile, trained facilitators delivered the program to 46 parents in 4 groups. Self-report and observational data indicated that implementation fidelity and parent satisfaction were very high. Focus groups also pointed out some areas for improvement. In Sweden, 24 facilitators were trained, and to date, they have delivered GGC to 150 families. GGC has been very well accepted and has played an important role in the city's prevention efforts.
Discussion: Findings indicate it is possible to deliver GGC with high fidelity and acceptability in a new country. Despite significant cultural and political differences, GGC showed a good fit to the new settings. Families reported relating to the concepts and benefiting from the program.

ABSTRACT 3
From early considerations to reaching saturation in Guiding Good Choices implementation

Dalene Beaulieu (University of Washington), Rivka Schwartz (SAR High School)

Background: Despite evidence that parenting programs can improve behavioral health outcomes, achieving high levels of parent participation and attendance has traditionally been challenging. This presentation highlights an effective approach to engaging parents and families in a Modern Orthodox Jewish high school community in Guiding Good Choices, an evidence-based program for parents with children ages 9 to 14, in a large urban area. The school's thoughtful stepwise approach, supported by coaching from a GGC Specialist, resulted in high levels of exposure among families in the school.
Method: In 2019 SAR high school engaged the University of Washington's Center for Communities that Care (Center) when staff sensed there were some significant behavioral health concerns among in students. The Center and SAR collaborated to (a)

collect student self-report data to understand strengths, problem behaviors, risk factors, and protective factors, (b) select GGC in response to high levels of alcohol use revealed in the data, (c) tailor GGC to meet the population's unique needs, and (d) implement it with fidelity and reach.
Results: Adaptations focused on increasing cultural resonance (e.g., aligning images with Orthodox teachings) prior to implementation. A small initial pilot helped build support within the school and among rabbis and parents, and provided the foundation for broader implementation within SAR. Data from parents propelled further adjustments (e.g., scheduling, Shabbat-specific examples). The community's positive response undergirded SAR leaders' decision to adopt a policy of mandatory participation in GGC for all incoming 9th grade parents, which has led to over 90% of parents completing the program.
Discussion: By working stepwise through a process that included close collaboration among school leadership, the SAR community, and GGC experts, SAR achieved high-fidelity implementation and optimized saturation and engagement among parents. SAR's replicable process can be tailored to help future GGC implementers achieve their reach goals.

ABSTRACT 4
Extending the reach of Guiding Good Choices across settings and across the prevention continuum

Nicole Eisenberg (University of Washington), Margaret Kuklinski (University of Washington, Social Development Research Group), Jim Leighty (University of Washington)

Background: Many parent-focused preventive interventions have had limited uptake even though they have demonstrated health impact, and participants who attend report high degrees of satisfaction. In this paper we highlight multiple pathways to greater reach of an evidence-based parenting intervention, Guiding Good Choices (GGC), in new contexts and populations across the prevention continuum.
Method: GGC was developed in the U.S. for in-person community or school-based delivery. We describe several innovations and strategies aimed at increasing GGC's reach, implementation feasibility, and acceptability. They include adapting GGC for synchronous virtual delivery, broadening implementation to include healthcare settings, and increasing access among caregivers in recovery from opioid use disorder. We share results from surveys and interviews documenting fidelity, parent engagement and satisfaction and preliminary effectiveness.
Results: (a) GGC was adapted for synchronous virtual group delivery during the COVID-19 pandemic (b) and delivered to ~300 caregivers from pediatrics clinics in 3 U.S. states, who were recruited via pediatrician invitation. Implementation was satisfying to parents. Fidelity was high. Pretest-posttest comparisons showed statistically significant improvements in parenting attitudes and knowledge. (c) In one U.S. state, GGC was integrated into settings serving families in recovery from opioid use disorder; ~75 caregivers in recovery participated in GGC. Surveys and interviews revealed parents were highly satisfied, learned new skills, and observed positive impacts on their children.
Discussion: Innovations showcase the flexibility and acceptability of GGC in varied settings serving children and families. They demonstrate that GGC can be implemented virtually with high fidelity, with related gains in parent knowledge and attitudes. Finally, they show GGC's relevance as a universal intervention and also when offered selectively to populations in which children are at higher risk for behavioral health concerns. Collectively innovations suggest GGC's potential for stronger public health impact through broader dissemination and implementation.

12:30

11:00

Symposium 1B: Prevention focused on families affected by incarceration – how can research be brought to practice with at-risk families? Experiences from the international context

Session | **Location:** Virchowweg 9, Innere Medizin/2-402

11:00–12:30 (1h 30m)

Symposium 1B: Prevention focused on families affected by incarceration – how can research be brought to practice with at-risk families? Experiences from the international context

Speakers

Dr Anita Mehay (City St George's, University of London), Dr J. Mark Eddy (The University of Texas at Austin), Dr Rosi Enroos (Tampere University), Åsa Norman (Karolinska Institutet)

Location

Virchowweg 9, Innere Medizin/2-402

Description

Authors: Anita Mehay (City St George's, University of London), Charles R. Martinez, Jr (College of Education, The University of Texas at Austin, Austin and Oregon Social Learning Center, Eugene), Essi Julin (Tampere University), J. Mark Eddy (The University of Texas at Austin), Jabeer Butt (City St George's, University of London), Jean Kjellstrand (University of Oregon), Jenni Repo (Tampere University), Leandra Box (City St George's, University of London), Rachel Duncan (City St George's, University of London), Richard G. Watt (City St George's, University of London), Rosi Enroos (Tampere University), Åsa Norman (Karolinska Institutet)
Chair: J. Mark Eddy

This symposium gathers experiences from a variety of countries to discuss prevention efforts that bring research to practice to target at-risk families that face complex adversities: families affected by incarceration. Incarcerated parents, their children, their partners, and their relatives often run a high risk of ill-health and marginalization, a situation which has been documented through a large body of research conducted across the globe. These families vary greatly in terms of needs and levels of difficulty and preventive efforts need to be multi-faceted, targeting not only the entire family but also various aspects of the communities within which they live. These types of efforts can be difficult to put into practice for several reasons. For example, families can be difficult to reach and to develop and maintain relationships with. Further, the political landscapes that impact practice and policies related to these families are quite dynamic and can be unpredictable. Such situations call for innovative and flexible strategies to develop, assess and implement evidence-based interventions that prevent risk. This Symposium brings together practice-based researchers from England, Finland, Sweden, and the US with a variety of welfare structures and political context with examples of interventions targeting these families. Current projects from these countries are in various stages, from development, assessment, and implementation in practice. The Symposium will also highlight how various forms of data and designs (e.g., registry-based, co-creative design, mixed-methods, and observation) are essential in the progress of prevention for at-risk groups. Finally, the Symposium will pinpoint the need to use knowledge from a variety of contexts across the globe when launching new initiatives, with the intent of informing the construction of innovative and flexible preventive programs for at-risk and hard-to-reach groups within specific environments.

ABSTRACT 1
Development and testing of parenting interventions for incarcerated parents in the US

J. Mark Eddy (The University of Texas at Austin), Jabeer Butt (City St George's, University of London), Charles R. Martinez, Jr (College of Education, The University of Texas at Austin, Austin and Oregon Social Learning Center, Eugene)

Background: The US incarcerates more people than any country in the world. The majority of incarcerated adults in the US are parents. Most parents in prison had contact with their families before prison and most maintain contact with their families during prison. A prevailing hypothesis is that a positive connection with family during imprisonment promotes a successful reentry back to the community. Traditionally, and particularly in prisons for women, one way in which US departments of corrections have attempted to facilitate positive connections with family is through prison-based parenting programs. In this presentation, the development, expansion, and dissemination of one such parenting program will be discussed,the cognitive-behavioral parent management training (PMT) program Parenting Inside Out (PIO).
Method: PIO was developed in collaboration with the state of Oregon Department of Corrections and the non-profit organization The Pathfinders Network. The program was informed by the lived experiences of incarcerated parents, the caregivers of their children, practitioners who teach parenting in prison, and other key stakeholders. Outcomes due to PIO were examined within the context of a randomized controlled trial (RCT). Incarcerated parents from all correctional facilities in the state of Oregon were recruited to participate, and eligible parents who consented (N = 359) were transferred to participating releasing
institutions. After initial assessment, parents were randomized to the PIO "intervention" condition or a services-as-usual "control" condition and then followed through the remainder of their prison sentences and to one year after release. Intervention condition participants were
offered PIO prior to their release. After the trial was complete, the program was disseminated throughout Oregon and the US. Since this time, the program has been a part of various efforts that include multiple components targeting individual and family functioning.
Results: In the original trial, outcomes favoring participants in the intervention condition were found in areas of importance to parents and their children and families and to public health and safety at large, including a decreased likelihood of problems related to substance
use and of engaging in criminal behavior during the first six months following release as well as a decreased likelihood of being arrested by police during the first year following release. A variety of other types of information have been collected on the program since the original
trial, and ongoing attempts are being made to rigorously study the program further in various locales.
Conclusions: The implications of the findings of the original trial and subsequent experiences are discussed for parents, children, and families, including the critical need for replication of the original RCT and as well as additional scientifically rigorous research on multicomponent parenting programs delivered during the reentry period.

ABSTRACT 2
Development and pilot of a Finnish parenting intervention for caregivers of children with incarcerated parents

Rosi Enroos (Tampere University), Essi Julin (Tampere University), Jenni Repo (Tampere University), Jean Kjellstrand (University of Oregon)

Background: Despite growing international research on the effects of parental incarceration, there is a lack of interventions to support families living in the shadow of prison. The main carers of these children often receive little support despite facing the crisis of imprisonment, childcare, and financial responsibilities often alone. As part of a larger study, we develop and pilot a research-based parenting intervention for the first time in Finland. Previous research has demonstrated that the wellbeing of parents, positive family relationships, and successful coparenting can offset some adverse impacts of parental incarceration. Therefore, the parenting intervention is targeted at the main carers of children to support caregivers with the goal of building positive family relationships. This presentation discusses the development, content, and piloting of the intervention.
Methods: Procedures were modified from U.S.-developed family-centered cognitive behavioural parenting management training program. To address effective research-based factors in the group intervention, the intervention incorporates elements from mindfulness, motivational interviewing, and psychoeducation on parental imprisonment and effective
parenting practices, and also include peer support. The program has been co-developed with the target group and a non-profit organisation to ensure its relevance. The program will be piloted with 20 parent-child pairs (children aged 0-10 years) in 2026. The study employs a mixed-methods approach, combining quantitative and qualitative assessments.
Results: Data will provide insights into the experiences of participants and the practical challenges encountered during piloting. The results are expected to demonstrate the feasibility of implementing the parenting intervention program (e.g. recruitment, enrolment and client satisfaction) in Finland and its potential benefits for families with incarcerated parents.
Discussion: Challenges related to (co-)developing and piloting the program will be discussed. The implications for prevention research, practice, and policy will be considered, highlighting the importance of supporting this vulnerable population.

ABSTRACT 3
Fathers Together: Exploring the intersectional experiences of young ethnically minoritised fathers in prison to codevelop a parenting programme

Anita Mehay (City St George's, University of London), Rachel Duncan (City St George's, University of London), Jabeer Butt (City St George's, University of London), Leandra Box (City St George's, University of London), Richard G. Watt (City St George's, University of London)

Background: Parental imprisonment is a significant public health concern but there is limited evidence or understanding in the UK of the experiences of fatherhood in prison, particularly in Black, Asian and minoritised ethnic groups who are overrepresented in the prison
population. Moreover, young fathers in prison are seldom the focus of research, practice or policy except through deficit lens

that portrays them as absent, incapable or feckless. Our aim was to explore the experiences of young fathers through a strengths-based and intersectional lens as a way to develop and implement a parenting programme.
Methods: We adopted a coproduction approach through a series of phases, including an initial examination of needs in a sample of 455 young adults aged 18-25 years old in five prisons in London and 50 semi structured interviews young fathers, family members and staff. We used insights to co-develop a parenting programme with men with lived experience and implemented this with a group of young fathers in prison.
Results: We revealed a high level of unmet need with 35% (n=148) reporting to be fathers with ~ 200 children impacted. Nearly all young fathers wanted to be close with and involved in their children's life, but few received meaningful support which considered their life
experiences, ethnicity, and cultures. Many described challenges in tackling stereotypes and expectations associated with youth, ethnicity and masculinity. We went on to adapt a parenting programme with a lived experience group based on these findings and successfully delivered this to a group of six young fathers in a prison.
Discussion: This study addresses a critical but overlooked public health concern relating to young fathers in prison. Taking a coproduction and intersectional approach helped ensure a parenting programme for young fathers in prison was strengths-based, non-stigmatising and meaningful.

ABSTRACT 4
Building evidence towards a multi-level support model to prevent ill-health and marginalisation among children with incarcerated parents: The example of Sweden

Åsa Norman (Karolinska Institutet)

Background: Children with incarcerated parents comprise a severely underserved group in society, with elevated risks for ill-health, marginalisation, and criminality. The complex adversity of these children can be related to risk factors on several levels: the child, the family, and the community, and intervention models that target all levels over a longer period of time are needed to prevent risks. In Sweden, development and evaluation of such a multilevel support model has been conducted since 2019. This presentation provides a description
of the multi-level support model and empirical evidence for the support component on the family level -- the For Our Children's Sake programme (FOCS)
Method: Effects of FOCS were tested in a controlled trial in 15 prisons with 91 parents. Child-parent relationship quality, criminal attitude, and interest in treatment programmes were measured pre- (T0) and post intervention (T1), and after three-months (T2). Evaluation of the implementation process included questionnaires and semi-structured interviews with parents (n=58), group leaders (n=23), and correctional inspectors (n=12).
Results: Favourable intervention effects over time were found for relationship quality and criminal attitude. Both effects were explained by significant group differences at T2. The process evaluation showed a great need for child and parenting focused interventions. Additional activities provided over a long period of time, and links between child-parent focused activities both inside and outside of prison were called for to sustain the work on parenting skills and child-parent relationship.
Conclusions: The evaluation of FOCS suggests that program can comprise one beneficial component on the family level of the multi-level support model. Further considerations and plans for additional components on all levels of the model will be discussed.

12:30

12:30

Lunch break 2

Break | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

13:30

12:30

Posters day 1

Session | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

12:30–13:30 (1h)

Parent educational expectations and child educational attainment in the Chicago Longitudinal Study

Speaker
Yubo Xu

Description

Authors:Yubo Xu, Suh-Ruu Ou, Arthur Reynolds

Background: Supported by Expectancy-Value Theory (Wigfield & Eccles, 2000), the impact of parent educational expectations on child educational outcomes has garnered increasing attention over the past decades. However, we know less about the role of preventive interventions in positively impacting child educational attainment through improving parental educational expectations. Furthermore, racial/ethnic minority groups have been underrepresented in this research area. The current study focused on African American families participating in the Child Parent Center (CPC) intervention, a comprehensive early childhood program that provides educational and family support services to children and their families. Our key aims included examining: 1) the impact of the intervention dosage (i.e., 0 to 2 years) on parental educational expectations at age 12 and 2) the mediating role of parent educational expectations and children's academic achievement in the association between intervention dosage and child educational attainment.
Methods: Participants included 1396 African American children at risk of school failure who attended the CPC preschool for 1 year (n = 412), or 2 years (n = 491) along with a comparison group that attended standard preschool (n = 493).
Results: An ANCOVA revealed that there was a significant difference between the comparison group and the 2-year CPC group ($p < 0.05$), with 2-year participants reporting higher educational expectations than those in the comparison group. A serial mediation model revealed that parent educational expectations (i.e., mediator 1) play an important indirect role by influencing academic achievement (i.e., mediator 2) and mediated the association between CPC dosage and educational attainment (serial mediation effect = .016, 95% CI: .0.004, 0.031).
Discussion: Two years of CPC led to higher parent educational expectations relative to the comparison group and those who attended 1 year, with greater intervention-related changes in expectations and academic achievement predicting greater child educational attainment. These findings may highlight parent' beliefs and expectations about their children's educational progress as a promising target in preventive interventions.

12:30–13:30 (1h)

"Little Fingers on Screens: How Parental Norms and Attitudes Shape Digital Childhood"

Speaker
Zrinka Selestrin (Teaching Institute for Public Health of Primorsko-goranska County)

Description

Author: Zrinka Selestrin (Teaching Institute for Public Health of Primorsko-goranska County)

Background: The rapid advancement of digital technologies has led to their global proliferation, rendering their presence an unavoidable aspect of contemporary life. This widespread availability has naturally extended to the youngest population, including preschool-aged children.
Parental attitudes represent one of the key determinants of a child's exposure to digital technologies. In the context of preschool children, parental beliefs and perceptions regarding digital technology use have been identified as significant predictors of the amount of time children spend engaging with digital devices. Furthermore, subjective norms have been shown to influence parental intentions concerning their child's screen time.
The primary objective of the present study was to examine the role of children's digital technology usage time in the context of parental attitudes and subjective norms toward their child's engagement with digital technologies.
Methods: The study sample consisted of 426 parents (84.3% female) of children aged between 3 and 7 years. Parental attitudes were assessed using the Children's Internet Use Attitude Scale (Jelić & Kamenov, 2009). In line with the methodological guidelines for questionnaire development (Ajzen, 2002; 2006; Francis et al., 2004), which are grounded in the Theory of Planned Behavior, a concise scale was developed to measure subjective norms. The scale consisted of four items, rated on a 7-point Likert scale.
Results: The findings of this study underscore the relevance of systematically investigating parental attitudes in the context of children's digital technology use. Specifically, parental perceptions of the developmental impact of digital technology emerged as a significant factor in shaping both the quantity and nature of digital content to which children are exposed.

12:30–13:30 (1h)

Perceptions of alcohol-related problems among social workers and their clients

Speaker

Dr Elina Renko (University of Helsinki)

Description

Author: Dr. Elina Renko (University of Helsinki)
Presenter/Corresponding author: Elina Renko

Background: Alcohol-related problems are widely viewed as health problems and thus as marginal to the social workers' job. Social workers, who work outside the substance- abuse practice settings, frequently encounter clients with hazardous and harmful drinking. This study explores how alcohol-related problems are perceived in social work.
Methods: It employs a qualitative attitude approach (QAA). Social workers (n=14) and their clients (n=14) were asked to comment on eight statements concerning alcohol screening and counselling. Here, the primary objective is to explore: How alcohol- related problems were constructed as attitude objects?
Results: Both groups mainly constructed alcohol-related problem as a social issue. The interviewees associated this social issue closely with social statuses as well as with client's fulfilment of their responsibilities, and their ability to function well. Alcohol-related problem was allocated not only to the individual but to people around him as well. For themselves, the clients often used the binary framing of acceptable and problematic alcohol use, whereas for others the boundaries were blurred and constructed based on medical, social, and especially socio-economic aspects. Social workers rarely talked about their own alcohol use.
Discussion: The medicalized view of alcohol-related problem – highlighting the negative impact this problem can have on people's health and well-being – was also present in the argumentative talk but was less common than the social view. The interviewees saw identifying and managing alcohol-related problems as essential to the social workers' job. This social view might be in contrast with the individualistic models of substance abuse treatment.

12:30–13:30 (1h)

Influence of Body Mass Index on smoking relapse prevention over a one-year follow-up after a smoking cessation intervention

Speaker

Mr Jorge Vacas (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).)

Description

Authors: Jorge Vacas (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).), María Ramos-Carro (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).), Lois Millara (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).), María Barroso-Hurtado (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain)), Carmela Martínez-Vispo (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).), Ana López-Durán (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).), Elisardo Becoña (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).)

Background: Knowing which personal variables influence smoking relapse can help to improve cessation treatment effectiveness. Previous research has indicated that high body mass index (BMI) may be associated with smoking cessation treatment failure. However, scarce research has analyzed the relationship of this variable with long-term relapse outcomes. This study examines whether baseline BMI is related to relapse at 3-,6-, and 12-month follow-ups in a sample of individuals who initially achieved abstinence during a smoking cessation intervention.
Methods: The sample was 296 adults who were abstinent at the end of a cognitive-behavioral smoking cessation program (62.3% women; M_{age} = 45.12 years; *SD* = 11.31) at the Smoking Cessation and Addictive Disorders Unit of the University of Santiago de Compostela (Spain). Logistic regression analyses were conducted to examine whether the BMI, categorized into three groups: normal/underweight (<25), overweight (25–29.9), and obese (≥30), was associated with smoking relapse at 3, 6, and 12 months after the end of the smoking cessation intervention.
Results: Of the total sample, 49.66% were categorized in the normal/underweight group, 35.14% in the overweight group and 15.20% in the obese group. Data showed that participants in the overweight group were significantly more likely to relapse compared to those in the normal/underweight group at 3-(odds ratio [OR]= 2.34; p = .001), 6-(OR = 1.67; p = .046), and 12-month follow-ups (OR = 1.86; p = .018).
Discussion: Baseline overweight BMI was associated with an increased risk of relapse over the one-year follow-up period. These findings suggest that BMI should be considered when designing smoking cessation interventions. Future research exploring the interaction between BMI and psychological or behavioral factors is needed. This may help to design tailored interventions to prevent smoking relapses.

12:30–13:30 (1h)

Developing a Peer-Led Navigation Program that Addresses Intersectional Stigma to Improve Access to PrEP for HIV-Prevention for Women Involved in the Carceral System

Speaker
Emily Dauria

Description

Authors: Emily Dauria, Jerry Jiang, Katerina Christopoulos, Logan Lehman, Marina Tolou-Shams, Martha Shumway, Salam Ayana

Background: Women impacted by the criminal legal system (WI-CLS) in the US encounter intersecting stigmas because of their multiply marginalized identities, have elevated vulnerability to and incidence of HIV, and experience persistent inequities in uptake of HIV prevention strategies (e.g., PrEP). We developed and tested a peer-led navigation intervention for WI-CLS at risk of HIV acquisition to reduce intersectional stigma and improve linkage to HIV-prevention services.
Methods: Informed by the Intersectionality Enhanced Consolidated Framework for Implementation Research, we collected qualitative data from WI-CLS (N=9) and system partners (N=14) to elicit feedback on a peer-led navigation program developed using existing PrEP navigation models, and the "Understanding and Challenging HIV Stigma Toolkit". Using these data, we adapted navigation content and structure to reflect the lived experience and healthcare challenges of WI-CLS. The newly developed "kINSHIP" intervention was tested in an open trial with WI-CLS (N=5). Interviews were conducted with intervention participants, the navigator, and systems partners to further adapt and refine the intervention in preparation for pilot randomized controlled trial testing. Data were analyzed using inductive thematic analysis.
Results: Participants recommended that navigator training topics address boundary setting and secondary trauma. The reaction to stigma and health related navigation activities was overwhelmingly positive. Other participant suggestions included that intervention content was framed using a resilience-approach, and that sessions were brief (< 45 minutes), flexibly ordered, and allowed for virtual engagement. The resulting intervention protocol consists of five sessions focused on relationship building, HIV and PrEP education and appointment scheduling, goal setting, and addressing needs. Open trial results indicated acceptance of session structure and content, high navigator satisfaction, and proposed contact at additional CLS intercepts.
Discussion: The kINSHIP intervention is an acceptable approach to improve HIV-prevention service access for WI-CLS by addressing intersectional stigma. We are currently testing kINSHIP to explore feasibility (R34DA050480).

12:30–13:30 (1h)

Understanding the Path to Change: Developing a Logic Model for EUPC in Estonia

Speaker
Triin Vilms (National Institute for Health Development)

Description

Authors: Triin Vilms (National Institute for Health Development), Eike Siilbek (National Institute for Health Development)

Background: The European Prevention Curriculum (EUPC) is a standardized training program designed to improve professionals' knowledge and skills in evidence-based prevention. In Estonia and across Europe, EUPC trainings have been implemented since 2018, but with varying goals, target groups, and expectations, leading to differing assumptions about the training's short- and long-term outcomes. To address this, we are developing a logic model that maps the key inputs, activities, outputs, and expected outcomes of the training.
Method: Possible components of the model were first extracted from documents describing the implementation of EUPC in Estonia (e.g. the learning outcomes for the training and previous evaluation reports). The model was then refined in collaboration with experts and EUPC trainers.
Results: The logic model identifies core challenges in Estonia's prevention landscape, including limited use of evidence-based approaches and fragmented understandings of prevention. It outlines the training content, required inputs, and expected outcomes. Short-term outcomes for participants include improved knowledge of evidence-based prevention in different environments, greater self-efficacy, and understanding their professional role in prevention. Preliminary evidence from an evaluation study in Estonia supports these effects. In the longer term, expected outcomes include stronger intersectoral collaboration and data-driven prevention planning, ultimately contributing to the implementation of more effective prevention strategies.
Importantly, the model also considers various contextual factors that affect the training's impact. These include participant-related factors (e.g., prior experience, profession, attitudes), organisational aspects (e.g., support from colleagues, leadership priorities), and broader systemic conditions (e.g., national priorities, availability of resources). These elements influence how effectively training translates into real-world practice.
Discussion: The Estonian EUPC logic model provides a structured framework that helps guide the selection of indicators to measure, identify necessary actions for effective implementation, and understand the broader contextual factors that influence the impact of the training. Ongoing evaluation will help further refine the model.

12:30–13:30 (1h)

From Evidence to Practice: Stakeholder-Driven Methods to Culturally Adapting Prevention Programs Addressing Substance Use and Mental Health

Speaker

Claudia Alejandra Corpus Espinosa (Universidad de Sevilla)

Description

Authors: Claudia Alejandra Corpus Espinosa (Universidad de Sevilla), Isotta Mac Fadden (Universidad de Salamanca), Marta Lima-Serrano (Universidad de Sevilla)

Background: Culturally adapted EBPs offer a cost-effective way to prevent substance use and mental health issues in adolescents. Therefore, understanding how to leverage and adapt EBPs is vital to ensure their effectiveness, relevance, and sustainability in real-world settings. This research, employing a community-based approach, examines the cultural adaptation process of prevention programs for adolescent substance use and common mental health issues, identifying key steps in real-world settings and offering valuable insights to bridge the gap between research and practice.
Methods: A qualitative analysis was conducted using content analysis on 22 semi-structured interviews with stakeholders from the quadruple helix model, including academia, NGOs, and public administration across multiple countries. These stakeholders had expertise in substance use prevention and treatment, mental health promotion services, and funding prevention programs focused on these issues. Participants were recruited through snowball and convenience sampling. Common adaptation steps were categorized using a combination of inductive and deductive coding. Ethical approval was obtained, and all participants provided informed consent.
Results: The study identified 12 key steps in the cultural adaptation process, including building synergies, local needs assessment, program selection, initial cultural adaptation, advisory group consultation, staff training, piloting, implementation, monitoring and evaluation, and dissemination. Notably, the findings reveal that not all stakeholders consistently followed these steps, nor did they apply them in the same manner. Furthermore, the use of cultural adaptation models to guide the adaptation process is exclusive to academics.
Discussion: The results emphasize the importance of translating scientific knowledge into real-world contexts. Strong collaboration among quadruple helix stakeholders and the active participation of the target population are crucial for maintaining cultural relevance and program effectiveness. Despite advancements, this study highlights the lack of a systematic approach to adaptation processes in non-academic settings, providing a foundation for developing a more systematic cultural adaptation of EBPs.

12:30–13:30 (1h)

Roadmaps to a Healthier Society: Research on Gambling and Internet Use, and the habits of consuming Tobacco products, alcohol and Marijuana among children and young people in Bosnia and Herzegovina

Speaker

Siniša Baljo (Association For Addiction Prevention NARKO-NE)

Description

Authors: Siniša Baljo (Association For Addiction Prevention NARKO-NE), Amir Hasanović (Association For Addiction Prevention NARKO-NE), Andrea Mijatović (Association For Addiction Prevention NARKO-NE)

Background: Epidemiological research on addiction-related habits and behaviours has not been conducted in Bosnia and Herzegovina in the last decade. The Association for Addiction Prevention NARKO NE, based on the European Prevention Curriculum, conducted the first analytical epidemiological research since 2016. The study examined internet usage habits, gambling, consumption of tobacco products, alcohol and marijuana, the relationship between parenting styles and substance use, and school policies regulating tobacco and alcohol usage within the school compound. The sample included 1066 respondents, students aged 13–17 from 27 schools in 24 municipalities.
Methods: A multi-method approach was used, collecting quantitative and qualitative data through desk analysis, administering student questionnaires, and focus groups. A Likert-scale questionnaire was applied for the quantitative analysis, and focus groups were utilized for qualitative insights.
Results: 91.2% of respondents spend more than two hours daily using the Internet, 24.9% engage in gambling. 18% smoke cigarettes, 24.8% use e-cigarettes, Snus 6.4%, and hookahs 26.4%. Alcohol is consumed by 20.3%, and marijuana by 6%. 79.9% of respondents say that they spend their free time in a quality and useful way and that their local communities lack sports fields or youth centres for organising their free time in a better way.
Discussion: Students identified curiosity, peer pressure, and a desire for social recognition as key factors in risky behaviours. The availability of legally forbidden sales of tobacco and alcohol products and gambling possibilities to minors is of great concern.
Authoritative parenting styles were highlighted as preventive for undesirable patterns in children and youth.

12:30–13:30 (1h)

The Hidden Cost of Shyness: Linking Behavioural Inhibition, Emotion Recognition, and Early Prevention in Childhood

Speaker

Jose Pedro Espada Sanchez

Description

Authors: Jose Pedro Espada Sanchez, Mireia Orgilés, Marina Serrano-Ortiz (Miguel Hernandez University)

Background: Behavioural inhibition is characterized by heightened shyness and withdrawal in response to novel objects, unfamiliar situations, and unknown people. It is considered a risk factor for anxiety disorders. Understanding how this trait relates to emotional perception is crucial, as difficulties in recognizing and interpreting emotions can impact children's social interactions and emotional well-being. This study aimed to explore the relationship between behavioural inhibition and emotion recognition in preschoolers.
Methods: The study involved 449 children aged 4 to 6 years. Parents completed the Behavioural Inhibition Questionnaire (30 items) to assess their child's level of inhibition. Children participated in a task where they were required to recognize emotions (anger, happiness, sadness, and fear) from a set of pictures.
Results: Small but significant negative correlations were found between emotion recognition accuracy and social novelty inhibition with peers ($r = -0.128$, $p = 0.007$), inhibition in performance situations ($r = -0.152$, $p = 0.001$), separation inhibition ($r = -0.104$, $p = 0.027$), and inhibition in physical challenges ($r = -0.113$, $p = 0.017$). These findings suggest that higher behavioural inhibition is weakly associated with lower accuracy in emotional perception among young children.
Discussion: While the observed correlations were modest, they suggest that children with lower behavioural inhibition may demonstrate greater adaptability in social and emotional contexts. Higher emotional competence could be linked to increased social confidence, facilitating smoother interactions and reducing the tendency to inhibit behaviours or emotions. These insights could help inform interventions aimed at enhancing emotion recognition and social adaptation in children with anxiety-related traits.

12:30–13:30 (1h)

When OCD Meets Emotion: Comorbidity Patterns in Adolescents

Speaker

Jose Pedro Espada Sanchez

Description

Authors: Jose Pedro Espada Sanchez, Victor Amoros-Reche, Mireia Orgilés (Miguel Hernandez University)

Background: Obsessive-compulsive disorder (OCD) during childhood or adolescence is associated with significant impairment in academic, social, and emotional functioning. Given that OCD frequently coexists with internalizing disorders such as depression, generalized anxiety disorder (GAD), social anxiety, and post-traumatic stress disorder, understanding its comorbidity profile is essential for improving early identification and intervention strategies. This study aims to examine the prevalence of OCD symptoms in Spanish adolescents and explore their associations with emotional disorders to inform targeted mental health interventions.
Methods: A total of 3,159 children aged 9–12 years completed a self-reported assessment focused on OCD symptoms and emotional problems, including depression, generalized anxiety disorder (GAD), social anxiety, and post-traumatic stress disorder (PTSD).
Results: Findings indicated that 11.4% of participants were at risk for OCD, while 4.5% exhibited clinically significant symptoms. OCD showed notable comorbidity with internalizing disorders: 20% of adolescents with clinical OCD symptoms met also criteria for depression, 18% for GAD, 15% for social anxiety, and 25% for PTSD. Comorbidity analyses revealed significantly increased odds of clinical symptoms in one domain when another was present, particularly between OCD and GAD ($OR = 4.596$, $p < .001$) and OCD and PTSD ($OR = 4.242$, $p < .001$).
Discussion: These findings highlight OCD as a prevalent mental health concern among Spanish youth, with strong associations with internalizing symptoms. The strong comorbidity between OCD and internalizing disorders, particularly generalized anxiety disorder and PTSD, suggests shared underlying mechanisms, such as heightened threat sensitivity and difficulties in emotional regulation. Given the impact of OCD on daily functioning, early detection and intervention strategies should prioritize screening for co-occurring emotional disorders to improve treatment outcomes.

12:30–13:30 (1h)

Early Prevention of Emotional Problems: Reducing Behavioural Inhibition Through Socio-Emotional Learning in Preschoolers

Speaker

Jose Pedro Espada Sanchez

Description

Authors:Jose Pedro Espada Sanchez, Marina Serrano-Ortiz, Mireia Orgilés (Miguel Hernandez University)

Background: Early intervention in emotional development is essential for preventing mental health issues. This study evaluates the impact of a socio-emotional skills enhancement program on behavioural inhibition in children aged 4 to 6 years.
Methods: Parents of 219 children completed all three assessment phases: baseline (pretest), post-intervention (posttest), and a six-month follow-up. Behavioural inhibition, a temperament trait linked to anxiety disorders, was assessed using the Behavioural Inhibition Questionnaire (BIQ), a 30-item instrument completed by parents. The intervention consisted of eight classroom-based group sessions in which children learned and practiced skills related to emotional recognition, emotional understanding, prosocial behavior, and effective social interaction.
Results: A significant time effect was found $F(2, 219) = 7.986$, $p < .001$, with a moderate effect size ($\eta^2 = 0.074$). Specifically, BIQ scores showed a statistically significant decrease at posttest ($p < .05$), which was maintained at the six-month follow-up, suggesting sustained benefits of the intervention.
Discussion: Although the observed effect size was small to moderate, the findings suggest that the socio-emotional skills program may effectively reduce behavioural inhibition in young children. These results are consistent with growing evidence that supports early socio-emotional interventions as preventive strategies for emotional disorders. The program shows promise in fostering emotional resilience during early development. Overall, early educational and psychological support remains a key pathway for promoting mental well-being in childhood.

12:30–13:30 (1h)

Social worker narratives of youth transitioning from out-of-home care: Challenges and opportunities for implementing youth-centred support

Speaker

Diana Kajic (Jönköping University)

Description

Authors: Diana Kajic (Jönköping University), Therése Skoog (University Of Gothenburg), Tina M Olsson (Jönköping University)

Background: Social workers face unique challenges in meeting the developmental needs of young people in out-of-home care (OHC). Supporting transition from OHC to independent adulthood includes dealing with adverse experiences of the past, placement insecurities, and developmental challenges in the present, as well as developmental needs of the future, such as autonomy and skill development. Youth in OHC are often reliant on professionals for transitional support. How social workers perceive the adolescents they meet as well as their own role in this endeavour has consequences for the ultimate success of the support provided to adolescents.
My Choice-My Way! is a newly developed intervention based on youth centred principles that provides social workers with tools for supporting autonomy, competence building, and relatedness with youth in transitional care.
This study explores how the implementation of a youth centred intervention is influenced by social workers´ beliefs about youth in OHC.
Methods: Ten semi-structured interviews with social workers implementing My Choice-My Way!, a youth centred programme for transitional support for OHC-youth, were analysed for narratives about their beliefs about youths´ needs and abilities, and how those beliefs influenced implementation of the programme.
Results: results show three different patterns of how professionals describe youth in OHC; youth as learners, youth as partners, and youth as victims, and that these different descriptions are connected to beliefs about youths´ needs, and ultimately influence if, and how, the youth centred programme is delivered.
Discussion: the role of the deliverers' beliefs in the implementation process, and implications for training of deliverers are discussed.

12:30–13:30 (1h)

Mapping a Prevention Pathway: From Interparental Relationship Dynamics to Youth Mental Health via Parent-Child and Peer Relationships

Speaker

Xiaoning Zhang (University of Cambridge)

Description

Authors: Xiaoning Zhang (University of Cambridge), Dave DeGarmo (University of Oregon), Dongying (Iris) Ji (University of Cambridge), Elizabeth Nixon (Trinity College Dublin), Gordon Harold (University of Cambridge), Leslie Leve (University of Oregon)

Background: Approximately 1 in 7 adolescents experience mental ill health internationally. The prevalence of these problems highlights the importance of identifying risk factors for adolescent mental health to develop effective prevention strategies. Family processes and relationship dynamics have a pronounced influence on child development. Previous studies have demonstrated that interparental conflict is associated with adolescents' externalizing and internalizing problems. These associations may be direct and indirect through the mediating role of parent-child relationships. As adolescents gradually move from their families to broader social networks, the pathway from interparental relationship dynamics to adolescent mental health via parent-child interactions may weaken, while the influence of peer relationships becomes increasingly prominent. The current study synthesized both family dynamics and broader social contexts to investigate how interparental relationships influence children's mental health-specifically emotional difficulties, conduct and peer problems, and prosocial behaviours- by focusing on the mediating roles of parent-child relationships and peer attachment.
Methods: This study utilized data from the first two waves of Growing Up in Ireland Study (GUI Cohort 98'; https://www.growingup.gov.ie/growing-up-in-ireland-official-publications-from-the-child-cohort/).
Results: The structural equation modelling results showed that parent-child conflict mediates the association between interparental relationship dissatisfaction and insecure peer attachment (Standardized indirect effect = .04, $p < .001$), and insecure peer attachment further mediates the link between parent-child conflict and youth mental health problems (Standardized indirect effect = .05, $p < .001$).
Discussion: These findings highlight that peer attachment serves as another indirect pathway through which parent-child relationships influence youth mental health outcomes. This study also provides new insights into the intergenerational transmission of interpersonal relationship dynamics. The results provide research-based evidence for prevention by identifying social relationships through which family dynamics influence adolescent mental health. This mechanism informs early identification of at-risk adolescents and provides insights for inter- and transdisciplinary prevention approaches in both family and educational settings.

12:30–13:30 (1h)

Skills-oriented training of trainers in socio-educational and preventive family programs. Research protocol

Speaker

Dr Carmen Orte (Universitat de les Illes Balears)

Description

Authors: Carmen Orte (Universitat de les Illes Balears), María Valero (Universitat de les Illes Balears), Assia El Hindaz Navarro (Universitat de les Illes Balears), Joan Amer (Universitat de les Illes Balears)

Background: Evidence-based family programs have demonstrated effectiveness in preventing substance abuse, sexual risk behaviors, and antisocial conduct among children and adolescents (Arnason et al., 2020). Trainers play a key role in the success of these programs, influencing participant recruitment, engagement, and implementation (Negreiros et al., 2020). Equipping facilitators with the necessary skills is crucial. Training should go beyond program content, promoting the development of strategies that enhance implementation (Sánchez-Prieto et al., 2020). The objective is to design, implement, and evaluate a training model that fosters the development of core competencies in professionals engaged in socio-educational and family prevention interventions.
Methods: The project uses a mixed-methods approach with a quasi-experimental design to validate facilitator training and assessment tools. A skills-oriented training for professionals is designed, including contents and simulations about evidence-based practice adherence, interpersonal and intrapersonal skills, group management abilities, and the capacity to engage and motivate families It includes pre-test, post-test, and six-month follow-up. A sample of 120 professionals. Data is collected through validated instruments and audiovisual analysis.
Results: First, scientifically and technically, the results will lead to the identification of the most effective training processes for boosting the skills of professionals and programme facilitators working in evidence-based interventions with families. Second, by using well-established international questionnaires in this field, high-quality scientific contributions can be guaranteed.
Discussion: The evaluated results of the project will help to fill research gaps in scientific and technical literature on evidence-based family programmes in Spain relating to training for programme providers. They will also allow us to participate in European and international scientific debate, from a comparative perspective, in the identification and promotion, through training, of the most effective skills for facilitators of socio-educational family programmes in the fields of affective and sexual education, the prevention of addictions and the promotion of positive family communication.

12:30–13:30 (1h)

Factors associated with Parents' and Employees' Evaluations of Interorganizational Collaboration in Norwegian Child Welfare Services

Speaker

Ms Claire Degail (Regional Centre for Child and Youth Mental Health and Child Welfare - North, UiT The Arctic University of Norway)

Description

Authors: Claire Degail (Regional Centre for Child and Youth Mental Health and Child Welfare - North, UiT The Arctic University of Norway), Sabine Kaiser (Regional Centre for Child and Youth Mental Health and Child Welfare - North, UiT The Arctic University of Norway), Reidar Jakobsen (Regional Centre for Child and Youth Mental Health and Child Welfare - North, UiT The Arctic University of Norway; Department of Clinical Psychology, University of Bergen), Monica Martinussen (Regional Centre for Child and Youth Mental Health and Child Welfare - North, UiT The Arctic University of Norway)

Background: Norway's Child Welfare Services (CWS) are municipal services that aim to prevent child abuse and neglect. To this end, CWS often work with other health or social services, frequently referred to as interorganizational collaboration. This study aims to investigate the associations of different factors with parents and employees' evaluations of interorganizational collaboration, including continuity of contact with the same CWS workers, number and types of additional services used, leadership, teamwork, employees' years of experience and co-location of CWS with other services, and population size. **Metho ds**: Parents (n = 317) and employees (n = 433) answered surveys in 26 different municipal CWS across Norway, under the framework of the SKO-study, a study on collaboration and quality in Norwegian municipal services. Employees' and parents' evaluations of interorganizational collaboration were measured with questionnaires. Mixed-effects regression analyses were used to analyze how the different factors of interest were associated with parents' and employees' evaluations of interorganizational collaboration.
Results: Parents evaluated interorganizational collaboration more highly when they had a high continuity of contact with the same CWS workers, when CWS was co-localized with other services and in larger municipalities. Employees evaluated interorganizational collaboration more highly when they had also evaluated leadership highly, but at a slightly lower level in larger municipalities.
Discussion: Continuity of contact, co-location, and leadership quality were associated with interorganizational collaboration. Future research could focus on how to increase continuity of contact and improve leadership, while future policies could encourage co-location of services. The risk of selection bias is a limitation, as more satisfied parents and employees may have been more likely to become research participants. The study also does not prove causality.

12:30–13:30 (1h)

Effects of social support on smoking relapse prevention following a smoking cessation intervention

Speaker

Mr Jorge Vacas (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).)

Description

Authors: Jorge Vacas (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).), María Ramos-Carro (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).), Elizabeth Moss-Alonso (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).), María Barroso-Hurtado (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain)), Carmela Martínez-Vispo (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).), Ana López-Durán (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).), Elisardo Becoña (Smoking Cessation and Addictive Disorders Unit. Faculty of Psychology. University of Santiago de Compostela (Spain); Institute of Psychology (IPsiUS), University of Santiago de Compostela (Spain).)

Background: Relapse is a common phenomenon in the smoking cessation process. While previous research has shown a positive association between social support and smoking cessation outcomes, little is known about the specific impact of different sources of social support on smoking relapse, particularly exploring differences by sex. The aim of this study was to examine the association between different types of social support and smoking relapse at 6-month follow-up after receiving a smoking cessation intervention, *emphasized text*exploring sex differences.
Methods: The study sample was composed of 441 participants who quit smoking after receiving a psychological smoking cessation intervention (64.4% women; M_{age} = 45.17, *SD* = 10.59) at the Smoking Cessation and Addictive Disorders Unit (University of Santiago de Compostela, Spain). The *Multidimensional Scale of Perceived Social Support* (MSPSS) was used to assess perceived social support at baseline (i.e., Friends, Family and Significant other subscales). Sex differences were analyzed. Logistic regressions were conducted to examine the relationship between social support subscales and the likelihood of relapses.
Results: Results showed significantly higher baseline scores in the Friends subscale among women than among men, and higher scores in the Family subscale among men than among women. Binary logistic regressions showed that higher scores in the Friends subscale were related to a lower likelihood of relapse at the 6-month follow-up in the full sample (OR = 0.949; p = 0.040). When analyses were stratified by sex, this inverse association remained significant among men (OR = 0.923; p = 0.039) but not among women.
Discussion: Perceived social support appears to differ by sex and seems to have a different impact on the likelihood of relapse. Specifically, social support provided by friends appears to be a protective factor against relapse in men. This may help tailor interventions to participants and thus prevent smoking relapses.

12:30–13:30 (1h)

Individual-level factors mediating the association of social-level factors with antisocial behaviour among early adolescents

Speaker

Dr Emina Mehanović (Department of Sustainable Development and Ecological Transition, University of Piemonte Orientale, Vercelli, Italy)

Description

Authors: Emina Mehanović (Department of Sustainable Development and Ecological Transition, University of Piemonte Orientale, Vercelli, Italy), Mariaelisa Renna (Department of Translational Medicine, University of Eastern Piedmont, Novara, Italy), Marco Martorana (Department of Sustainable Development and Ecological Transition, University of Eastern Piedmont, Vercelli, Italy), Erica Viola (Department of Sustainable Development and Ecological Transition, University of Eastern Piedmont, Vercelli, Italy), Alberto Sciutto (Department of Sustainable Development and Ecological Transition, University of Eastern Piedmont, Vercelli, Italy), Serena Vadrucci (Department of Prevention, Hygiene and Public Health Unit, ASL Città di Torino, Torino, Italy), Maria Ginechesi (Department of Mental Health, Addiction Unit, ASL Roma1, Roma, Italy), Claudia Vullo (Department of Mental Health, Addiction Unit, ASL Roma1, Roma, Italy), Adalgisa Ceccano (Department of Mental Health, Addiction Unit, ASL Roma1, Roma, Italy), Pietro Casella (Department of Mental Health, Addiction Unit, ASL Roma1, Roma, Italy), Fabrizio Faggiano (Department of Sustainable Development and Ecological Transition, University of Eastern Piedmont, Vercelli, Italy), Federica Vigna-Taglianti (Department of Translational Medicine, University of Eastern Piedmont, Novara, Italy), the GAPUnplugged Coordination Group

Background: Antisocial behaviour is a result of a multifactorial process involving social-level and individual-level factors. Only few studies explored the mediating effects of social-level factors through proximal influences of individual-level factors. To extend previous findings, this study aims to investigate the association of social-level factors with the probability of engaging in antisocial behaviours, and to identify individual-level factors mediating the relationship between social-level factors and antisocial behaviour among 12-14 years old Italian adolescents.
Methods: The analytical sample of this study included 1847 school students from 9 NHS districts in Piedmont Region and city of Rome who participated in the baseline survey of the experimental controlled trial “GAPUnplugged”. The data was collected between November 2022 and January 2023. The associations of sociodemographic characteristics, distal factors and proximal factors with the probability of adolescent’s antisocial behaviour were estimated through multilevel mixed-effect models. Mediation analysis was conducted to test the mediating effect of proximal factors on the relationship between distal factors and adolescent’s antisocial behaviour.
Results: The prevalence of lifetime antisocial behaviour was 61.2%. Among distal factors, parental permissiveness to use substances, low parental support, low class climate, perceptions of peer’s cigarette, alcohol and illicit drug use were associated with higher probability of antisocial behaviour. Low school performance, low pupil’s respect for teacher, impulsiveness and sensation-seeking were significant mediators of the trajectories of most distal factors on antisocial behaviours.
Conclusions: Both distal and proximal factors help to understand trajectories of antisocial behaviours in adolescence. All these factors should be considered in prevention interventions aimed at reducing or preventing antisocial behaviour among early adolescents.

12:30–13:30 (1h)

Perceptions and Needs of “Not in Employment Education or Training” Young People Concerning Psychoactive Substance Use and Prevention : a French Qualitative Study among Youth and Professionals

Speaker

Clara Eyraud (ECEVE UMR 1123 - Inserm - Paris Cité University - France)

Description

Authors: Clara Eyraud (ECEVE UMR 1123 - Inserm - Paris Cité University - France) Enora Le Roux (U1123, INSERM, Paris Cité University, PARIS, France; CIC1426, INSERM, PARIS, France; SHU-SMAJA, FSEF, PARIS, FRANCE), Agnès Dumas (SESSTIM, INSERM, Aix Marseille University, MARSEILLE, France), Philippe Martin (U1123, INSERM, Paris Cité University, PARIS, France; CIC1426, INSERM, PARIS, France; UR14, INED, PARIS, France)

Background: NEET refers to people aged 15-29 who are "Not in Employment, Education, or Training." They accounted for 11.2% of young people in Europe (2023). This heterogeneous population has a social status that influences health behaviours. Problematic substance use is particularly prevalent among NEETs compared to their peers, potentially reinforcing their already existing isolation or hindering their reintegration. The literature lacks information on the context, lifestyles, and motivations of consumption among NEETs. The aim of this study is to analyse needs and perceptions regarding substance use and prevention perspectives for this population.
Methods: A qualitative study with semi-structured interviews was conducted with NEETs and professionals in France. The recruitment ensured the representation of diverse NEET sub-groups. The interview guide covered: 1) lifestyle and well-being perceptions, 2) substance use and risks, 3) prevention needs and suggestions. An inductive thematic analysis will be performed on the transcriptions.
Results: Interviews were conducted with 22 professionals working with NEETs in social and health structures, and 10 young people (in reintegration process, disengaged, and caregivers). Results highlight that NEETs, mostly isolated, turn to substances to manage emotions linked to their mental health issues such as depression, anxiety, and stress. NEETs have erroneous beliefs about new modes of consumption (puff, e-cigarette). Tobacco use is downplayed by professionals, seen as a low priority for reintegration. Both young people and professionals believe that NEETs are aware of prevention messages but do not take them on board in their health behaviours.
Discussion: Co-constructing tailored prevention interventions requires addressing misconceptions about new consumption methods while considering substance use as an emotional coping strategy among NEETs. Participatory approaches involving both NEETs and professionals appear essential to move beyond simple information transfer and promote ownership of prevention messages, while integrating substance use issues into a comprehensive reintegration approach.

12:30–13:30 (1h)

"Health Mode On": A multicentric study for mapping psychological distress and promoting well-being among university students – study protocol and design

Speaker

Dr Emina Mehanović (Department of Sustainable Development and Ecological Transition, University of Piemonte Orientale, Vercelli, Italy)

Description

Authors:Emina Mehanović (Department of Sustainable Development and Ecological Transition, University of Piemonte Orientale, Vercelli, Italy), Marco Martorana (Department of Sustainable Development and Ecological Transition, University of Piemonte Orientale, Vercelli, Italy), Erica Viola (Department of Sustainable Development and Ecological Transition, University of Piemonte Orientale, Vercelli, Italy), Alessandro Comi (Department of Translational Medicine, University of Piemonte Orientale, Novara, Italy), Patrizia Zeppegno (Department of Translational Medicine, University of Piemonte Orientale, Novara, Italy), Debora Marangon (SC Psichiatria, Azienda Ospedaliero Universitaria Maggiore della Carità, Novara, Italy), Carla Gramaglia (Department of Translational Medicine, University of Piemonte Orientale, Novara, Italy), Fabrizio Faggiano (Department of Sustainable Development and Ecological Transition, University of Piemonte Orientale, Vercelli, Italy), Federica Vigna-Taglianti (Department of Translational Medicine, University of Piemonte Orientale, Novara, Italy), the “Health Mode On” Investigators

Background: Systematic reviews reported a high prevalence of psychological distress among university students. As a response to this concerning scenario, the Italian Ministry of University and Research funded the multicentric project "Health Mode On" (HMO) involving 10 academic institutions and aimed to map psychological distress, coordinate counselling services and set up health promotion interventions including music and sport activities. Within this project, the University of Piemonte Orientale organized activities to: (1) map psychological distress among university students; (2) strengthen the university’s psychological counselling service to provide adequate support for students experiencing emotional fragility and psychological distress; (3) adopt and pilot the sport-based intervention “Line Up Live Up” (LULU) for preventing and reducing substance use and risk behaviours.
Method: A baseline survey will be launched between May and August 2025, and repeated at one year follow-up. Protocol and tools used in the study are under evaluation of Ethical Committee. All students will receive an anonymous, self-administered online questionnaire investigating a large set of variables, including risk behaviours, psychological distress and lifestyles. Students accessing counselling intervention will complete a questionnaire on academic functioning during the initial interview, and at two-month follow-up after the last counselling session. The sport-based prevention program LULU will be adopted and piloted, training coaches of University Sport Centres, and implementing the program in the university setting.
Results: The study expects to provide a comprehensive overview of mental health issues among university students and support targeted well-being initiatives, including sport-based prevention interventions and optimized university counselling services.
Conclusions: This study will generate epidemiological data useful to identify mental health needs, design intervention strategies and improve counselling services in the effort of preventing and reducing psychological distress among university students.

12:30–13:30 (1h)

Implementation process of a manualised program: implications for research and practice

Speaker

Carmen Bettencourt (Associação Solidaried’arte - Associação de Educação e Integração pela Arte e Desenvolvimento Cultural Social e Local)

Description

Authors: Carmen Bettencourt (Associação Solidaried’arte - Associação de Educação e Integração pela Arte e Desenvolvimento Cultural Social e Local), Leonardo Sousa (Associação Solidaried’arte - Associação de Educação e Integração pela Arte e Desenvolvimento Cultural Social e Local) Natacha Torres da Silva (Instituto Português da Juventude, I.P.), Susana Henriques (Universidade Aberta, CEG)

Background: Socioemotional development strategies are an important way of empowering individuals to choose healthy behaviours. Scientific evidence shows that the earlier socio-emotional learning/management issues are addressed, the better the outcomes.
Methods: The program “Calmly– Learning to Learn Yourself” focuses on the development of children’s socio-emotional skills and positive relationships. It emphasizes self-regulation, communication, adaptability, creative thinking, resilience, and problem-solving. It is considered a universal prevention program. Regarding its effectiveness, it has been indicated in the Xchange prevention registry as “Further studies recommended”. Consequently, the program’s application is subject to evaluation and a monitoring system that ensures data collection to assess its effectiveness.
“Calmly” is being implemented by adequately trained facilitators in 1st Cycle schools (3rd year classes), during a school year, in Ponta Delgada, the largest municipality in the Azores and the one with the most fragilities. The program involves 19 classes, covering 320 children, in a classroom setting, with the presence of the teacher.
Results: “Calmly” was designed according to a specific territorial context and for a determined target audience, having, further, been customized according to developmental stage. Despite the adaptation efforts, weaknesses were detected related to contextual and linguistic specificizes. However, the support materials for the intervention sessions could not be modified due to copyright and funding reasons. It is also worth noting that, due to the high cost of support materials, access had to be reduced for the target audience. The program's implementation is still ongoing. Despite being at this stage (approximately 50% of the intervention), some positive results can already be visible, particularly in terms of identifying basic emotions and using strategies for effective emotional management.
Discussion: Despite having been subject to adaptation and customization for the required age group, the adaptation to the territorial, social and linguistic context did not prove to be the most appropriate. Although the Azores are an integral part of Portuguese territory and share some characteristics, we believe there are unique aspects that must be considered, including the ultraperipheral context.
As a future strategy, we will focus on creating a program that originates in the Azores, but can be adapted to other territorial contexts.

12:30–13:30 (1h)

Barriers to Effective Prevention of Substance Use in the School Setting

Speakers

Lucija Furman (National Institute of Public Health, Slovenia), Andreja Drev (National Institute of Public Health, Slovenia)

Description

Authors: Lucija Furman (National Institute of Public Health, Slovenia), Andreja Drev (National Institute of Public Health, Slovenia), Helena Jeriček Klanšček (National Institute of Public Health, Slovenia), Vesna Pucelj (National Institute of Public Health, Slovenia), Maja Roškar (National Institute of Public Health, Slovenia)

Background: Substance use (SU) among children and adolescents remains a pressing public health issue, highlighting the importance of implementing effective prevention efforts in schools. Although science-based guidelines for SU prevention have been established, literature reviews show that schools often implement both evidence-based programmes and programmes lacking proven effectiveness. Moreover, even when evidence-based programmes are implemented, their effects often prove to be short-term or less substantial than expected. One possible reason for this gap lies in challenges related to programme adoption and implementation, which are one of key predictors of programme success. This study aimed to explore the main barriers to implementing evidence-based SU prevention in the school context.
Methods: A qualitative study using focus groups was conducted in autumn 2023. Participants were selected through purposive sampling; 41 teachers and school counsellors participated in six semi-structured focus groups, guided by a pre-defined set of themes and questions. Transcripts were analysed using thematic analysis.
Results: Five thematic categories were identified: (1) systemic-level barriers, (2) school-context factors, (3) programme-, (4) implementer-related factors, and (4) challenges related to parental involvement. Systemic barriers included fragmented funding, lack of unified criteria for selecting effective programmes, and lack of planning guidelines. School-level barriers included time constraints, limited support from school staff, and decision-making processes regarding programme adoption. At the programme level, barriers involved poorly designed and/or ineffective practices and unqualified external providers. Teacher-related barriers included perceived lack of competence, overload, and low recognition. Finally, parental involvement emerged as a challenge due to limited cooperation, negative attitudes towards prevention, and the overlooked role of parents in prevention.
Discussion: The findings indicate the presence of multiple, multi-level barriers that hinder the implementation of effective SU prevention in schools. Addressing these barriers through coordinated action and cross-sectoral collaboration is essential for the successful integration of evidence-based prevention practices in schools.

12:30–13:30 (1h)

Daily nursing activities and patient well-being: a 30-year perspective on prevention-oriented care

Speaker

Ulvi Kõrgemaa

Description

Author: Ulvi Kõrgemaa

Background: Achieving and maintaining patient well-being is a key goal of nursing. Well-being extends beyond physical health and includes psychological, social, and spiritual dimensions. These aspects are critical in planning prevention-oriented and holistic nursing care. This study provides a 30-year perspective on how daily nursing activities in Estonia have supported different dimensions of patient well-being in hospital care.
Methods: A repeated cross-sectional survey design was used at three time points (1999, 2009, 2021) involving a total of 904 nurses. Nurses reported how much time they allocated to four domains of care (physical, mental, social, and spiritual) and evaluated the importance of each domain for patient well-being. Data were analysed using descriptive statistics and correlations.
Results: Nurses consistently rated physical care as most essential, followed by mental and social aspects. Spiritual care received the least time and attention. Over the years, nurses reported increased awareness of patients' complex needs and acknowledged the growing importance of holistic care. However, limited time for non-physical dimensions of care raises questions about the healthcare system's capacity to address overall well-being.
Discussion: The findings highlight the importance of integrating psychosocial and spiritual care into daily nursing practice. Despite nurses' awareness of well-being's multidimensional nature, systemic limitations may prevent the implementation of truly holistic, prevention-oriented care. Addressing these structural barriers is vital for developing patient-centred prevention strategies in health systems.

12:30–13:30 (1h)

Nonsuicidal self-injury in Czech adolescents

Speakers

Mr Denis Veselý (Palacký University Olomouc, Department of Psychology), Dr Martin Dolejš (Palacký University Olomouc, Department of Psychology)

Description

Authors: Denis Veselý (Palacký University Olomouc, Department of Psychology), Martin Dolejš (Palacký University Olomouc, Department of Psychology), Natálie Kubínková (Palacký University Olomouc, Department of Psychology), Roman Procházka (Palacký University Olomouc, Department of Psychology)

Background: Nonsuicidal self-injury (NSSI), as a growing phenomenon among young people, implies a substantial threat to the mental health of adolescents and young adults, thus becoming a significant global public health problem.
Methods: Data were collected through a quantitative questionnaire survey administered face-to-face to students in ISCED 2 and ISCED 3 education levels. The research survey was conducted in two consecutive academic years and included data collection in educational institutions throughout the Czech Republic. Schools were selected using stratified random sampling and the research population included 4014 respondents aged 11-20 (male = 1834; 45.7 %).
Results: The prevalence of NSSI was 32.7 % for girls and 10.3% for boys between the ages of 11-20. With 5.3 % of girls and 1.8 % of boys committing NSSI every week. 18.9 % of adolescents experience relief from NSSI. 3.9 % of boys and 20.0 % of girls resolved a problem with their parents by harming themselves in the last year.
Discussion: Findings of a relatively high prevalence of active self-harm among adolescents highlight the seriousness of this phenomenon. The fact that a significant proportion of young people perceive self-harm as a source of relief or a way to resolve family problems underlines the complex nature of this risky behavior and the urgent need for targeted, effective interventions.

12:30–13:30 (1h)

Building well-being: digital construction in Minecraft as a tool for adolescent prevention research

Speaker

Lorraine Cousin Cabrolier (AP-HP. Nord-Université Paris Cité, Hôpital Universitaire Robert Debré, Unité d'épidémiologie Clinique, Inserm, CIC-1426, Paris, France.)

Description

Authors: Lorraine Cousin Cabrolier (AP-HP. Nord-Université Paris Cité, Hôpital Universitaire Robert Debré, Unité d'épidémiologie Clinique, Inserm, CIC-1426, Paris, France.), Lisa Duconget (AP-HP. Nord-Université Paris Cité, Hôpital Universitaire Robert Debré, Unité d'épidémiologie Clinique, Inserm, CIC-1426, Paris, France.), Claire Collin (Université Paris Cité, France), Clara Eyraud (ECEVE UMR 1123 - Inserm - Paris Cité University - France), Thibault Contant (Morning Company, Marclopt, France), Philippe Martin (U1123, INSERM, Paris Cité University, PARIS, France; CIC1426, INSERM, PARIS, France; UR14, INED, PARIS, France), Bruno Berthier (Private practice, Villejust, France), Enora Le Roux (U1123, INSERM, Paris Cité University, PARIS, France; CIC1426, INSERM, PARIS, France; SHU-SMAJA, FSEF, PARIS, FRANCE)

Background: Adolescent well-being impacts lifelong health outcomes. Understanding how youth conceptualize well-being is essential for developing effective prevention approaches across the continuum . Digital environments, central to youth culture, offer innovative methodologies to explore youth perspectives at different prevention levels. This study investigates how adolescent gamers represent well-being through Minecraft, demonstrating gaming's potential as both a research tool and prevention platform.
Objective: To explore adolescents' representations of well-being through a Minecraft construction challenge, analyzing how their conceptualizations align with established frameworks and support transdisciplinary prevention research.
Methods: Twelve participants (aged 15-22) from a French streaming community created ideal well-being spaces in Minecraft during a 7-hour building challenge. We employed mixed-methods combining visual analysis of constructions and thematic analysis of presentations using the UN H6+ framework. The study received ethics approval and was registered on ClinicalTrials.gov.
Results: Social connectedness and healthy lifestyle emerged as dominant domains in participants' representations (7/12 constructions), manifesting through communal spaces and health-promoting environments. Learning and safety domains were moderately represented, while agency elements were minimal. Constructions frequently integrated multiple purposes—combining gaming with study areas and physical activity spaces with social gathering opportunities.
Conclusion: This study contributes to prevention science by demonstrating digital games' potential across the prevention continuum—from primary prevention research tools to platforms for health promotion. The findings challenge stereotypes about gamers' isolation while revealing how young people prioritize social and physical dimensions of well-being. This interdisciplinary approach illustrates how digital cultural practices can inform effective, youth-centered interventions at various prevention levels, supporting both primary prevention through increased understanding of youth perspectives and secondary prevention by identifying potential gaps in adolescents' well-being conceptualizations.

12:30–13:30 (1h)

Structuring research on digital health interventions: an operational framework for phase arrangements and progression mechanisms

Speaker

Claire Collin (Université Paris Cité, France)

Description

Authors: Claire Collin (Université Paris Cité, France), Corinne Alberti (Université Paris Cité, France), Philippe Martin (Inserm CIC1426 / U1123), Clara Eyraud (ECEVE UMR 1123 - Inserm - Paris Cité University - France), Enora Le Roux (U1123, INSERM, Paris Cité University, Paris, France; CIC1426, INSERM, Paris, France; SHU-SMAJA, FSEF, Paris, France)

Background: Digital health interventions (DHIs) are complex and rapidly evolving, posing challenges for research programme design. Using the UK Medical Research Council's four-phase research framework (development, feasibility, evaluation, implementation) as a reference, this study examines how researchers select and progress through phases when evaluating DHIs.
Methods: A systematic review identified DHIs promoting health among adolescents and young adults, implemented between 2017 and 2023. For each intervention, we recorded the research phases conducted and the mechanisms guiding progression between phases. We explored how intervention characteristics influenced phase selection.
Results: Of the 31 interventions, 26 reported a development (D) phase, 24 feasibility (F), 31 evaluation (E), and 6 implementation (I). Three phase arrangements were identified: sequential (>), iterative (i.e. phase repetition, (i)), and overlapping (i.e. phases conducted simultaneously, [+]). Progression mechanisms included: automatic progression, conditional progression based on qualitative appraisal of findings, and conditional progression based on quantitative criteria. Five main research programme structures (defined as combinations of arrangements and progression mechanisms) were observed across 28/31 interventions: 1) strictly linear (8/28, e.g. D>F>E>I); 2) iterative development (8/28, e.g. D(i)>F>E); 3) iterative feasibility (3/28, e.g. D>F(i)>E); 4) overlapping development and feasibility (4/28, e.g. [D+F]>E>I); 5) overlapping evaluation and implementation (5/28, e.g. D>F>[E+I]). Newly developed and multi-component interventions were more likely to involve iterative development phases.
Discussion: This study proposes a new operational framework to practically guide planning and communication of future DHI research programmes in terms of phase arrangements and progression mechanisms. Applying this framework may reduce research waste by preventing premature evaluations of underdeveloped or unfeasible interventions and by ensuring sufficient evidence generation throughout the research cycle to support endorsement from decision-makers, funders, and regulatory authorities.

12:30–13:30 (1h)

The Development of a Multi-informant Decisional Assessment System to Improve Mental Health Screening

Speaker

Nathaniel von der Embse (University of South Florida)

Description

Author: Nathaniel von der Embse (University of South Florida)

Background: Youth mental health needs have increased over the last five years, and schools are an important context to facilitate preventative services (DeFrance et al., 2022). For prevention initiatives to be effective, proactive rather than reactive assessment is necessary. Research has supported the practice of universal screening to facilitate early identification and preventative mental health services in schools (Splett et al., 2018). However, relying on a single rater of mental health needs, such as the classroom teacher, often leads to under identification of students with internalizing mental health needs. This presentation will describe the newly developed Multi-Informant Decisional Assessment System (MIDAS), an assessment system that allows for the integration and use of multiple informants and multiple data sources for accurate and efficient identification of social, emotional, and behavioral risk.
Methods: This study employed a Bayesian statistical model to incorporate students' background information to generate estimates of academic risk, used background information to generate cut scores in a training sample and validate them in a test sample, and identified the unique value of adding teacher and student self-reports with regard to sensitivity and specificity.
Results: This study included 6,634 teacher-student dyads from 45 school districts, each with a rating on a universal mental health screening assessment. Demographic and academic performance data were included for each dyad. Results demonstrated the promise of incorporating background information in the accurate identification of students with low, medium, and high risk for mental health needs.
Discussion: Results demonstrate the promise of a novel data aggregation system of incorporating multiple raters on a proactive indicator of mental health needs that may ultimately lead to more accurate and timely delivery of preventative mental health services in schools. Prevention initiatives should incorporate multiple informants, and novel aggregation tools.

12:30–13:30 (1h)

Parents' engagement with a brief, digital family-strengthening intervention: Daily barriers and promoters

Speaker

Carlie J. Sloan (Arizona State University)

Description

Authors: Carlie J. Sloan (Arizona State University), Gregory M. Fosco (Pennsylvania State University)

Background: Digital technologies are emerging as an effective modality for delivering evidence-based interventions (Brietenstein et al., 2014). Yet, when and why parents engage with digital intervention tools in their daily life remains largely unknown. The current study assessed barriers and promoters of daily engagement with the Family Relationships Toolkit, a brief family-based intervention delivered via mobile application.
Methods: Thirty-six parents (M_{age} = 41.77) of adolescents (M_{age} = 12.86) participated in a pilot study of the Family Relationships Toolkit, which included three components— a morning routine builder, a parental monitoring exercise, and a set of family games. For 14 consecutive evenings, parents received surveys assessing whether they had used each component of the intervention, barriers to use (for components not used), and questions about daily mood and family functioning.
Results: Daily engagement ranged from zero to 14 days ($M_{routine}$ = 5.56 days, $M_{monitoring}$ = 2.03 days, $M_{family\ games}$ = 2.89 days). The most often cited barriers to engagement were "My family didn't need help from this activity today," (43-65% of days) and "This activity was not relevant to my family today" (35-54% of days). The prevalence of other barriers varied by component. Multilevel logistic regressions suggested that parents were less likely to use the family games component on days when their anxious mood or stress were greater than usual ($OR_{anxious}$ = 0.78, 95% CI [0.60, 0.98]; OR_{stress} = 0.84, 95% CI [0.69, 1.02]); this diverged from between-person findings. Other family functioning and mood indices were not related to daily engagement.
Discussion: Findings underscore the importance of providing timely, relevant content when parents perceive the need; however, at times of stress or anxiety, parents were less likely to engage. Although engagement goals vary across interventions, program providers should consider the potential impact of these barriers for sustained digital intervention engagement.

13:30

13:30

Keynote 2 (streamed session): Developmental prevention of radicalisation: Concepts, state of research and current findings

Session | **Location:** Sauerbruchweg 2, Innere Medizin/2-0 - Hörsaal 22 | **Convener:** Prof. Andreas Beelmann (University of Jena)

Description

Chair: Samuel Tomczyk

Abstract: In view of rising prevalence of political crimes in many countries, there is a high necessity for scientific research in the field of radicalization prevention. This presentation introduces the concept of developmental prevention for protecting young people from radicalization and extremism. Based on a social-developmental model of radicalization, existing concepts of radicalization prevention such as social training programs, contact interventions, civic education, service learning, counter narratives or media training will be presented and discussed according to their outcomes and the state of their scientific foundation. Overall, a number of promising approaches exist with sound theoretical framework and at least some indication for evidence. In addition, the results of two evaluation studies will be presented, one dealing with the long-term effects of a prejudice prevention programme (PARTS) and the other with the effects of a more recent radicalization prevention programme for adolescents ("Bleib menschlich/Stay human"). These studies additionally showed that developmental prevention could be a promising route to strengthen young people´s resistance against radicalization and extremism. However, it is currently very difficult to assess the full potential for preventing radicalization trajectories because high-quality, long-term evaluations have been lacking. Thus, the presentation will be closed with the statement that there is an urgent need for further conceptual and evaluation research to address the challenges of radicalization and political crimes.

14:30

14:30

EUSPR Members' Meeting & New Board announcement (streamed session)

Session | **Location:** Sauerbruchweg 2, Innere Medizin/2-0 - Hörsaal 22, Lecture Hall

15:45

15:45

Coffee break 4

Break | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

16:00

15:45 – 16:00

Posters day 1

Session | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

16:00 – 17:00

Keynote 3 (streamed session): The i-frame and the s-frame: How focusing on individual-level solutions has led behavioral public policy astray (Nick Chater & George Loewenstein)

Session | **Location:** Sauerbruchweg 2, Innere Medizin/2-0 - Hörsaal 22 | **Convener:** Prof. Nick Chater (Warwick Business School)

Description
ONLINE SESSION
Chair: Gregor Burkhart

An influential line of thinking in behavioral science, to which the two authors have long subscribed, is that many of society's most pressing problems can be addressed cheaply and effectively at the level of the individual, without modifying the system in which the individual operates. We now believe this was a mistake, along with, we suspect, many colleagues in both the academic and policy communities. Results from such interventions have been disappointingly modest. But more importantly, they have guided many (though by no means all) behavioral scientists to frame policy problems in individual, not systemic, terms: To adopt what we call the “i-frame,” rather than the “s-frame.” The difference may be more consequential than i-frame advocates have realized, by deflecting attention and support away from s-frame policies. Indeed, highlighting the i-frame is a long-established objective of corporate opponents of concerted systemic action such as regulation and taxation. We illustrate our argument briefly for six policy problems, and in depth with the examples of climate change, obesity, retirement savings, and pollution from plastic waste. We argue that the most important way in which behavioral scientists can contribute to public policy is by employing their skills to develop and implement value-creating system-level change.

17:00 – 18:30

International Networking Forum (hybrid session)

Session | **Location:** Sauerbruchweg 2, Innere Medizin/2-0 - Hörsaal 22

17:00 – 18:30

Xchange registry meeting

Session | **Location:** Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

Thursday 25 September

08:00

Registration/Welcoming delegates

Session | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

09:00

09:00

Campfire 2A: SPR Standards of Evidence: A Taskforce Update and Listening Session

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

09:00–09:45 (45m)

Campfire 2A: SPR Standards of Evidence: A Taskforce Update and Listening Session

Speakers

Dr Nick Axford (University of Plymouth), Dr Pamela Buckley (University of Colorado)

Location

Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

Description

Authors: Nick Axford (University of Plymouth), Pamela Buckley (University of Colorado), Cady Berkel (Arizona State University), Sean Grant (University of Oregon), Kiara Alvarez (Johns Hopkins University), Catherine Bradshaw (University of Virginia), Charles Lea (Columbia University), Alyssa Lozano (University of Miami), Kiara Lyons (Arizona State University), Myra Parker (University of Washington), Matthew Valente (University of South Florida)
Presenters: Nick Axford and Pamela Buckley
Corresponding author: Nick Axford

Background: In 2005, the Society of Prevention Research (SPR) published the first iteration of its Standards of Evidence (Flay et al., 2005), followed by an update in 2015 (Gottfredson et al., 2015) and extension to economic evaluations (Crowley et al., 2018). These standards aim to elevate the rigor of the scientific evidence on the effects, implementation and economics of prevention interventions. Based on recent developments in the field, the SPR Board of Directors formed a Task Force to update and expand the Standards of Evidence to consider more diverse forms of evidence and research.
Methods: This Task Force has since engaged in multiple methods to obtain input on making revisions to the standards. Specifically, we interviewed former Task Force members and others with relevant experience, held a listening session at the 2024 SPR Conference, engaged members of international prevention science organisations (including EUSPR in Cremona, 2024), and conducted meetings on specific topic areas.
Results: Results of these efforts demonstrated the need for an overarching framework for the Standards of Evidence.
Discussion: Through this campfire session, we invite colleagues to engage in dialogue about the proposed Framework for Standards of Evidence in Prevention Science. We will first contextualise the discussion by summarising the history of the SPR Standards of Evidence. We will then discuss the rationale for the framework: i.e., the evolution of the SPR 2024-2028 strategic plan's goals and objectives, learnings from the growth of evidence-based funding mechanisms over the last decade, and the growing scope of the Standards of Evidence. Finally, we will summarise the proposed framework, which emphasises methodological appropriateness: i.e., the need to match the diverse research questions in prevention science with specific types of evidence resulting from appropriate types of research. We will then open a discussion for participants to ask questions and offer reflections on the standards framework.

09:45

09:00

Parallel session 2A: Digital Interventions in Prevention

Session | **Location:** Virchowweg 9, Innere Medizin/1-401 - Seminarraum 401

Description

Chair: Samuel Tomczyk

09:00–09:15 (15m)

Extended Reality Technologies in Prevention and Health Promotion with Children and Adolescents: A Scoping Review

Speaker

Samuel Tomczyk (University of Greifswald)

Description

Authors: Samuel Tomczyk (University of Greifswald), Signe Gottschalk (University of Greifswald)

Background: In prevention and health promotion with children and adolescents, extended reality technologies (XR; including virtual reality, augmented reality, augmented virtuality, and mixed reality) are of high interest. However, unlike in clinical research, there is no clear overview of its use for preventive purposes yet. Therefore, we conducted a scoping review of the literature.
Methods: For this purpose, ten scientific databases were systematically searched for relevant entries, combined with outreach to professional societies and associations, and experts in the field. The review followed JBI recommendations and the PRISMA ScR guideline was preregistered.
Results: As a result, 27 reports were included that describe the use of XR technologies (mostly VR) in different areas of prevention (e.g., substance use, violence, emotion regulation, nutrition, road/fire/water safety). Studies were of mixed quality and mostly described universal prevention (e.g., in classrooms). The studies examined various target groups (children and adolescents with/without disabilities). Overall, most applications were co-created through participatory research, and acceptance and feasibility was very good in most cases. Initial evidence suggests that most XR interventions might achieve study objectives (e.g., building self-efficacy, increasing knowledge). However, actual behavior was rarely addressed in most studies and the evidence for effectiveness was limited (except for a few studies on road safety and bullying), particularly regarding risk behaviors like alcohol use. Furthermore, many dimensions of health equity were not considered.
Conclusions: In conclusion, XR may be promising for behavioral prevention with children and adolescents, as they show high acceptance and promising evidence. Yet, more rigorous efficacy studies using larger, representative samples, and longitudinal observations are urgently needed and more attention should be given to health equity in prevention research. The findings also indicate that many XR technologies were standalone interventions and not integrated into strategic complex interventions.

09:15–09:30 (15m)

Green List Prevention: Risk and Protective Factors for Physical Activity and Nutrition to Expand the Evidence Register

Speaker

Katharina Bremer (Hannover Medical School)

Description

Authors: Katharina Bremer (Hannover Medical School), Ricarda Brender (Hannover Medical School), Frederick Groeger-Roth (Ministry of Justice Lower Saxony), Ulla Walter (Hannover Medical School)

Background: In Germany, the Green List Prevention evidence register was created as a tool of the prevention system Communities That Care (CTC) and so far includes measures for the psychosocial health of children and adolescents. The evidence register is currently being expanded to include measures on physical activity and nutrition. This submission reports the results of a literature review and evidence synthesis on risk and protective factors of physical activity and nutrition and discusses their fit with the CTC risk and protective factors.
Methods: To identify the risk and protective factors, an indicator system on obesity was used as a basis, supplemented by a rapid review. The more than 80 influencing factors were differentiated into risk factors and protective factors, and the underlying 543 articles were extracted and analysed. An influencing factor was considered proven (as with CTC) if at least two longitudinal studies show this effect. The number of factors was reduced in an inductive process. A qualitative evidence synthesis was realised for each factor and, where possible, effect estimates were listed. A synopsis was created between these factors and the existing CTC risk and protective factors.
Results: The identified behavioural and environmental risk and protective factors for physical activity and nutrition reflect a holistic public health perspective. They could be assigned to the CTC domains ‘peer/ individual’, ‘family’, ‘school’ and ‘community’. Fits with the existing CTC risk and protective factors were identified (e.g. parent-child bonding, family management, secure environment).
Discussion: The identified risk and protective factors are an important basis for the assessment, categorisation and search of measures for physical activity and nutrition in the Green List Prevention. With its thematic expansion the evidence register is evolving into a register for secure and healthy youth development. Matches to the existing CTC risk and protective factors emphasise the relevance of certain predictors.

09:30–09:45 (15m)

Engaging Parents in an Evidence-Based, Disseminable, Free Internet-Based Parenting Program

Speaker

Kimberly A. Rhoades (New York University)

Description

Authors: Amy M. Smith Slep (New York University), Kimberly A. Rhoades (New York University)

Background: Although early childhood parenting programs have established public health benefits, voluntary and entirely self-directed programs present a challenge of engaging parents to where they receive a sufficient dose. The CDC's Essentials for Parenting Toddlers and Preschoolers program (EFP) is a free Internet resource with the potential to break down barriers to population-wide access to scientifically-based parenting interventions. EFP has considerable promise, but parental engagement remains a challenge.
Methods: We will present initial findings from a factorial optimization trial using the Multiphase Optimization Strategy (MOST) framework. The study included 802 parents with 1.5 to 3-year-old children. There were four experimental factors; each corresponds to the presence vs. absence of an engagement-focused element: (1) motivational enhancements (ME), (2) simplification (S) of intervention content, (3) gamification (G), and (4) low engagement nudges (LEN). We used Bayesian analyses to optimize the intervention. We then used structural equation modeling in Mplus to examine each engagement-focused element's individual and interactive mediated effects on change in parenting behaviors via parent engagement.
Results: Overall, parents reported significant decreases in overreactive parenting, inconsistent parenting, corporal punishment, and increases in parental warmth. The optimized intervention on overall parenting (a composite including each parenting construct listed above) included simplification, gamification, and low engagement nudges. Parents receiving this combination of engagement-focused intervention elements were 90% likely to demonstrate improvements in parenting. The most substantial improvement in parenting was reported for inconsistent parenting. Those assigned to either motivational enhancements alone or the combination of simplification and gamification showed the most consistent declines in inconsistent parenting, with over 99% likelihood that the posterior probability was less than zero.
Discussion: EFP shows promise, and as a free online intervention, has tremendous potential to reduce rates of violence at a very low cost per participant. Adding program elements designed to increase meaningful parent engagement with the program may enhance the effects of EFP.

10:30

09:00

Parallel session 2B: Community Health

Session | **Location:** Virchowweg 9, Innere Medizin/2-403

Description

Chair: Karin Streimann

09:00–09:15 (15m)

How Communities That Care strengthens evidence-based practice in Germany – community-level analyses

Speaker

Dominik Röding (Hannover Medical School)

Description

Authors: Dominik Röding (Hannover Medical School) Dominik Röding (Hannover Medical School), Isabell von Holt (Hannover Medical School), Lea Decker (Hannover Medical School), Sibel Ünlü (Hannover Medical School), Ulla Walter (Hannover Medical School)

Background: Communities That Care (CTC) is a prevention support system designed to help communities adopt a science-based approach to prevention. This is the first study in Germany to examine which factors influence CTC implementation (e.g. community readiness) and how system change outcomes (e.g. collaboration for prevention) contribute to increased use and reach of evidence-based prevention programs (EBPs).
Methods: In 2023, 22 members from seven CTC coalitions were surveyed about factors potentially affecting CTC implementation. Additional data were collected using a tool designed to monitor the quality and progress of CTC implementation (n = 13). In both 2021 and 2023, 330 key informants from 17 CTC and 16 control communities were interviewed regarding system change outcomes. In the same years, program implementers were surveyed about the implementation and population reach of EBPs. Bivariate linear regression analyses were conducted at the community level. We report β with p-values for 1-sided significance.
Results: Nine factors were significantly associated with implementation quality (β ranging from .763, p = .023 to .928, p = .002 and -.712, p = .037 to -.928, p = .002). Higher implementation quality was linked to increased prevention collaboration (β = .637, p = .018), while higher implementation progress was associated with greater adoption of a science-based prevention approach (β = .565, p = .027). In turn, both greater adoption of this approach (β = .368, p = .029) and increased financial support (β = .500, p = .004) were related to higher levels of EBP implementation. Enhanced community support was linked to broader population reach (β = .393, p = .021).
Discussion: Due to limited statistical power, only large effect sizes reached statistical significance. Nevertheless, the findings are consistent with theoretical expectations and provide actionable insights for the implementation and quality assurance of CTC coalitions.

09:15–09:30 (15m)

Do we know what they need? Prevention workforce expectations for prevention intervention registry

Speaker

Karin Streimann

Description

Authors: Karin Streimann, Triin Vilms (TAI - Tallinn)

Background: European countries implement various preventive interventions, web-based lists or registries have been developed to help practitioners and policymakers to have an overview and select suitable options. Despite the existence of many registries, there is limited information available about the expectations of the intended users.
Methods: This study aimed to map the needs of Estonian prevention workforce for the prevention registry. A qualitative study using semi-structured focus groups (n=9) was carried out with 45 participants in 2023. As the workforce represents a variety of people, the sample involved people working in national, county and local government level, in social, educational, health, youth work, and justice field as decision-makers, practitioners, coordinators, and intervention developers. Discussions were recorded and transcribed, thematic analysis was used.
Results: The registry was felt to be needed by public and third sector as well as different organizations. Participants had suggestions for the structure of the registry, including which target groups should see different content and how the intervention filtering criteria should be set. Regarding the content, participants wanted to know practical and financial details, such as where interventions can be ordered, what they cost, how their implementation can be funded, and who can implement them. Information about the format and underlying logic of interventions was also seen important. As for evaluation, participants wanted to see how fidelity is monitored, what is known about the effects, and to have access to experiences from previous users.
Discussion: This study found that the registry of preventive interventions might have several target groups and users. It also mapped the needs of the intended users, which supports developing a solution that is acceptable, practical and usable. In addition to developing a registry, other types of activities like communication, training and funding opportunities are needed to support the use of evidence.

09:30–09:45 (15m)

The Individual Participant Data (IPD) Integrity Tool for assessing the integrity of randomised controlled trials

Speaker

Dr Sol Libesman (The University of Sydney)

Description

Speaker: Sol Libesman (The University of Sydney)

Authors: Anna Lene Seidler (University Medicine Rostock), Kylie Hunter (The University of Sydney), Mason Aberoumand (The University of Sydney), Sol Libesman (The University of Sydney), James Sotiropoulos (The University of Sydney), Jonathan Williams (The University of Sydney), Jannik Aagerup (The University of Sydney), Angie Barba (The University of Sydney), Nipun Shrestha (The University of Sydney), Rui Wang (The University of Sydney), Ben Mol (Monash University), Wentao Li (Monash University), Angela Webster (The University of Sydney)

Background: Mistrust in research is increasing, causing some to argue that relying solely on published aggregate data for evidence is no longer sufficient. Instead, experts suggest that checking individual participant data (IPD) is optimal to produce the most trustworthy systematic reviews and guidelines. However, there is limited guidance on how to conduct integrity checks on datasets of completed studies.
Methods: Development of the tool involved a literature review of existing items to assess the integrity of RCTs and their IPD, then consultation with an expert advisory group. Agreed items were incorporated into a standardised tool and automated where possible. This tool was piloted on 73 trials from two IPD meta-analyses, a sample of five trials with IPD datasets flagged by journal editors as having known integrity issues, and eight similar datasets without known integrity issues. Evaluation workshops were held to iteratively refine the tool.
Results: We developed the IPD Integrity Tool, comprising seven study-level domains and eight IPD-specific domains (unusual or repeated data patterns, baseline characteristics, correlations, date violations, patterns of allocation, internal inconsistencies, external inconsistencies, and plausibility of data). Within each domain, items are rated as having either no issues, some/minor issue(s), or many/major issue(s) according to decision rules. If there are many and/or major issues that cannot be resolved, the study should be excluded from evidence synthesis and/or not considered suitable for publication. In our validation checks, the Tool accurately identified all five studies with known integrity issues.
Discussion: The IPD Integrity Tool enables users to assess the integrity of RCTs via examination of IPD. The Tool may be applied by various stakeholders, such as journal editors to prevent publication of untrustworthy studies, and systematic reviewers to assess RCTs for inclusion in analyses. The overarching goal is to ensure that only trustworthy evidence informs guidelines, policy and practice.

09:45–10:00 (15m)

Factors Influencing the Effectiveness of Communities That Care: A Meta-Analysis on System Change Outcomes in Germany

Speaker

Dominik Röding (Hannover Medical School)

Description

Authors: Dominik Röding (Hannover Medical School), Isabell von Holt (Hannover Medical School), Lea Decker (Hannover Medical School), Sibel Ünlü (Hannover Medical School), Ulla Walter (Hannover Medical School)

Background: Communities That Care (CTC) is a prevention support system that empowers communities to adopt a science-based strategy to prevent youth problem behavior. As a capacity-building approach, CTC aims to foster system change outcomes such as increased collaboration for prevention. This paper presents the first study in Germany to examine whether the effect of CTC on these outcomes varies across communities and which factors contribute to this variation.
Methods: For the non-randomized cluster-controlled study, CTC communities were matched a-priori 1:1 with comparison communities. The primary short-term outcome is the adoption of evidence-based prevention (adoption), while secondary outcomes include prevention collaboration (PC) and sectoral collaboration (SC). Data from 205 community key informants across twelve matched community pairs were analyzed, calculating community-specific means for each outcome. A meta-analysis assessed the variation in effects across the matched pairs, with meta-regressions examining implementation quality and community characteristics as potential predictors.
Results: Results show significant variation in effect sizes ($p < .05$) and substantial heterogeneity ($I^2 = .59$-$.75$) between matched pairs. The overall effect indicates higher adoption levels in CTC compared to comparison communities ($g = 0.57$, $p = .019$). Higher levels of adoption are associated with higher implementation quality ($b = 1.61$, $p = 0.02$), explaining 40.5% of the heterogeneity. Additionally, CTC had a stronger effect on adoption ($b = 1.612$, $p = .160$, $r^2 = .163$) and SC ($b = 1.738$, $p = .25$, $r^2 = .104$) in deprived communities as well as on SC in peripheral communities ($b = 0.42$, $p = .180$, $r^2 = .248$).
Discussion: CTC's effectiveness varies across communities, with implementation quality being crucial for the primary short-term outcome. The findings suggest that CTC is particularly effective in deprived and peripheral areas, but further analyses with additional predictors are needed to fully understand the variance in effect sizes.

10:00–10:15 (15m)

Supporting young children in their role as young carers – testing the feasibility of the Good Dialoges model for children aged 3-6 years.

Speaker

Åsa Norman (Karolinska Institutet)

Description

Author: Åsa Norman (Karolinska Institutet)

Background: Children as young carers to a parent with a serious illness, substance abuse, or who has died, often struggle to understand the situation, tackle anxiety and emotions, and have increased risks of own ill-health throughout life. Very little support is currently available to young children as young carers. The ”Good Dialogues” is a 4-session model with the purpose to, through child engagement, provide young carers aged 3-6 years with information, and support related to the parent’s illness. This study aimed to evaluate the feasibility, acceptability and child engagement in the Good Dialogues for children 3-6 years old in Sweden.
Methods: A convergent mixed-methods approach was used with 19 video recorded sessions with children to study practitioner fidelity and child engagement. Semi-structured interviews with 7 practitioners and 6 caregivers and questionnaire data from 19 practitioners and 24 caregivers were analysed to evaluate feasibility and acceptability.
Results: Preliminary findings showed that feasibility and acceptability for the Good Dialogues model was high among practitioners and caregivers. The model provided children with space to be seen and heard by engaged practitioners, but where practitioners at times struggled to focus the session on the children’s rights and the parent’s illness. The material facilitated child engagement in the sessions by being playful and interesting for the age group but at times too cognitively demanding. Practitioner fidelity was considered to be moderate, and practitioners described a need to balance fidelity and child-centeredness in the sessions.
Discussion: The findings indicate the potential usefulness of the Good Dialogues and pinpoint important revisions to make the intervention more helpful for the age group. This study comprises an important first step for a future large scale effectiveness trial of the intervention with the potential of being one of the few tools to support young children as young carers.

10:30

09:00

Symposium 2A: Advancing Addiction Prevention: Connecting Research, Practice, and Intersectoral Collaboration Across Europe

Session | **Location:** Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

09:00–10:30 (1h 30m)

Symposium 2A: Advancing Addiction Prevention: Connecting Research, Practice, and Intersectoral Collaboration Across Europe

Speakers

Frank Schulte-Derne, Bartosz Kehl (National Centre for Prevention of Addictions, Poland), Rebekka Kleinat (LWL), Jeroen Aerts (Integra Limburg)

Location

Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

Description

Authors: Frank Schulte-Derne (LWL-Coordination Office for Addiction Issues, Germany), Bartosz Kehl (National Centre for Prevention of Addictions, Poland), Rebekka Kleinat (LWL), Jeroen Aerts (Integra Limburg), Sylwia Opasińska (National Centre for Prevention of Addictions, Poland), Robert Rejniak (The Polish Society for the Prevention of Drug Abuse), Ellen Gibney (Integra Limburg)
Chair: Frank Schulte-Derne

This international symposium explores how early intervention and selective prevention in the field of substance use can be strengthened through cross-sector collaboration and European cooperation. Organized under the umbrella of the euro net network (euronetprev.org), it brings together experiences from Belgium, Poland and Germany to highlight innovative strategies for supporting young people and families at risk.
The symposium focuses on two key projects. FreD (Early Intervention for First-Time Drug Offenders) is a German prevention program developed by LWL and adapted in various European countries through euro net partners. It targets young people who have come into contact with police or been noticed in schools due to their substance use. The first two presentations explore findings from an evaluation of FreD in Poland and the program's ongoing development in Germany, including digitalization and adaptation to the new policy contexts of the cannabis decriminalization.
Make the Difference (MTD), in contrast, is a project that was developed within the euro net network from the outset. It focuses on structural prevention by fostering intersectoral collaboration—especially between addiction services, child protection, and youth services—to support families affected by addiction. The final two presentations explore the development of MTD as a model for collaborative prevention and its real-world implementation in Belgium.
Across both projects, professionals from euro net countries have shared expertise and worked toward common goals. This symposium illustrates how shared values and coordinated action across Europe can advance inclusive, evidence-informed prevention that responds to real needs in vulnerable populations.

ABSTRACT 1
FreD Next Level – Digitalization of early intervention for first-time drug users

Frank Schulte-Derne (LWL-Coordination Office for Addiction Issues, Germany)

Background: The FreD intervention program (early intervention for first-time drug users) has been established in Germany for 25 years. In 2007 - 2010, the program was transferred to other European countries. After further developments, "FreD Next Level" (12/2022-12/2024) was launched by blu:prevent (Blaues Kreuz e.V.) and the LWL Coordination Office for Addiction Issues in Germany. The aim of this was to transform FreD digitally. The initiative was triggered by increasing digitalization, the changing communication habits of young people (14 - 21 years) and the legal changes brought about by the new Cannabis Act. At the heart of the project was the co-creation approach, in which young people were actively involved in designing the content to ensure relevance and accessibility.
Methods: Using a co-creation and user-centred design process, the team developed a digital course called "fred_online", which was piloted at five model sites across Germany. A blended learning approach enabled both fully online and hybrid interventions. The implementation included the development of a social media marketing strategy and a dedicated youth-friendly website (www.wastutfred.de). In addition, schools were involved through awareness-raising materials and a practical guide, distributed nationally.
Results: fred_online is available for all FreD locations and is embedded in blu:prevent's platform. Despite a temporary decrease in participant numbers due to the introduction of the Cannabis Act (KCanG), new referral pathways via schools and youth services were established. Digital tools also improved access for young people in rural areas.
Discussion: Initial feedback indicates increased outreach and acceptance of digital formats. However, sustained referrals and long-term integration remain ongoing challenges. Strengthened collaboration with schools and youth services will be essential for the sustainability of the programme. FreD Next Level serves as a model for future digital prevention initiatives.

ABSTRACT 2
Implementation of FreD in Poland

Sylwia Opasińska (National Centre for Prevention of Addictions, Poland), Bartosz Kehl (National Centre for Prevention of Addictions, Poland), Robert Rejniak (The Polish Society for the Prevention of Drug Abuse)

Background: The FreD goes net program was introduced in Poland in 2010 as a tool for youth experimenting with psychoactive substances. Since then, regular trainings and seminars on Motivational Interviewing have been held. A comprehensive evaluation conducted in 2019-2020 confirmed the effectiveness of the program and identified areas for improvement. Based on these results, the implementer's manual was updated. In response to the challenges of the COVID-19 pandemic, a pilot version of the program was developed in an online format.
Methods: The FreD is implemented in Poland mainly to people aged 13-19 who experiment or use harmful psychoactive substances and experience related problems. The program uses a strategy of brief preventive intervention and motivation to change risky behavior using Motivational Interviewing. The evaluation of the FreD program in Poland was aimed at assessing its effectiveness as an early intervention tool for youth experimenting with psychoactive substances. The program's impact on participants' behavior and motivation was assessed, complemented by IDI interviews with facilitators.
Results: The FreD program in Poland currently involves around 400 facilitators and reached about 1,800 participants in 2024. Evaluation included data from 312 participants at two stages and 241 participants at all three stages. The findings were summarized in a comprehensive report and a doctoral dissertation.
Discussion: Experiences of the FreD program in Poland demonstrate that this model can be an effective tool for early intervention, especially when supported by well-prepared staff and continuous improvement of working methods. Further efforts are needed to develop the remote format, which could increase the program's accessibility.

ABSTRACT 3
Structural Prevention & Cross-Sector Collaboration in Supporting Families with Addiction Issues (Make the difference)

Rebekka Kleinat (LWL),Frank Schulte-Derne (LWL-Coordination Office for Addiction Issues, Germany)

Background: Children from families with addiction issues face increased risks of adverse childhood experiences (ACEs), which can affect their mental health and development. The Make the Difference (MTD) project (2021–2023) aimed to promote child protection in these families by fostering cooperation between addiction and child protection services across 12 EU countries. The follow-up project Qualification Makes the Difference (2024) developed a comprehensive curriculum for professional training that integrated lived experiences.
Methods: The project focused on practical, action-oriented interventions based on existing research. These efforts aimed to bridge gaps in professional practice by providing tools, training and support for cooperation between help services. In MTD, professionals co-developed a guide for cooperation agreements between addiction and child protection services while also developing these agreements themselves. International workshops facilitated peer exchange and mutual learning. In the second project, insights were gathered from 64 families across 9 countries, using interviews and surveys. A Design Thinking process was used to co-create a modular training curriculum, ensuring it was adaptable across sectors.
Results: MTD resulted in 12 signed cooperation agreements, an international seminar with 43 professionals, and the creation of a practical guide on cooperation agreements. Core messages include prioritizing child safety, addressing addiction and parenting simultaneously, and fostering intersectoral collaboration. The second phase produced an open-access curriculum to enhance professional practice across sectors, emphasizing lived experience and intergenerational trauma.
Discussion: The projects demonstrate how international collaboration can address complex family needs and prevent ACEs, despite challenges like legal frameworks, cultural differences and stigma. Insights from multiple countries emphasize the importance of a coordinated, stigma-free approach, with the potential for scaling up across Europe.

ABSTRACT 4
Make the Difference in Belgium

Jeroen Aerts (Integra Limburg, Belgium), Ellen Gibney (Integra Limburg, Belgium)

Background: Children of parents with substance use disorders are at greater risk of developmental issues, yet theur needs often go unmet. In Limburg, Belgium, the Make the Difference (MTD) project aimed to support these children by building on a strong local service network. The project promoted "good enough parenting", implemented the Child Reflex method, and expanded referral options through professional training.
Methods: The project used qualitative and participatory approaches. The Child Reflex method provided a structured tool for professionals to recognize and respond to children's needs in families affected by addiction. International trainings engaged professionals from addiction care and youth welfare sectors. A formal collaboration was established between Integra and the youth welfare network 'Ligant'. Tools were co-developed with practitioners, and joint activities like workshops and intervision sessions enhanced cross-sector collaboration.
Results: The Child Reflex method led to more consistent, child-centred practices. Formal agreements improved coordination between addiction and youth services. Trainings promoted shared understanding, common language, and awareness of children's needs. The non-stigmatizing idea of "good enough parenting" gained traction. Families reported feeling seen and supported over the long term.
Discussion: MTD highlights the power of structured tools and collaboration in supporting vulnerable children. Despite challenges lije data-sharing restrictions and sectoral differences, ongoing training and policy support are key to sustaining progress.

10:30

09:00

Symposium 2B: Parenting interventions for refugee and immigrant families resettling in a new country: Implications for research and practice

Session | **Location:** Virchowweg 9, Innere Medizin/2-402

09:00–10:30 (1h 30m)

Symposium 2B: Parenting interventions for refugee and immigrant families resettling in a new country: Implications for research and practice

Speakers

Mr Joshua Patras (The Regional Centre for Child and Youth Mental Health), Mrs June T. Forsberg (UiT – The Arctic University of Norway), Prof. Mer Saus (UiT – The Arctic University of Norway), Mr Pål Wessel (UiT – The Arctic University of Norway), Prof. Ragnhild Bjørknes (1 The Norwegian Center for Child Behavioral Development, Oslo, Norway, 2 Regional Centre for Child and Youth Mental Health and Child Welfare, NORCE, Bergen, Norway), Ms Therese B. Halvorsen (UiT – The Arctic University of Norway)

Location

Virchowweg 9, Innere Medizin/2-402

Description

Authors: Joshua Patras (The Regional Centre for Child and Youth Mental Health), June T. Forsberg (UiT – The Arctic University of Norway), Mer Saus (UiT – The Arctic University of Norway), Pål Wessel (UiT – The Arctic University of Norway), Ragnhild Bjørknes (The Norwegian Center for Child Behavioral Development, Oslo, Norway; Regional Centre for Child and Youth Mental Health and Child Welfare, NORCE, Bergen, Norway), Therese B. Halvorsen (UiT – The Arctic University of Norway), Lene-Mari Potulski Rasmussen (UiT - The arctic university of Norway), Marcela Douglas (UiT The Arctic University of Norway)
Chair: Lene-Mari, P. Rasmussen
Discussant: Ragnhild Bjørknes
Presenter/Corresponding author: Lene-Mari. P. Rasmussen

Description of the symposium:
This symposium focuses on different aspects that arise when refugee and immigrant families are being resettled in a new country, especially in relation to parenting interventions. In the Supported Parenting Interventions for Refugee Minorities study (the PIRM-study), we have investigated the effectiveness of two parenting interventions, together with a measurement feedback system (MFS) in a full 2x2 factorial design with nearly 300 parents. In addition to answering questionnaires, both parents and children have been interviewed to provide a more in-depth understanding of the family's experiences when coming to a new country and being obliged to participate in a preventive parenting intervention.
Through the different presentations, the current state of the field based on a recent meta-analysis will be presented together with the preliminary results from the effectiveness trial. Results from the effectiveness trial are based on reports from over 200 families and nearly 300 parents altogether. Initial findings from the parenting interventions and the MFS will be presented, along with qualitative results focusing on how the parents and children experience the parents' participation in the intervention. Lastly, the implications of the study results for practice and implementation will be discussed.

ABSTRACT 1
Parenting interventions for refugee and immigrant families: The current state of the field

Ragnhild Bjørknes (The Norwegian Center for Child Behavioral Development, Oslo, Norway; Regional Centre for Child and Youth Mental Health and Child Welfare, NORCE, Bergen, Norway)

Background: Migration stressors can significantly impact parental care, placing immigrant and refugee families in vulnerable situations due to challenges like acculturation, poverty, and reduced family functioning. These contextual risk factors detrimentally affect parenting practices and children's development. Strengthening positive parenting practices through parental programs could be essential in improving life for families. However, implementing parental programs also calls for evidence-based research. This review analyzes randomized controlled studies on parenting interventions for refugee and immigrant families in Europe, focusing on those based on social learning theory.
Methods: This study includes a systematic review and a meta-analysis. Studies included in the analysis had to employ parenting programs based on social learning theory, including immigrant families, and conducted in Europe. We followed PRISMA guidelines and pre-registered the review with PROSPERO. A search through nine databases identified 8,286 publications.
Results: Seven studies met the inclusion criteria, and they were published between 2010 and 2017. The meta-analysis showed a small but significant effect of parent training on child behavior and parenting styles, with effect sizes of 0.26, 0.24, and 0.20, respectively. However, the systematic review highlighted that few studies have addressed migration or cultural factors in family life, hindering future program development.
Discussion: This systematic review highlights the lack of studies addressing migration and cultural factors in family life, which hinders program development for immigrant families. The meta-analysis found a small but significant overall effect on child problem behaviors and parenting favoring parent training compared to control conditions. Key topics like cultural adaptation and intersectionality are emphasized to improve evaluators and planners' practices in prevention research. Further evidence on the effects of parental programs for immigrant and refugee families in Europe is necessary.

ABSTRACT 2
Characteristics of parents and children coming to Norway as refugees

Pål Wessel (UiT – The Arctic University of Norway)

Background: Resettlement in a new country can be experienced as challenging, and some may need support to navigate and adapt to new surroundings. Parental stress and child problem behavior are potential risk factors for newly resettled families. On the other hand, protective factors, such as resilience, are also valuable to focus on during a resettlement process. Acquiring more knowledge about the characteristics of the families is important to tailor and support their needs when they are rebuilding their lives in a new country.
Methods: Using quantitative methods, we aimed to examine characteristics of the participating families before receiving parent intervention. Demographic characteristics were analyzed, and descriptive statistics were generated using the Parenting Stress Index-Short form (PSI-SF), Eyberg Child Behavior Inventory (ECBI), and Resilience Scale for Adolescents (READ).
Results: A total of 278 parents (68 % mothers) participated, and 196 children (57 % boys) were assessed by their parents using the ECBI. The results showed that most of the families had fled, in order of frequency (high to low), from Ukraine, Syria, Eritrea, and DR Congo. Most families reported having lived in Norway for two years or less and being full-time participants in the national Introduction Program that supports the integration process. The overall findings indicated that most of the parents reported scores within the normal range on the parenting stress outcome measure. Generally, a high level of resilience, and especially family cohesion, was found. When differentiated by child age and gender, about 10 percent of the children were assessed by their parents within the clinical range of disruptive behavior.
Discussion: The parents did not report elevated levels of parenting stress, which may indicate that, once settled, they potentially feel a sense of safety for being in a secure environment after experiencing war and flight. At the beginning of the resettlement process, it is possible that the family itself constitutes their primary social resources and source of support, which may explain the high level of family cohesion.

ABSTRACT 3
Effect of parent interventions for families with refugee background in Norway

June T. Forsberg (UiT – The Arctic University of Norway)

Background: Parents with refugee background risk and may experience difficulties with e.g. integration, upbringing, parental stress and child problem behavior after resettling in a new country. In Norway, parents are obliged to attend a parent intervention or program, as a mandatory part of their integration process. The main goals are to provide the parents with information about upbringing in Norway and prevent family maladjustments. The aims of this study were to evaluate the effectiveness of two parent interventions that are widely used in Norway; the Incredible Years (IY) and the International Child Development Programme (ICDP). The focus was on assessing their impact on improving parenting skills and reducing parental stress and problem behavior in children. Additionally, this study aimed to evaluate the effectiveness of a measurement feedback system (MFS) to improve the primary outcomes.
Methods: This study employs a 2x2 factorial design and nearly 300 parents were recruited to participate. A total of N=135 parents were randomized to an IY group and N=139 parents to an ICDP group. Further, the groups were randomized to either MFS (N=141) or not MFS (N=133). The measures included child behavioral problems with Eyberg Child Behavior Inventory (ECBI), parental stress with Parent Stress Index –Short Form and parent practices using Parent Practices Interview (PPI).
Results: Preliminary results showed no significant main or interaction effects of the main factors on either child or parent outcomes. This indicates that neither participating in one parent intervention over the other (ICDP vs. IY) nor utilizing MFS or not had a significant influence on the measured outcome variables. Analyses comparing outcome variables at baseline and post-intervention showed a significant decrease in child problem behavior, as measured by the ECBI intensity scale. There was also a significant reduction in parenting stress from pre- to post-assessment, as measured by PSI-SF, specifically in the subscales of parental distress, parent child dysfunctional interaction and difficult child.
Discussion: Overall, participating in a parent intervention (either ICDP or IY) seems to have a positive impact on parenting stress and child problem behavior. It was hypothesized that the parents that were assigned to MFS would benefit more from the interventions. This was not confirmed. One possible explanation can be that the MFS was not implemented as intended. For

optimal usage, the parents must provide feedback, and the group leaders must integrate this feedback to tailor the intervention to the participants' specific needs. Further implications for practice will be discussed.

ABSTRACT 4
Parents' experiences of participating in parent interventions

Mer Saus (UiT – The Arctic University of Norway), Marcela Douglas (UiT The Arctic University of Norway)

Background: To bring up children in new countries is challenging for most parents. Raising children as refugees strains the usual stress. This is the background for implementing parenting interventions in the Norwegian integration program for refugees and immigrants. In this presentation, we will discuss the parent's experiences from participating in parenting interventions.
Methods: We used qualitative methods and interviewed 45 parents, 26 mothers, and 19 fathers about their experiences and reflections concerning participation in parenting interventions. The informants are from eight municipalities in Norway, some small, rural communities and some cities. The recruitment of informants was done through the PIRM study.
Results: The qualitative interviews show that the parents are, for the most part, pleased with the interventions. They do not interpret that they must participate because they do not cope as parents but because it is challenging to be parents in new contexts. Learning parent strategies is helpful, but they do not use all of them. Mostly, they like the techniques that help them to implement practice in their homes and help them adapt to Norway for the sake of the children. That can be how to deal with "nagging for sweets at the shops" or maintain an appropriate bedtime. The parents highlight that information about the Norwegian child welfare system is important. This is a system they are the least familiar with, don't understand, and are afraid of.
Discussion: The context for parenting appears important. Support that helps them organize their family life, so it is aligned with the expectations of the Norway communities is valued. While the parenting programs are often designed to help parents with their roles or the child's behaviour, it is more critical for refugee parents to stress how parents' strategies can be customized to the current contexts. Also, information about systems and governmental roles, such as the child welfare system, seems desirable to parents.

ABSTRACT 5
Refugee children`s experiences with parents participating in parent interventions

Therese B. Halvorsen (UiT – The Arctic University of Norway)

Background: The influence of parental participation in parenting interventions is rarely examined from the perspective of children, despite them being the primary beneficiaries of such initiatives. This study addresses this gap by exploring children's experiences with these programs and the programs' influence on their everyday lives.
Methods: Using a dialogue-based interview method, we interviewed twenty-three children with refugee backgrounds aged 7–13 years. The children originated from the Middle East and Africa and had lived in Norway for 9 months up to 7 years. Participants were recruited through the PIRM study which meant that at the time of the interviews, at least one of their parents had recently participated in the IY or ICDP parenting interventions. The data was analysed through a qualitative content analysis method.
Preliminary Results: Only a small number of children were aware of the parenting program that their parents had participated in, and a few others held misconceptions about what such programs entailed. However, the majority of children were unaware of their parents' involvement in these initiatives. Despite this, some children noticed changes in their parents' behaviour. These changes were generally perceived positively, although certain strategies were regarded as less pleasant yet effective. Overall, much of the programs' influence was reflected indirectly in the children's everyday experiences.
Discussion: The study revealed that only a small number of children are aware that their parents participate in parenting support programs. This lack of awareness may stem from the programs being primarily designed with a focus on parents. Traditionally, the effectiveness of parenting interventions is evaluated based on adults' reports. This study highlights that changes are not always immediately evident to children. Many strategies and guidelines introduced in both programs were not clearly reflected in the children's everyday experiences, possibly because these strategies are more abstract and challenging for children to grasp.

ABSTRACT 6
Conducting research in a preventive setting on refugee families: Implications for research and practice

Joshua Patras (The Regional Centre for Child and Youth Mental Health)

Background: Barriers and facilitators encountered during the implementation of support programs for families with refugee backgrounds are similar to those found in other implementation efforts. Characteristics of interventions such as the feasibility, utility, acceptability, and adherence all play roles in successful implementation. Additional key challenges in the work with refugees such as language barriers, cultural differences, and limited access to resources can affect implementation efforts for this group in particular.
Two parenting interventions and a measurement feedback system (MFS) designed to support these interventions were implemented in Norwegian services for families with refugee backgrounds. The parenting programs, including The Incredible Years (IY) and The International Child Development Programme (ICDP), aim to improve parenting practices and child development outcomes through structured group sessions (Patras et al, 2021). The MFS was designed to provide regular feedback to interventionists about parents' progress and experiences via a smartphone app, with the aim of enhancing the effectiveness of the parenting interventions.
Methods: We used a mixed methods approach to assess the users' experiences with the parenting interventions and measurement feedback system.
Results: The primary challenges for the use of the parenting interventions included cultural adaptation and language barriers. The main challenge for using the measurement and feedback system involved the level of adoption by the intervention group leaders.
Discussion: We will discuss the implications based on the successful use of the interventions in this population and potential ways the MFS could be adapted to improve implementation and uptake in group-based interventions such as these.

10:30

09:45

Campfire 2B: Are Evidence-Based Preventive Programs Inclusive of Diverse Populations and Do they Build a More Equitable Future for ALL Children, Youth, Families and Communities?

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

09:45–10:30 (45m)

Campfire 2B: Are Evidence-Based Preventive Programs Inclusive of Diverse Populations and Do they Build a More Equitable Future for ALL Children, Youth, Families and Communities?

Speaker
Pamela Buckley (University of Colorado Boulder)

Location
Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

Description

Author: Pamela Buckley (University of Colorado Boulder)

Background: Evidence reveals that minoritized groups face disparities, underscoring the need for interventions to address inequities.
Methods: Findings from two systematic reviews are presented. First, Buckley et al. (2023) conducted a descriptive analysis on the reporting of sample characteristics among 885 preventive programs for youth with evaluations published from 2010-2021 and recorded in the Blueprints for Healthy Youth Development online registry. Second, Buckley et al. (2025) synthesized findings from 292 experimental evaluations conducted between 2010-2023 that met Blueprints evidence standards to assess: (1) the prevalence of culturally tailored evidence-based preventive interventions (EBPIs); (2) how frequently tests for subgroup effects were conducted; and (3) whether subgroup tests indicated differential benefits for minoritized groups.
Results: Buckley et al. (2023) found that 77% of studies reported race and 64% reported ethnicity. Most enrollees were White (35%) followed by Black or African American (28%) and 31% collapsed across race or categorized race with ethnicity; 32% of enrollees were Hispanic or Latino. Meanwhile, Buckley et al. (2025) found few culturally tailored EBPIs (31%). Additionally, only 25% and 15% tested for subgroup effects by race and ethnicity, respectively. Few (28%) evaluations included effects by economic disadvantage while 47% examined outcomes by binary gender categories. Essentially no reports tested for subgroup effects by sexual identity, location (rural/urban), or nativity status (foreign/native-born). Encouraging findings were that EBPIs more often benefited racial and ethnic minoritized groups, and there was an upward trend in reporting subgroup tests across time.
Discussion: First, research gaps on minoritized groups call for clear reporting and better representation to reduce disparities and improve the utility of preventive interventions. Second, studies should test subgroup effects to better understand the generalizability of findings. Third, investments are needed in culturally grounded programs developed for historically marginalized populations and trials of EBPIs that investigate mitigating health disparities.

10:30

10:30

Coffee break 5 / Meet the JoP editors

Break | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

11:00

11:00

Campfire 3A: Youth, Severe Weather, and Community Preparedness – A Prevention Science Dialogue

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

11:00–11:45 (45m)

Campfire 3A: Youth, Severe Weather, and Community Preparedness – A Prevention Science Dialogue

Speakers

Dr Brenda Miller (Prevention Research Center), Elena Gervilla Garcia (University of the Balearic Islands), Ms Livia Edegger (ISSUP), Samuel Tomczyk (University of Greifswald)

Location

Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

Description

Authors: Brenda Miller (Prevention Research Center), Elena Gervilla Garcia (University of the Balearic Islands), Livia Edegger (ISSUP), Samuel Tomczyk (University of Greifswald)

Background: Young people worldwide are increasingly exposed to both acute (e.g., floods, wildfires, hurricanes) and chronic (e.g., excessive heat, pollution, drought) severe weather events. Recent data from a US national sample (ages 16–25) show that 74% experienced extreme heat and 64% smoke or air pollution in the past year, while substantial proportions faced acute events such as flooding (40%), hurricanes (26.5%), tornadoes (25.9%), and wildfires (23.1%). These exposures can lead to eco-anxiety-marked by worry, sadness, and hopelessness about the future-as well as social and behavioral challenges, including increased conduct problems and peer difficulties, as seen in longitudinal studies from Australia. Youth coping responses range from negative (e.g., aggression, substance use) to positive actions (e.g., civic engagement, pro-environmental behavior).
Campfire Structure: This campfire session will open with two short presentations introducing key findings on the mental health and social impacts of severe weather on youth, and the role of community infrastructure (parks, schools, libraries, churches) in supporting positive coping and resilience. Drawing on the Positive Youth Development model and a prevention science lens, presenters will highlight practical strategies for enhancing community-level preparedness and fostering adaptive responses among young people.
Interactive Discussion: The second half of the session will be dedicated to an open, facilitated discussion with participants. Attendees will be invited to share experiences, insights, and challenges from their own contexts, as well as to co-develop ideas for prevention and intervention at both the individual and community levels. The goal is to generate a dynamic exchange on how prevention science can inform effective, resource-based responses to climate-related stressors among youth.
Session Details: This session is sponsored by the SPR International Committee and the International Coalition of Climate Action in Prevention Science.

11:45

11:00

Early Career session 1

Session | **Location:** Virchowweg 9, Innere Medizin/2-404

Description

Chair: Karin Streimann

11:00–11:15 (15m)

Why you want to meet your future self: Stimulating future orientation in a smartphone- and VR-based intervention

Speaker

Esther Mertens (Max Planck Institute for the Study of Crime, Security and Law; Netherlands Institute for the Study of Crime and Law Enforcement)

Description

Authors: Esther Mertens (Max Planck Institute for the Study of Crime, Security and Law; Netherlands Institute for the Study of Crime and Law Enforcement), Tiffany Tettero (Max Planck Institute for the Study of Crime, Security and Law; Leiden University), Aniek Siezenga (Max Planck Institute for the Study of Crime, Security and Law; Leiden University), Jean-Louis van Gelder (Max Planck Institute for the Study of Crime, Security and Law; Leiden University)

Introduction: Future orientation appears to be an important underlying factor for various positive and negative behaviors. Generally, future-oriented behavior fosters positive outcomes, such as goal achievement, a sense of competence and financial savings, while shortsighted behavior is associated with negative outcomes, such as delinquency, unhealthy lifestyle and substance abuse. Therefore, we developed an intervention, FutureU, that aims to enhance future orientation. To this end, people interact with their 10-year older self, i.e., their future self, via the FutureU smartphone application (app) or Virtual Reality (VR).
Methods: We conducted a Randomized Controlled Trial (RCT) among first-year university students (N = 321) including three conditions: 1) FutureU app, 2) FutureU VR, and 3) a goal-setting control condition. Students completed questionnaires at baseline, during the intervention, and immediately after the intervention.
Results: Preliminary results showed that changes in vividness of the future self were related to concurrent changes in future orientation. However, changes in relatedness with and valence towards the future self were unrelated to concurrent changes in future orientation. When testing the working mechanism of FutureU, the results indicated that FutureU increased vividness of the future self, which, in turn, stimulated future orientation.
Conclusions: The preliminary results suggest that in particular vividness of the future self functions as a working mechanism for increasing future orientation. During my presentation, I will elaborate on the theoretical foundation of the FutureU intervention, discuss the implications of our findings for intervention theory, and touch upon the next steps we are planning to take to further improve FutureU.

11:15–11:30 (15m)

Factors that Contribute to the Cultural Adaptation of Communities That Care for Romania: A Thematic Key Informant Analysis

Speaker

Filip Bogdan Serban Dragan (University of Miami)

Description

Authors: Alexandria Scarlett (University of Miami), Angie Gaitan, Claudia Bonilla (University of Miami), Eric C. Brown (University of Miami), Filip Bogdan Serban Dragan (University of Miami), Leslie Leve (University of Oregon), Veronica Paley (University of Miami)

Introduction: Communities That Care (CTC) is an evidence-based community prevention system for the prevention of youth drug use that has been adapted and is being used in several countries around the world. Although an upper-middle income country, Romania is at a nascent stage of prevention science development, and the implementation of CTC in an eastern European (Balkan) country may present unique challenges not experienced in other countries. To address this, our study presents an evolving qualitative research inquiry into the potential cultural adaptation of CTC for use in Romania. Through qualitative interviews with experts who have extensive field experience implementing CTC in culturally diverse regions around the world we provide insights into a potential Romanian adaptation of CTC.
Methods: To date, we conducted 14 qualitative interviews with CTC experts (i.e., key informants) who have practical experience adapting the CTC system to local national cultures (e.g., in Brazil, Chile, Germany, Colombia, Sweden, and the U.S.). Five of these interviews were analyzed using thematic analysis. A second round of interviews is currently underway with additional key informants and questions to expand the respondent pool, validate derived themes and add new insights. Questions in the interview guide explored specific characteristics and strategies of CTC community coalitions and adjustments made to the CTC system for cultural relevance. Thematic analysis was conducted using between two and five independent coders to systematically identify and synthesize themes from the interviews.
Results: Results of the thematic analysis revealed three major themes that inform the cultural adaptation and implementation of the CTC framework. First, *community characteristics* play a crucial role in successful implementation. Participants emphasized the importance of *community readiness, stakeholder characteristics, and capacity-building efforts.* Most described community readiness as neutral or negative, underscoring the need for early engagement and local ownership in the preparatory phases of implementation. Second, while CTC's core principles provide a strong foundation, successful adaptation requires *modification of system components* to align with local norms, languages, and organizational structures. Experts stressed that *flexibility and responsiveness to context* are key, warning that overly rigid application of the model could compromise its effectiveness. Finally, *c ollaborative efforts* emerged as central to both adaptation and sustainability. Participants highlighted how systemic barriers—such as limited resources, infrastructure inequities, and political instability—can hinder progress. However, community partnerships, continued stakeholder engagement, and technical assistance from prevention scientists were described as critical strategies for overcoming these barriers and fostering shared responsibility.
Conclusion: This study demonstrates the importance of context-sensitive approaches in adapting prevention system frameworks like CTC to countries (e.g., Romania) that are just beginning to use these frameworks. By incorporating insights from experts with extensive international experience, the findings contribute to a more robust understanding of the practical considerations needed for effective cultural adaptation. This evolving research inquiry thus contributes a critical understanding of how CTC can be both culturally adaptable and effective, enhancing its potential to address pressing prevention needs within Romanian and other diverse cultural landscapes.

11:30–11:45 (15m)

Wireless Network. National Connections. Promoting digital awareness in primary school.

Speaker

Dr Gaia Cuomo (Eclectica+ Ricerca e Formazione Impresa Sociale srl)

Description

Authors: Gaia Cuomo (Eclectica+ Ricerca e Formazione Impresa Sociale srl), Franca Beccaria (Eclectica+ Ricerca e Formazione Impresa Sociale srl), Emanuela Rabaglietti (Psychology Department University of Turin), Aurelia De Lorenzo (Psychology Department University of Turin)

Background: For young people, the Internet represents a valuable resource for peer communication, identity exploration and socialization. However, rapid technological changes can interfere in daily life, negatively affecting mental health, emotional well-being, self-esteem, and the ability to interact with reality.
The Rete senza fili ("Wireless Network") project aims to prevent Internet Addiction Disorder by reducing the risk of problematic and excessive use of digital tools, and by improving the Life Skills. The program is funded by the Italian Governmental Anti-Drug Department.
The intervention is described in a handbook specifically designed for primary school students (aged 10-11), comprising six classroom activity units.
Methods: The project includes a scientific evaluation using an experimental longitudinal-sequential design, with self-report questionnaires administered at two time point: pre-test (T1) and post-test (T2) in both experimental and control groups. A qualitative evaluation is also conducted using the co-evaluation approach.
The intervention aims to influence key mediators expected to affect outcome variables. These mediating variables include cognitive (critical thinking and creative thinking), emotional (self-awareness and emotion management), and relational (empathy, effective communication, effective relationships) life skills in a sample of children.
The research protocol was approved by the Ethical Committee of the University of Turino.
Results: Preliminary findings (first year of implementation) indicate that the experimental group improved their life skills and reduced the risk of Internet Addiction thanks to the intervention.
Discussion: Initial analysis suggests promising outcomes in terms of addiction prevention and well-being promotion, through Life Skills education, on attitudes and behaviors. Final results will be presented at the conference.

12:00–12:15 (15m)

Implementation and process evaluation findings from a pilot study testing a family-focused mental health promotion intervention to prevent adolescent mental health problems in Eastern Europe

Speaker

Swetha Sampathkumar (Cardiff University)

Description

Authors: Swetha Sampathkumar (Cardiff University), Nina Heinrichs (Department of Psychology, Bielefeld University, Universitätsstrasse 25, 33615 Bielefeld, Germany), Rhiannon Evans (Cardiff University), Lara Barg (Department of Psychology, Bielefeld University, Universitätsstrasse 25, 33615 Bielefeld, Germany), Graham Moore (Cardiff University), Marija Raleva (Institute for Marriage- Family- and Systemic Practice, Alternativa, Skopje, North Macedonia;), Galina Lesco (Asociatia Obsteasca Sanatate Pentru Tineri, Health for Youth Association, Chisinau, Republic of Moldova), Viorel Babii (Health for Youth Association, Chisinau, Republic of Moldova), Ivo Kunovski (Institute for Marriage- Family- and Systemic Practice, Alternativa, Skopje, North Macedonia;), Heather Foran (University of Klagenfurt, Department of Health Psychology, Klagenfurt, Austria), Janina Mueller (University of Klagenfurt, Department of Health Psychology, Klagenfurt, Austria), Judit Simon (Department of Health Economics, Center for Public Health, Medical University of Vienna, Vienna, Austria), Dennis Wienand (Department of Health Economics, Center for Public Health, Medical University of Vienna, Vienna, Austria), Bethan Pell (Cardiff University), Yulia Shenderovich (Cardiff University)

Background: Adolescence is a time of both risk and opportunity for mental health, and adolescents in Eastern Europe are exposed to risks due to inequality, poverty, and war in Ukraine. Programmes strengthening the adolescent-caregiver relationship are an evidence-based solution to prevent adolescent mental health problems. Parenting for Lifelong Health (PLH) is an open-access programme targeting parenting practices and adolescent health. The FLOURISH study is adapting and evaluating PLH for Parents and Teens with additional adolescent-focused components in North Macedonia and Republic of Moldova to prevent mental health problems and promote wellbeing for adolescents between 10-14 years. We present the adaptation process and process evaluation findings of the pilot study.
Method: The programme was iteratively adapted, with two rounds of advisory group consultations and interviews in both countries. In the pilot, three programme groups were delivered to 64 adolescent-caregiver pairs in North Macedonia and Republic of Moldova (October 2023- January 2024). Fidelity was measured by supervisors through a structured observation assessment tool. Post-programme focus groups were conducted with adolescents, caregivers, and staff, and the transcripts analysed using thematic and framework analysis.
Results: The findings from advisory groups and focus groups confirmed perceived need and relevance of the programme. The programme was generally implemented as intended, with average 80% fidelity to the PLH programme recorded. Facilitators made responsive modifications to some content to make it more acceptable to younger adolescents.
Focus groups suggested that adolescents, parents, and staff found the adapted programme feasible and acceptable. They also suggested further adaptations, e.g., changing order and length of sessions, modifying materials to make them more engaging and age suitable.
Discussion: The pilot findings are being used to inform adaptations for the next phase, the factorial trial with around 720 families, testing different combinations of the programme components, which will be followed by a randomised controlled trial.

12:30

11:00

Parallel session 3A: Child and Youth Wellbeing

Session | **Location:** Virchowweg 9, Innere Medizin/2-403

Description

Chair: Ina Koning

11:00–11:15 (15m) **Association between porn use and adolescent dating violence: a longitudinal study**

Speaker

Alfonso Osorio (Universidad de Navarra)

Description

Authors: Alfonso Osorio (Universidad de Navarra), Aranzazu Albertos (Universidad de Navarra), Maria Calatrava (Universidad de Navarra)

Background: Adolescent dating violence (ADV) is a significant public health and social concern that has gained increasing attention in recent decades. Preventing ADV requires coordinated efforts from families, educators, and policymakers. One potential contributing factor is pornography consumption, which often depicts violent sexual encounters in which women are frequently portrayed as passive or victimized. These representations may normalize aggression and reinforce harmful gender stereotypes, shaping adolescents' beliefs and expectations about romantic and sexual relationships. This study aimed to explore the longitudinal association between pornography use and both the perpetration and victimization of dating violence among adolescents in Spanish-speaking countries.
Methods: A two-wave longitudinal study was conducted with adolescents from Argentina, Mexico, and Spain. At Time 1, participants completed a school-based survey that included items on pornography consumption and experiences of ADV—both as perpetrators and victims. Psychological, physical, and sexual violence were assessed separately. At Time 2, approximately two years later, the same measures were administered. Analyses focused on participants who had reported no ADV at Time 1 to examine the predictive role of pornography use on the onset of ADV at Time 2.
Results: Preliminary findings indicate that boys who consumed pornography at Time 1 were more likely to perpetrate psychological and sexual violence at Time 2. Among girls, pornography use at Time 1 was associated with higher odds of both experiencing and perpetrating psychological and sexual violence.
Discussion: These results suggest that pornography use may be a risk factor for the development of ADV in both boys and girls. Preventive strategies addressing ADV should consider adolescents' exposure to pornography and include critical education about media representations of gender and sexuality.

11:15–11:30 (15m)

Improving the Efficacy of Preventative School Mental Health Services with Decision Making Simulation Tools

Speaker

Nathaniel von der Embse (University of South Florida)

Description

Author: Nathaniel von der Embse (University of South Florida)

Background: Schools experience significant challenges in implementing preventative mental health services due to limited staff capacity, reactive assessment practices, and a persistent research to practice gap. School administrators are often forced to make critical decisions about which interventions to implement while weighing cost, personnel constraints, and evidence for a practice. However, few tools exist that facilitate the use of research evidence within the local context of a school setting. To address these barriers, the ADVICE (Assessment Decision-making and Validating Intervention Cost Effectiveness) system was developed.
Methods: The ADVICE system employs discrete event simulation (DES) to simulate preventative school mental health services by integrating local data (e.g., teacher and interventionist availability) and research evidence (e.g., intervention effect sizes). Users include school parameters such as number of students, start time of intervention, and screening methods. The system models intervention rollout over time, predicting resource utilization, costs, intervention queues, and estimated student outcomes. Treatment effectiveness is expressed using both traditional effect sizes (e.g., Cohen's d) and clinically interpretable metrics such as Number Needed to Treat (NNT).
Results: This presentation will demonstrate several real time ADVICE simulations and how different intervention combinations will influence cost, personnel workload, and student outcomes within a given time frame. Simulations revealed how bottlenecks in classroom interventionist availability could delay services and reduce treatment success.
Discussion: The ADVICE system represents a novel simulation tool that enables school leaders to compare intervention decisions before implementation. By integrating research evidence with local resource constraints, the system enhances the contextual relevance of school-based prevention strategies. The ADVICE system holds promise in democratizing evidence-based practice in schools by making research more usable and actionable for decision-makers. Future directions include refinement of simulation parameters, expanded intervention libraries, and integration with real-time school data systems.

11:30–11:45 (15m)

Development of national guidelines 'Healthy Screen Use' for parents

Speaker

Ina M. Koning (VU Amsterdam)

Description

Authors: Ina M. Koning (VU Amsterdam), Helen Vossen, Hilde Brons

The use of screens are integrated in our lives, particularly in those of youth. Many parents are struggling with the supervision and guidance of their kids' screen use. We have developed national guidelines 'Healthy Screen Use' for parents in co-creation with practice organisations and scientists. First, desk-research was conducted to inventarise (inter)national guidelines provided. Second, a three-step rapid Delphi study was conducted among representatives of practice organisations and Dutch scholars. Guidelines from the first phase were rated on relevance and feasibility in practice by practitioners and on level of evidence by scholars. This resulted in an overview of publicly shared guidelines 'Healthy Screen Use' that will be implemented by the practice organisations, supported by the Dutch government.

11:45–12:00 (15m)

Engagement and acceptability of the Positive Choices whole-school sexual health intervention among secondary school students in England

Speakers

Rebecca Meiksin, Dr Ruth Ponsford

Description

Authors: Rebecca Meiksin, Ruth Ponsford, Veena Muraleetharan, Josephine McAllister, Alison Hadley, GJ Melendez-Torres, Maria Lohan, Catherine Mercer, Honor Young, Rona Campbell, Karin Coyle, Steve Morris, Elizabeth Allen, Chris Bonell

Background: Young people in the UK are at disproportionate risk of STIs and experience high rates of adolescent pregnancy and dating violence. Effects of classroom-only relationships and sex education are inconsistent, but emerging evidence suggests that a 'whole-school' approach might be more effective. We conducted the first study of student acceptability and engagement of a whole-school sexual health intervention for secondary schools in England.
Methods: Intervention schools within a fifty-school randomised controlled trial delivered Positive Choices. This two-year intervention comprised year-9 and year-10 lessons, a student-staff School Health Promotion Council and additional whole-school components. Purposively sampling by involvement, gender and ethnicity, we invited intervention-school students focus group discussions (FGDs) each year. We transcribed and thematically analysed FGD data.
Results: We conducted 40 FGDs across 19 schools involving 135-150 per year. Accounts suggest that students found lessons acceptable and thought RSE was important in schools but were dissatisfied where teachers did not seem comfortable with, knowledgeable about or committed to lessons. Classroom discussions were the most valued and enjoyable aspect of the programme. These allowed students to express themselves and learn from others, particularly across genders. Where teachers curtailed discussion, this undermined acceptability and engagement. In some schools, limited space for exploring critical viewpoints could undermine boys' participation. Boys could also feel targeted or blamed when they felt lessons framed males in a primarily negative light. When well-implemented by staff, whole-school elements were acceptable and valued by students involved. However, overall awareness of these was low.
Discussion: Our study suggests that Positive Choices was acceptable to students and that classroom discussions were particularly engaging. Whole-school elements were acceptable but required strong staff leadership. Lessons should be delivered by expert staff who are committed to sex education, prepared to foster an open and non-judgmental environment and skilled in facilitating sensitive discussions.

12:00–12:15 (15m)

Universal, Inclusive, Effective? Advancing School Mental Health with Trauma-Sensitive Strategies for Refugee Students in German Classrooms

Speaker

Gino Casale (University of Wuppertal)

Description

Author: Gino Casale (University of Wuppertal)

Background: Students with refugee backgrounds frequently experience psychosocial stress due to traumatic events before and during migration, elevating their risk for developing mental health issues (Carter & Blanch, 2019). Emotion regulation competencies and supportive peer relationships, however, can significantly mitigate trauma-related psychological distress (Demir et al., 2020; Fazel et al., 2012). Addressing this need, the TRAILS project, funded by the German Ministry of Education and Research (BMBF), developed a trauma-sensitive diagnostic and intervention framework specifically tailored to inclusive secondary school classrooms, informed by a comprehensive needs analysis involving students, teachers, and parents.
Method: A quasi-experimental design with a waiting-control group was employed, involving 540 students (intervention group: n = 233, including 70 refugee students; control group: n = 307, including 90 refugee students) from grades 5 to 8 in North Rhine-Westphalia, Germany. The 12-week intervention comprised weekly sessions incorporating: a) teacher-administered screenings for trauma-related behaviors, b) structured cognitive-behavioral small-group support for students, and c) professional development training for teachers.
Results: Results are mixed and indicate partially significant improvements in trauma-related classroom behaviors, emotional regulation, psychosocial well-being, and perceptions of classroom climate in intervention groups compared to controls across pre-, post-, and follow-up measurements. Teacher characteristics and implementation fidelity partially moderated intervention effectiveness, highlighting the necessity of ongoing professional support and training.
Discussion: The findings underscore the importance and efficacy of universal trauma-sensitive strategies in inclusive school contexts. The discussion will focus on practical implications for implementing and sustaining trauma-informed practices, emphasizing the critical role educators play in supporting vulnerable student populations.

12:15–12:30 (15m)

The Protective Power of Program Implementation Quality in Family-Focused Programming For Youth With Multiple Risks: An Example From The PROSPER Project in the US

Speaker

Damon Jones (Penn State)

Description

Authors: Damon Jones (Penn State), Patrick O'Neill (Penn State), Sarah Chilenski (Penn State), Yoon Hur (Penn State)

Background: Programming to prevent behavioral problems can effectively build youth skills and delay substance use for adolescents. Among children facing greater risks, delivery of effective prevention programming is essential. While higher implementation quality typically supports more positive outcomes, an important question is whether it differentially affects outcomes across youth. The PROSPER prevention system used a coalition approach in rural regions of Iowa and Pennsylvania (US) to support implementation of community-selected evidence-based programs. This study examined the potential differential impact of the family-focused programming on substance use outcomes based on initial risk levels.
Methods: Outcomes measured when participants were in ninth grade included lifetime, past-month, and past-year use of various substances, along with indices for gateway and illicit substance use. Three measures of family-focused program implementation quality were also assessed: (1) adherence, (2) facilitation quality, and (3) group participation. Multi-level analysis was used to examine the effect of implementation quality at the community level as a moderator in the relationship between a child's risk status at baseline and substance use at the individual level.
Results: Results showed that higher implementation quality significantly associated with lower substance use for students with high levels of initial risk. Notably, high implementation quality significantly reduced the substance initiation index for at-risk students ($p < .05$). Similar results were also found related to the initiation of marijuana and cigarette use, as well as with alcohol consumption in the past month.
Discussion: These results confirm the importance of implementation quality for evidence-based programs, especially for youth with multiple risk factors in sixth grade. These findings extend prior research, as our results highlight the critical role of implementation quality factors beyond adherence. Discussion will focus on the importance of implementation quality and why different factors of implementation quality may be of greater or lesser importance for higher-risk youth.

12:30

11:00

Symposium 3A: Engagement across the prevention continuum: Definitions, promoters, and effects of parent engagement in preventive interventions

Session | **Location:** Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

11:00–12:30 (1h 30m)

Symposium 3A: Engagement across the prevention continuum: Definitions, promoters, and effects of parent engagement in preventive interventions

Speakers

Dr Carlie J. Sloan (Arizona State University), Dr Elizabeth Stormshak (University of Oregon), Dr Joanna J. Kim (Arizona State University), Lindsey H. Rosenthal (Arizona State University)

Location

Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

Description

Authors: Carlie J. Sloan (Arizona State University), Elizabeth Stormshak (University of Oregon), Joanna J. Kim (Arizona State University), Lindsey H. Rosenthal (Arizona State University), Haylie M. Schramm (University of Colorado Boulder), Jordyn M. Richard (University of Colorado Boulder), Laney Karpel (Arizona State University), Leslie Leve (University of Oregon), Liana Cass (University of Colorado Boulder), Mary Kuckertz (Arizona State University), Nancy A. Gonzales (Arizona State University), Nivedha Jayaprakash (University of Colorado Boulder), Tamar Kodish (University of Colorado Boulder)
Chair: Carlie J. Sloan
Discussant: Joanna J. Kim

Background: Participant engagement is key for the success of preventive interventions. Yet, engagement research is complicated by 1) ambiguous definitions of engagement (Staudt, 2007), 2) a dearth of effective strategies for promoting engagement (Ingoldsby, 2010), and 3) the emergence of digital modalities (e.g., mobile apps) in which the dimensions and effects of engagement are not well understood (Breitenstein et al., 2014).
Aims: This symposium will address gaps in engagement research by contributing to definitions of engagement, understanding how to promote engagement, and determining the role of engagement in the effectiveness of digital health interventions. We explore these themes in the context of caregiver engagement in preventive interventions. This interdisciplinary symposium brings together themes from psychology, family sciences, digital health, and dissemination and implementation science.
Presentations: The first presentation examines the ways caregiver engagement is operationalized across youth suicide prevention programs in a meta-analysis. Results highlight the diversity of conceptualizations even among interventions with specific shared goals. The second presentation uses a qualitative approach to characterize parent-generated promoters of one component of engagement—home practice—in a universal family-based prevention program. Parents strategies for engagement covered several dimensions, and they can be useful for informing engagement-promoting interventions. The third presentation explores engagement within four clinical trials of a digital family-based intervention. Time spent using the intervention tool was associated with greater parent and youth positive outcomes, suggesting a dosage effect. Families characterized by greater risk were more likely to engage with the intervention, adding to a growing body of literature supporting the viability of digital interventions for families with diverse needs.
Discussion: Our presentations span the prevention continuum from universal to indicated, as well as representing different phases of the research-to-practice continuum, from efficacy trials to widespread community implementations. Following the presentations, discussant Dr. Joanna Kim will summarize findings across the three studies, highlighting areas of similarities (e.g., operationalization of parent engagement) and places of divergence as a means to understand how to optimize parent engagement for improved preventive effects.

ABSTRACT 1
Examining caregiver involvement and engagement in adolescent suicide prevention programs: Preliminary results of a scoping review

Lindsey H. Rosenthal (Arizona State University), Laney Karpel (Arizona State University), Tamar Kodish (University of Colorado Boulder), Liana Cass (University of Colorado Boulder), Nivedha Jayaprakash (University of Colorado Boulder), Jordyn M. Richard (University of Colorado Boulder), Haylie M. Schramm (University of Colorado Boulder), Joanna J. Kim (Arizona State University)

Background: Suicide is a significant public health issue and is currently the third leading cause of death among 15-29-year-olds (WHO, 2025). Suicide prevention programs that involve caregivers or trusted adults appear to be the most effective (Asarnow & Mehlum, 2019). However, the nature of caregiver involvement within adolescent suicide prevention programs is unclear. This scoping review aims to (1) determine the types of caregiver involvement, (2) determine operationalizations of engagement, and (3) describe rates of engagement.
Methods: Searches were conducted across PsychInfo, PubMed, and SCOPUS, identifying 7,345 independent records. Each record was double-screened through the title/abstract and full text screening processes with rater agreements of 96.1% and 87.7%, respectively. Inclusion criteria included discussion of a suicide prevention intervention for youth aged 11-25, engagement data, caregiver involvement, suicide-related outcomes, and peer-review publication status. Records were ineligible if they featured a review or meta-analysis, addressed non-suicidal self-injury only, or exclusively examined pharmacological therapies.
Results: Thirty-two empirical articles met criteria and were included in this review. Caregiver involvement included sharing safety plans with caregivers, caregiver psychoeducation groups, family skills training, and family therapy. Engagement was operationalized in a variety of ways, ranging from reporting intervention completion rates and number of sessions attended to caregiver-reported program satisfaction and acceptability. Nearly all studies (90.25%) presented program drop-out data with an average attrition rate of 16.32%; Half of included studies reported on caregiver session attendance rates, reporting mean number of sessions attended or completion rates per each session in the intervention protocol; 14 studies (43.75%) reported caregiver program satisfaction data or acceptability ratings.
Discussion: Preliminary findings demonstrate variability in the types of caregiver involvement featured in youth suicide prevention programs as well as how caregiver engagement is operationalized. Implications for different types of caregiver involvement and their association with intervention effectiveness will be discussed.

ABSTRACT 2
Parent-generated promoters of home practice engagement: A novel classification framework and applications in a family-based prevention program

Carlie J. Sloan (Arizona State University), Joanna J. Kim (Arizona State University), Mary Kuckertz (Arizona State University), Lindsey H. Rosenthal (Arizona State University), Nancy A. Gonzales (Arizona State University)

Background: Skill uptake in behavior change interventions requires in situ practice outside of sessions (i.e., home practice). Research suggests on average half of parents in intervention programs do not complete assigned home practice (Chacko et al., 2016), limiting the impact and durability of programs. This study aimed to identify promoters of parents' home practice engagement within Bridges, a substance use prevention program for families of adolescents.
Methods: Participants were 305 parents (261 families) participating in Bridges with their adolescent. Parents were encouraged to practice specific skills each week. Parents responded each week to the open-ended item, "What would help you get over your difficulty using [skill name]," using a written worksheet. The item was repeated for seven skills, yielding in 943 responses.
Results: Our qualitative analysis found that parent-identified promoters of home practice fell on three dimensions: from internal to observable, personal to relational, and stopping/removing behaviors to doing more of/adding behaviors. This framework guided our classification of responses into discrete categories. Example categories include Planning (e.g., "Setting a time to do it"), Removing Distractions (e.g., "Turn off the TV"), using Reminder Strategies (e.g., "Create a reminder on my planner and phone"), and Parent Attunement either to their adolescents' needs (e.g., "Pay more attention to her") or to their own emotions (e.g., "Stay more focused").
Discussion: Parents' perceptions of promoters of home practice ranged from internal to observable, personal to relational, and stopping a behavior to doing more of a behavior. The generalizability of this framework to other programs—and to promoters outside of those for home practice—should be evaluated. Furthermore, it is important to determine whether the promoters identified here translate into effective intervention strategies for enhancing engagement in behavioral training programs. This is a critical next step toward improving the impact of evidence-based prevention programs.

ABSTRACT 3
Engaging parents in digital health tools to support behavioral health in children

Elizabeth Stormshak (University of Oregon), Leslie Leve (University of Oregon)

Background: Our research focuses on embedding family-centered prevention and intervention in schools and community health agencies to support child mental health and behavior. To date, we have examined outcomes of the Family Check-Up Online, an evidence-based digital tool, on parenting skills and mental health across 4 distinct clinical trials, but we have not yet integrated findings across these trials to examine how engagement in the digital app improves outcomes.
Methods: Participants across 4 clinical trials included N = 1,120 parents who were predominantly low-income, resided in both rural and urban areas of the U.S., and had a range of risk factors. Families were randomly assigned to treatment (the Family Check-Up Online) or control. Engagement data was collected via the digital tool, and included data such as time on the app, number of visits, and number of modules visited.
Results: Across the clinical trials random assignment to the FCU-O intervention led to improved parenting skills, which in turn predicted lower rates of mental health symptoms in youth. Engagement with the app ranged from 88 to 110 minutes. The average number of visits to the app ranged from 5-10, with high levels of provider support and app usage linked to higher levels of risk (e.g., children with greater behavioral concerns), and subsequent greater reductions in targeted outcomes.
Discussion: The results provide support for the Family Check-Up Online as a viable tool for preventing mental health problems. Parents who spent more time on the app were more likely to have greater risks, such as family stress, parent depression, or concerns about their children's behavior. Engagement with the app predicted greater outcomes for at-risk families across the 4 different studies.

12:30

11:00

Symposium 3B: Evaluating Interventions for Youth Offending, Violence and Criminal Exploitation in the UK.

Session | **Location:** Virchowweg 9, Innere Medizin/2-402

11:00–12:30 (1h 30m)

Symposium 3B: Evaluating Interventions for Youth Offending, Violence and Criminal Exploitation in the UK.

Speakers

Dr Anita Mehay (City St George's, University of London), Dr Charlotte Lennox (University of Manchester), Ms Helen Downham (Institute of Lifecourse Development, University of Greenwich, UK), Ms Leandra Box (Race Equality Foundaton), Nick Axford (University of Plymouth, UK), Dr Sajid Humayun (Institute of Lifecourse Development, University of Greenwich, UK)

Location

Virchowweg 9, Innere Medizin/2-402

Description

Authors: Anita Mehay (City St George's, University of London), Charlotte Lennox (University of Manchester), Darrick Jolliffe (Royal Holloway, University of London), Helen Downham (Institute of Lifecourse Development, University of Greenwich, UK), Leandra Box (Race Equality Foundaton), Nick Axford (University of Plymouth, UK), Sajid Humayun (Institute of Lifecourse Development, University of Greenwich, UK), Aile Trumm, Claire Fox, Claire Monks, Cordis Bright Team, Finlay Green, Jo Deakin, Karen Cleaver, Karl Hill (University of Colorado), Kim Turner, Lesley-Anne Carter, Prathiba Chitsabesan, Richard G Watt, Salford Foundation Team, Tim Weaver, Tom Jefford
Chair: Sajid Humayun
Discussant: Karl G. Hill

Background: Serious youth violence and offending remains a pressing concern, due to the harm to young people (YP) and other victims and costs to society. Furthermore, despite reductions in crime over the last few decades, recent data suggests serious violence affecting YP is increasing. Whilst a number of promising intervention approaches exist, establishing evidence of their effectiveness remains a challenge. The Youth Endowment Fund (YEF) was established as a What Works Centre in 2019, with the aim of preventing children and young people becoming involved in violence. This symposium presents emerging findings from four YEF funded evaluation studies and addresses overarching issues of measuring outcomes in youth offending and violence trials.
Methods: We report on four projects and present a paper on measurement challenges shared across them: i) establishing the feasibility of evaluating Strengthening Families, Strengthening Communities: Safer Lives parenting programme, an adaptation of an established parenting programme for YP at high risk of violence; ii) a pilot randomised controlled trial (RCT) (and subsequent efficacy trial) of a creative writing programme in a Young Offender Institution; iii) a feasibility study, pilot RCT and efficacy RCT of Functional Family Therapy for Child Criminal Exploitation and drug crime; iv) a mentoring programme for YP who have associations with peers or family members involved in serious violence, organised crime or gangs.
Results: We report on challenges to establishing referral pathways and recruitment, acceptability of intervention approaches and of randomised evaluation designs, and measuring primary outcomes, in particular youth offending and violence.
Discussion: In combination, the studies described provide valuable data on implementing evaluation studies of interventions for preventing or reducing youth violence, offending and criminal exploitation and make a significant contribution to prevention science research.

ABSTRACT 1
Practical and ethical challenges in engaging parents and young people: a study of the SFSC: Safer Lives Parenting Programme

Anita Mehay (City St George's, University of London), Aile Trumm, Tim Weaver, Richard G Watt, Leandra Box (Race Equality Foundaton)

Background: Parents and carers play a crucial role in young people's lives. Parenting practices, discipline styles, and community connectedness are important factors associated with youth violence. Parenting programmes can work to reduce the risks and promote protective family factors, but robust evaluations are lacking and fraught with practical and ethical challenges. The SFSC: Safer Lives parenting programme, led by the Race Equality Foundation, works with groups of parents of at-risk youth to enhance parent-child relationships and strengthen family links to their community. This study explores the programme's reach and acceptability, and pertinent issues for a future evaluation.
Methods: This mixed-methods study included two programmes delivered through Youth Offending Teams (YOTs). Parents of young people in contact with the YOTs were referred to the programmes and young people were asked to complete outcome measures with a researcher. Data was collected through focus groups with parents and interviews with facilitators.
Results: Twelve parents were recruited but referrals were lower than expected despite high caseloads. Building trust at first contact was crucial to avoid blame and stigma. Parents found the programme highly acceptable and effective, but attendance varied (7.5 sessions out of 13) due to parents' busy and often chaotic lives. Of the young people, 11 out of 12 completed the baseline and eight completed the follow up measures. Researchers' responsiveness and flexibility, along with leveraging trusted networks, proved effective. However, significant challenges arose when young people had very strained relationships with parents/carers and YOTs. Young people raised concerns about offending outcome measures, which were seen as direct and stigmatising.
Discussion: The SFSC: Safer Lives programme has the potential to reduce youth violence by addressing risks and promoting protective family factors. Future evaluations should be carefully codeveloped with parents and young people, with sufficient time and resources for robust and non-stigmatising research practices.

ABSTRACT 2
Using a creative writing programme (New Chapters) to improve behavioural difficulties for young people in prison: A randomised controlled trial

Charlotte Lennox (University of Manchester), Lesley-Anne Carter, Jo Deakin, Claire Monks, Kim Turner, Prathiba Chitsabesan

Background: Behavioural difficulties are rising within the Children and Young People's Secure Estate (CYPSE) in the UK, yet there is limited evidence on effective interventions. Randomised Controlled Trials (RCTs) in prisons are complex, often with high attrition rates and challenges in selecting appropriate outcome measures. A recent review found that arts-based interventions may improve wellbeing, self-perception, creativity, and relationships. However, robust quantitative evaluations are lacking. The National Literacy Trust delivers New Chapters, a group-based creative writing programme over 12 sessions. This research is funded by the Youth Endowment Fund (YEF) and aims to assess whether New Chapters can reduce behavioural difficulties.
Methods: This is a two-arm, individual RCT comparing New Chapters plus Business As Usual (BAU) to BAU alone. A total of 375 young people will be randomised across five recruitment sites. The primary outcome is the Strengths and Difficulties Questionnaire. An internal pilot will report in December 2025 and, if criteria are met, the study will proceed to full trial. A mixed-method Implementation Process Evaluation (IPE) will explore barriers and facilitators to delivering New Chapters, and whether implementation success or failure affects outcomes.
Results: Recruitment began in November 2024 but has been slower than expected, with only 18 participants randomised as of April 2025. An update on recruitment, pilot criteria assessment, and initial IPE analysis will be presented.
Discussion: Several changes to eligibility and delivery have been made during the pilot to increase participant availability. However, a major barrier remains the current prison context and limited opportunities for young people to mix. In addition, there have been challenges implementing an efficacy trial (a requirement of the funder), rather than a pragmatic trial, which are often more suitable for a prison environment.

ABSTRACT 3
A feasibility and pilot study and efficacy randomised controlled trial of Functional Family Therapy-Extra Familial Harm for Child Criminal Exploitation and County Lines Drug Network Involvement

Sajid Humayun (Institute of Lifecourse Development, University of Greenwich, UK), Helen Downham (Institute of Lifecourse Development, University of Greenwich, UK), Claire Monks, Darrick Jolliffe (Royal Holloway, University of London), Karen Cleaver, Tom Jefford

Background: County Lines Drug Networks (CLDNs) involve the transportation of primarily class A drugs from urban to rural areas and are subsumed under the broader definition of child criminal exploitation (CCE) and extra-familial harm (EFH). Vulnerable young people (YP) are exploited in order to transport, store and distribute drugs and are also likely to be coerced into engaging in other criminal activities. Evidence of effective practice for tackling CLDNs/CCE is rare. Functional Family Therapy (FFT) has demonstrated efficacy in reducing gang involvement in a US study and is therefore a promising approach. Here, we report on a UK evaluation of FFT which, to the best of our knowledge, is the first randomised trial for any intervention to reduce CCE.
Methods: In collaboration with our delivery partners, Family Psychology Mutual (FPM), we completed a feasibility and pilot study and are conducting an efficacy trial of FFT across three London sites. A total of 288 YP will be recruited and followed up at 6 and 12 months post-randomisation. The primary outcome is Self-Reported Delinquency and secondary outcomes include CCE and conduct problems. We are also undertaking a further IPE as part of the trial.
Results: The feasibility study demonstrated acceptance of a randomised design by social workers. The pilot study randomised 45 YP and caregivers and demonstrated the feasibility of the randomised design and some positive treatment effects but identified challenges to capturing outcome data. The efficacy trial is close to completing the recruitment phase and 6 month and 12 month assessments are ongoing.
Discussion: Identifying and capturing primary outcome data has been a significant challenge and our solutions to this will be described. Whilst the study has recruited relatively well, ensuring adequate referral numbers to meet the target sample size has been difficult and required close collaboration with sites and FPM.

ABSTRACT 4
Measuring outcomes in interventions to prevent youth crime and violence: challenges and potential solutions

Sajid Humayun (Institute of Lifecourse Development, University of Greenwich, UK), Finlay Green, Helen Downham (Institute of Lifecourse Development, University of Greenwich, UK), Nick Axford (University of Plymouth, UK)

Background: There is a clear imperative to prevent youth crime and violence owing to the significant social and economic costs for individuals involved and wider society. A considerable evidence base for 'what works' in this space exists but gaps remain. To address these, it is necessary to evaluate the effectiveness of preventive interventions.
Methods: We draw on the literature and our experience as evaluators to discuss challenges and potential solutions regarding outcome selection and measurement when evaluating preventive interventions.
Results: We argue that outcome selection should be informed by a robust theory of change, and that for interventions to prevent youth crime and violence this will normally mean focusing on non-crime/violence outcomes, particularly those known to be causally related to crime and violence. While recognising the advantages of youth self-report measures of crime and violence, we identify challenges with this approach and potential adverse effects on participants' engagement in the intervention and the quantity and quality of data they provide. For instance, young people may find questions stigmatising and choose not to answer or provide inaccurate answers. We consider alternative self-report options that may address such issues. We also discuss using administrative data on youth crime and violence in evaluations and the practical, scientific and ethical issues this raises. For example, such data may be partial and hard to access or interpret.
Discussion: While measurement challenges can partially be addressed, we suggest that currently evaluations of preventive interventions should mostly focus on intermediate outcomes with a known causal link to crime and violence. The impact on crime and violence can be tracked longer-term using administrative data accessed via an archive, notwithstanding limitations of that approach. Meanwhile, it is essential to test the feasibility and acceptability of alternative approaches to measuring youth crime and violence in evaluations of preventive interventions and to share the learning.

12:30

11:45

Campfire 3B: Building Sustainable Prevention Systems: Navigating CTC Implementation Across European Contexts

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

11:45–12:30 (45m)

Campfire 3B: Building Sustainable Prevention Systems: Navigating CTC Implementation Across European Contexts

Speaker
Vivien Voit (FINDER e.V.)

Location
Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

Description

Authors: Vivien Voit (FINDER e.V.), Birgitta Månsson (Swedish Institute for Applied Prevention Science), Epp Kerge (National Institute for Health Development), Frederick Groeger-Roth (Ministry of Justice Lower Saxony), Katrin Hayn (FINDER e.V.), Margaret Kuklinski (University of Washington, Social Development Research Group), Nicole Eisenberg (University of Washington, Social Development Research Group), Triin Vilms (National Institute for Health Development)

Have you encountered challenges implementing evidence-based prevention in your setting? Are you curious about how different European countries adapt international frameworks to local contexts? This campfire session explores the practical realities of implementing Communities That Care (CTC) across European settings.
CTC—a community-based prevention system developed in the USA—has gained traction in several European countries. The framework isn't a one-size-fits-all programme but a strategic process that guides communities to develop individualised prevention action plans based on their local needs. Using data-driven approaches to identify local risk and protective factors, CTC enables communities to select and implement evidence-based interventions that address their unique prevention priorities. But how does this localised strategic approach translate to diverse European welfare systems, organisational structures, and cultural contexts?
During this session, we will share findings from recent German focus group interviews exploring key barriers and facilitators to CTC implementation. These insights provide a foundation for understanding common implementation challenges.
Prevention experts from Sweden, Estonia and Germany will briefly highlight their distinctive adaptation approaches. We also include perspectives from the University of Washington Center for Communities that Care, where CTC was originally developed, based on their experience providing training and technical assistance for international adaptations and implementation.
The heart of our session invites you to join a collaborative discussion around key questions like:
● What common challenges have you encountered in implementing prevention frameworks?
● What structures in your setting support or hinder sustainable prevention efforts?
● What creative solutions have you found for maintaining stakeholder engagement?
● How can we align our efforts to build a common agenda for CTC in Europe?
Whether you are actively implementing CTC, working with other prevention frameworks, or simply interested in community-based prevention, your perspective enriches this discussion.

12:30

12:30

Lunch break 3

Break | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

13:30

12:30

Posters day 2

Session | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

12:30–13:30 (1h)

Parenting with psychosis: An exploration of the parenting practices of parents with psychotic disorders

Speaker

Lynsey Gregg (The University of Manchester)

Description

Author: Lynsey Gregg (The University of Manchester)

Objectives: Parental psychosis poses challenges for families but tailored support for parents and their children remains limited. Few studies have explored the day-to-day parenting practices of parents with psychosis in depth, and none have qualitatively compared their parenting to that of parents without serious mental illness (SMI). This study compared accounts from parents with psychosis to accounts from parents without SMI to explore daily parenting practices and identify areas for targeted support.
Design and Methods: Semi-structured qualitative interviews were used to explore the daily reality of child-rearing in 20 parents with non-affective psychosis and 20 parents without serious mental illness. Data were analysed thematically using Template Analysis.
Results: Three *a priori* themes were deductively generated from an established parenting model: *Positive authoritative parenting, Negative authoritarian parenting, and Permissive/avoidant parenting.* Both groups of parents used positive parenting strategies well, but challenges such as stress and fatigue made it difficult for parents in both groups to maintain this approach consistently. Parents with psychosis were more likely to utilise authoritarian and permissive and avoidant parenting styles due to feeling overwhelmed, subsequently accompanied by feelings of guilt which may in turn, impact their mental health.
Conclusions: The present study adds novel insights into how additional challenges such as positive symptoms and fatigue can affect the parenting behaviours of parents with psychosis resulting in greater use of maladaptive parenting practices. Evidence-based parenting courses
and utilisation of family-focused approaches within services are recommended for families affected by parental psychosis to prevent poor outcomes for parents and their children.

12:30–13:30 (1h)

Beyond Income: Transitions in Material Hardship and Suicidal Behaviour Risk in Korea

Speaker

Mx Soohyun Kang (National Health Insurance Services Ilsan Hospital)

Description

Authors: Soohyun Kang (National Health Insurance Services Ilsan Hospital), Selin Kim (Health Insurance Review&Assessment Service), Eun-Cheol Park (Yonsei University)

Background: Material hardship (MH)—encompassing difficulties with food, housing, paying utility bills, medical care, finances, and education—is a multidimensional socio-economic indicator to identify the struggles that low-income households encounter. This study aimed to examine MH's effect on suicidal behaviour among South Korea's adult population.
Methods: We used wave 7 to 12 (2012-2017) panel data collected by the Korea Welfare Panel Study, and the total number of baseline participants were 9,736. Based on year-to-year changes in MH responses, participants were classified into four transition groups: No→No, No→Yes, Yes→No, and Yes→Yes. Suicidal behaviour was measured using questionnaires about suicidal ideation, plan, and attempt in the past year. The association between these MH transitions and suicidal behaviour was analysed with generalised estimating equation models, reporting exponentiated β-coefficients (exp [β]).
Result: Males who continually experienced MH had a higher risk of suicidal behaviour [exp(β), 2.72; 95% Confidential incidence (CI), 2.05–3.61] than those who never experienced MH. The male MH No→Yes and Yes→No groups were also significantly associated. Among female participants, those who recently experienced MH had the highest risk [exp(β), 2.62; 95% CI, 2.12–3.24]. Males who had continually or newly experienced financial hardship had a significantly increased risk, while food and housing hardships posed a significant risk among females.
Discussion: Transitions into—and persistence of—material hardship is markedly associated with an increased risk of suicidal behaviour, with gender-specific hardship domains. Suicide-prevention programmes in Korea, which now target mainly older adults and the low-income bracket, should broaden outreach by using local indicators of hardship—such as arrears in utility or phone bills, residence in substandard housing, and households receiving child-meal vouchers—to identify and engage at-risk residents more effectively.

12:30–13:30 (1h)

Effectiveness of the Botvin High School LifeSkills Training intervention on adolescent substance use: A cluster randomized trial across two U.S. states

Speaker

Dr Christine Steeger (University of Colorado Boulder)

Description

Authors: Christine Steeger (University of Colorado Boulder), Katie Massey Combs (University of Colorado Boulder), Sophia Zaugg (University of Colorado Boulder), Karl Hill (University of Colorado Boulder)

Background: Concerns about the rise in adolescent vaping and cannabis use highlight the need for effective substance use prevention programs. Botvin LifeSkills Training (LST) has a strong evidence base at the middle school level for preventing or reducing tobacco use and related problems. A high school version of LST has been developed but not sufficiently tested in experimental trials, despite wide implementation across the U.S. This study evaluated the high school version of LST in a large-scale cluster randomized trial.
Methods: Fifty U.S. high schools (n=2,375 students) in Colorado and Ohio were randomized to either the 10-session, teacher-led intervention group (n=29 schools, n=1,324 students) or business-as-usual control group (n=21 schools, n=1,151 students). Two cohorts of 9th and 10th grade students completed self-report surveys at pretest, posttest, 1-year follow-up, and 21-month follow-up. Primary outcomes were past 30-day tobacco use and past 30-day cannabis use. Secondary outcomes were attitudes, other substance use, psychosocial behaviors, academic grades, and intermediate outcomes (mechanisms) targeted by the intervention. Intent-to-treat analyses used multilevel modeling to estimate intervention effects on outcomes across assessment points.
Results: At 1-year-follow up, there were significant intervention effects on two intermediate variables, greater decision making and advertising resistance. At 21-month follow-up, additional significant intervention effects were found on intermediate outcomes, including greater decision making, anxiety reduction, emotion regulation, communication, assertiveness, and perceived harm of substances for intervention versus control group participants. However, there were no significant intervention effects on any primary or secondary behavioral outcomes at any follow-up assessments.
Discussion: This large-scale, independent evaluation found significant intervention effects on several mechanisms targeted by the intervention, but null effects on all behavioral outcomes. Results are considered in the context of LST program characteristics, developmental trends in substance use behaviors, and conducting intervention research during the COVID-19 pandemic.

12:30–13:30 (1h)

Hopelessness in Youth: A Supervised Machine Learning Classification Approach to Identify Risk Factors

Speaker

Accacia Russell (Florida International University)

Description

Authors: Accacia Russell (Florida International University), Catalina Cañizares (Florida International University), Marc Macgowan (Florida International University)

Feelings of hopelessness in adolescents are consistently associated with mental health outcomes such as depression and suicidality (suicide ideation and suicide attempts). Hopelessness has been added to the DSM and research has demonstrated that prominent levels of hopelessness, hopelessness despite treatment, or a co-occurring diagnosis of depression, have been predictors of suicide. As a result, hopelessness is considered within risk-factor guidelines and integrated into structured suicide-risk assessments. However, hopelessness has acquired secondary consideration in literature and research exploring risk factors that increase the likelihood of adolescents feeling hopeless is scarce. The current study aims to fill this gap by exploring the effect of intra and interpersonal risk and protective factors on adolescents' hopelessness.

12:30–13:30 (1h)

Prevention in the University Context: Evolution of Knowledge and Attitudes Towards Addictions

Speaker

Dr Federico Leguizamo (University of the Balearic Islands - Health Research Institute of the Balearic Islands (IdISBa))

Description

Authors: Gerard Verges Granados (Plan Nacional Sobre Drogas (PNSD)), Antonia Martín Perdíz (University of the Balearic Islands), Federico Leguizamo (University of the Balearic Islands - Health Research Institute of the Balearic Islands (IdISBa)), Liana Abrao Romera (Universidade Federal do Espirito Santo), Mireia Guillem Solà (University of the Balearic Islands), Patricia García-Pazo (University of the Balearic Islands- Health Research Institute of the Balearic Islands (IdISBa))

Introduction: Substance use among university students represents a serious public health concern. This study evaluated the impact of the "TU PUNTO" program, an educational intervention designed to promote healthy habits and prevent addictive behaviors among first-year Nursing students at the University of the Balearic Islands.
Methods:A longitudinal design applied an ad-hoc online questionnaire administered pre-intervention, immediately post-intervention, and at a three-month follow-up. The instrument assessed knowledge about addictions, risk perception, consumption behaviors, preventive strategies, and personal attitudes. The intervention involved a dynamic, participatory four-hour seminar integrated into an academic course. Participation was voluntary, anonymous, and based on implicit consent. The analysis plan includes: 1) a cross-sectional descriptive analysis of the total available sample (N=138 pre-test; N=44 post-test) to characterize cohort knowledge and attitudes and explore pre-post group differences; and 2) a repeated measures analysis on the subsample with matched pre- and post-intervention data to assess individual changes attributable to the program.
Results: It is hypothesized that the "TU PUNTO" intervention will significantly increase students' knowledge about addictions and foster more positive preventive attitudes, particularly evident in the repeated measures analysis.
Discussion: This research aims to provide crucial evidence on the effectiveness of preventive interventions integrated into the university curriculum and to inform the development of future health promotion strategies within this setting. Preliminary results show a significant relationship between the knowledge about addictions and the responses in consumption behaviors and risk perceptions.

12:30–13:30 (1h)

Building Foundations for Lifelong Prevention: Integrating Family- and School-Based Drug Use Prevention in Burkina Faso

Speaker

Ali Yassine (Associate Drug Control and Crime Prevention Officer)

Description

Authors: Anselme Simeon Sanou (UNODC), Karen Peters (UNODC), Wadih Maalouf (United Nations Office on Drugs and Crime)

Background: In settings where structural or systemic barriers to service delivery exist as is the case in certain parts of Burkina Faso, where access to treatment services and prevention infrastructure remains limited, scalable, evidence-based prevention is critical. To address these gaps, the United Nations Office on Drugs and Crime (UNODC) is supporting a coordinated approach to prevention that begins at home and continues through the school system. This poster presents the implementation and evaluation of two complementary programmes: Strong Families, a family-based intervention for caregivers and children aged 8–15, and Lions Quest, a school-based social-emotional learning and life skills programme for primary and secondary students.
Methods: Between 2023 and 2024, the Strong Families programme was implemented with 82 families across multiple sites in Burkina Faso. Families participated in structured sessions aimed at strengthening parenting skills, communication, and child resilience. Pre-, post-, and 6-week follow-up evaluations were conducted using the Family Demographic Questionnaire (FDQ), Parenting and Family Adjustment Scales (PAFAS), Strengths and Difficulties Questionnaire (SDQ), and Child and Youth Resilience Measure (CYRM-R).
In parallel, preparations began for national rollout of Lions Quest programmes: Skills for Growing (new to Burkina Faso) and Skills for Action (previously introduced in some schools). Manual adaptation, school selection, and teacher training are scheduled for 2025, alongside the development of a feasibility and outcome evaluation framework.
Results: Preliminary data from Strong Families show statistically significant improvements in child behaviour, parenting practices, and resilience indicators across all measurement tools and time points. The rollout of Lions Quest represents the next step in sustaining these gains through structured, school-based learning environments.
Discussion: Burkina Faso's prevention strategy illustrates the value of aligning interventions across developmental stages—from the family to the classroom. The integration of Strong Families and Lions Quest offers a scalable, evidence-based model for building lifelong protective factors and addressing drug use risk at multiple ecological levels. Continued inter-sectoral collaboration and rigorous evaluation will be key to embedding this approach into national systems.

12:30–13:30 (1h)

How personality-targeted Interventions lead to long-term protection against Substance Use Disorders Outcomes: A mediated moderation analysis

Speaker

Patricia Conrod (Université de Montreal)

Description

Author: Patricia Conrod (Université de Montreal)

Background: The selective drug and alcohol prevention program, PreVenture, was recently shown to reduce long-term risk for Substance Use Disorders (SUDs) among youth reporting personality risk factors for substance misuse. This study investigates the intermediate change processes that mediate the five-year SUD outcomes using a mediated moderation analytic approach.
Methods: The CoVenture Trial (NCT01655615) is a cluster randomized trial involving 31 secondary high schools from the greater Montreal area agreeing to conduct annual health behaviour surveys for five years on the entire 7th Grade cohort of assenting students enrolled at the school in 2012 or 2013. Half of all schools were randomly assigned to be trained and assisted in the delivery of the personality-targeted PreVenture® program to all eligible 7th grade participants.
The intervention consisted of a brief (2-session) group cognitive behavioural intervention that is delivered in a personality-matched fashion to youth who report elevated scores on one of four personality traits linked to early onset substance misuse: impulsivity, sensation seeking, anxiety sensitivity, or hopelessness.
Restuls: Mixed effects multi-level Bayesian models were used to estimate the effect of the intervention on the year-by-year change in probability of SUD. To test mediated moderation, we calculated significance of indirect effects using a Monte Carlo method. Mediators evaluated were short-term reductions in personality risk, alcohol, cannabis, tobacco, substance use norms, and mental health symptoms. Long-term protection appeared to be achieved through a combination of small intervention effects on cognitive-behavioural processes, earlier onset substance use, and social norms.
Conclusions: This study reveals how personality-targeted interventions might protect against longer-term development of SUD through short-term changes in cognition and behaviour.

National Clinical Trials Registry: NCT01655615, https://clinicaltrials.gov/study/NCT01655615

12:30–13:30 (1h)

From Evidence to Impact: A Learning Health System Approach to Scaling an Evidence-based Prevention Program

Speakers

Alicia Hamilton (CHUSJ), Kelly Mohan (CHU Sainte-Justine Mother and Child Hospital - Azrieli Research Centre)

Description

Authors: Alicia Hamilton (CHUSJ), Kelly Mohan (CHU Sainte-Justine Mother and Child Hospital - Azrieli Research Centre)

Background: Designed to equip high-risk adolescents with effective coping strategies, the PreVenture Program uses cognitive-behavioural techniques tailored to four personality traits associated with elevated risk for substance use and mental health challenges. Delivered in a series of structured group sessions, the program helps young people recognize their emotional and behavioural patterns and develop practical tools to manage them. In multiple published randomized trials, PreVenture has been shown to significantly delay and reduce alcohol and drug use, as well as prevent the onset of substance use disorders throughout the high school years. It has also demonstrated a significant impact on reducing symptoms of anxiety and depression. To date, more than 2,500 professionals have been trained to deliver the program, reaching over 30,000 students in diverse international settings.
Methods: This study evaluates program implementation using a mixed-methods framework grounded in a proprietary Learning Health System. The evaluation integrates data from four core components: training feedback, a Program Implementation Fidelity Assessment (PIFA), implementation feedback, and student feedback. This dynamic feedback approach enables ongoing quality monitoring and timely improvements, while also informing the scalability and overall effectiveness of the intervention.
Results: Across a range of settings, the program has demonstrated strong feasibility and high acceptability. Between 70–85% of youth participants rated the program positively, with a comparable proportion reporting that they acquired valuable cognitive-behavioural skills. Additionally, Training feedback indicates high levels of acceptability and satisfaction.
Discussion: These results illustrate the feasibility of scaling an evidence-based intervention while maintaining fidelity, acceptability, and effectiveness. Leveraging a Learning Health System allows for continuous, data-driven quality assurance and adaptation. The PreVenture model offers a promising framework for scaling up prevention programs globally and enhancing population-level outcomes in youth mental health and substance use prevention.

12:30–13:30 (1h)

E-Cigarette Use Among Young Adults, Dual Use, and its Risks Factors

Speaker

Mr Garry Prentice (Dublin Business School)

Description

Authors: Garry Prentice (Dublin Business School), Margarita Ordoñez Andrade (Dublin Business School)

Background: Despite the idea that e-cigarettes can help to quit smoking and are less harmful, all forms of tobacco use are harmful, and there is no safe level of exposure to tobacco. The purpose of this study was to examine the effect of stress, coping methods, smoking, access, and social influence on e-cigarette use.
Methods: From April to July 2024, 145 adults from 33 different countries completed an internet-based 51-item survey that included 10 items to assess their dependence on e-cigarettes. The sample was predominantly female (64.5%, n=91) with an average age of 31.33 (SD=10.005). Trends were identified using descriptive and multivariate statistical tests.
Results: Results found that a total of 48.2% of respondents had used e-cigarettes at least once, from which 19.9% (n=28) were active users.. Dependence scores ranged from not dependent to moderate, and dual-use was reported by half of e-cigarette users. A multivariate analysis revealed e-cigarette users were more likely to be young adults, have denial as a coping method and have high social influence.
Discussion: The study provided considerations for the urgent e-cigarette regulation as well as for the development of e-cigarette quit programmes.

12:30–13:30 (1h)

Sirens and Substances: What Ambulance Data Reveals About Youth Drug Trends

Speaker

Kira Watson (Scottish Ambulance Service)

Description

Authors: Kira Watson (Scottish Ambulance Service) Suzie Gallagher (Scottish Ambulance Service)
Presenter/Corresponding author: Kira Watson

Background: This poster describes an audit carried out on drug-related incidents attended by the Scottish Ambulance Service between 2022 and 2025 involving young people aged 12-25.
There are currently limited data measures specifically exploring young people's drug use and the resultant harms in Scotland. Decision makers, Alcohol and Drug Partnerships (ADPs) and local services often rely on anecdotal information when responding to changes in drug market trends and drug use behaviours amongst under 25s.
Methods: The findings of this audit are reported through both qualitative and quantitative analysis of data held by SAS which includes aggregate information from electronic patient records (ePRs), calls logged by our Ambulance Control Centre (ACC). 14,586 incidents were extracted for analysis presenting a mix of intentional and accidental overdoses involving medicines and controlled drugs. Intentional overdoses and self-poisonings are not presented in this poster which focuses on incidents involving controlled drugs.
Results: SAS holds data on ambulance attendance for drug-related incidents across Scotland. This data includes information on age, location, presenting complaint and substances affecting condition. Exploration of this data offers a unique insight into the impact of drug-related harm on the Scottish Ambulance Service and changes in drug prevalence over time. The results show clear dominance of certain drugs being reported in incidents of harm and levels of polydrug use.
Discussion: Insights into young people's drug use and the resultant harms are widely sought after within the UK and internationally. This audit has provided insights into the nature of drug-related harm affecting young people in Scotland and the prevalence of different drugs. Results from this audit will help inform SAS' contribution to drug education and prevention approaches in addition to further expansion of the [TRUST campaign][1] which was designed to encourage young people to avoid delay in phoning 999 in a drug-related emergency.

12:30–13:30 (1h)

The Effectiveness of a Swedish Parenting Intervention in Preventing Child Abuse and Improving Child Well-Being

Speaker

Livia Van Leuven (Karolinska institutet)

Description

Authors: Livia Van Leuven (Karolinska institutet), Maria Lalouni (Karolinska institutet), Martin Forster (Karolinska institutet), Pia Enebrink (Karolinska institutet)

Background: Child abuse affects millions of children world-wide with long-lasting health consequences. Preventing repeated child abuse have the impact to prevent mental illness throughout lifetime. Parenting programs based on social learning theory are an evidence-based prevention strategy. However, effects often diminish over time and few trials have assessed effects over more than one year, particularly for families where child abuse is suspected. This study assessed effects of a parent training program intended to be offered early after a child abuse report in a non-stigmatizing way (the Safer Kids program) across 2.5 years.
Methods: Families (N = 112) were randomized to Safer Kids or intervention as usual in Swedish child welfare services. Self-rated measurements on the risk for child abuse and child well-being were collected, as well as official reports of child abuse.
Findings: Although the proportion of families reported again (18% vs 25%) were not statistically different between groups, families receiving Safer Kids had fewer number of child abuse reports at 2.5 year follow-up. There was also a tendency on the self-rated risk for child abuse and a significant group difference for child well-being favoring Safer Kids. Safer Kids had high completion rates (98%) and strong satisfaction. Additionally, 25 of 26 sites had continued using the program.
Interpretation: A brief, early, non-accusatory parenting program showed promise in preventing the risk for further child abuse and maintaining improvements in child well-being. Without long-term follow-up, which is rare in the field, preventive effects would have gone unnoticed. The study points to the potential impact of reducing time from report to intervention in child abuse prevention.

12:30–13:30 (1h)

Making Sense of Belonging: Understanding the Predictors of Recently Arrived Adolescents' Sense of Societal Belonging to the Swedish Society

Speakers

Mrs Amanda Nilsson, Linnéa Wihlborg

Description

Authors: Amanda Nilsson, Linnéa Wihlborg, Metin Özdemir (Örebro University)

Background: Experiencing a sense of belonging is considered a fundamental human need, and its fulfillment is closely linked to several positive adjustment outcomes such as self-esteem, psychological well-being, low levels of symptoms and behavioral problems among youth. Yet, youth with immigration background, particularly the recently arrived youth, often struggle to feel connected to important contexts in the host society such as school as well as to the larger society. Despite its significance, earlier research has largely overlooked how societal belonging can be achieved in this group. To address this gap, the current study aimed to address two questions. First, we examined whether the way recently arrived youth view the larger social context was linked to their sense of societal belonging. Second, we examined if acculturation motivations could mediate the link between views of the society and sense of societal belonging.
Method: The sample included recently resettled immigrant adolescents in grades 7 through 9 (n = 233; $Mage$=15.40, 44% males) who arrived in Sweden after 2015. Mediation models were fitted to test the research questions.
Results: The results suggested that adolescents who held a positive view of the society displayed higher level of motivation to integrate into the Swedish society. In turn, higher levels of integration motivation positively predicted sense of societal belongingness, b indirect =.09, 95% CI: .03, .16. On the contrary, neither motivation to assimilate nor separate significantly mediated the association between how youth view the society and their sense of societal belongingness.
Discussion: These findings highlight the importance of holding a positive view about how much the society is welcoming and appreciating the presence of immigrants. A positive view of the larger context may motivate young people to develop greater motivation to embrace values and norms of the host society while maintaining their heritage culture, which in turn, may foster their sense of belongingness. These results have implications for interventions aimed at promoting successful integration among recently arrived immigrant youth.

12:30–13:30 (1h)

Differential impacts of universal school-based social-emotional learning interventions

Speaker

Suzanne Hamilton (University of Manchester)

Description

Authors: Suzanne Hamilton (University of Manchester), Annie O'Brien (The University of Manchester), Jan Boehnke (University of Dundee), Neil Humphrey (University of Manchester), Pamela Qualter (University of Manchester)

Background: the mental health of young people is a global concern, with approximately 1 in 6 five-to sixteen-year-olds reporting mental health difficulties. Universal school-based (USB) social-emotional learning (SEL) interventions are an effective public health strategy for promotion and prevention. However, universal programs target all individuals with the same content, regardless of level of difficulties or risk, neglecting the wide heterogeneity within the population. Although there is increased focus on differential effectiveness, results from subgroup analyses within USB SEL trials are mixed. There is no clear understanding of how intervention effectiveness, and potential harm, varies across a population. This PhD project aims to address this problem.
Methods: first, using qualitative methods, teachers' beliefs about the differential effectiveness of a USB SEL intervention were explored. Data from semi-structured interviews were analysed using thematic framework analysis. This informed the focus of a systematic scoping review of the methodologies of USB SEL trials investigating differential effects for subgroups.
Results: the framework analysis indicated that teachers believe some children benefit more and less than others. Teachers' beliefs about groups may influence their perceptions of need and implementation quality. The scoping review identified that research focuses on differential impact between boys and girls, and children with SEND are a neglected group. Further, subgroup analyses are not always conducted in a credible or useful way: less than 10% of studies preregistered subgroup analyses, trials are often underpowered, many do not provide a theoretical rationale for their analyses, and some employ within-group rather than between-group comparisons.
Discussion: greater consideration of neuro- and cultural-diversity is needed when designing and implementing USB SEL interventions, to allow youth from all backgrounds the opportunity to benefit. Preplanning of subgroup analyses before trial recruitment to ensure adequate sample sizes, consistent reporting of student characteristics, and more credible analyses are needed.

12:30–13:30 (1h)

Expanding the capacity of university workforce in Africa and Asia for substance use prevention through digital training

Speaker

Mrs Aisha Saddiqua (Charles University, Prague, Czech Republic)

Description

Authors: Aisha Saddiqua (Charles University, Prague, Czech Republic), Muhammad Zunnurain

Background: The education sector, particularly universities, plays a crucial role in the implementation of preventive initiatives. To participate in effective evidence-based prevention programs, educators at universities must undergo professional training. Colombo Plan's Universal Prevention Curriculum (UPC) attempts to bridge the gap between the scientific knowledge of substance use prevention and its implementation in universities. This study intends to train university professionals for the UPC core course on the key concepts of prevention intervention through digital approach, followed by a learning outcome assessment. This course was offered to university educators from low- and middle-income countries of Africa & Asia; fifty participants from six countries and twelve universities attended the program. CP-DAP accredited Global Master Trainers conducted the training.
Method: Using the Zoom platform, ten online face-to-face synchronous sessions spanning three hours were held for each group of twenty-five. The assessment was based on a standardized pre- and posttest with 20 multiple-choice items. After six months, a follow-up on the integration plan was conducted.
Results: All of the fifty participants completed pretest, posttest and submitted their integration plan. Subjects demonstrated a significant improvement in post-test scores. After six months, a follow-up on the integration plan was conducted, indicating that prevention knowledge was improved significantly.
Discussion: The findings emphasis the importance of prevention training for professional growth and the implementation of prevention programs at universities. These findings are equally relevant to university instructors, emphasizing the importance of prevention trainings in order to develop the workforce.

12:30–13:30 (1h)

Project overview: ‘’Digital platform for secondary school teachers on adolescent risk behaviours’’

Speaker

Katarina Serdar Čerpnjak

Description

Authors: Katarina Serdar Čerpnjak, Matea Belošević (Senior Research and Teaching Assistant), Martina Ferić (Full professor)

This poster presents the ERASMUS+ project “Digital Platform for Secondary School Teachers on Adolescent Risk Behaviours” (2023–2026), which addresses the evident need across Europe to improve the competences of secondary school teachers and provide them with tools to prevent risk behaviours in adolescents. A needs assessment carried out in 302 secondary schools in 26 EU countries found that 60.30% of teachers had never received training on this topic, while 33.59% of those who had received training felt it was insufficient. To address this need, the project has developed a digital platform that provides comprehensive online training on adolescent development, prevention science and evidence-based approaches. Besides the online course, the platform provides structured and user-friendly tools for implementing evidence-based prevention strategies in schools, as well as a collection of best practices and policy recommendations. Key features of the platform include its innovative approach — an AI-powered online tool — and a strong emphasis on inclusivity. The first version has been developed, tested in five countries and refined based on extensive feedback from teachers. The final platform will be released in six languages (English, Slovenian, Croatian, Spanish, Lithuanian and Danish) in February 2026. The project aims to involve 10,000 secondary school teachers within two years of its launch, significantly improving their skills in the field of risk behaviour prevention among young people across the EU. The detailed project results will be presented in the poster session.

12:30–13:30 (1h)

Harmonising Growth: The role of music education in promoting positive youth development

Speakers

Ms Lana Juranić (Music School „Elly Bašić“), Prof. Martina Ferić (University of Zagreb Faculty of Education and Rehabilitation Sciences)

Description

Authors: Lana Juranić (Music School „Elly Bašić“), Martina Ferić (University of Zagreb Faculty of Education and Rehabilitation Sciences), Radojka Sućeska Ligutić (Music School „Elly Bašić“), Daniela Noll (Music School „Elly Bašić“)

Introduction: There is growing evidence of the positive influence of music education on the emotional, social and cognitive development of young people. Studies show that music education supports the development of social-emotional skills (e.g. Porter et al., 2017), self-confidence and self-discipline (e.g. Zapata & Hargreaves, 2018), coping mechanisms (e.g. Knoerl et al., 2022), social bonding and sense of belonging (e.g. Li Chen, 2023) and can reduce risk behaviour in adolescents (e.g. Rawlings & Young, 2021). The aim of this study was to investigate the contribution of music education to different dimensions of positive youth development (PYD), taking gender and age into account. PYD was conceptualised through five dimensions: confidence, competence, character, caring and connection.
Methods: The participants were adolescents aged 14–19 years (N = 542; 65.3% female), 59.7% of whom attended a music school. Data were collected using a standardised PYD questionnaire. Music school attendance served as the main predictor, while gender and age served as covariates. The analyses were conducted with SPSS, using MANCOVA to test the multivariate effects and hierarchical regression analyses for each dimension separately.
Results: The MANCOVA showed a significant multivariate effect of music education on the PYD dimensions (Wilks' $\lambda = .956$; $F(5,435) = 3.960$; $p = .002$). Univariate ANOVAs showed significant effects on confidence ($p = .006$), competence ($p = .032$), and connection ($p < .001$), with near-significant effects for character ($p = .051$) and caring ($p = .063$). Hierarchical regressions showed significant contributions for all dimensions, strongest for connection ($\Delta R^2 = .039$, $p < .001$).
Discussion: The results emphasise the important role of music education in promoting multiple facets of positive youth development. The integration of structured music programmes into the education system may be a strategic approach to promote the holistic development of adolescents in a broader educational and community context.

12:30–13:30 (1h)

Parental Competencies for Positive Parenting and Their Measurement: A Systematic Review

Speaker

Lucía Jiménez (University of Seville)

Description

Authors: Lucía Jiménez (University of Seville), Bárbara Lorence (University of Seville), Victoria Hidalgo (University of Seville), Anna Jean Grasmeijer (University of Huelva)

Background: While the relevance of parental competencies is unanimously recognized in terms of both family assessment and intervention, there is no clear and agreed framework about the dimensions that integrate this construct. The complexity of the concept and the lack of consensus in relation to the dimensions that comprise it is evident in the diversity observed in its assessment. In this framework, a systematic review was carried out with two objectives: to analyze the strategies and tools most commonly used in the assessment of parental competencies; and to identify the dimensions used in the assessment of this construct.
Methods: The identification, description, and analysis of the instruments for the evaluation of parental competencies were carried out following PRISMA recommendations. The initial protocol developed for this systematic review was registered on the Open Science Framework and further updated up to 2023. The databases selected were APA PsycInfo and Medline. This study involved the initial review of a total of 10,030 studies published in journals with periodical publications in English, Spanish, or Dutch (without restrictions on the date of publication). Finally, a total of 151 studies were considered for data extraction.
Results: A wide variety of instruments (n = 214) were identified to assess parental competencies, including self-administered scales and surveys, interviews, and observational tools. A content analysis of the subscales included in these instruments allowed to identify domains at the interpersonal, family-system, and personal levels. This systematic review shows that there are no instruments that assess all parenting domains jointly, demonstrating the scarcity of a theoretical conceptualization of the parental competencies construct.
Discussion: This review highlights the need for multidimensional and comprehensive parental competencies instruments and a theoretical model of parental competencies from a plural, multidimensional, contextual, dynamic, and positive perspective of parenting.

12:30–13:30 (1h)

Child-to-Parent Violence: Key Elements for Awareness, Prevention, and Intervention from the Perspective of Experts

Speaker

Lucía Jiménez (University of Seville)

Description

Authors: Lucía Jiménez (University of Seville), Shirley Arias-Rivera (Universidad Loyola Andalucía), Bárbara Lorence (University of Seville), Victoria Hidalgo (University of Seville), Sofía Baena (Universidad Loyola Andalucía)

Background: Child-to-Parent Violence is an increasingly prevalent issue that poses significant challenges for community, educational, health, justice, and protection services. Despite its complexity, there is limited systematization of the key components necessary for a comprehensive response. This study aimed to identify, reach consensus on, and prioritize fundamental elements for universal (awareness-raising), selective, and indicated prevention of Child-to-Parent Violence, based on the experience of professionals with expertise in the field.
Methods: A qualitative methodology was employed using the focus group technique, involving 18 experts selected for their professional and research backgrounds in clinical, educational, judicial, and community settings. Two structured sessions—one online and one in person—were conducted to facilitate collective deliberation and consensus-building. Thematic analysis of the discussions led to the development of a set of agreed-upon guidelines, which were subsequently validated through follow-up communications with the expert group.
Results: The findings highlighted, on the one hand, key elements common to all types of interventions addressing Child-to-Parent Violence, such as the importance of intersectoral cooperation and networking, ongoing professional training, and the development of appropriate identification and referral protocols to improve families' access to support services. On the other hand, specific (elements were identified for each of the three levels of prevention, varying according to the characteristics of the target populations, the content addressed, and the nature of the interventions.
Discussion: These findings provide a valuable foundation for the development of public policies, training programs, and coordinated actions to address Child-to-Parent Violence, underscoring the value of expert knowledge as a complement to empirical research.

12:30–13:30 (1h)

The Influence of the Neighbourhood and School Environment on Adolescent Wellbeing and Mental Health: A Scoping Review and Implications for Mental Health and Wellbeing Prevention Strategies

Speaker

Kathryn Mills-Webb (University of Manchester)

Description

Authors: Kathryn Mills-Webb (University of Manchester), Emma Thornton (University of Manchester), Michael Wigelsworth (University of Manchester), Neil Humphrey (The University of Manchester)

Background: This paper shares preliminary findings from a scoping review exploring what is known about the influence of school and neighbourhood environments on adolescent mental health and wellbeing. Framed within a social determinants of health model, this review investigates how social, cultural, economic, and physical conditions shape mental health outcomes and drive inequalities. While existing evidence demonstrates the impact of certain aspects of the school and neighbourhood environments, most research has focused on psychopathology. Few studies address the full mental health continuum or consider the interdependence of different environments. These knowledge gaps hinder the development of effective strategies to prevent mental health difficulties and promote wellbeing.
Methods: This review follows Joanna Briggs Institute guidelines. The protocol is registered on the Open Science Framework (https://osf.io/3sxm8/). Six databases spanning education, psychology, public health, and healthcare were searched in April 2024: ERIC, Education Database, PsycINFO, Web of Science, PubMed, and Global Health. Title and abstract screening is complete. Full-text screening and data extraction is underway. Extracted data will include environmental context, mental health and wellbeing variables, study design, level of analysis, key findings, and causal pathways tested.
Results: 52,246 records were retrieved, with 27,177 duplicates removed, leaving 25,069 studies for title and abstract screening. Of these, 1,696 are undergoing full text review. Data extraction and analysis will follow. Findings will map evidence – and gaps - about school and neighbourhood factors associated with mental health and wellbeing and their relative influence.
Discussion: This review will generate insights to inform prevention efforts targeting the environments where adolescents live and learn, supporting the development of evidence-based, intersectoral policies to prevent mental health difficulties and promote wellbeing. This aligns with government priorities around the world to address health inequalities arising from social determinants. By identifying gaps in the evidence base, the review will also guide future research priorities.

12:30–13:30 (1h)

Overcoming barriers for implementation of indicative preventive interventions in municipalities: The ECHO study

Speaker

Simon-Peter Neumer (RBUP)

Description

Authors: Simon-Peter Neumer (RBUP), Joshua Patras (RBUP), Frode Adolfsen (RKBU Nord), Lene-Mari Rasmussen (RKBU Nord), Jo Magne Ingul (RKBU Midt), Kristin Ytreland (RKBU Midt), Ida Mari Haug (RKBU Nord), Carina Lisøy (RBUP), Kristin Martinsen (UiO)

Background: Barriers encountered when providing Evidence Based Interventions (EBI) in practice are well known, especially for indicated interventions in municipalities. These are due to the lack of systematic procedures for screening, limited access to EBIs, and shortage of resources for training and regular supervision of the staff. In addition, services with their own procedures (i.e., school, municipality, mental health) need to collaborate in order to work with this population.
Methods: The ECHO study (https://echo.r-bup.no/no), evaluated the original vs the hybrid versions of an indicative preventive intervention for children with emotional problems, and the use of a measurement feedback system (MFS) applying a 2x2x2 cluster randomized factorial design. The study involved 58 schools and N = 633 8–12 year-old primary school children across Norway.
The aim of the ECHO MFS was to support assessment and interventions related to emotional problems using feedback for service providers, thus optimizing the performance of services. MFS is free of charge and available and can be combined with various interventions.
Results: During the study phase 180 group leaders in interdisciplinary teams conducted combinations of interventions in 8 experimental conditions with N= 633 children. Selected results will present how barriers were overcome during the study phase in the indicative intervention.
Discussion: Despite the implementation of the interventions during the study, the continuous use of Emotion and the MFS in regular municipal services is challenging. It will be interesting to follow real world uptake of these interventions in the future.

12:30–13:30 (1h)

Child Sexual Abuse and Women's Reproductive Health: Findings from a National Longitudinal Study

Speaker

Luciana Assini Meytin (Johns Hopkins University)

Description

Authors: Luciana Assini Meytin (Johns Hopkins University), Kerry Green (University of Maryland), Yi Sun (Johns Hopkins University), Elizabeth Letourneau (Johns Hopkins University)

Background: One in four girls will experience sexual abuse before the age of 18. While the ubiquity of reproductive health problems among women survivors of CSA is well-documented, the epidemiology of reproductive health problems specifically associated with childhood sexual trauma remains understudied. In this study, we aimed to estimate the association between CSA and women's reproductive health outcomes.
Methods: This study is a secondary data analysis of the U.S.-based National Longitudinal Study of Adolescent to Adult Health (Add Health), a nationally representative cohort of adolescents recruited from grades 7–12 (1994–1995) and prospectively followed across five waves of data collection. The most recent data collection occurred when participants were, on average, 38 years old (2016–2018; N = 6,197 women). We used bivariate and multivariate regression models to test the association between CSA and impaired fecundity (difficulty getting or remaining pregnant), pregnancy complications (high blood pressure, preeclampsia, and diabetes during gestation), and preterm delivery.
Results: In our study sample, 25% of women experienced CSA. In adjusted models, our preliminary findings showed that, compared to women who did not experience CSA, survivors of CSA were more likely to report impaired fecundity (AOR = 1.37, $p < .001$), preeclampsia (AOR = 1.46, $p < .001$), and diabetes during gestation (AOR = 1.24, $p = .036$). The association between CSA and preterm delivery was not statistically significant.
Discussion: While CSA victimization is a widespread public health problem, particularly among girls, much remains to be understood about its association with adverse reproductive outcomes. These findings can inform preventive strategies aimed at mitigating reproductive health sequelae in women who survive CSA and at fostering positive reproductive health outcomes among all women, including those who have endured sexual trauma in childhood.

12:30–13:30 (1h)

An alternative strategy for the development, testing, and dissemination of a program for parents and teachers in Central America: The Miles de Manos collaborative

Speakers

Charles Martinez (The University of Texas at Austin), Dr J. Mark Eddy (The University of Texas at Austin)

Description

Authors: Charles Martinez (The University of Texas at Austin), J. Mark Eddy (The University of Texas at Austin)

Background: While much attention in prevention science has been directed towards identifying “best practice” programs, little attention has been placed on identifying the best processes needed for carrying out the work of implementing such programs on a day-to-day basis in real-world community settings. As the field continues to attempt to transport prevention programs developed largely in controlled laboratory settings to communities, many questions persist about the requirements for the adaptation of such programs for use with specific populations. Some researchers suggest that community or culturally specific adaptations of evidence-based programs may increase both the saliency of the intervention program and the likelihood that families and individuals will participate and complete that program. Others note that there is little evidence of the superiority of culturally specific prevention programs and suggest that adaptations may unduly jeopardize both the fidelity and the efficacy of a “proven” program. Although the tension in the field persists about how to balance the demands of maintaining fidelity to so called “core components” of programs while responding to culturally specific needs of diverse communities, some evidence has amassed from individual studies and from meta-analyses, and the fundamental question “Should programs be adapted in at least some ways to respond to local needs and assets?” appears to be increasingly answered in the affirmative. Left almost fully unresolved, however, are numerous complex questions about how to ensure that processes related to the effective cultural adaptation and implementation of adapted prevention programs are identified, and that once so, are disseminated.
Method: We discuss the process used to develop and test an evidence-informed program created by Central Americans, for Central Americans, in collaboration with our research team. A wide variety of evidence-based prevention programs influenced the program, including the Linking the Interests of Families and Teachers program, Parent Management Training (PMT), Nuestras Familias, PBIS, and Communities That Care. The initial work was funded by GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH), and included intensive rounds of intervention development, including the conduct of multiple pilot studies in multiple locales across four countries. The work continues through a randomized controlled trial (funded by the US National Institutes of Health) that is in progress in Honduras.
Results: Experiences from this unique, international team approach to intervention development will be discussed, and the to date results of the RCT will be discussed.
Conclusions: The cultural adaptation and community engagement processes used in developing and testing Miles de Manos show promise for prevention science around the world. The strengths and weaknesses of the model will be discussed and suggestions will be made for future work.

12:30–13:30 (1h)

Prevention of Mental Health Problems Among Social Workers Through Strengthening Self-Efficacy and Emotion Regulation

Speaker

Nikol Bogdan (Faculty of Law Osijek)

Description

Authors: Nikol Bogdan (Faculty of Law Osijek), Dinka Caha (Faculty of Law Osijek)
Presenter/Corresponding author: Nikol Bogdan

Background. Professionals in helping professions constitute a particularly high-risk group for the development of mental health problems. Among these, social workers are especially vulnerable, with numerous studies indicating a heightened risk of mental health issues compared to other helping professions. Social workers are regularly exposed to distressing emotions, the traumatic experiences of clients, and, at time, their colleagues. Consequently, identifying factors that may enhance the mental health of social workers is essential for both the promotion of well-being and the prevention of psychological difficulties. The present study aims to determine the contribution of self-efficacy and emotion regulation to depressive symptoms among social workers.

Methods. A total of 256 social workers employed at Regional Offices of the Croatian Institute for Social Work participated in the online survey. Data were collected using the Depression, Anxiety, and Stress Scale (DASS-21), the General Self-Efficacy Scale, and the Emotion Regulation Questionnaire. The data were analysed using regression and mediation analysis, all conducted in JASP program.
Results. The findings indicate that social workers who more frequently use emotional suppression report higher levels of depressive symptoms, whereas those who perceive themselves as more self-efficacious report lower levels of such symptoms. Furthermore, the results suggest a partial mediating effect of emotion regulation in the relationship between self-efficacy and depressive symptoms.
Discussion. In light of these findings, it is crucial to identify and reinforce factors that support the mental health of social workers. The findings underscore the importance of equipping social workers effective emotion regulation strategies to reduce the use of maladaptive strategies such as emotional suppression. Additionally, enhancing self-efficacy emerges as valuable protective factor for preventing mental health problems within this professional group.

12:30–13:30 (1h)

Psychometric properties of the Cyber-aggression and Cyber-victimization Scale (CAV): assessment of factor structure, internal consistency, and measurement invariance

Speaker

Mrs Zuzana Vojtová (The Research Institute of Child Psychology and Pathopsychology (Slovak abbr. VÚDPaP), Cyprichova 42, 831 05, Bratislava, Slovak Republic)

Description

Authors: Zuzana Vojtová (The Research Institute of Child Psychology and Pathopsychology (Slovak abbr. VÚDPaP), Cyprichova 42, 831 05, Bratislava, Slovak Republic), Robert Tomšik (The Research Institute of Child Psychology and Pathopsychology (Slovak abbr. VÚDPaP), Cyprichova 42, 831 05, Bratislava, Slovak Republic)

Background: The aim of this study was to evaluate the psychometric properties of the Cyber-aggression and Cyber-victimization Scale (CAV), developed to assess adolescents' experiences with cyber-aggression and cyber-victimization. The instrument consists of 24 items divided into two subscales: Cyber-aggression (CAV-CB; 12 items) and Cyber-victimization (CAV-CV; 12 items).
Methods: The research sample comprised N = 5,159 adolescents aged 14 to 18 years (M = 16.06; SD = 1.159), with 51.3% boys and 48.7% girls. Confirmatory factor analysis (CFA) was used to assess the factor structure, employing the DWLS method with robust corrections and evaluating standard goodness-of-fit indices. The analysis supported a two-factor model: χ^2 (251) = 530.064; p < .001; CFI = .993; TLI = .992; $RMSEA$ = .016 (90% CI: .014–.018). Measurement invariance was tested across gender and age groups, including configural, metric, scalar, and strict invariance.
Results: Invariance testing results indicated acceptable fit for all models, supporting the comparability of scores across groups. Reliability was assessed using Cronbach's alpha and McDonald's omega, both indicating satisfactory internal consistency (CAV-CB: α = .907, ω = .908; CAV-CV: α = .920, ω = .921). Cyberaggression showed a significant correlation with cybervictimization (r = .687; p < .001), indicating a substantial relationship between the two constructs. Percentile-based cut-off scores were established for both subscales, enabling categorization of adolescents into low, moderate, and high exposure groups. Additionally, the poster presents results of inferential comparisons, showing that adolescents with higher levels of cyber-victimization and cyber-aggression reported significantly higher scores in stress, depression, anxiety, and lower wellbeing.
Discussion: The validated CAV scale provides a foundation for early identification and targeted intervention in school-based prevention efforts.

12:30–13:30 (1h)

Factors influencing the implementation of two nurse-led Hospital Based Violence Prevention Programmes in Wales, UK.

Speaker

Jordan Van Godwin (Cardiff University)

Description

Authors: Jordan Van Godwin (Cardiff University), Megan Hamilton (Cardiff University), Graham Moore (Cardiff University), David O'Reilly (Cardiff and Vale Health Board), Simon Moore (Cardiff University)

Background: Hospital-based violence programmes (HVIPs) are an increasingly popular method to identify and support patients attending Emergency Departments (EDs) due to violence. However, research on HVIP implementation remains limited. The Violence Prevention Teams (VPTs) are novel nurse-led HVIPs situated in two emergency departments in Wales, UK. This abstract presents the factors influencing the implementation of the two VPTs.
Methods: Semi-structured interviews with professional stakeholders (N=49),and documentary analysis (N=46) were conducted. Qualitative data was analysed thematically using NVivo 12.
Results: Barriers and facilitators for implementation were identified across both sites. Barriers included: the need to establish and maintain new patient referral pathways and information sharing processes with multi-agency partners; VPT and wider service operating hours; resource limitations across services including staff shortages, turnover, workload and burden; the short-term funding of VPTs and need to continually seek funding; the changing physical locations of VPTs and increased burden on ED staff through VPT practice (e.g. the referral process). Facilitators included: positive professional perceptions of the VPTs and violence prevention; the VPTs ability to identify patients; VPT staff experience and existing professional relationships, skillset, personality and ability to work in an agile manner; adaptation of the delivery model by VPT staff to improve support for patients and staff; continued engagement and awareness raising with hospital staff; the physical visibility and presence of the VPT staff in the EDs.
Discussion: Factors that supported and constrained the implementation of the novel nurse-led VPTs were identified. VPTs need time to raise awareness of their service and establish multi-agency patient pathways and professional relationships. VPT staff experience, skillset and existing professional networks were key. Similarly, the ability of VPT staff to develop and adapt the service for their local context including, patient and staff need, were vital for implementation. Findings can support ongoing and future HVIP implementation.

12:30–13:30 (1h)

The feasibility of Family UNited – a low threshold parenting program adapted for the use of local civil society organizations in Finland

Speaker

Hanna Heikkilä (The Finnish Association for Substance Abuse Prevention EHYT)

Description

Authors: Hanna Heikkilä (The Finnish Association for Substance Abuse Prevention EHYT), Aala El-Khani (Prevention, Treatment and Rehabilitation Section, Drug Prevention and Health Branch, Division of Operations, United Nations Office on Drugs and Crime (UNODC); Division of Psychology and Mental Health, The University of Manchester), WADIH MAALOUF (UNODC), Karen Peters (UNODC)

Background: The Finnish law on substance use prevention mandates the municipalities to engage CSOs as well as citizens in prevention. The CSO-field in Finland is challenged by a scarcity of evidence-based approaches, while engaging voluntary workforce is increasingly difficult. The national prevention plan calls for parenting skills support, but no universal group-based parenting skills programs are available for the families of school-aged children. In this context, the feasibility of Family UNited (FU), a low-threshold family-skills program, is tested in the Finnish CSO-field, with the support of lay facilitators. FU is being piloted with 7 local CSOs and to date has reached 30 families, with numbers growing, including from cultural minorities and at-risk groups. FU is based on an understanding of positive family coping skills as important protection against developmental vulnerabilities (biopsychosocial-vulnerability-model) and on social learning theory. FU consists of 4 weekly group meetings for caregivers, children and families.
Methods: The feasibility of FU will be assessed using qualitative and quantitative data collected from parents in intervention and waitlist groups. The efficacy on parenting practices and child well-being is assessed using the Strengths and Difficulties Questionnaire and Parent and Family Adjustment Scale, while qualitative interviews add understanding on acceptability and accessibility. Facilitators insights complete assessment and help understand if facilitator's roles support social inclusion among parent/peer-facilitators (Social Inclusion Scale).
Results: Preliminary results will be presented showing fidelity and parents reporting high experienced support, and insights from quantitative data and reflections that FU-groups seem promising in supporting hard-to-reach-families and service referral. Engaging lay facilitators (of all facilitators 18% had relevant degree, 40% other relevant studies, 40% relevant work experience and 27% experience only from voluntary work) seems a feasible dissemination method.
Discussion: FU appears as a promising tool to support families as well as local CSOs with an evidence-based prevention tool.

12:30–13:30 (1h)

Refining an eHealth Enhanced Peer Navigation Intervention to Link Young Adults Surveilled by the US Criminal Legal System to Substance Use and HIV Related Services

Speakers

Dr Emily Dauria (Department of Behavioral and Community Health Sciences, School of Public Health, University of Pittsburgh, Pittsburgh, PA, United States.), Sheridan Sweet (Department of Behavioral and Community Health Sciences, School of Public Health, University of Pittsburgh, Pittsburgh, PA, United States.)

Description

Authors: Sheridan Sweet (Department of Behavioral and Community Health Sciences, School of Public Health, University of Pittsburgh, Pittsburgh, PA, United States.), Emily Dauria (Department of Behavioral and Community Health Sciences, School of Public Health, University of Pittsburgh, Pittsburgh, PA, United States.), Iris Olson (Department of Behavioral and Community Health Sciences, School of Public Health, University of Pittsburgh, Pittsburgh, PA, United States.), James Egan (Department of Behavioral and Community Health Sciences, School of Public Health, University of Pittsburgh, Pittsburgh, PA, United States.), Janet Myers (Division of Prevention Science, Department of Medicine, University of California, San Francisco, CA, United States.), Marina Tolou-Shams (Department of Psychiatry, Zuckerberg San Francisco General Hospital and Trauma Center, University of California, San Francisco, CA, United States.), Martha Shumway (Department of Psychiatry and Behavioral Sciences, School of Medicine, University of California, San Francisco, CA, United States.), Robert Coulter (Department of Behavioral and Community Health Sciences, School of Public Health, University of Pittsburgh, Pittsburgh, PA, United States.)

Background: Young adults surveilled by the US criminal legal system (YA-USCLS) experience disproportionately high rates of substance use (SU) and HIV incidence. Few evidence-based approaches exist to connect YA-USCLS to substance use treatment (SUT) and HIV-related services following detention. Recent US policy shifts have led to increased criminalization of marginalized groups, and reductions in funding for social and health services. This study elicits feedback on an eHealth-enhanced navigator program aimed at improving SU and HIV-related service engagement for YA-USCLS in this shifting landscape.
Methods: We conducted Human Centered Design (HCD) user-testing sessions with substance-using YA-USCLS with HIV vulnerability (proposed n=8; two sessions) and system partners working with YA-USCLS (proposed n=4; one session). Data collection is ongoing. One-hour HCD sessions were conducted via MURAL (collaborative digital whiteboard). Sessions assessed the feasibility and appropriateness of navigation content and elicited feedback on the changing service landscape. Researchers completed debrief forms immediately following each session. Rapid analyses were used to identify common themes to inform intervention refinement.
Results: In response to the shifting service landscape and YA-USCLS needs, system partners and YA-USCLS emphasized the importance of exploring changes in SUT and PrEP availability and insurance payment options. Novel recommendations included incorporating: 1) STI education and testing; 2) How to discuss HIV risk with sexual partners; 3) Fostering a safe environment by incorporating activities alongside difficult conversation topics (e.g., art). System partners identified emergent challenges including: 1) Limited availability of appropriate services (e.g., those that are gender responsive and/or affirming); 2) Increased wait times; 3) Decreased availability of transportation options.
Discussion: Results may improve access to SU and HIV-related services for YA-USCLS. Developing uniquely tailored interventions is particularly important considering the changing socio-political context in the US, where already systemically underserved and multiply marginalized groups are facing increased criminalization and barriers to service access.

12:30–13:30 (1h)

Students' perception of risk and protective factors in the school environment and their reaction to peer violence

Speaker

Matea Belošević (Senior Research and Teaching Assistant)

Description

Authors: Matea Belošević (Senior Research and Teaching Assistant), Katarina Serdar Čerpnjak, Martina Ferić (Full professor)

Background: Although peer violence varies from country to country due to cultural, social and other factors, it is present in all EU Member States and significantly affects youth development. One of the factors that can influence the prevalence of peer violence is how students who witness the peer violence respond to it. This poster presents the study results showing that students' responses to peer violence vary according to their perceptions of risk and protective factors in the school environment.
Methods: The study included a sample of 2,188 students (48.1% female) from 5th to 8th grade of elementary school and 1st to 4th grade of the cities of Samobor and Jastrebarsko, Croatia. The study was conducted in January 2023 as part of the project "Frontline Politeia" (EU program JUST, 2022-2023). The modified version of the CTC youth survey was used. The chi-square test was used to examine how perceptions of school protective factors (opportunities and recognition for prosocial involvement at school) and risk factors (academic failure and low commitment to school) are related to students' response to peer violence.
Results: The results show that elementary and high school students who perceive more opportunities and more recognition for prosocial engagement at school are more likely to try to take action against peer violence. Among elementary school students, those who had not experienced academic failure were more likely to actively respond to violence. Academic failure, however, had no significant effect on the responses of high school students. Commitment to school was not significantly related to students' responses in either group.
Discussion: These findings deepen the knowledge of how school-related factors influence students' behavior in situations of peer violence. They can therefore support the development of evidence-based prevention interventions in schools to prevent peer violence and encourage more active student engagement in tackling peer violence in schools.

12:30–13:30 (1h)

Design thinking and co-creating a logic model for the World Health Organization's SAFER Alcohol Programme at a community level.

Speaker

Sonam Prakashini Banka-Cullen (Trinity College Dublin)

Description

Description

Authors: Sonam Prakashini Banka-Cullen (Trinity College Dublin), Catherine Comiskey (Trinity College Dublin, The University of Dublin), Debra O'Neill (Trinity College Dublin)

Background: The World Health Organization (WHO) launched the alcohol prevention programme called SAFER initiative in 2018. The objective of the initiative is to provide support for Member States in reducing the harmful use of alcohol at a national level. Twelve communities, across Ireland, were identified where the SAFER interventions will be delivered over three years. The stakeholders included Ireland's SAFER implementation and national alcohol steering committees.
Methods: A design thinking workshop was planned to enable all stakeholders to co-create a logic model identifying the key components of the planned programme and to identify key milestones in the project planning. The workshop opened with a Lego Serious Play© exercise. This is known to create a basis for co-creation among diverse participants. It initiates the creative thinking process and a discussion and analysis of objects created which provides an opportunity for sharing. Workshop teams brainstormed on the design of the model using post it notes and a blank model template to focus discussions.
Results: A pen-ultimate draft of the logic model was devised and brought to the national steering committee for their input, after which a final logic model was developed to inform the delivery of the SAFER Alcohol Programme at a community level. As part of the logic model, a baseline online survey was rolled out in the 12 communities. A total of 1,053 participants have completed the survey, the mean age was 38.5 (SD 15.8) and 66% of the participants were female. Most participants have completed third level education (67.5%), are in a relationship (63%) and earn above minimum wage (49.8%).
Discussion: The first ever logic model for the application of the WHO SAFER Programme at a community level can be shared internationally. Survey findings will inform the baseline indicators of harmful use of alcohol at a national level.

12:30–13:30 (1h)

Certification as a Pathway to an Effective Addiction Prevention System in Croatia

Speaker

Ms Josipa-Lovorka Andreić (Head of the Department for Quality and Standards in Addiction Policies, Addiction Policies Division, Croatian Institute of Public Health (CIPH); PhD candidate in Sociology, Faculty of Humanities and Social Sciences, University of Zagreb, Croatia)

Description

Authors: Josipa-Lovorka Andreić (Head of the Department for Quality and Standards in Addiction Policies, Addiction Policies Division, Croatian Institute of Public Health (CIPH); PhD candidate in Sociology, Faculty of Humanities and Social Sciences, University of Zagreb, Croatia), Martina Ferić (Ph.D., full professor, Laboratory for prevention research (PrevLab), Department of Behavioural Disorders, University of Zagreb Faculty of Education and Rehabilitation Sciences), Darko Roviš (Ph.D., Asst. Prof., Teaching Institute for Public Health of the Primorsko-Goranska County; Faculty of Medicine of University of Rijeka)

Background: Efforts to rank addiction prevention projects based on their effectiveness in the Republic of Croatia began in 2016, when the first Committee for the Assessment of the Quality of Drug Demand Reduction Projects was established. Nearly a decade later, for the first time, quality certificates are being issued to addiction prevention programs following the operational launch of the Committee for Quality Evaluation and Certification of Addiction Prevention Projects/Programs established under the Croatian Institute of Public Health. Despite the existence of a national registry of prevention programs, access to evidence-based programs and information on program quality remains limited.
Methods: This paper presents the development of an innovative national certification system for addiction prevention programs (targeting substance use and other addictive behaviour), as a key step towards strengthening the prevention system in line with the National Strategy on Addiction Policy until 2030. It examines the recruitment process and capacity-building efforts for Committee members (including training via the European Prevention Curriculum – EUPC), the development of necessary documentation (forms for project description and project assessment), and the definition of four quality certification levels.
Results: To date, six prevention projects have undergone the certification process and have been classified across various quality levels—from programs "in development" and "promising programs" to those recognized as "in line with evidence-based standards" and fully "evidence-based." These findings highlight the importance of continuing the certification process and establishing a national registry of certified programs to enhance access to effective interventions.
Discussion: Access to this information is essential for national and local policy coordinators, practitioners, and funding bodies, serving as a critical component in building an efficient and evidence-based prevention system. Furthermore, it strengthens the broader prevention continuum by translating scientific evidence into structured, interdisciplinary practice, and improving the integration of policy, research, and implementation.
Key words: addiction; prevention; prevention system; certification; evidence-based programs; program quality; evaluation; capacity building

12:30–13:30 (1h)

Inclusive sexual communication matters in the LGTBQ+ community - a cross-sectional study in Austria, 2024

Speaker

Alina Novacek (Institute for Surveillance and Infectious Disease Epidemiology, Austrian Agency for Health and Food Safety (AGES))

Description

Authors: Alina Novacek (Institute for Surveillance and Infectious Disease Epidemiology, Austrian Agency for Health and Food Safety (AGES)), Alena Chalupka (Institute for Surveillance and Infectious Disease Epidemiology, Austrian Agency for Health and Food Safety (AGES)), Andrea Brunner (Aids Hilfe), Dirk Werber (Institute for Surveillance and Infectious Disease Epidemiology, Austrian Agency for Health and Food Safety (AGES)), Felix Küffel (Institute for Surveillance and Infectious Disease Epidemiology, Austrian Agency for Health and Food Safety (AGES)), Lukas Richter (Institute for Surveillance and Infectious Disease Epidemiology, Austrian Agency for Health and Food Safety (AGES)), Sabine Lex (Aids Hilfe), Vivien Brait (Institute for Surveillance and Infectious Disease Epidemiology, Austrian Agency for Health and Food Safety (AGES)), Ziad El-Khatib (Institute for Surveillance and Infectious Disease Epidemiology, Austrian Agency for Health and Food Safety (AGES))

Background: People from the Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and other gender identities (LGBTQ+) community face higher risk of sexual transmitted infections and human immunodeficiency infection. Open sexual health (SH) communication with healthcare practitioner (HCP), including doctors, nurses, and therapists, is key for prevention and early detection. We identified determinants with patient's willingness to discuss SH and propose strategies to support inclusive, person-centred care in Austria.
Methods: During March-December 2024, we conducted an online cross-sectional survey on SH, targeting primarily LGBQT+ and heterosexual persons, aged >18 residing in Austria. The survey was promoted on social media, email newsletters and via printed leaflets handed out at LGTBQ+ events. We described respondents by demographics; then we used the poisson regression analysis (backward model) to calculate the adjusted prevalence ratios (aPR) and examine associations of multiple determinants with SH discussed with HCP.
Results: Of 553 respondents 252 (45.6%) were female, 244(44.1%) male, 57 (10.3%) other, and 300 (54.3%) were under the age of 34 years. A total of 200 (36.2%) identified as heterosexual, 145 (26.2%) as men having sex with men, 65 (11.8%) as women having sex with women, and 20 (3.6%) as black or people of color. 129 (23.3%) reported talking about their SH with HCP.
In the final model, respondents who reported discussing SH as important were 65% more likely to choose HCP based on their opening to SH topics (aPR 1.65; 95%CI 1.01-2.69), and similarly, those were 23% more likely to engage in SH discussions with HCP perceived as open to SH topics (aPR 1.23; 95%CI 1.12-1.36).
Conclusion: The opening of HCP to discuss SH influences the willingness of patients to engage in SH conversations and provider selection. There is a need for integrating inclusive SH related communication practices into healthcare settings to improve access and reduce barriers, particularly among marginalized populations.

12:30–13:30 (1h)

Classroom Effects of a Preventive Behavioral Management Program: A pragmatic cluster-randomized trial of Good Behavior Game in Sweden

Speaker

Mr Dariush Djamnezhad (Department of Clinical Sciences Lund, Lund Clinical Research on Externalizing and Developmental Psychopathology, Lund University)

Description

Authors: Björn Hofvander (Department of Clinical Sciences Lund, Lund Clinical Research on Externalizing and Developmental Psychopathology, Lund University), Carl Delfin (Department of Clinical Sciences Lund, Evidence-based Forensic Psychiatry, Lund University), Dariush Djamnezhad (Department of Clinical Sciences Lund, Lund Clinical Research on Externalizing and Developmental Psychopathology, Lund University), Martin Bergström (School of Social Work, Lund University)

Background: Good Behavior Game (GBG) is a school-based intervention designed to reduce conduct problems, while increasing on-task behavior and a positive classroom climate. Earlier studies have shown long-term effects in several outcomes, making GBG a promising method of universal prevention. This study evaluates the effectiveness of an adapted version of GBG in a pragmatic, cluster-randomized, parallel group, superiority trial.
Methods: Schools with K-3 students were eligible for recruitment. Five schools were recruited to either receive training in GBG or continue with business-as-usual. Schools were allocated using randomization, stratified by a sociodemographic variable. The outcomes included teacher-rated conduct problems in the classroom (primary outcome) and common school areas, observer-rated on-task behavior, along with both teacher- and observer-rated classroom climate. All 43 classrooms had teacher-rated measures, while a subset of 20 classrooms were randomized to also receive the observer-rated measures. Three points of measurement were used; at the start of school year (pre-intervention), at the middle of the school year (interim follow-up), and at the end of the school year (primary endpoint). All classrooms were included in the analysis using Bayesian mixed effects models.
Results: Conduct problems in the classroom, on-task behavior and classroom climate had effects in the hypothesized direction, favoring the GBG-group. However, there was no effect on conduct problems in common school areas over time. Furthermore, effects for all outcomes were uncertain, as highest posterior density intervals overlapped for the intervention and control group.
Discussion: While the effects are somewhat uncertain, taken together, this study lends tentative support for cross-cultural transportation and adaptation of GBG to a pragmatic context, without major external provision of resources or personnel.

13:30

13:30

Keynote 4 (streamed session): From Evidence to Impact: Advancing School-Based Mental Health Promotion

Session | **Location:** Sauerbruchweg 2, Innere Medizin/2-0 - Hörsaal 22 | **Convener:**
Prof. Tamar Mendelson (Johns Hopkins Bloomberg School of Public Health)

Description

Chair: Samuel Tomczyk

Abstract: A growing evidence base demonstrates the mental health benefits of school-based prevention strategies, but scaling and sustaining these prevention efforts effectively is extremely difficult. This presentation will highlight opportunities and challenges related to embedding mental health-related prevention strategies within schools. Evidence-based approaches at different levels of the prevention continuum will be presented, including ongoing research on RAP Club, a trauma-informed universal intervention to promote mental health across the transition into high school. Best practices for implementation, sustainment, and dissemination will also be discussed, with a focus on the role of research, practice, and policy. In this context, recommendations will be presented for advancing the field of school-based prevention to increase public health impact on young people's mental health.

14:15

14:15 – 14:30

Coffee break 6

Break | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

14:15 – 14:30

Posters day 2

Session | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

14:30 – 15:15

Campfire 4A: Bridging the Gap: Translating Evaluation into School-Based Prevention Practice

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

14:30–15:15 (45m)

Campfire 4A: Bridging the Gap: Translating Evaluation into School-Based Prevention Practice

Speakers

Dr Dominik Röding (Medizinische Hochschule Hannover), Ms Maram Salem (FINDER Akademie)

Location

Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

Description

Authors: Dominik Röding (Medizinische Hochschule Hannover), Maram Salem (FINDER Akademie), Katrin Hayn (FINDER Akademie), Ulla Walter (Medizinische Hochschule Hannover)

Background: Weitblick is a school-based participatory program that empowers German schools to develop data-informed, locally tailored strategies for selecting and implementing evidence-based interventions. This session presents key insights from a large-scale study evaluating the program, with a focus on how continuous formative and process evaluation inform real-time quality assessment and support ongoing optimization of implementation processes.
Methods: The study involved 72 schools across Germany. Annual surveys were conducted to assess key factors influencing the quality of program implementation. The results were analyzed at the individual school level and shared with program practitioners, who engaged with respective school stakeholders to reflect on the insights and collaboratively identify actions for improving ongoing implementation.
Results: The evaluation data revealed considerable variation in school-specific implementation challenges and facilitators. For instance, one school faced issues with an insufficiently goal-oriented steering group, another exhibited low team motivation, while a third school showed limited overall readiness for change. These differentiated insights guided both targeted adaptations at the individual school level and refinements to the overall program design. The use of integrated feedback loops proved essential for identifying barriers early and supporting timely, context-sensitive adjustments.
Discussion: This campfire session invites researchers and practitioners to explore the potential of interdisciplinary approaches for enhancing the evaluation and implementation of complex prevention programs. We critically examine the strengths and limitations of interviews and surveys as tools for formative and process evaluation in educational contexts and reflect on how real-time adaptation, informed by ongoing evaluation data, can improve implementation quality and outcomes.

14:30 – 15:15

Early Career session 2

Session | **Location:** Virchowweg 9, Innere Medizin/2-404

Description

Chair: Boris Chapoton

14:30–14:45 (15m)

Cultural adaptation and evaluation of the school-based program “Responsible Behavior with Younger Children (RBYC)” for the cause-related prevention of child sexual abuse in Germany

Speaker

Clara Niemann

Description

Authors: Clara Niemann Clara Niemann, Clara Charlotte Thiede, Maximilian von Heyden (FINDER e.V.)

Background: RBYC-Adapt aims to culturally adapt and implement the "Responsible Behavior with Younger Children (RBYC)" program in Germany. The school-based program (German name: 3VK) is designed to prevent problematic sexual behaviors by adolescents towards peers and younger children by promoting responsible interactions through a five-session curriculum implemented by educators. Through an iterative adaptation process, the project ensures that the intervention is contextually appropriate while maintaining its core evidence-based principles. Following cultural adaptation and pilot testing, a large-scale randomized controlled trial (RCT) with 22 schools will evaluate the program's effectiveness.
Methods: The project employs a mixed-methods approach, including qualitative interviews with educators to inform cultural adaptation, a pilot study, as well as an RCT. The pilot study follows a quasi-experimental design, assessing changes in norms, attitudes, self-efficacy, and behavioral intentions among participants. Data collection includes semi-structured interviews with relevant stakeholders and pre- and post-intervention surveys for students. The upcoming RCT will use a cluster-randomized design to assess the program's impact on students' norms, attitudes, self-efficacy, and behaviors related to responsible interactions, consent, and sexual violence prevention.
Results: Preliminary findings from the cultural adaptation and pilot phase suggest that the adapted program is well-received by educators and students. Challenges in implementation and data collection, such as time constraints and cultural appropriateness are being identified addressed. The forthcoming RCT will provide evidence on the program's effectiveness across diverse school environments.
Discussion: Findings from the adaptation and pilot phases show that adolescents are highly receptive to the program's contents. Educators highlight its role in addressing a critical gap by focusing on potential perpetrators rather than solely on victim protection. The cross-cultural need for perpetration-focused prevention underscores its importance in school-based efforts. The large-scale RCT will provide key insights into the program's long-term impact and feasibility, informing policy and practice in sexual violence prevention.

14:45–15:00 (15m)

The role of social support for wellbeing among adolescents leaving out-of-home care

Speaker

Matilda Karlsson (University of Gothenburg, Department of Social Work)

Description

Authors: Matilda Karlsson (University of Gothenburg, Department of Social Work), Martin Bergström (Lund University, School of Social Work), Therése Skoog (University Of Gothenburg), Tina M Olsson (Jönköping University)
Presenter/Corresponding author: Matilda Karlsson

Background: Adolescents with experience of out-of-home care (OHC; e.g. foster care, group home care) have an increased risk of low mental, social, and physical wellbeing compared to the general population that persist into middle age. Social support is important for human wellbeing, but this population often lack strong social support networks. Wellbeing in the general population is known to fluctuate during the life-course, particularly during adolescence. The aim of this study was to increase our understanding of how wellbeing differs at different time-points in adolescents with experience of OHC and the extent to which quantity and perceived quality of social support predict wellbeing during adolescence for this group. The overarching objective was to inform development of preventive interventions for adolescents transitioning from OHC to independent adulthood.
Methods: A sample of OHC-experienced adolescents (N=132) completed a self-report questionnaire at two time-points eight months apart. We used a broad range of measures to capture hedonic and eudaimonic aspects of wellbeing. We used paired samples t-tests, cluster analysis and parallel diagrams to explore differences in wellbeing across time-points at the group and individual level. We used logistic regression to assess the predictive abilities of social support for wellbeing.
Results: Results show that group level differences in wellbeing indicators were stable, but that patterns of wellbeing profiles and individual wellbeing indicator scores differed across time-points. Quality of social support was the strongest predictor of exhibiting a relatively higher wellbeing at both time-points.
Discussion: The implications of these results for developing and providing preventive services for this population will be discussed. Can universal interventions accommodate needs that may be shifting across both individuals and across short time-periods? And what is the role of social work professionals in providing and fostering high quality relationships to promote future wellbeing for this population?

15:00–15:15 (15m)

Nurse-Led Hospital Violence Intervention Programmes Improve Emergency Department Identification of Violence-Related Attendances and Overcome Patient Reluctance to Disclose

Speaker

Megan Hamilton (Cardiff University)

Description

Authors: Megan Hamilton (Cardiff University), Adele Battaglia (Public, Patient Involvement Lay Member), Daniel Tod (Swansea University), Henry Yeomans (Public, Patient Involvement Lay Member), Jonathan Shepherd (Cardiff University), Lara Snowdon (Public Health Wales), Shainur Premji (University of York), Simon Moore (Cardiff University)
Presenter/ Corresponding Author: Megan Hamilton, Simon C. Moore

Background: Violence has been declared a public health issue, affecting people and communities with additional impact on hospitals and Emergency Departments (EDs). Patients who are unwilling to disclose that their attendance is violence related may be unlikely to receive support for linked psychosocial vulnerabilities. Hospital-based Violence Intervention Programmes (HVIPs) have been implemented in EDs to address violence-related attendances. We aimed to assess whether HVIPs can overcome barriers of patient disclosure and characteristics of patients that may be more susceptible to non-disclosure under usual care.
Methods: A multi-level logistic difference in difference model was utilised using unplanned ED attendances on the probability that an attendance was recorded as an assault related attendance or whether these later appeared as an ARA in the HVIP data. Nine control EDs from Wales (UK) were compared with two intervention sites with nurse-led HVIPs (Cardiff and Swansea, Wales). Secondary analysis was conducted to assess the characteristics of patient who disclose to the HVIP but who do not disclose under usual care.
Public and patient involvement and engagement (PPIE) informed this study.
Results: The probability that an attendance was registered as an assault-related attendance increased in EDs where a HVIP was implemented (Cardiff $\beta = 0.37$, 95% CI 0.31 to 0.44; Swansea $\beta = 0.19$, 95% CI 0.14 to 0.25). Those missed under usual care were those who were male, younger, of black or mixed ethnicity and were from more deprived areas.
Discussion: Lack of disclosure may lead patients to not getting the support for related psychosocial vulnerabilities. HVIPs can improve ascertainment whilst reaching patients groups that are missed under usual care due to lack of disclosure. HVIPs offer the prospect of reducing health inequalities in patients' attending ED due to violence allowing more patients to be prevented from taking part in violence through support for psychosocial vulnerability.

15:15–15:30 (15m)

Strengthening Quality in Prevention Practice in the Czech Republic: The Role of the national online platform for professionals (iPREV)

Speakers

Mrs Renata Habinakova (Charles University, First Faculty of Medicine), Mrs Elizabeth Novakova (Charles University, First Faculty of Medicine)

Description

Authors: Renata Habinakova (Charles University, First Faculty of Medicine), Elizabeth Novakova (Charles University, First Faculty of Medicine) Jaroslav Sejvl (Charles University, First Faculty of Medicine), Michal Miovsky (Charles University, First Faculty of Medicine)

The Czech Republic was among the first European countries to implement national quality standards in preventive practice, supported by a state-linked certification system for service providers. However, in 2019, the certification process was suspended by the Ministry of Education, creating a gap in quality assurance tools for preventive activities.
In response to lacking quality assurance tools, the Interactive platform for mental health support and prevention of risk behavior (iPREV) was launched in 2022. iPREV integrates three key components: (1) a catalog of verified prevention programs, (2) education and training in prevention practice, including INEP and (3) resources to support quality and safety. It is currently utilized by professionals in education, students, service providers, and other stakeholders.
An initial evaluation of the platform has been completed, leading to ongoing improvements such as website restructuring and free webinars for professionals. iPREV has become a strategic partner for key stakeholders including ministries, the National Health Institute, and the National Pedagogical Institute.
Efforts to revise national quality standards and resume the certification process are now underway, with the iPREV team playing an active role. A national register of service providers is also being integrated into the platform, contributing to the development of a modern, evidence-informed support tool for prevention professionals.
IPREV enables the effective building, management, monitoring, and continuous improvement of preventive practice. Its goal is to foster an accessible, evidence-based, cost-effective, sustainable, and safe environment for prevention activities in Czech schools, while ensuring relevance and appeal to target populations.

15:30–15:45 (15m)

Literature Review on Needs Assessment for Substance Use Prevention

Speaker

Ketevan Chanturia (Eötvös Loránd Tudományegyetem)

Description

Authors: Katalin Felvinczi (Eötvös Loránd Tudományegyetem), Ketevan Chanturia (Eötvös Loránd Tudományegyetem)

Background: Substance use continues to be a significant public health challenge. Effective prevention interventions need to be tailored to the specific needs of target populations. Needs assessment is a critical step in understanding those needs and integrating the information in the process of planning, implementation, and evaluation of prevention programs. This literature review examines the role of needs assessments in guiding substance use prevention strategies, improving their effectiveness.
Methods: This study follows a scoping review approach using open-access academic databases and institutional sources. Included studies focused on needs assessment tools used in public health, substance use, and prevention interventions, and were either published in English, Georgian, or Russian from the year 2000 onwards. Main points of interest were highlighted, including (1) how needs assessments were integrated into intervention design, (2) key components of effective needs assessment tools, (3) the tools and mechanisms currently in use, and (4) the strengths, limitations, and applicability of these tools in diverse settings.
Results: The review identified a range of literature addressing the use of needs assessment in public health and prevention interventions. Initial analysis suggests that approaches vary considerably across settings and populations. The review also gathered and organised recurring themes related to assessment design, implementation, and relevance to intervention planning. The paper anticipates identifying a gap in standardized frameworks that integrate scientific rigor along with the ease to address the specific needs, values, and contexts of communities.
Discussion: These findings underline the importance of structured, context-sensitive needs assessments in substance use and prevention interventions. By identifying both best practices and limitations of currently utilized needs assessment tools, this review aims to inform the development of more effective, and sustainable prevention strategies.

16:00

14:30

Parallel session 4A: Community Health

Session | **Location:** Virchowweg 9, Innere Medizin/1-401 - Seminarraum 401

Description

Chair: Gregor Burkhart

14:30–14:45 (15m)

Adaptation and acceptability of the ReachNow tool and the Community Informant Detection Tool in Liberia

Speaker

Dr Karine Le Roch (Action contre la Faim)

Description

Authors: Karine Le Roch (Action contre la Faim), Anna Garriott (Johns Hopkins Bloomberg School of Public Health), Clara Bigel (Action Against Hunger), Florence Boffa Washington Beyslow (Action Against Hunger), Myrthe van den Broek (War Child Holland), Sehwah Sonkarlay (LiCORMH), Sofia Rodriguez (Action Against Hunger), Xuan Phan (Action contre la Faim)

Background: In Liberia, the Ministry of Health and mental health stakeholders are currently joining efforts to promote the mental health in the population and to increase the use of mental health services among children, adolescents and adults. In order to support active case findings and encourage community-based referrals, this study assessed the adaptation and acceptability of community-based detection tools by trusted community members in Montserrado county.
Methods: A qualitative study including a discussion with experts and focus group discussions (FGD) with community members were used to culturally and contextually adapt two tools: the Community Informant Detection Tool (CIDT) (Jordans et al., 2020) and ReachNow Tool (van den Broek et al., 2023). The adaption process was conducted in four phases: Phase 1) an adaptation workshop to select common signs of severe psychological and social distress and develop case stories; Phase 2) editing of case stories, development of illustrations, and translation of the vignettes; Phase 3) field testing with FGDs conducted in community spaces; and Phase 4) final validation workshop with experts.
Results: During the initial workshop, participants identified common signs of child internalizing and externalizing behaviors, adult depression, psychosis, epilepsy and substance use. For the field testing, 56 individuals in Montserrado county participated in FGDs. Overall, the vignettes were acceptable and had face and content validity. During the final workshop, participants provided feedback on the points recommended to be edited by the FGD participants and validated the vignettes.
Discussion: The adaptation and acceptability of a user-friendly community detection tool is feasible with a rigorous process and the involvement of community members together with mental health experts. As a result of these efforts and collaboration, the Ministry of Health has decided to integrate the use of this tool within the Liberia mental health care system through the curriculum of community health workers.

14:45–15:00 (15m)

Quality Criteria for Municipal Interventions on Social Isolation and Loneliness in Older Adults: A Transdisciplinary Approach

Speaker

Ludwig Grillich (Danube University Krems)

Description

Author: Ludwig Grillich (Danube University Krems)

Background: Social isolation and loneliness among older adults represent significant public health challenges with impacts comparable to smoking or obesity. Municipal interventions span from universal to indicated approaches, yet lack systematic quality assessment frameworks. This study aimed to develop and apply evidence-informed quality criteria for evaluating community-based interventions targeting social relationships among older adults in Lower Austria's "Healthy Communities" program.
Methods: Following an evidence-informed public health approach and the transdisciplinary model of evidence-based practice, we conducted a systematic search for guidelines and evidence syntheses on social isolation interventions. A recommendation group including practitioners, target group representatives, and funders prioritized criteria through a two-stage Delphi process. We applied these criteria to evaluate 14 municipal projects through written surveys and telephone interviews with project leaders.
Results: We identified 39 criteria and organized them into four domains: project conditions, planning, implementation, and outcomes. The developed quality criteria captured elements across the prevention continuum. Key domains included equity, resource orientation, participatory planning and implementation, addressing health determinants, staff qualification, and sustainability. The criteria integrated universal and targeted approaches by valuing both broad community engagement and specific strategies for high-risk groups. Application to municipal projects revealed that while most excelled at community-wide approaches, they struggled with targeted prevention components, particularly those requiring specialized knowledge, intersectoral collaboration, and sustainability planning.
Discussion: These criteria provide a framework for assessing prevention interventions across the continuum. Our findings highlight the need for capacity building in municipal settings to implement integrated approaches combining universal prevention strengths with indicated prevention precision. The criteria can guide planning for future interventions and promote intersectoral collaboration.

15:00–15:15 (15m)

Enhancing Adolescent Mental Well-being through Community-Based Prevention: A Pilot Project in Rarieda Sub-County, Kenya

Speaker

Lyndah Jakandang'o (Postgraduate Student, Liverpool John Moores University, UK Community-Based Organization: Solidarity for Children with Disabilities Initiative (SCDI), Kenya)

Description

Author: Lyndah Jakandang'o (Postgraduate Student, Liverpool John Moores University, UK Community-Based Organization: Solidarity for Children with Disabilities Initiative (SCDI), Kenya)

Background: Adolescents in rural Kenya, like in Rarieda Sub-County, are faced with mounting mental health concerns linked to poverty, academic stress, and limited access to psychological services. Although awareness is growing, structured mental health prevention initiatives targeting this group remain limited. The aim of this pilot project was to develop and roll out a community-based mental health promotion program for adolescents via the use of local resources and participatory approaches.
Methods: A six-month intervention was created in collaboration with local youth leaders, schools, and health workers. The programme combined mental health awareness sessions, peer support groups facilitated by trained peers, and family forums. Community health volunteers were trained to facilitate discussions on emotional wellbeing and also to identify early signs of adolescent distress. Feedback was elicited through informal interviews with facilitators, parents, and students, and pre/post-session self-ratings on help-seeking behavior and stress management.
Results: Over 120 adolescents participated in the programme. Early outcomes included increased openness among young people to talk about emotional issues, improved peer support systems, and referral of 15 adolescents to local health clinics. Parents and teachers reported feeling a shift in community openness to talk about mental health. Volunteers felt empowered to help young people and confront stigma in their communities.
Discussion: This pilot demonstrates the feasibility of integrating mental health promotion into existing community structures in disadvantaged communities. By utilizing local actors and culturally relevant approaches, the project assisted in developing an enabling environment for adolescent mental health. These results highlight the importance of intersectoral collaboration and offer a model of early prevention that can be replicated in rural communities.

16:00

14:30

Parallel session 4B: Prevention Methodology

Session | **Location:** Virchowweg 9, Innere Medizin/2-403

Description

Chair: Giovanni Aresi

14:30–14:45 (15m)

Enhancing prevention in the training of students and healthcare professionals using virtual reality and digital learning resources.

Speaker

Camilla Lauritzen (UiT - Arctic university of Norway)

Description

Authors: Camilla Lauritzen (UiT - Arctic university of Norway), Charlotte Reedtz (UiT - Arctic university of Norway), Kjersti Bergum Kristensen (UiT - Arctic university of Norway)

Background: In many contexts, healthcare professionals are in a key position to prevent long lasting and adverse outcomes by addressing risk- and resilience factors in patients and their families. Students training to become healthcare professionals, who will interact with patients in vulnerable life situations, need to develop knowledge and competence in risk- and resilience assessment. It is ethically challenging to let students practice on real patients during internships, especially when dealing with complex life challenges and patient conditions. Practicing in simulated and virtual situations can thus be a good alternative.
Methods: The current study was designed as action research project to find out if we can enhance students' knowledge and competence using virtual reality and digital learning resources. Four learning resources were developed, covering: conversations with families and children in challenging life situations, relationship building, challenging interactions, and collaboration. The resources were tested in student groups, and a total of 48 students participated in the project. The students were interviewed in focus groups, and results were utilized to adjust and strengthen the resources.
Results: The results showed that the resources were a valuable educational tool, enhancing knowledge and skills by connecting theoretical knowledge with practical applications. VR technology integrated into learning resources is experienced as effective in enhancing interprofessional and therapeutic competence among health students.
Discussion: Overall, the results showed that the learning resource engaged the students and contributed to an active exploration of the learning material, leading to a deeper understanding and better retention of information. Another overarching finding was that the students perceived the learning resource as a more interactive and engaging learning experience compared to traditional teaching.

14:45–15:00 (15m)

Incentivising and enabling preventative policymaking: A collaboration between researchers and policymakers to enhance universal prevention outside the health sector

Speaker

Geoff Bates (University of Bath, United Kingdom)

Description

Authors: Geoff Bates (University of Bath, United Kingdom), Eleanor Eaton (University of Bath, United Kingdom), Jack Newman (University of Bristol, United Kingdom), Sarah Ayres (University of Bristol, United Kingdom)

Background: Urban environments are important determinants of health. Prevention of many diseases can be supported by policies that improve the quality and design of urban areas, for example by reducing air and noise pollution or improving housing conditions. However, engaging in prevention is challenging for policymakers working outside the health sector who often lack the incentives, capacity and expertise to prioritise health outcomes. Building on an intervention to incentivise and enable preventative policymaking shaping urban environments in the national government of the United Kingdom (UK), this presentation makes recommendations to support effective collaborations between research and policy teams to promote prevention.
Methods: We collaborated with government officials to co-develop a health economic model to embed health evidence and prevention early on in urban policymaking. A process evaluation was undertaken to identify the barriers and enablers for enhancing preventative policymaking outside the health sector and potential intervention impacts. Findings were based on analysis of qualitative interviews with 30 cross-sector policymakers and notes from over 100 meetings between researchers and officials from across government departments during intervention development and implementation.
Results: Following the formal adoption of our economic model by the UK government, the evaluation shows how its use will influence preventative policymaking and funding decisions at the national level. Key factors that facilitated the collaboration and helped in implementation included demonstrating co-benefits of prevention for delivering on sectoral priorities, creating opportunity spaces for discussion between health and urban officials, and engaging stakeholders across the wider system in the research.
Discussion: Enhancing prevention in areas of policy that are key determinants of health is challenging in the context of significant political and structural barriers. Policymakers are however receptive to doing more on prevention and effective collaboration with research teams can help to enable this and integrate health early on in decision-making.

15:00–15:15 (15m)

Effective Media Approaches to Prevent or Attenuate Vape Use in Young Adults:

Speakers

Dr Michael Coleman (Claremont Graduate University), William Crano (Claremont Graduate University)

Description

Authors: Michael Coleman (Claremont Graduate University), William Crano (Claremont Graduate University)

Background: Use of ENDS (e-cigarettes or vapes) has risen substantially among youth, prompting costly prevention campaigns that failed frequently owing to neglect or misuse of established persuasion theory, poor instrumentation, or failure to tailor communications to audience concerns. Two experiments addressed how language variations and strategic message adaptation could improve ENDS-prevention outcomes.
Methods: Study 1 (N=307) assessed participants' preferred terminology ("e-cigarettes" vs "vapes") and randomly assigned them to receive persuasive messages in conditions that either matched or mismatched their language preference (language congruence).
Study 2 (N = 652) compared the effectiveness of ENDS prevention online posters developed by the U.S. Food and Drug Administration (FDA) with modified versions designed using the EQUIP message development model (a method of creating messages that are engaging, question existing beliefs, undermine those beliefs, provide supporting alternative information, and use a host of contextual factors to persuade), while also examining the roles of language congruence, user status, and perceived vested interest (i.e., the extent to which an issue is deemed objectively important and subjectively hedonically relevant).
Results: In Study 1, terminology-congruent messages produced usage reports aligned with national benchmarks, while incongruent language was associated with inconsistent usage self-reports and low attitude-behavior correlations, suggesting reduced validity. In Study 2, EQUIP-based messages with congruent language significantly outperformed standard FDA messages across multiple psychosocial outcomes. Significant interactions involving language congruence, message type, and user status showed that tailoring message language to congruent terminology and vested interests enhanced persuasive effects ($p < .002$). Moderation analysis showed vested interest and language congruence strengthened the attitude-intention link, and user status mediated this relationship ($R^2 = .64$, $p < .001$).
Discussion: Findings highlight the critical role of language congruence in prevention messaging. Adapting communications through the EQUIP model and aligning terminology with audience language preferences significantly improves the effectiveness of ENDS prevention efforts.

15:15–15:30 (15m)

CHildren AMplified Prevention Services (CHAMPS): Prevention systems for child resilience against drug use.

Speaker

Ali Yassine (Associate Drug Control and Crime Prevention Officer)

Description

Authors: Ali Yassine (Associate Drug Control and Crime Prevention Officer), Wadih Maalouf (United Nations Office on Drugs and Crime) Wadih Maalouf (United Nations Office on Drugs and Crime)

Background: The UNODC CHAMPS initiative, is availed in response to UN Member States political commitment through a resolution prioritizing prevention response at early ages of development and most recently (2025) a resolution calling intensifying multisectoral systems of prevention targeting children and adolescents.
CHAMPS aims to demonstrate the value of changing the culture of prevention, aligning it with science and adopting a systemic approach to drug prevention. As of 2025, CHAMPS is launched in 10 model countries. These countries would select specific geographical areas (municipalities, states or city districts) where such pilot systems will be established.
Methods: Within the first year course of implementation, the focus will be on mapping out and assessment of services, policies and legislations through the UNODC Review of Prevention Services (RePS) tool per the Prevention Standards. This would prepare for five years of monitoring and evaluation of the implementation of such established system modality. The protocol of monitoring and evaluation will be set at baseline in collaboration between UNODC and a national inter-agency steering committee.
Results: The protocol will monitor the systems impact on developmental aspects of children, at each stage of child development and across diverse contexts and settings (family, school, community). It aims to document the amplification of the protection effect of such multi-sectoral system on multiple domains affecting child development (including drug use, violence, mental health, education and more). It will also monitor and document the evolution of the quality and coverage of prevention policies (at the environmental, family-, school- community- level).
Discussion: This abstract would present on the systems as planned in the diverse pilot zones as well as the established protocols for monitoring and evaluation. The aim of the process is to advance and mainstream this systemic approach nationally (for upscale) and globally (for other countries to follow suit).

15:30–15:45 (15m)

CACE closed: A multiverse approach to examining implementation variability in a universal, school-based social emotional learning intervention

Speaker

Annie O'Brien (The University of Manchester)

Description

Authors: Annie O'Brien (The University of Manchester), Margarita Panayiotou (The University of Manchester), Neil Humphrey (The University of Manchester), Joao Santos (The University of Manchester)

Background: The relationship between implementation (e.g., fidelity, quality of delivery, responsiveness) and intervention outcomes in educational settings is difficult to establish due to a plethora of assessment and reporting approaches that vary in quality. This results in difficulty interpreting and comparing study findings. In response to a recent call for more, and high quality, research examining this relationship, this study investigates whether implementation variability moderates intervention effects using CACE (complier average causal effect) estimation, a robust analytic method that models compliance yet it is criticised for reliance upon arbitrary decision making. As theory and empirical evidence indicates that each implementation dimension has the potential to influence outcomes, we adopt a multiverse approach to investigate the influence of all dimensions on student outcomes while limiting researcher degrees of freedom.
Methods: This study uses secondary data from a cluster randomised control trial of Passport, a universal, school-based social-emotional learning intervention delivered to Year 5 students in mainstream primary schools across Greater Manchester between 2022-25. Schools (k=62, N=2,425 children) were randomly allocated to intervention (k=33; N=1,264) or control (k=29; N=1,161) conditions. Teachers implemented Passport, a curriculum-based programme with 18 sequential sessions, over one academic year. Student relational outcomes (loneliness, bullying, peer support) were measured pre- and post-intervention.
Results: Multilevel intent-to-treat analysis revealed null intervention effects. Analysis is currently underway [and will be available prior to EUSPR] to see whether the ITT effect changes when modelling intervention compliance.
Discussion: This research has the potential to make theoretical, methodological and empirical advancements to the fields of implementation science and social-emotional learning by rigorously investigating which implementation dimensions moderate intervention outcomes. A multiverse approach can reveal the instability or robustness of results that hinged on data processing decisions, ensuring confidence in the validity of conclusions drawn. Implications for design and delivery of school-based universal interventions are discussed.

16:00

14:30

Symposium 4A: Preparing for Communities that Care: Building Readiness and Infrastructure for Science-based Community Prevention

Session | **Location:** Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

14:30–16:00 (1h 30m)

Symposium 4A: Preparing for Communities that Care: Building Readiness and Infrastructure for Science-based Community Prevention

Speakers

Nicole Eisenberg (University of Washington), Steven Joyce, Darren Shanahan, Dalene Beaulieu (University of Washington), Mats Glans, Karin Streimann (National Institute for Health Development), Frederick Groeger-Roth (Ministry of Justice Lower Saxony), Margaret Kuklinski (University of Washington, Social Development Research Group)

Location

Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

Description

Authors: Nicole Eisenberg (University of Washington), Steven Joyce (County Kildare SW Regional Drug and Alcohol Task Force), Darren Shanahan (County Lois SW Drugs Prevention & Education Initiative), Dalene Beaulieu (University of Washington), Mats Glans (Swedish Institute for Applied Prevention Science), Karin Streimann (National Institute for Health Development), Frederick Groeger-Roth (Ministry of Justice Lower Saxony), Margaret Kuklinski (University of Washington, Social Development Research Group), Birgitta Månsson (Swedish Institute for Applied Prevention Science), Katarina Bremer, Ricarda Brender, Ulla Walter
Chair: Nicole Eisenberg
Discussant: Margaret Kuklinski

Symposium Abstract

CTC is an evidence-based preventive framework that assists multisectoral community coalitions in selecting and implementing locally tailored prevention strategies known to improve youth behavioral health. In three large trials, CTC yielded 20-30% population-level improvement in youth substance use, violence, delinquency, arrests, handgun carrying, depression symptoms, and college completion; many effects lasted a decade or more. Training and technical assistance for implementing CTC are available to communities, regions, and countries around the globe. However, because CTC is complex and requires cross-systems collaboration and coordination, readiness and capacity for carrying out CTC's key elements are crucial early considerations for those wanting to implement CTC.
This symposium includes five presentations focusing on factors to consider early in CTC implementation. We first introduce the CTC framework, highlighting its goals, theoretical basis, phases, and evidence. The second presentation draws on ongoing work in Ireland to showcase the importance of engaging key leaders and organizing coalition work from the beginning. The third presentation uses examples from Estonia and Sweden to illustrate the importance of gathering, analyzing, and reporting on CTC Youth Survey data to aid in prevention planning. The fourth focuses on the need for linguistically and culturally appropriate tested and effective prevention strategies, using Germany's Green List as an example. The fifth describes the importance of securing ongoing training and technical assistance (TTA) to support sustained high-quality implementation. Presentations highlight CTC's generalizability across multiple countries and contexts. They show that with strong local coordination, key leader support, efforts of a diverse coalition, local youth data, effective prevention strategies, and TTA throughout, diverse countries and communities can progress through the various aspects of CTC implementation.
After the presentations, the discussant will provide some overarching comments and facilitate a discussion with the audience focused on readiness and early considerations in CTC implementation.

ABSTRACT 1

An introduction to Communities that Care, a community-based prevention framework

Nicole Eisenberg (University of Washington)

Background: CTC is an evidence-based approach in which communities select and implement prevention strategies known to foster youth behavioral health. To assist in this challenging multisectoral effort, CTC provides a step-by-step process facilitated by a paid coordinator, coaching tailored to context, and web-based tools. Decision-making and leadership are centered in a diverse, representative community coalition that uses local data to understand key underlying issues facing youth. It prioritizes the most pressing and puts into place a comprehensive set of prevention strategies that reduce the likelihood of youth developing behavioral health problems. The coalition monitors and adjusts implementation to ensure progress towards prevention goals. This presentation describes CTC's theoretical foundation, community-based implementation in diverse context and cultures, and results from four high-quality trials and studies showing youth behavioral health impact.
Methods: CTC's theory of change is that building capacity in community coalitions drives local systems transformation towards greater use of locally tailored effective prevention strategies that improve youth behavioral health by addressing underlying causes. A Milestones and Benchmarks tool structures the 5-phase implementation process (Get Started; Get Organized; Develop a Community Profile; Create a Plan; Implement and Evaluate) over approximately 18 months. Coalitions receive training and technical assistance throughout.
Results: Trials demonstrated CTC fostered the development of effective coalitions, increased science-based prevention, and reached more young people with effective prevention strategies. It also sustainably reduced population-level mental and behavioral health problem onset (e.g., alcohol use, cigarette use, delinquency, handgun carrying) in adolescence by 20-30% within five years of initial implementation. Youth impacts have been corroborated in the United States, the state of Pennsylvania, and Australia. CTC also reduced aggravated assaults and robberies over 10 years in an urban "high-burden" community.
Discussion: CTC is an evidence-based approach to developing prevention systems that improve youth behavioral health in diverse countries and contexts.

ABSTRACT 2

Mobilizing communities and key leaders to implement CTC: an illustration from Ireland

Steven Joyce (County Kildare SW Regional Drug and Alcohol Task Force), Darren Shanahan (County Lois SW Drugs Prevention & Education Initiative), Dalene Beaulieu (University of Washington)

Background: Communities That Care (CTC) is a community-based approach to positive youth development in which coalitions of diverse community members transform the local prevention system towards a more science-based approach. Support and action from key leaders with influence in the community are essential to launching and sustaining CTC. Gaining their support requires intentional engagement strategies and awareness of local issues and priorities. It is a central focus of the first phase of CTC implementation. This presentation describes the process by which an Irish county built readiness for CTC, including engaging the support of the Substance Use Regional Forum (SURF), an influential body tasked with implementing national drug and alcohol policy at a regional level.
Method: CTC uses a Milestones and Benchmarks tool to guide communities through the five phases of CTC implementation. We will overview Milestones and Benchmarks for Phase 1: Getting Started, which include considerations for organization, scope of prevention efforts, and readiness issues—as well as engaging key leaders. We will then highlight steps the Ireland county took to complete these milestones in preparation for CTC.
Results: The county engaged the regional SURF and, with its support, established a CTC Core Group, which includes Irish leaders with national, regional, and community-level knowledge and perspectives. The Core Group selected a backbone agency to lead a pilot of CTC, secured funding for the work, and engaged CTC technical assistance providers to support implementation. The Core Group outlined the scope and geographical area and engaged multisectoral organizations and efforts aligned with CTC goals. Work has begun on ensuring access to student self-report surveys to assist in identifying prevention priorities and building support for broader data collection in Ireland.
Discussion: CTC is complex, but aided by Milestones and Benchmarks and key leader support, communities can build readiness and support for CTC implementation.

ABSTRACT 3

Developing readiness to collect youth data on risk and protective factors using the Communities that Care Youth Survey

Mats Glans (Swedish Institute for Applied Prevention Science), Karin Streimann (National Institute for Health Development), Birgitta Månsson (Swedish Institute for Applied Prevention Science), Nicole Eisenberg (University of Washington)

Background: Collecting epidemiological data on malleable risk and protective factors that predict youth wellbeing and problem behaviors is critical for prevention planning. For communities implementing the Communities that Care (CTC) framework, such data guides priority setting and informs the selection of preventive interventions. This presentation aims to help communities understand steps needed to prepare and adequately collect this type of prevention data, using examples from two European countries: Estonia and Sweden.
Method: The CTC Youth Survey (CTCYS) enables communities to assess the local prevalence of a broad range of youth behavioral problems and underlying risk and protective factors, and report them in a user-friendly format that can aid decision-making. Developed in the U.S., it was adapted for use in Estonia and Sweden, including translation and cultural adaptation of survey measures; school engagement; ethics committee review; pre-testing and piloting with local students; and assessing psychometric properties. In Sweden, adopting the CTCYS as part of city-wide prevention efforts required ensuring adequate

representation of survey responses and building local capacity for data collection, analysis and reporting.
Results: The CTCYS was piloted in Sweden in 2014 and then administered biannually since 2017, to over 60,000 students in 17 communities. Data are used as part of community-wide prevention efforts, inform the selection of preventive strategies based on local need, and track change over time. In Estonia, the CTCYS was adapted and piloted with 265 students in 2022 and will be administered to larger samples in 3 communities in Fall 2025.
Discussion: Communities, agencies or countries planning for CTC implementation must ensure that they have the resources, logistics and capacity to collect, analyze and report data on youth risk and protective factors. Efforts must include appropriate adaptation of measures while preserving crucial aspects of the survey, sharing results with communities, and psychometric validation in different countries.

ABSTRACT 4
Increasing the availability of culturally and linguistically appropriate, evidence-based interventions across the prevention continuum

Frederick Groeger-Roth (Ministry of Justice Lower Saxony), Katharina Bremer, Ricarda Brender and Ulla Walter

Background: Research has shown that implementing tested and effective interventions that reduce risk factors for problem behaviors, and increase protective factors, can improve health outcomes. Communities that Care (CTC) is a framework that helps communities align effective preventive programs, policies and practices with local need, and implement them with fidelity and reach. When effective preventive interventions are unavailable, communities face more difficulties reaching their prevention goals. This presentation will share how Germany expanded the supply of evidence-based preventive interventions in their country.
Methods: In 2009, the Crime Prevention Council of Lower Saxony began compiling a list of preventive interventions available in Germany and developing standards of evidence to assess the effectiveness of such interventions. Interventions that met certain standards of evidence were included in a registry. An extended literature review systematically collected published and unpublished (gray literature) evaluation studies on available interventions.
Results: In 2011 the first version of the “Green List Prevention” registry was published online, including 25 interventions, 6 of which were in the highest rating level “proven effective.” The registry included interventions in different settings (e.g. family, school, after school) and addressing a range of risk/protective factors. The development of the registry—which indicated the availability of a small but promising number of evidence-based interventions available at that time in Germany—informed the ongoing CTC pilot from 2009 to 2012. The Green List has since expanded, and currently includes 111 interventions, 30 of which are in the highest rating level.
Discussion: Communities preparing to implement CTC must consider the availability of programs, practices and policies that are linguistically and culturally relevant to their populations, and that span the prevention continuum, including universal, selective and indicated strategies.

ABSTRACT 5
Building local capacity for prevention: training and technical assistance for Communities that Care

Dalene Beaulieu (University of Washington), Nicole Eisenberg (University of Washington)

Background: Implementation science has shown that complex interventions may benefit from technical assistance throughout the implementation process to ensure benefits shown in scientific trials translate to real-world impact. To support successful implementation of the Communities that Care (CTC) system, communities can access coaching, tools, training, and technical assistance (collectively “TTA”) as they progress through five implementation phases. Notably, TTA is available regardless of community readiness, as it assists locales in proactively thinking through what is needed to implement CTC and to build up core elements step by step (e.g., funding, youth data, evidence-based strategies, training infrastructure). This presentation will describe CTC training and technical assistance (TTA) in diverse communities around the globe.
Method: Since 2014, the Center for Communities That Care (Center) has supported high-fidelity CTC implementation through the CTC PLUS platform, which includes a vast library of tools, training materials, and demonstrational videos that help local coalitions implement CTC with fidelity—including templates, examples from actual communities, and curriculum modules with general prevention science and CTC-specific content. CTC specialists train regional CTC coaches, directly coach individual CTC sites, and provide TTA to regions, states, and countries seeking to implement CTC and build local prevention capacity. They also support communities of practice for CTC coalitions, coalition coordinators, and CTC coaches. TTA is offered primarily digitally/online, saving time and cost.
Results: The Center has served over 200 communities in 17 U.S. states and multiple countries, and has strong affiliations with CTC colleagues across 5 continents. TTA has evolved over the past decade as more communities, regions, states, and countries have adopted the framework and provided input.
Discussion: CTC is a flexible, tailored framework that has been implemented across multiple countries, regions, and cultural contexts. TTA is available to assist communities across the spectrum from building readiness to full implementation of CTC.

16:00

14:30

Symposium 4B: Implementing and evaluating the KiVa school based antibullying programme in the UK.

Session | **Location:** Virchowweg 9, Innere Medizin/2-402

14:30–16:00 (1h 30m)

Symposium 4B: Implementing and evaluating the KiVa school based antibullying programme in the UK.

Speakers

Dr Anwen Rhys Jones (Bangor University), Dr Jeremy Segrott (Cardiff University), Prof. Judy Hutchings (Bangor University), Prof. Lucy Bowes (Oxford University)

Location

Virchowweg 9, Innere Medizin/2-402

Description

Authors: Anwen Rhys Jones (Bangor University), Jeremy Segrott (Cardiff University), Judy Hutchings (Bangor University), Lucy Bowes (Oxford University)
Chairs: Frances Gardner
Discussant: Christina Salmivalli

Background: The levels of victimisation and bullying are impacted by the behaviour of all pupils. The Stand Together trial show reductions in victimisation. This symposium describes the introduction and evaluation of the KiVa programme from its initial implementation in the UK in 2012 to the completion of the NIHR funded Stand Together RCT. The papers will be discussed by Professor Salmivalli of Turku University whose initial research on bullying led to the funding of KiVa by the Finnish Government
i.) The first paper explores early pre-post results from initial schools implementing the programme and the establishment of a UK co-ordinating structure for dissemination as well as implementation lessons learned from a pilot RCT in 22 schools (Dr Anwen Jones).
ii.) The second paper describes the NIHR Stand Together RCT trial in 118 primary schools from across the UK with 11,000 pupils and its outcomes (Professor Lucy Bowes).
iii.) The third paper explores the universal and targeted processes that operated within the trial and their implementation (Dr Jeremy Segrott).
iv.) The fourth paper explores the social architecture model on which the KiVa programme is built (Professor Judy Hutchings).
Methods: A two-arm pragmatic multicentre cluster randomized controlled trial with embedded economic evaluation. Schools were randomized to KiVa-intervention or usual practice. Primary outcome: student-reported bullying-victimization. Secondary outcomes; bullying-perpetration, participant roles in bullying, empathy and teacher-reported child behaviour. Fidelity was assessed for KiVa curriculum delivery, dealing with identified bullying and wider school activities, via questionnaires, qualitative interviews and classroom observations.
Results: The published results showed reduced victimisation and benefits to pupil empathy and peer problems for the KiVa relative to the control arm.
Discussion: The KiVa anti-bullying programme is effective at reducing bullying victimization with small-moderate effects of public health importance.

ABSTRACT 1
Implementation of KiVa school based antibullying programme in the UK: History and outcomes from the dissemination leading up to the Stand Together trial

Dr Anwen Jones, Bangor University

The KiVa evidence-based school based antibullying programme, developed at Turku University, Finland, was introduced into Wales in 2012 with Welsh Government grant funding to schools. The Bangor (Wales) based Children's Early Intervention Trust (CEIT) charity was subsequently appointed as UK KiVa licenced partner since which time the programme has been disseminated and evaluated in several communities. This talk presents the story of KiVa in the UK leading up to the funding of the Stand Together trial, including developments in the dissemination of training for schools over the last 13 years. It presents the key findings from earlier work led from the Centre for Evidence Based Early Intervention including successful implementation in the first 17 primary schools, using pre-post pupil-reported levels of bullying and victimisation and the subsequent successful implementation in the first 41 schools to implement the programme. This was followed by a small-scale RCT (n= 22 schools) that highlighted implementation issues and led to the NIHR funding of the stand together RCT trial.
KiVa's UK journey also continues to explore factors associated with effective implementation. This includes determining possible trends from longitudinal pupil self-reported surveys to improve future bullying prevention, and examining the different challenges that may arise when increasing roll-out in secondary schools.

ABSTRACT 2
Evaluating the Stand Together KiVa school based anti-bullying programme trial in the UK, results from an RCT with 11,000 children

Professor Lucy Bowes, Oxford University

Background: School based bullying has significant short and long term detrimental effects for victims, bullies and even for children who are neither initiators or victims. Rates of school-based bullying depend on the behaviour of other children who either support or stand against bullying so addressing bullying requires a whole school approach.
The KiVa school based antibullying programme, developed in Finland, was based on the social architecture model of bullying which identified pupils as bullies, helpers of bullies, reinforcers of bullying, silent observers who appear not to notice and supporters of victims. KiVa has both universal and targeted components and worked well in Finland but the UK educational system is different and its introduction into the UK required evidence.
UK schools must have an antibullying policy but the content is not specified.
Methods: The KiVa programme was trialed in an RCT in 118 state primary schools from across the UK with 7 – 11 year old children. Schools were randomised to KiVa or usual practice in addressing bullying and over 11,000 pupils participated.
Results: After a year of KiVa implementation, the results showed KiVa to have a significant 13% reduction in victimisation relative to the usual practice schools as well as significant benefits to pupil reported empathy and teacher-rated peer problems. Furthermore, the approach was equally effective across socio-economically diverse schools, and in schools ranging in size from small rural to large urban schools. There were also benefits in terms of significant reductions in pupil reported bullying, bully helpers and supporters of bullying in KiVa schools.
Discussion: The implications are discussed, and although the results were not as good as those achieved in Finland, the work was undertaken in the post-COVID year when schools faced disruption and absenteeism of both pupils and staff and still represent a significant public health outcome.

ABSTRACT 3
Aims and objectives of the Process Evaluation of the Stand Together trial

Dr Jeremy Segrott, Cardiff University

The process evaluation was undertaken to aid interpretation of the main trial findings by describing and assessing the implementation of KiVa and its mechanisms of action. It had the following objectives:
1) assess implementation fidelity;
2) identify influences on KiVa implementation and how the intervention interacts with school contexts, including school-level free school meals entitlement as a measure of socioeconomic status;
3) examine intervention mechanisms, including intervention receipt by pupils and parents;
4) describe control schools' usual practice (UP) in relation to preventing and dealing with bullying.
The paper describes the methods used to achieve these objectives and summarises the results
Implementation fidelity
Overall, good completion of indicated actions, lessons (some variation), and activities within lessons (where observed)
Influences on KiVa implementation
Staff commitment to intervention, including achieving goals of lessons
COVID impacts on whole school activity and attendance (staff and pupils)
Intervention mechanisms, including intervention receipt
Evidence of pupil learning/engagement, and building across school
Usual practice
Intervention distinctiveness & good fit with context

ABSTRACT 4
Participant Roles in Bullying Among 7–11 Year Olds: Results from the Stand Together UK-Wide Randomised Controlled Trial of the KiVa School-Based Antibullying Programme

Professor Judy Hutchings, School of Psychology, Bangor University

Background: This paper describes the social architecture model of school-based bullying behaviour. The model, based on work by Salmivalli and colleagues (1996) proposes that the behaviour of all students affects rates of bullying. Alongside self-reported victims and bullies, the model identified four bystander roles: assistant, reinforcer, outsider, and defender. The level of support for bullies varies based on school policies that address bullying and promote school connectedness. The universal components of the KiVa school-based anti-bullying programme designed to teach pupils to stand against bullying are described.
Methods: The Stand Together trial, a UK-based randomised controlled trial, recruited 11,000+ students from 118 schools across the UK, half of whom received the KiVa programme whilst the remainder delivered usual practice to address bullying. The main trial results reported a significant reduction in victimisation in favour of KiVa.
This paper examines data collected on the pupil-reported Participant Role Questionnaire (PRQ), one of the secondary measures used to explore whether significant reductions in victimisation were accompanied by changes in bystander behavior.
Results: The results showed reductions in the student response rates of self-identified roles as bullies, assistants, and reinforcers in favour of KiVa, but outsider roles increased, and defender roles reduced.
Discussion: This provides tentative support for the social architecture model as taught in the Stand Together KiVa trial but also suggests that further work needs to be conducted to support the development of defender behaviours to address this important public health challenge.

16:00

15:15

Campfire 4B: The case for professional youth mentoring

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

15:15–16:00 (45m)

Campfire 4B: The case for professional youth mentoring

Speakers

Dr Charles Martinez (The University of Texas at Austin), Dr J. Mark Eddy (The University of Texas at Austin)

Location

Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

Description

Authors: Charles Martinez (The University of Texas at Austin), J. Mark Eddy (The University of Texas at Austin)

Background: For over a century, relationship-based youth mentoring has been a frequently employed preventive intervention in the U.S., particularly for children who are perceived to be “at risk” for problematic outcomes, such as involvement with the juvenile justice system. Most youth mentoring programs deliver services to a given youth over a relatively brief period of time (i.e., less than one year) and through adult volunteers. An alternative model is for mentoring to be grounded in enduring relationships with adults who are paid professionals who specialize in youth development and who receive not only initial and continuing education training but also ongoing supervision and support to assist them in their work with children, families, and the systems that children and families interact with on a day-to-day basis, such as schools.
Method: The most widespread and lasting example of professional mentoring in the US is Friends of the Children, a 12-year long program (i.e., from kindergarten to high school graduation) which began with 3 mentors and 24 children in Portland, Oregon in 1993, and today involves hundreds of mentors and thousands of children in 36 cities and towns around the country. In this campfire, we first discuss the scientific and theoretical rationales for professional mentoring, and the need to carefully consider important issues related to gender, race and ethnicity, and family income and education when conducting such work. We then describe the Friends of the Children program and the ongoing randomized controlled trial of the program in four cities in the US (N = 278).
Results: We summarize research findings from a wide variety of studies on the Friends of the Children program. To date, we find promise for this type of program for working with children growing up in at risk circumstances.
Conclusions: We discuss the implications of our findings. From our work on a recent book on professional youth mentoring, we highlight a variety of perspectives from around the world and the possibilities of this model for improving outcomes in prevention and health promotion efforts.

16:00

16:00

Roundtable discussion with keynotes (streamed session)

Session | **Location:** Sauerbruchweg 2, Innere Medizin/2-0 - Hörsaal 22

Description

Chair: Samuel Tomczyk

16:45

17:00

Campfire 5: Towards a Robust European Prevention Infrastructure for Mental, Emotional, and Behavioral Disorders: An International Discussion of Opportunities and Challenges

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

17:00–18:00 (1h)

Campfire 5: Towards a Robust European Prevention Infrastructure for Mental, Emotional, and Behavioral Disorders: An International Discussion of Opportunities and Challenges

Speakers

Margaret Kuklinski (University of Washington), Frederick Groeger-Roth (Ministry of Justice Lower Saxony), Ms Marica Ferri (European Union Drugs Agency (EUDA)), Karin Streimann (National Institute for Health Development), Maximilian von Heyden (FINDER e.V.), Elena Gervilla Garcia (University of the Balearic Islands), Samuel Tomczyk (University of Greifswald), Gregor Burkhart (EUSPR)

Location

Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

Description

Authors: Margaret Kuklinski (University of Washington), Frederick Groeger-Roth (Ministry of Justice Lower Saxony), Marica Ferri (European Union Drugs Agency (EUDA)), Karin Streimann (National Institute for Health Development), Maximilian von Heyden (FINDER e.V.), Elena Gervilla Garcia (University of the Balearic Islands), Samuel Tomczyk (University of Greifswald), Gregor Burkhart (EUSPR)

The prevention continuum addresses a wide range of physical, mental, emotional, and behavioral disorders, including mental illness, obesity or addictive disorders. To be able to provide tailored diagnostics, intervention, and support that recognize individual needs but also population and environmental health parameters, intersectoral cooperation and interdisciplinary action are needed. The National Academies of Sciences, Engineering, and Medicine (NASEM) has recently published a Blueprints document synthesizing the state of the art and making recommendations for the implementation of such prevention systems and infrastructure to support them. Although developed from a US perspective, so its translation to international contexts is an open question. The Blueprint raises issues of relevance to the European prevention context. They include governance, financing, workforce development, interventions, and data. After briefly presenting key findings from the NASEM report, this campfire will illuminate existing strengths, needs, and priorities for a European prevention infrastructure that enables local, regional, and national prevention efforts to be stable and to thrive. Participants represent several different European countries, and also bring research and practice, as well as international perspectives and experience, to this discussion.

18:00

17:00

Early Career session 3

Session | **Location:** Virchowweg 9, Innere Medizin/2-404

Description

Chair: Layan Amouri

17:00–17:15 (15m)

Seeing the Same System Differently: A Comparison of School and Government Views on Mental Health Problem Prevention

Speaker

Eike Siilbek (National Institute for Health Development)

Description

Authors: Eike Siilbek (National Institute for Health Development), Andero Uusberg (University of Tartu), Karin Streimann (National Institute for Health Development)

Background: Effective school-based mental health problem prevention requires collaboration across multiple levels of the prevention system. However, different actors may have diverging perspectives on how this system functions. This study compares how school personnel and government stakeholders in Estonia understand the organisation of school-based prevention, with the aim of identifying common ground and mismatches that may impact prevention quality.
Methods: Five workshops were conducted with school personnel (39 participants), and three with officials from various levels of government, including municipal, county, and state representatives (17 participants). In each workshop, participants first identified actors in the prevention domain and placed them onto a map. They then drew arrows signifying links between the actors, including prevention delivery, funding, materials and training, and general cooperation. Individual workshop maps were merged into one map for the school groups and one for the government groups. These two maps were then compared.
Results: The school and government maps showed broad agreement on key prevention providers, such as schools, parents, healthcare, and providers of extracurricular activities. However, differences emerged in how each group perceived roles and responsibilities. For example, school groups emphasised their role in implementing prevention activities aimed at parents—a point largely absent in the government map.
Differences were also seen in perceptions of funding. Government participants saw training for prevention staff as mainly funded by state organisations, whereas school teams reported that schools often cover training costs themselves. As for cooperation, government participants emphasised county-level coordination, which schools rarely mentioned.
Discussion: By mapping different perspectives on the prevention system, we highlight important discrepancies between government perspectives and the schools' lived experiences. These gaps may lead to misaligned expectations and unclear responsibilities. In the future, interventions could address these discrepancies and improve the effectiveness of school-based prevention efforts.

17:15–17:30 (15m)

Modelling RCADS-25 depression in 4 to 11 grade children

Speaker

Dr Diva Eensoo (National Institute for Health Development, Estonia, EUSPR member)

Description

Authors: Diva Eensoo (National Institute for Health Development, Estonia, EUSPR member), Hedvig Sultson (National Institute for Health Development, Estonia, EUSPR member), Eike Siilbek (National Institute for Health Development, Estonia, EUSPR member), Jaana Rahno (National Institute for Health Development, Estonia, EUSPR member), Kaia Laidra (National Institute for Health Development, Estonia, EUSPR member), Carolina Murd (National Institute for Health Development, Estonia, EUSPR member), Merle Havik (National Institute for Health Development, Estonia, EUSPR member), Iiris Tuvi (University of Tartu), Kenn Konstabel (National Institute for Health Development, Estonia, EUSPR member)

Background: Mental health is influenced by many factors, including health related behavior, social relationships, emotional regulation skills, perceived stress, and predisposition to mental health disorders. The aim of this study is to develop a model for the depression subscale of the Revised Children's Anxiety and Depression Scale (RCADS-25) and assess how well model predicts depression depending on the severity of the mental health issue.
Methods: Participants in the Study of Estonian Children's Mental Health from grades 4 to 11 (n = 499, mean age = 14.1 ± 2.2) completed the RCADS-25, Youth Pediatric Symptom Checklist-17 (PSC-17), Kidscreen-52, and answered questions about physical activity, use of addictive substances, sleep duration, self-harm, perceived stress, and emotion regulation difficulties. For logistic regression analyses, dependent variable was categorized into high and low scores based on the median and 75th percentile values.
Results: In the model (cut off point by median value), subjects who were older, spoke a minority language at home, exercised less frequently, slept less on school days, had poorer relationships at school (Kidscreen-52), had less free time (Kidscreen-52), higher levels of perceived stress, had higher PSC-17 externalizing subscale and RCADS-25 anxiety scores, and engaged in self-harm more frequently were more likely to have higher RCADS-25 depression scores. The model explained 75% of the variance in the depression scale (AIC = 282.72). In the depression model with the cut off point by 75th percentile value, age, home language, physical activity, Kidscreen-52 Free Time, and PSC-17 externalizing problems became insignificant predictors. This model explained 72% of the variance in the depression scale (AIC = 228.91).
Discussion: The tested model is well suited to describe RCADS-25 depression. Depending on the severity of the mental health issue, different risk factors may play a significant role and should be considered in preventive efforts.

17:30–17:45 (15m)

Latent profiles of self-compassion and their relationships with mental health problems

Speakers

Hana Gačal (University of Zaregb Faculty of Education and Rehabilitation Sciences; University of Amsterdam), Dr Josipa Mihić (University of Zaregb Faculty of Education and Rehabilitation Sciences; University of Amsterdam), Dr Asmir Gračanin (University of Rijeka Faculty of Humanities and Social Sciences)

Description

Authors: Hana Gačal (University of Zaregb Faculty of Education and Rehabilitation Sciences; University of Amsterdam), Josipa Mihić (University of Zaregb Faculty of Education and Rehabilitation Sciences; University of Amsterdam), Asmir Gračanin (University of Rijeka Faculty of Humanities and Social Sciences)

Background: Self-compassion can be described as a positive attitude towards oneself in times of pain or suffering. It has been conceptualised as a multidimensional construct that contains compassionate and uncompassionate components. Since self-compassion has been recognised as one of the determinants of mental health, it is important to further explore how different dimensions of self-compassion are associated with different indicators of mental health.
Methods: The study was conducted within the project "Testing the 5C model of positive youth development: traditional and digital mobile measurement (P.R.O.T.E.C.T., UIP-2020-02-2852)" which is funded by the Croatian Science Foundation. The study aimed to examine the latent profiles of self-compassion and their associations with mental health problems. Five hundred fifty-eight university students (Mage = 21.46, SD = 4.00) participated in the study, of whom 72.40% were girls. The Self-Compassion Scale for Youth (Neff et al., 2021) was used to assess the level of self-compassion, and the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995) was used to assess the adolescents' level of depression, anxiety, and stress.
Results: Based on the results of latent profile analysis on six subscales of The Self-Compassion Scale, four latent profiles were identified: 'Highly Compassionate' (15.77%), 'Highly Uncompassionate' (14.16%), 'Moderately Compassionate' (32.70%) and 'Moderately Uncompassionate' (37.28%). The results of one-way ANOVAs revealed that individuals with higher results on the compassionate subscales tend to report fewer mental health problems compared to participants with higher results on the uncompassionate subscales.
Discussion: Findings revealed that the latent profiles on self-compassion differed in the outcomes of mental health problems, indicating the importance of self-compassion in the prevention of anxiety, depression and stress. These findings also highlight the importance of accessing different dimensions of self-compassion and not only the total score. Implications for prevention research and practice will be discussed in the presentation.

17:45–18:00 (15m)

Understanding knowledge mobilisation between community champions and parents: Evidence from a UK community-based programme to support parents with young children

Speaker

Kath Wilkinson (University of Exeter)

Description

Authors: Kath Wilkinson (University of Exeter), Georgina Marks (Action for Children), Iain Lang (University of Exeter), Jenny Lloyd (University of Exeter), Vashti Berry (University of Exeter)

Background: Early childhood experiences are of critical importance to children's cognitive, social and emotional development and depend heavily upon a sensitive and responsive relationship with their caregiver. Community champions have been employed across various settings to disseminate evidence-based public health information. The Building Babies Brains programme trains champions to equip parents with child development knowledge and parental engagement strategies. We investigated how the champion-parent relationship and champion personal characteristics affect effective information dissemination in this context.
Methods: We administered an online survey (n=53) and interviews (n=14) with community champions (including peers and professionals) from target disadvantaged communities in the Southwest of England, achieving representation from across all 16 training cohorts. We conducted a realist-informed reflexive thematic analysis to generate themes in the data and highlight the contexts, mechanisms, and outcome patterns identified.
Results: We observed 15 Context-Mechanism-Outcome configurations across five themes: information sharing opportunities, information relevance, the nature of the champion-parent relationship, interaction expectations, and champion confidence. Our programme theory for how the community champion approach works identified that peer champions focused more on building rapport, modelling behaviours, and being a trusted community resource than direct information transfer. Professional champions showed greater expertise and confidence in discussing parenting practices directly. For both groups, traits such as friendliness and the ability to establish a trusting relationship enhanced effectiveness.
Discussion: This research identifies the impacts of champion role, characteristics, and the champion-parent relationship on the effectiveness of knowledge mobilisation in this context, with implications for the training and recruitment of champions. Those using a champion model in comparable settings should ensure champions have the necessary knowledge, skills and confidence to engage parents and share information effectively.

18:00

17:00

Parallel session 5A: Digital Interventions in Prevention

Session | **Location:** Virchowweg 9, Innere Medizin/1-401 - Seminarraum 401

Description

Chair: Boris Chapoton

17:00–17:15 (15m)

Feasibility of a social media-based prevention program for German adolescents on Instagram: A mixed-methods pilot study

Speaker

Elizabeth Zimmermann (Universität Greifswald)

Description

Authors: Elizabeth Zimmermann (Universität Greifswald), Samuel Tomczyk (Universität Greifswald)

Background: Social media platforms like Instagram present unique opportunities for prevention due to their widespread use and interactive features that encourage user engagement, particularly among adolescents. However, research on purposefully utilizing Instagram for health promotion remains scarce. This pilot study evaluates the feasibility of the "leduin" program to leverage Instagram to foster essential life skills and functional social media use among adolescents.
Methods: Following Bowen's feasibility framework, a mixed-methods approach is applied. Quantitatively, recruitment efforts as well as Instagram interaction metrics such as story views, retention rates, engagement with specific features (e.g., polls, quizzes), and drop-off rates were analyzed to evaluate engagement of 99 participants aged 14 to 18. Qualitatively, 13 semi-structured interviews were conducted post-implementation to explore participants' experiences using qualitative content analysis.
Results: Quantitative results indicate that the recruitment process was challenging, with extensive efforts leading to relatively low participation. On Instagram, the program had an initial drop in story views, but maintained participant interest over the remaining 10 weeks (with average retention rates of 84%). Features requiring minimal user effort showed higher engagement rates than those requiring more input. Qualitative findings revealed that adolescents valued the program, its design and methods for its relevance to their daily lives and support in developing life skills.
Discussion: The study highlights the importance of realizing the potential of various Instagram features and content posting schedules to meet adolescent preferences. Challenges in effectively reaching the target group emphasize the need for targeted recruitment strategies and optimizing initial content to boost engagement.

17:15–17:30 (15m)

Interventions or strategies to improve nutrition and physical activity for healthy or at-risk populations: a scoping review of Cochrane reviews

Speaker

Stefanie Maria Helmer (Working Group Evidence-Based Public Health, Institute of Public Health and Nursing Research,)

Description

Authors: Stefanie Maria Helmer (Working Group Evidence-Based Public Health, Institute of Public Health and Nursing Research,), Katja Matthias (Faculty of Health Service, Catholic University of Applied Sciences, Cologne, Germany), Knarik Nikoyan (Working Group Evidence-Based Public Health, Institute of Public Health and Nursing Research, University of Bremen, Bremen, Germany), Karina Karolina De Santis (Department of Prevention and Evaluation, Leibniz Institute for Prevention Research and Epidemiology – BIPS, Bremen, Germany)

Background: Physical inactivity and poor dietary habits are important preventable risk factors for non-communicable diseases. There are many intervention studies in this thematic field and digital interventions in particular have great potential to reduce the burden of disease caused by these risk factors. However, it is not always clear which interventions and strategies are evidence-based and whether this knowledge is communicated to relevant stakeholders. This study aims to map interventions or strategies targeting nutrition and physical activity (NaPA) in Cochrane reviews and to determine whether stakeholders were involved in review production.
Methods: We conducted a scoping review in Cochrane Database of Systematic Reviews for Cochrane reviews published until May 2024. Any primary prevention involving healthy or at-risk populations of any modality (digital, non-digital, or both) that focused on NaPA was included. Studies were selected after title/abstract/full-text screening by two authors. Stakeholder involvement in review production was assessed according to information provided in the study (e.g. in review acknowledgements).
Results: Out of 1912 Cochrane reviews, 249 records, were included. The reviews focused mainly on nutrition (188/249), included 0-195 studies (median=13), and the majority conducted a meta-analysis (202/249). Plain language summaries were available in 2-17 languages (predominantly in English: 249, Spanish: 248 and Arabic: 203). Overall, 8 % (n=19) of interventions in Cochrane reviews involved digital technologies, such as smartphones (e.g. to deliver the interventions). Stakeholders were involved in review production in 26% (n=65) of reviews. Among 65 reviews, 64% (n=42) reported patient or public involvement and 23% (n=15) involvement of an advisory board.
Discussion: Many Cochrane reviews reported NaPA interventions and therefore support evidence-informed decision making. Only a small fraction used digital approaches. Participation of stakeholders during review production was reported in only a quarter of studies. It is important to increase knowledge translation of Cochrane reviews to support evidence use.

17:30–17:45 (15m)

Development of a Generative Artificial Intelligence-based Approach to Teaching Prevention Science

Speaker

Filip Bogdan Serban Dragan (University of Miami)

Description

Authors: Eric C. Brown (University of Miami), Filip Bogdan Serban Dragan (University of Miami) Francisco Cardozo (University of Miami)

Background: The ability to provide students with accurate real-time information and real-world scenarios by which they can learn and apply the concepts of prevention science is fundamental for gaining mastery in the field.
Methods: This study presents the development of an automated Generative Artificial Intelligence (Gen-AI) application that will help students learn prevention science concepts and respond to fictitious, yet realistic, case studies that require application of these concepts. Our Gen-AI application allows for a large number of scenarios that can vary multiple variables of the case scenarios such as: *health outcomes* (e.g., alcohol and drug abuse), *settings* (community, school, family), *etiology* (e.g., risk, promotive, and protective factors), and *theoretical orientation* (e.g., socioecological, life-course, cognitive-based), and *intervention type* (e.g., family-based programs, policy directives, environmental campaigns).
Results: We developed our Gen-AI application with from a review of 14 different syllabi of graduate-level prevention sciences courses in the U.S., course lectures from the *Introduction to Disease Prevention and Health Promotion* course taught at the University of Miami, and from exemplars of case studies in prevention science provided by the Association for Prevention Teaching and Research. Preliminary results testing the interaction of the application chatbot with a small (N = 7) sample of students indicated that the chatbot did "*very well*" and that students "*liked very much*" using the chatbot to develop a preventive intervention as part of a class assignment.
Discussion: Our presentation will demonstrate the cutting-edge use of Gen-AI-based technology for the dissemination of instruction in prevention science.

17:45–18:00 (15m)

AI-Driven Driven Clearinghouse of Preventive Interventions Supporting Healthy Youth Development to Facilitate Evidence-Based Decision-Making: A Conceptual Framework

Speaker

Pamela Buckley (University of Colorado Boulder)

Description

Authors: Pamela Buckley (University of Colorado Boulder), Diana Fishbein (National Prevention Science Coalition to Improve Lives; Frank Porter Graham Child Development Institute, University of North Carolina-Chapel Hill; Human Development and Family Studies, The Pennsylvania State University), Neil J. Wollman Fishbein (National Prevention Science Coalition to Improve Lives)

Background: Evidence-based decision-making applies empirical evidence to inform policies and involves integrating relevant information from various sources. Online clearinghouses support evidence-based decision-making by synthesizing evidence on what works, though manually updating the literature is incomplete. In addition, passively summarizing evaluations is insufficient for end-users to implement preventive solutions that achieve population impacts. The design of clearinghouses can significantly enhance evidence-based decision-making by building in stepwise, interactive, artificial intelligence (AI)-driven capabilities that augment human expertise and harness machine learning for increased efficiency and comprehensiveness of evidence synthesis.
Methods: We propose a two-part conceptual framework for a clearinghouse platform. First, clearinghouses should adopt a "living" systematic review wherein evaluation summaries get automatically updated and relevant evidence is incorporated into the review. Living evidence has already been embraced globally, with the World Health Organization, Cochrane Collaboration, and United Nation's Pan American Health Organization all committing to this approach. The second component involves adding a chatbot search engine to support assessment and implementation guidance within a clearinghouse and/or network of clearinghouses. Central to this two-part framework are human touchpoints to avoid unintended negative consequences of AI such as biases and inaccuracies.
Results: AI algorithms can make recommendations vetted by prevention scientists for (1) the provision of all evidence-based preventive interventions (EBPIs) and their key activities, (2) EBPIs shown to achieve equitably distributed outcomes, (3) culturally relevant EBPIs that align with and respect the cultural beliefs, practices, and needs of a target population, (4) implementation support, such as materials, training, and fidelity measures, and (5) delivery costs.
Discussion: Though only in a conceptual phase of development, we present a two-part framework for AI to enhance the speed, scope, and relevance of clearinghouse functionality. We are confident that the resulting platform will lead to more accessible evidence on effective preventive strategies.

18:00

17:00

Parallel session 5B: Gambling

Session | **Location:** Virchowweg 9, Innere Medizin/2-403

Description

Chair: Giovanni Aresi

17:00–17:15 (15m)

AGATTA, the AI-powered Gambling Advertising Tracking and Thematic Assessment system

Speaker

Carine Mutatayi (French Monitoring Centre on Drugs and Addiction (OFDT))

Description

Authors: Carine Mutatayi(French Monitoring Centre on Drugs and Addiction (OFDT)), Duong Vu (Alive & Thrive (A&T)), Roger Mathisen (Alive & Thrive (A&T))

Background: Since its legalization in France in 2010, online gambling has continuously increased among teenagers (14,7% of gamblers aged 17 in 2011 vs 27,9% in 2022), despite the legal ban on sale, free offers, and advertising to minors. This growth was particularly marked in sports betting (SB) and coincided with great advertising pressure. In 2025, an AI-powered system (AGATTA) was developed based on the VIVID solution by the French Monitoring Centre for Drugs and Addiction (OFDT) and Alive & Thrive (A&T) to identify digital SB advertising and potentially harmful content.
Methods: AGATTA explores SB advertisements and classifies content according to relevant criteria. These criteria are defined through human analysis, then detection and categorisation are implemented by machine learning, with final human validation. First, we reviewed the recurring features of gambling advertising that international research has shown to be attractive to minors and compulsive gamblers. Specific work was then conducted to translate certain abstract criteria (e.g., the world of minors) into factual or objective elements to build the AI algorithm.
Results: The selected criteria are evidence-based and help assess whether the content of advertisements is likely to breach French law. A functional AI tool was tested, classifying advertisements according to the defined criteria, particularly those relating to the legal ban, such as a strong appeal to minors or excessive gamblers, the staging of people resembling minors, or the omission of the government warning message. The first exploration episodes helped test the AI tool's performance.
Discussion: Using an AI-based solution to explore and analyse gambling advertising requires certain legal and methodological precautions, particularly if operators do not have jurisdictional powers. These considerations (e.g., respect for copyright) influence the public or confidential status of the AI tool and the labelling of results. Training an AI solution to encompass abstract notions/criteria presents methodological challenges.

17:15–17:30 (15m)

Patterns of Gambling and Other Risky Behaviors among Adolescents. A Latent Class Analysis study on the 2021/22 Health Behaviors in School Children survey data

Speaker

Giovanni Aresi (Università Cattolica del Sacro Cuore)

Description

Authors: Giovanni Aresi (Università Cattolica del Sacro Cuore), Chiara Arienti (ATS Città Metropolitana di Milano, Milano), Elena Marta (Università Cattolica del Sacro Cuore)

Background: Despite the implementation of legal age restrictions, gambling has become a prevalent activity among high school students, particularly among male adolescents. A notable limitation of extant research on adolescent gambling is its tendency to examine this behavior in isolation, thereby overlooking the evidence on the comorbidity between alcohol/drug use disorders and problem gambling.
Aim and Methods: The objective of the present study is to address the aforementioned gap by examining patterns of risk behaviors (i.e., substance use and gambling) among a representative sample of Italian adolescents aged 15 and 17 years living in the Lombardy region. The identification of subgroups of individuals characterized by common behavioral patterns was conducted using Latent Class Analysis, a statistical method that utilizes measured indicators to identify and analyze latent groups within a data set. The invariance of gender and age cohort, as well as the relations between class membership and gambling behavior severity and indicators of health status, were tested.
Results: Four distinct gender and age cohort variant patterns of risk behaviors were identified. The first pattern is characterized by a relative absence of risky behaviors. The remaining three patterns are distinguished by the predominant use of a single substance (e.g., alcohol, tobacco) or the concomitant use of a combination of multiple substances (e.g., polyconsumption). The presence of gambling did not manifest as a singular behavior within any of these profiles. Instead, it co-occurred with risk profiles characterized by polyconsumption. Individuals exhibiting polyconsumption patterns demonstrated higher levels of gambling severity and poorer health outcomes.
Discussion: A more nuanced understanding of gambling can be achieved by analyzing it in conjunction with other risk behaviors. The implications for preventive interventions targeting adolescents and the broader community in which they reside will be discussed.

17:30–17:45 (15m) **Gambling-like games**

Speaker
Davide Valenzona (University of Genoa)

Description

Authors: Davide Valenzona (University of Genoa), Daniel Lloret-Irles (University Miguel Hernández), Elena Gervilla (University of the Balearic Islands)

Background: Gambling-like video games refer to those that incorporate elements of gambling within their gameplay. These simulated gambling features can take various forms, with loot boxes being among the most prevalent. Previous studies have identified a connection between the use of loot boxes and video gaming problematic use, as well as gambling behaviour among adolescents. Simulated gambling may contribute to the normalization of real-money gambling, particularly among children and adolescents. The aim of this work is to analyse the relationship between loot box use and the severity of video gaming and gambling behaviours.
Methods: Participants were 3700 adolescents (age: M = 14.87; SD = .795; Range: 14-17; 50,3% women). Measures: Gambling severity was assessed using the Consumption Screen for Problem Gambling (CSPG), video gaming severity with the Game Addiction Scale for Adolescents (GASA), and depressive symptoms with the scale Center for Epidemiologic Studies-Depression (CES-D). Student's t-statistic was used to contrast the means of the three aforementioned variables between the groups of frequency of use of loot boxes (never, sometimes, and many times) and use/non-use of micropayments.
Results: The frequency of loot box use was associated with higher levels of depressive symptoms (t(699)=-2,030; p=0.021; d=0.179) and an increased likelihood of both video gaming (t(699)=-5.354 ; p<0.001; d=0.473) and gambling addiction (t(698)=-3.992; p<0.001; d=0.353). The use of microtransactions was linked to more severe symptoms of video game addiction (GASA) (t(2153)=5,546; p<.001; d=0.259), and to a lesser extent, with gambling addiction (CSPG) (t(1592.073)=2,156; p=0.016; d=0.092) and depressive symptoms (t(2153)=-2,079; p=0.019; d=0.097).
Discussion: These results highlight the potential psychological and behavioural risks of gambling-like features in video games, emphasizing the need for preventive strategies and regulatory measures to protect young users.

17:45–18:00 (15m) **Comparative analysis of gambling regulations in Italy and Spain**

Speaker
Daniel Lloret Irles (Universidad Miguel Hernández)

Description

Authors: Daniel Lloret Irles (Universidad Miguel Hernández), Davide Valenzona (University of Genoa), Elena Gervilla (University of the Balearic Islands)

Background: In the absence of a unified EU legal framework, some countries have adopted varying restrictions on gambling advertising, reflecting growing awareness of gambling as a public health issue. Italy imposed a total advertising ban through Decree-Law No. 87/2018, while Spain introduced partial restrictions with Royal Decree 958/2020. This study compares both regulatory approaches and their impact on the gambling market and consumer behavior.
Methods: A comparative legal and quantitative analysis was conducted. The first part compares regulatory processes, and the means used to regulate gambling advertising. The quantitative section examines economic indicators (gambling expenditure, venue proliferation, and advertising investment) and sociological data (player demographics by gender and age), distinguishing between land-based and online gambling
Results: In Italy, online gambling grew 161% from 2018 to 2023, land-based gambling dropped 47% in 2020, then recovered to near pre-2020 levels. In Spain, online gambling rose 69% (2019–2023), while land-based gambling stayed mostly stable. Gender plays a similar role in both countries: men prefer sports betting and poker far more than women do, while bingo is more gender balanced. In 2022, 52% of male online gamblers in Italy placed sports bets, compared to 10% of women; in Spain, 86% of online bettors were men. Regarding age, in 2022 young people dominate online gambling compared to other age groups: 50% of active accounts in Italy and 65% of players in Spain are aged 18–35.
Discussion: Advertising regulation can influence the public's perception of gambling. However, not many European countries have already imposed restrictions in this sector. In the future, it might be interesting to compare the policies already implemented by some countries such as Germany, Belgium and the Netherlands.

18:00

17:00

Symposium 5A: Implementation of Parenting and Family Support Initiatives in Europe: An Evidence-Based and Culturally Sensitive Approach to Quality Assurance

Session | **Location:** Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

17:00–18:00 (1h)

Symposium 5A: Implementation of Parenting and Family Support Initiatives in Europe: An Evidence-Based and Culturally Sensitive Approach to Quality Assurance

Speakers

Lucía Jiménez (University of Seville), Dr Ana Catarina Canário (Faculty of Psychology and Education Sciences of the University of Porto), Dr Ninoslava Pecnik (University of Zagreb), Dr Patty Leijten (University of Amsterdam)

Location

Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

Description

Authors: Lucía Jiménez (University of Seville), Ana Catarina Canário (Faculty of Psychology and Education Sciences of the University of Porto), Ninoslava Pecnik (University of Zagreb), Patty Leijten (University of Amsterdam), Sofía Baena (Universidad Loyola Andalucía), Sonia Byrne (University of La Laguna), Orlanda Cruz (Faculty of Psychology and Education Sciences of the University of Porto), Carmel Devaney (University of Galway), Ivana Dobrotic (University of Zagreb), Anna Jean Grasmeijer (University of Huelva), Victoria Hidalgo (University of Seville), Nina Mesl (University of Ljubljana), Cristina Nunes (University of Algarve), Metin Özdemir (Örebro University), Rita Pinto (Faculty of Psychology and Education Sciences of the University of Porto), María José Rodrigo (University of La Laguna)
Chair: Lucía Jiménez

Background: Implementation science has shown that adopting evidence-based practices in daily professional routines is a complex challenge that requires both structural integration and cultural sensitivity. The "Quality Assurance for Family Support in Europe" project, funded through a COST Innovators Grant, addressed this challenge in the field of parenting and family support by developing and implementing a Quality Assurance Protocol. Building on collaborative work by EurofamNet, the protocol offers a shared, measurable, and adaptable framework to guide and assess the quality of family support services.
Method: The first presentation describes the development and implementation of the protocol in 19 countries. The second and third presentations provide national case studies from Portugal and Croatia, showcasing the implementation and evaluation of evidence-based parenting programs in community settings and examining their alignment with the quality assurance framework. The final communication combines a national example from the Netherlands—focused on trends in brief and online parenting support—with cross-country lessons learned and the formulation of European policy recommendations.
Results: This symposium highlights how the application of a common quality framework enabled participating countries to reflect on both the strengths and gaps within their family support systems. The national case studies demonstrated that parenting programs, when adapted to local contexts, can lead to significant improvements in parenting practices, parental mental health, child behavior, and service accessibility. These findings underline the potential of evidence-based interventions to be effectively translated into real-world services. The collaborative process also contributed to the development of six European policy recommendations targeting legislation, intersectoral coordination, professional training, family participation, and the use of evidence.
Discussion: The symposium illustrates how a structured quality assurance approach can support national improvement efforts while generating shared knowledge across countries. This collaborative process contributes to a joint roadmap for sustainable, evidence-informed policymaking in family support.

ABSTRACT 1
Development and Implementation of a Quality Assurance Protocol for Family Support in 19 European Countries

Lucía Jiménez (University of Seville), María José Rodrigo (University of La Laguna), Sofía Baena (Universidad Loyola Andalucía), Sonia Byrne (University of La Laguna), Ana Catarina Canário (Faculty of Psychology and Education Sciences of the University of Porto), Orlanda Cruz (Faculty of Psychology and Education Sciences of the University of Porto), Carmel Devaney (University of Galway), Anna Jean Grasmeijer (University of Huelva), Victoria Hidalgo (University of Seville), Nina Mesl (University of Ljubljana), Cristina Nunes (University of Algarve), Metin Özdemir (Örebro University)

Background: Child and family wellbeing is a key priority in European social frameworks and policies, placing a clear responsibility on governments to ensure adequate support. In this context, social policy increasingly promotes the use of evidence-based practice as a guiding principle for investment, decision-making, and the dissemination of high-quality professional practices. However, despite the emphasis on quality assurance in social and care services, there remains a significant gap in implementation—particularly due to the absence of a model specifically tailored to the field of family support and suitable for assessment. This study aimed to develop a comprehensive, integrated, and measurable approach to quality family support across European countries through the creation of a Quality Assurance Protocol.
Methods: The protocol was developed by an expert panel, informed by documentary analysis of European regulations, quality frameworks, and previous empirical work, and drawing on lessons from the EurofamNet network. An initial set of principles, quality standards, and indicators was proposed and refined through a two-round Delphi study with 31 experts from research, policy, and practice. The final protocol included 21 principles, 28 quality standards, and 29 measurable indicators, organised across three systems: provision, practice, and evidence. It was implemented in 19 countries through a self-assessment process led by national family support networks, involving 283 participants (M = 14.89; SD = 10.57).
Results: National networks rated the provision and practice systems close to strength status, while the evidence system was positioned between strength and area for improvement. A rights-based approach was widely integrated, but economic support and innovative models were less developed. The evidence system showed the greatest need for improvement. Variability across countries and sectors reflected diversity, while also revealing shared progress.
Discussion: This initiative represents the first attempt to establish a consensual, cross-sectoral, and measurable model for assessing the quality of family support at the European level. Its implementation in 19 countries has enabled a structured mapping of national systems, fostering mutual learning, stakeholder engagement, and a shared understanding of quality benchmarks. The protocol not only helps identify national strengths and priorities for improvement but also offers a solid foundation for the development of coherent and evidence-informed European recommendations aimed at enhancing equity and effectiveness in family support services across diverse contexts.

ABSTRACT 2
Implementation and evaluation outcomes of Standard Triple P delivered in real-world settings in Portugal: Challenges to the family support practice system

Ana Catarina Canário (Faculty of Psychology and Education Sciences of the University of Porto), Rita Pinto (Faculty of Psychology and Education Sciences of the University of Porto), Orlanda Cruz (Faculty of Psychology and Education Sciences of the University of Porto)

Background: Parenting programs are structured interventions known to improve parenting practices and reduce children's behavioral difficulties. Despite the large body of evidence on these programs, we still know very little about how families under circumstances of vulnerability, such as those engaged with child welfare, benefit from parenting programs.
In the current study, we evaluate the implementation characteristics and effects of the parenting program Standard Triple P (STP) delivered to parents of children engaged with Child Protective Services. We discuss the findings according to those of the QA[4]EuroFam family support quality assurance protocol implemented in Portugal.
Method: Following a quasi-experimental design, the study included 94 parents of children aged 6 to 12. Participants received either the STP (n=43) or care as usual (n=51) in community-based services. Parents completed measures on their parenting practices, mental health, and children's behavior and social skills at baseline and after the intervention. STP practitioners completed the fidelity checklists for each session delivered.
Results: Parents who received STP reported less ineffective parenting practices and improved mental health, and their children showed less behavior and emotional problems and increased pro-social behavior. The practitioners delivered the program with fidelity, having made minor adjustments to enhance parents' comprehension of the contents, but without compromising the program's core components.
Discussion: STP seems to be a promising resource for supporting parents in community-based services. Even though the Portuguese family support services acknowledge the needs and specificities of children and their families in the support provided, the implementation of evidence-based programs is still scarce. As in the example provided, the few evidence-based programs available are mostly from an indicated level of prevention, being implemented by institutions from the social sector. It is thus crucial to promote a culture of evidence-based practice and increase the qualifications of the professionals towards evidence-based family support.

ABSTRACT 3
The benefits of implementing (‘growing’) quality family support programmes within social services in Croatia

Ninoslava Pecnik (University of Zagreb), Ana Catarina Canário (Faculty of Psychology and Education Sciences of the University of Porto), Ivana Dobrotic (University of Zagreb)

Background: Despite challenges in provision of evidence-based family support in Croatia, social services have recently implemented several locally developed family support programs, with positive impact observed on multiple levels, from families to practitioners and the child welfare system as a whole.

The current study is focused on one of the implemented programmes, Growing Up Together – Count Us In! (15 weekly workshops with parents, aimed at enhancing parents’ psychosocial resources for positive parenting and simultaneous workshops with their children (3-6 years old) aimed at promoting children’s wellbeing and resilience, followed by a session of joint parent-child play focused on strengthening parent-child relationship).

Method: Pre-post design with no comparator was used. Parents engaged with social welfare and/or child protection services who received the program completed measures at pre-and at post-intervention (41 parents) and at follow-up (25 weeks after the post-intervention, 22 parents).

Results: The program was followed by positive changes in parents’ self-efficacy, experience, morale, responses to challenging child behaviours, as well as in interactions with their children over time. Parents’ perceptions of global quality of life and health, and social relationships also improved, whereas children’s conduct problems, peer problems, and total difficulties decreased over time. QALY scores suggest that the program contributed to children’s, parents, and dyads’ quality of life, with the impact being more remarkable for parent-child dyads.

ABSTRACT 4
Developments in scalable parenting support in the Netherlands

Patty Leijten (University of Amsterdam)

Background: Parenting support is as key prevention strategy to reduce violence against children and mental health problems in children. In the past decades, we have gained a better understanding of the defining features of effective parenting support. This led to the development of a range of empirically supported parenting programs. Implementation of these programs remains challenging, due to a lack of infrastructure and resources in most European countries.
Methods & Results: In this presentation, I will critically appraise trends towards the use of brief and online parenting support programs. I will illustrate these trends with examples from the Netherlands, including three-session parenting support programs (e.g., the Family Check-Up and Behavioral Parent Training Groningen) and online parenting programs. I will discuss the increased use of brief and online programs in the light of systematic literature reviews on the effectiveness of parenting programs with different lengths and delivery formats.
Discussion: Developments in scalable parenting support in the Netherlands will be linked to the "European Policy Guidelines for Quality Child and Family Support Services" developed within the framework of the Cost Innovators Grant QA4EuroFam (https://www.cost.eu/actions/IG18123/). These guidelines include six recommendations: (i) Strengthen legislation and policy towards the dual goal of children's rights and family well-being, (ii) recognise and respond to diversity in family structures, cultures and needs, (iii) invest in an inter-sectoral and interdisciplinary approach, (iv) include parents and children as rights-holders subjects, not mere recipients of interventions, (v) provide high quality education and training for professionals working with families, and (vi) use evidence production, analysis, and translation as models of professional practice. The recommendations will be illustrated with exemples and discussed in the light of ongoing developments in prevention research in Europe.

18:00

17:00

Symposium 5B: Unlocking the true value of best practice portals: boosting their impact across Europe

Session | **Location:** Virchowweg 9, Innere Medizin/2-402

17:00–18:00 (1h)

Symposium 5B: Unlocking the true value of best practice portals: boosting their impact across Europe

Speakers

Ms Djoeke van Dalen (National Institute for Public Health and the Environment), Elke Hackländer (Federal Institute of Public Health (BIÖG)), Katarzyna Lewtak (National Institute of Public Health (PZH)), Ms Laetitia Gouffé-Benadiba (Santé publique France), Mrs Marika Kylänen (Finnish Institute for Health and Welfare (THL)), Ms Yvette Shajanian Zarneh (Federal Institute of Public Health (BIÖG))

Location

Virchowweg 9, Innere Medizin/2-402

Description

Authors: Djoeke van Dalen (National Institute for Public Health and the Environment), Elke Hackländer (Federal Institute of Public Health (BIÖG)), Marika Kylänen (Finnish Institute for Health and Welfare (THL)), Yvette Shajanian Zarneh (Federal Institute of Public Health (BIÖG)) Katarzyna Lewtak (National Institute of Public Health (PZH)), Laetitia Gouffé-Benadiba (Santé publique France)
Chair: Yvette Shajanian Zarneh
Presenter/Corresponding author: Yvette Shajanian Zarneh

What if decision-makers had immediate access to interventions that are proven to work—clearly assessed, policy-relevant, and ready to implement? Best practice portals promise exactly that. Yet, in reality, their transformative potential often goes untapped.
As health systems across Europe confront rising chronic disease burdens and limited resources, structured access to practice- based evidence is more essential than ever. Best practice portals—or programme registers—are designed to collect, evaluate, and disseminate proven public health interventions. When aligned with policymaker needs, they enable more strategic, evidence-informed investments. Yet, many portals remain fragmented, poorly promoted, or disconnected from national strategies and funding processes. The result: limited visibility, reduced uptake, and missed opportunities for impact.
To address this gap, seven countries have come together through the EuroHealthNet Thematic Working Group on Best Practice Portals. Their aim: to identify what works, share lessons, and strengthen the role of portals in shaping public health policy and funding. Insights from this collaboration are now informing key initiatives, including the Joint Action PreventNCD, Joint Action MENTOR and activities under the Polish Presidency of the Council of the EU.
This interactive workshop presents the core findings from this European knowledge exchange. Through real-world examples and structured dialogue, it explores how national and European portals can evolve into more user-centred, strategically integrated, and politically visible tools for advancing public health and health equity.
Objectives
Participants will:
- Understand how best practice portals can support more effective public health investment through evidence-informed decision-making
- Learn about ongoing efforts to harmonize criteria and enhance comparability across countries
- Explore how portals can be embedded into national strategies, and linked to funding instruments and EU-level initiatives. Key messages
- Best practice portals are critical policy tools—when they are visible, accessible, and aligned with policy priorities
- European cooperation is essential to unlock their full transformative potential

ABSTRACT 1
Making Best Practice Portals Attractive to Policymakers

Marika Kylänen (Finnish Institute for Health and Welfare (THL))

Background: Best practice portals can play a critical role in strengthening evidence-informed policymaking. However, to reach this potential, portals must meet the practical needs of decision-makers. Finland's new Best Practice Portal (FBPP), developed since 2019, aims to do exactly that by offering structured, accessible, and comparable information on evidence-based practices (EBPs).
Methods: Supported by the Finnish Government and NextGenerationEU (RRF), FBPP combines three core components:
a) A digital editorial system enabling scientific peer review based on standardized criteria.
b) Published evaluation reports in the Practices in Health Promotion series (ISSN 2737-2936).
c) A search and comparison service with tables, graphics, and maps to help users compare the effectiveness of EBPs.
Results: Launching officially at the European Public Health Conference 2025 in Helsinki, FBPP provides policymakers and practitioners with a user-friendly, scientifically validated tool. Its comparative features support strategic decision-making by highlighting the relative impact of different interventions, making it easier to allocate limited resources to the most effective practices.
Discussion: The Finnish experience demonstrates how portals can move beyond static repositories to become strategic decision-support tools. Key success factors include government backing, integration of peer-reviewed content, and a user-oriented comparison system. Future challenges include ensuring long-term sustainability and promoting active use by policymakers at national and regional levels.

ABSTRACT 2
Linking Funding to the Use of Evidence-Based Practices – Experiences from the Netherlands and France

Djoeke van Dalen (National Institute for Public Health and the Environment)

Background: To achieve real-world impact, best practice portals must be linked to mechanisms that encourage or require their use. Both the Netherlands and France have developed funding strategies that promote the implementation of interventions listed in their national portals.
Methods: The Dutch portal Loketgezondleven.nl has been in place for 17 years and benefits from strong government backing. Schools, for example, receive funding to implement validated practices from the portal, increasing both uptake and submissions of new practices. In France, Santé publique France manages ReperPrev, a portal linked to regional funding through the 18 Regional Health Agencies. This legal framework ties funding to recognized interventions, creating strong incentives for submission and use.
Results: The Dutch school funding model has proven to be an effective strategy for scaling up good and best practices. In France, ReperPrev has gained visibility, but challenges remain. Not all requested programs can be registered, and scientific integrity must be safeguarded against financial pressures. Both models illustrate that linking portals to funding increases relevance but requires careful governance to balance scientific independence and policy demands.
Discussion: These examples show that financial incentives can drive the adoption of evidence-based practices. However, they also highlight the need for transparent criteria, independent scientific review, and ongoing dialogue with policymakers and practitioners to ensure that funding mechanisms enhance rather than compromise the quality and integrity of prevention efforts.

ABSTRACT 3
Towards Greater Impact – Strengthening Visibility and Alignment of European Best Practice Portals

Elke Hackländer (Federal Institute of Public Health (BIÖG))

Background: Despite growing investments in national best practice portals, the lack of shared definitions, criteria, and structures across Europe limits their strategic value. Professionals face challenges when searching for comparable information on effective interventions across countries.
Methods: Germany and Poland are leading efforts to improve visibility and comparability. Germany’s Federal Institute for Public Health (BIÖG) is piloting a web-based "portal of portals" under the Joint Action PreventNCD. This tool provides structured access to national portals, supported by harmonized comparison criteria developed through expert dialogue and a pretest survey. In parallel, Poland’s National Institute of Public Health (PZH-PIB) is using its EU Presidency to promote political uptake of best practices by translating them into actionable policy recommendations.
Results: Germany’s pilot demonstrates how cross-country comparability can be improved through uniform criteria and structured digital access. Poland’s EU Presidency efforts show how increased political visibility can elevate best practice use at national and EU levels. Together, these approaches build momentum for more coordinated, evidence-informed public health strategies across Europe.
Discussion: Aligning definitions, criteria, and governance structures is essential for maximizing the value of best practice portals. Increased political commitment and user-friendly digital tools can help bridge the gap between national repositories and European-level decision-making, fostering equity-oriented health promotion and disease prevention.

18:00

Friday 26 September

08:00

Registration/Welcoming delegates

Session | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

08:30

08:30

Campfire 6: Review of Theories Underlying Evidence-Based Prevention Strategies—What is Next?

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

08:30–10:00 (1h 30m)

Campfire 6: Review of Theories Underlying Evidence-Based Prevention Strategies—What is Next?

Speakers

Dr Moshe Israelashvili (School of Education, Tel Aviv University), Zili Sloboda (Applied Prevention Science International)

Location

Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

Description

Authors: Moshe Israelashvili (School of Education, Tel Aviv University), Zili Sloboda (Applied Prevention Science International)

The field of prevention science, although fairly new, has advanced the development of evidence-based prevention strategies. Whether a media campaign, a parenting program for families, a school-based curriculum, policies for the workplace, environmental programs and policies, many have been proven to be effective across most demographic groups. A number of factors/processes account for these successes. One of the key contributing factors is the use of theories to guide the development and implementation of these strategies. Evidence-based prevention programming draws from theories of etiology, theories of human development, and theories of human behavior including learning theories and theories of behavior change. Is it time to review these theories and reflect on their utility for future and updated interventions? Are we in a state to determine what we have learned from these theories and how we can move the field of prevention science and practice forward? Of particular importance relates to the adoption and implementation of these evidence-based prevention strategies through the normalization of the culture of prevention so it is implemented comprehensively not only through prevention professionals but also through related health care professionals, teachers, and parents. This panel will review the history and impact of existing theories critical to the delivery of evidence-based prevention strategies but will present new avenues for discussion and research.

10:00

08:30

Early Career session 4

Session | **Location:** Virchowweg 9, Innere Medizin/2-404

Description

Chair: Annie O'Brien

08:30–08:45 (15m)

Adapting a parenting intervention to prevent adolescent mental health problems in North Macedonia and Moldova: A feasibility study

Speakers

Dr Janina Mueller (Department of Health Psychology, University of Klagenfurt), Mr Michael Radloff (Department of Health Psychology, University of Klagenfurt)

Description

Authors: Janina Mueller (Department of Health Psychology, University of Klagenfurt), Franziska Waller (Department of Health Psychology, University of Klagenfurt), Lara Barg (Department of Psychology, Bielefeld University), Nina Heinrichs (Department of Psychology, Bielefeld University), Viorel Babii (Asociatia Obsteasca Sanatate Pentru Tineri - Health for Youth Association), Nevena Calovska (Department for Psychology, Faculty for Media and Communication, Singidunum University), Graham Moore (Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer), School of Social Sciences, Cardiff University), Antonio Piolanti (Department of Health Psychology, University of Klagenfurt), Marija Raleva (Institute for Marriage, Family and Systemic Practice - ALTERNATIVA), Michael Radloff (Department of Health Psychology, University of Klagenfurt), Swetha Sampathkumar (Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer), School of Social Sciences, Cardiff University), Yulia Shenderovich (Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer), School of Social Sciences, Cardiff University), Judit Simon (Department of Health Economics, Center for Public Health, Medical University of Vienna), Dennis Wienand (Department of Health Economics, Center for Public Health, Medical University of Vienna), Heather M. Foran (Department of Health Psychology, University of Klagenfurt)

Background: Mental health disorders often emerge early in life, with 34.6% occurring before age 14 and 48.4% before age 18, underscoring the importance of preventive interventions. Parenting programs offer a promising strategy to strengthen family relationships and promote mental well-being. However, most family-based interventions focus primarily on caregivers, resulting in limited evidence regarding their effectiveness for adolescents. A multi-informant approach is recommended to capture symptom expression across different contexts and informants (caregivers, adolescents). The FLOURISH project aims to adapt, optimize, and evaluate an intervention for adolescents aged 10-14 and caregivers in North Macedonia and Moldova. This feasibility study is part of the MOST preparation phase, focusing on testing the core program - PLH for Parents and Teens - alongside three additional components designed to prevent mental health problems and enhance family well-being.
Methods: A single-arm, multicomponent pre-post pilot study was conducted in both countries. Local facilitators delivered the intervention to 64 adolescents and 64 caregivers from September 2023 to January 2024. Participants were caregivers and adolescents.
Results: Pre-post comparisons showed promising results, with caregivers reporting reduced adolescent internalizing behaviors and improved family functioning (d=.03-.42). Adolescents reported minimal changes. Dyadic analyses revealed a partner effect, with caregiver-reported parenting behaviors at baseline predicting adolescents' self-reported mental health at post-assessment (b=0.395, p=.002). High attendance (87.5%) supported acceptability.
Discussion: Despite limitations such as a small sample size, lack of a comparison condition, recruitment and implementation challenges, this pilot study suggests that the adapted preventive intervention may reduce adolescent internalizing symptoms and enhance family functioning. Caregivers' assessments appeared to be reliable predictors of adolescent mental health outcomes, highlighting the value of a multi-informant approach. Findings from this study informed revisions to the intervention, measurements, and conceptual model, with further evaluation planned in the Phase 2 factorial trial of the FLOURISH project, involving 576 adolescent-caregiver dyads.

08:45–09:00 (15m)

Evaluating the SKILLS (Support for KIds in Learning and Language Strategies) Online Programme for School Support Staff

Speaker

Anwen Jones (Bangor University)

Description

Authors: Anwen Jones (Bangor University), Judy Hutchings (Bangor University), Margiad Williams (Bangor University)

Background: Teaching Assistants (TAs) work with some of the most vulnerable and challenged pupils but often lack the necessary skills to manage child behavioural and social-emotional problems due to the limited training opportunities presented to them. SKILLS (Support for KIds in Learning and Language Strategies) is a five-week web-based programme introducing positive behavioural principles to strengthen TA-pupil relationships, increase praise and develop children's language. This feasibility trial examined the likelihood of engaging TAs into completing the online programme and obtained participant feedback from which to make further developments to the programme.
Methods: Pre and post-intervention self-report and observational measures were administered. Baseline child behaviour problems were assessed with the teacher-reported Strengths and Difficulties (TSDQ) questionnaire. The Teaching Stress Inventory (TSI) and a sense of competence (PSOC) measure were administered to explore any TA benefits. An evaluation survey gathered participants' responses to the newly developed programme, exploring engagement and any technical problems with the resource.
Results: Participants (n=16) responded positively, describing SKILLS as being accessible and beneficial to their professional development. Exploratory measures showed a significant increase in the TAs sense of competence and efficacy, and growing use of strategies to prompt children's language. The sample was adequate for a feasibility study however, a larger sample is needed to determine programme effectiveness.
Discussion: This study addresses the lack of professional learning opportunities presented to TAs with the development and evaluation of an easily accessible programme founded on evidence-based strategies known to improve child and school support staff outcomes. The SKILLS online programme has the potential to improve children's experience of school and their long-term academic outcomes through improving staff training. This feasibility study is important to further develop this much-needed resource based on stakeholder feedback.

09:00–09:15 (15m)

A systematic review informing recommendations for assessing implementation variability in universal, school-based social and emotional learning interventions

Speaker

Annie O'Brien (The University of Manchester)

Description

Authors: Annie O'Brien (The University of Manchester), Margarita Panayiotou (The University of Manchester), Joao Santos (The University of Manchester), Suzanne Hamilton (The University of Manchester), Neil Humphrey (The University of Manchester)

Background: There is theoretical support for, and emerging empirical evidence that, implementation variability (e.g., fidelity, dosage, quality) influences outcomes of school-based social-emotional learning (SEL) interventions, yet this relationship remains underexplored. This review aimed to (1) identify and appraise the quality of methods used to assess the relationship between implementation variability and student outcomes and (2) determine the association between implementation dimensions and student outcomes, to reduce the research-to-practice gap and advance evidence-based practice.
Methods: British Education Index, ERIC, PsycINFO, ASSIA, ScienceDirect, and Web of Science were searched, initially identifying 2,987 studies. An Implementation Quality Appraisal Checklist (IQAC) was developed to assess the quality of research statistically examining the implementation-outcomes relationship. Extracted data were grouped according to the implementation dimension(s) assessed, the outcome domain(s) examined, and the statistical method(s) used.
Results. Thirty-one studies met the review inclusion criteria. Quality assessment classified fourteen studies (45%) as low quality, fifteen (48%) as medium quality, and 2 (7%) as high quality. The most frequently examined implementation dimensions were dosage (n=16), fidelity (n=11), quality (n=11), responsiveness (n=6) and reach (n=3). Inferring the implementation-outcomes relationship was hindered by the heterogeneity and low quality of studies, resulting in a small sample size of comparison groups; calculation of meta-aggregative effect sizes was therefore not possible.
Discussion. This review reveals the paucity of high-quality research examining the relationship between implementation variability of SEL interventions and student outcomes. Accordingly, we propose the use of the aforementioned IQAC to support and guide future research in this area, alongside recommendations to advance implementation science.

09:15–09:30 (15m)

Recently Settled Immigrant Parents' Experiences of a Universal Parenting Program in Sweden

Speaker

Maja Västhagen (Karolinska Institutet)

Description

Authors: Maja Västhagen (Karolinska Institutet), Agnes von Schreeb (Karolinska Institutet), Birgitta Kimber (Umeå University), Metin Özdemir (Örebro University), Pia Enebrink (Karolinska institutet)

Background: Parenting adolescents presents universal challenges, which are further intensified when navigating a new cultural context. The post migration stressors immigrant parents often face and accompanying decline in parental self-efficacy underscore the need for support using, such as culturally sensitive parenting programs. This qualitative study explored newly resettled parents' experiences of a universal parenting program, conducted as part of a larger randomized controlled trial, to develop insight into parents' own narratives of participating in a parenting support program.
Method: Interviews were conducted with 17 parents speaking Somali, Arabic and Dari, who had completed the program. All parents/caregivers cared for at least one child 10-18 years and came to Sweden after 2015. The interviews were analyzed through content analysis.
Results: The synthesis of the data yielded a central theme: "Parental self-efficacy through new perspectives", supported by three categories: "Rooting parenting in a new culture", "Strengthening parenting skills" and "Reaching out to parents". These categories encompass learning about the new society, balancing cultural contrasts, enhancing general parenting skills, and identifying barriers and facilitators such as fear of social institutions and the value of social support.
Discussion: This culturally sensitive parenting program for immigrant parents seems to be accepted and efficient in strengthening parental self-efficacy. These qualitative findings complement the quantitative results from the RCT by providing additional insight into parents' experiences and highlight how culturally sensitive interventions can empower immigrant parents and help mitigate post-migration stressors in daily parenting context.

09:30–09:45 (15m)

Young autistic people and promotion of their sexual health: a qualitative study of their needs and recommendations

Speaker

Ms Noëline Vivet (Université Paris Saclay, École Doctorale de Santé Publique; Institut National d'Études Démographiques (INED), UR14-Sexual and Reproductive Health and Rights, Campus Condorcet, 9 cours des Humanités, F-93300 Aubervilliers, Paris, France; Université Paris Cité, ECEVE, UMR 1123, Inserm, 10 rue de Verdun, F-75010 Paris, France)

Description

Authors: Noëline Vivet (Université Paris Saclay, École Doctorale de Santé Publique; Institut National d'Études Démographiques (INED), UR14-Sexual and Reproductive Health and Rights, Campus Condorcet, 9 cours des Humanités, F-93300 Aubervilliers, Paris, France; Université Paris Cité, ECEVE, UMR 1123, Inserm, 10 rue de Verdun, F-75010 Paris, France), Elise de La Rochebrochard (Institut National d'Études Démographiques (INED), UR14-Sexual and Reproductive Health and Rights, Campus Condorcet, 9 cours des Humanités, F-93300 Aubervilliers, Paris, France), Philippe Martin (Institut National d'Études Démographiques (INED), UR14-Sexual and Reproductive Health and Rights, Campus Condorcet, F-93300 Aubervilliers, Paris, France; Université Paris Cité, ECEVE, UMR 1123, Inserm, 10 rue de Verdun, F-75010 Paris, France ; GDID Santé, Paris, France)

Introduction: Autism is a neurodevelopmental disorder that manifests itself in multiple areas of life. Autistic people show an interest in sexuality and relationships, but they reveal lower levels of sexual experience and protective sexual behaviour, limitations in terms of their relationship to their body and intimacy, and they are more exposed to sexual violence. The sexual health of young autistic people remains a blind spot in health promotion. The objective of this qualitative study is to analyse the needs, experiences, perceptions and recommendations for the promotion of the sexual health of young autistic people.
Method: Twenty-five young French autistic people without intellectual disabilities aged 18 to 24 participated to semi-structured interview. They presented their difficulties in emotional and sexual life and shared their experiences and recommendations for sex education. A qualitative thematic analysis was carried out to explore their points of view.
Results: The majority of participants expressed sensory difficulties in their affective and sexual lives, difficulties in expressing and understanding sexual consent, and disruptions in their conjugal lives. Most of the young people interviewed had suffered sexual violence and had not received sex education adapted to their needs. The majority of young people expressed a need for autism-friendly sex education in the form of a collective sex education intervention and experience sharing thanks to interactive and visual dimensions with the need to stimulate peers interactions, but also with competent professionals in the field of autism.
Discussion: The sexuality of young autistic people is constructed through the prism of their individuality as autistic people, their own perceptions, difficulties, needs and experiences, which are constantly confronted with their place in group and more broadly within society. Taking into account the personal identity of young autistic people in their social and environmental contexts represents a promising intervention perspective.

10:00

08:30

Parallel session 6A: Substance use prevention

Session | **Location:** Virchowweg 9, Innere Medizin/1-401 - Seminarraum 401

Description

Chair: Rachele Donini

08:30–08:45 (15m) **STAD in the Netherlands: First Lessons on Cultural Adaptation and Implementation**

Speaker

Britt Bilderbeek (Trimbos-institute)

Description

Authors: Britt Bilderbeek (Trimbos-institute), Martha de Jonge (Trimbos Institute)

Background: The STAD approach (STockholm prevents Alcohol and Drug problems) is an integrated prevention model aimed at reducing overserving, drug use, and drug dealing in nightlife settings. In the Netherlands, a four-year pilot is underway to culturally adapt the STAD model to the Dutch context, followed by its implementation and an evaluation of its effectiveness.
Methods: A literature review was conducted to inform the development of a comprehensive logic model that addresses both alcohol and drug use. Historically, these topics were treated separately within the STAD model, through Responsible Beverage Service (RBS) and a separate theoretical framework for Clubs Against Drugs.
In addition, interviews were conducted with key stakeholders to identify both opportunities and barriers for successful implementation.
Finally, a study visit to the original STAD project in Stockholm provided further insights into practical application and context-specific dynamics.
Results: The new integrated logic model consists of five key components: community mobilisation, improved enforcement, training, environmental changes and public information efforts. The barriers identified through the interviews with stakeholders mostly focused on the first three components and included issues such as absence of common goals, and lack of financial capacity and/or manpower.
Discussion: This presentation will outline the newly developed logic model and the activities undertaken or planned under the different key components. Important differences between the Dutch and Swedish nightlife and policy contexts that may influence implementation will be discussed. Stakeholder perspectives will be highlighted, including the identified challenges and enablers, as well as strategies used to address them. Finally, the presentation will offer a preview of the next steps in the pilot, including evaluation activities.

08:45–09:00 (15m)

Assessing the Norwegian Prevention Continuum: Findings from the Review of Substance Use Prevention Systems (RePS) and the way forward

Speakers

Renate K. Vesterbekkmo (KORUS Central, St. Olavs University Hospital, Trondheim, Norway), Yvonne Larsen (KORUS Oslo, Norway)

Description

Authors: Renate K. Vesterbekkmo (KORUS Central, St. Olavs University Hospital, Trondheim, Norway), Yvonne Larsen (KORUS Oslo, Norway), Katrin Øien (KORUS central, St. Olavs university hospital. Trondheim, Norway)

Background: Effective substance use prevention requires coordinated, evidence-based efforts across the entire prevention continuum. In 2023, Norway became the first country to pilot the Review of Prevention Systems (RePS), a tool developed by UNODC to assess national systems against the International Standards on Drug Use Prevention (UNODC/WHO). The pilot aimed to identify system strengths and areas for improvement, as well as to test the tool's applicability.
Methods: A mixed-methods approach was employed, combining document analysis, stakeholder interviews, and mapping of 187 interventions across age groups, risk levels, and settings. The assessment examined intervention coverage, evidence base, coordination structures, and use of epidemiological data. Interventions were drawn from different regions, with varying levels of representation.
Results: Norway's prevention system is broad and well-established, with interventions spanning the continuum. Most target adolescents, particularly in school settings. Approximately 25% were assessed as evidence-based or strongly evidence-informed, supported by regional coordination and local data. Another 25% were non-evidence-based, mainly among locally implemented universal programmes. One third were classified as supporting services. National-level interventions had the lowest share of non-evidence-based content (17%). Despite lacking formal accreditation or conditional funding, the system demonstrated strong regional consistency.
Discussion: The Norwegian system demonstrates how coordination and data-informed planning can underpin a robust prevention infrastructure. Still, key gaps remain. Local uptake of evidence-based interventions, especially in universal adolescent programs, is limited. Outcome-focused evaluations are rare, and few practitioners receive structured training. While some non-evidence-based interventions appear promising, they highlight the need for more systematic evaluation. Insight gained from RePS has contributed to the development of a national youth substance use prevention initiative, aimed at scaling up resources, increase decision-maker awareness, and serve as a system baseline. Norway's experience offers valuable insights for countries seeking to enhance their prevention systems through structured assessment and strategic follow-up

09:15–09:30 (15m)

How would the prevalence of cannabis use change in Sweden should recreational use be decriminalized?

Speaker

Filip Andersson (Karolinska Institutet)

Description

Authors: Filip Andersson (Karolinska Institutet), Cecilia Magnusson (Karolinska Institutet), Mats Ramstedt (Karolinska Institutet), Nicola Orsini (Karolinska Institutet), Robert Thiesmeier (Karolinska Institutet), Rosaria Galanti (Karolinska Institutet)

Background: Many countries and jurisdictions have recently adopted more lenient laws concerning cannabis use (decriminalization or legalization). In Sweden cannabis use is still considered a criminal offense, but this stance has been recently debated in the light of the high drug-related mortality in the country. To inform this debate, we conducted a study centered on the following research question: Which would be the most likely change in the prevalence of recreational use of cannabis should it be decriminalized in Sweden?
Methods: Jurisdiction-level data on self-reported cannabis use from 12 countries (across Europe and Australia) and four U.S. states were collected from 1994 and onwards. We included countries that decriminalized cannabis use and reported both pre and post decriminalization measurements. This data was modeled to predict the most likely changes in past 12-month and past 30-day cannabis use following a hypothetical decriminalization in Sweden.
Results: We predicted that in Sweden there would be an immediate modest surge in the prevalence of both past 12-month and past 30-day cannabis use following the hypothetical decriminalization. Longer-term trends differed between these measures. For past 12-month use, the gap in prevalence between scenarios with and without decriminalization gradually narrowed over time. In contrast, for past 30-day use, the gap widened over time.
Discussion: Decriminalizing cannabis use in Sweden would likely lead to an initial increase of self-reported use. The extent to which this reflects a genuine increase or an increased propensity to disclosure remains to be understood. After this initial increase experimental (past 12-month) use tends to stabilize, while recurrent (past 30-day) use may continue to increase, probably indicating an increasing pool of individuals transitioning towards cannabis use disorder. The method we used for this prediction can be easily replicated in other contexts and used to support evidence-based policy decisions.

10:00

08:30

Parallel session 6B: School-based prevention

Session | **Location:** Virchowweg 9, Innere Medizin/2-402

Description

Chair: Zila Sánchez

08:30–08:45 (15m) **Measuring system change at health promoting schools: a validation study**

Speaker

Lea Decker

Description

Authors: Lea Decker, Dominik Röding (Hannover Medical School), Isabell von Holt, Ulla Walter (Hannover Medical School)

Background: In whole-school approaches to prevention and health promotion (PHP), system changes such as an increase in collaboration for prevention are intended short-term outcomes. These changes are crucial steps toward achieving positive long-term outcomes for students. To date, only a few validated instruments in the German language exist to measure such system changes. We present an extended version of one such instrument and its psychometric properties.
Methods: Our instrument is an adapted version of an instrument that measures system changes in communities. It uses a multiple key informant interview approach and comprises the following constructs: adoption of a science-based prevention strategy (index based on 21 items), inter-sectoral collaboration for PHP (10 items), integrated strategy for PHP (10 items), support for prevention (4 items), and social norms (8 items). Data were collected as part of a quasi-experimental study that evaluates Weitblick, a prevention support system for schools in Germany. We interviewed 108 school key informants from 20 schools since March 2024. We conducted reliability and correlation analyses, and calculated intra-class correlation coefficient to assess school-level variation.
Results: Preliminary findings indicate acceptable to good internal consistency (α= .732 to .831). At the individual level, integrated strategy correlates significantly with inter-sectoral collaboration (r= .292**) and support for prevention (r= .473**). On the school level, it correlates significantly with support for prevention (r= .652**) and the adoption of a science-based prevention strategy (r= .668**). The following proportion of variance is explained by school-level differences: adoption of a science-based prevention strategy 94.8%, inter-sectoral collaboration 58%, integrated strategy 34.8%, support for prevention 40.2%, social norms 41%.
Conclusion: The results indicate that the instrument enables valid measurements of system change outcomes in the German context. Limitations are being discussed, and further analyses of these outcomes will follow (e.g., confirmatory factor analyses).

08:45–09:00 (15m)

Are there generalization effects to the home context from the School-Wide Positive Behavior Interventions and Supports (SWPBIS) model?

Speaker

Mari-Anne Sørlie (Norwegian Center for Child Behavioral Development (NUBU))

Description

Authors: Mari-Anne Sørlie (Norwegian Center for Child Behavioral Development (NUBU)), Terje Ogden (Norwegian Center for Child Behavioral Development (NUBU)), Torbjørn Torsheim (University of Bergen)

Background: The School-Wide Positive Behavioral Interventions and Supports (SWPBIS) model is among the most used and evaluated interventions worldwide to prevent problem behavior and create positive and supportive learning conditions for all students. The current study is, however, the first to examine whether the intervention model previously documented as effective in the school context, may generalize to the home context.
Methods: Potential benefits for children and parents were investigated longitudinally. A randomly selected subsample of Norwegian students drawn from a larger dataset and considered at respectively low, moderate, and high risk of developing conduct problems was rated by their parents at five time points across four successive school years. Only the fourth graders (n = 594) were included in the analyses to follow a stable group of students over time.
Data were analyzed using linear mixed models. The outcome variables examined were parent-rated problem behavior and social skills, monitoring, mental health, support to the child's schooling, and school-home cooperation.
Results: The analyses revealed no significant benefits of SWPBIS in the home context, neither for the children nor the parents. Likewise, no differential effects for low-, moderate-, and high-risk groups were detected.
Discussion: To increase the odds of the SWPBIS model's cross-domain effects, additional intervention components to better inform, include, and support parents should be considered, particularly for parents of students with more severe behavior problems.

09:00–09:15 (15m)

Implementation of a whole-school sexual health intervention in English secondary schools: fidelity and qualitative process evaluation

Speakers

Dr Ruth Ponsford (London School of Hygiene & Tropical Medicine, Department of Public Health, Environments and Society), Veena Muraleetharan (London School of Hygiene & Tropical Medicine, Department of Public Health, Environments and Society)

Description

Authors: Ruth Ponsford (London School of Hygiene & Tropical Medicine, Department of Public Health, Environments and Society), Veena Muraleetharan (London School of Hygiene & Tropical Medicine, Department of Public Health, Environments and Society), Rebecca Meiksin (London School of Hygiene & Tropical Medicine, Department of Public Health, Environments and Society), Jo Sturgess (London School of Hygiene & Tropical Medicine, Department of Medical Statistics), Nerissa Tilouche (London School of Hygiene & Tropical Medicine, Department of Public Health, Environments and Society), Charles Opondo (London School of Hygiene & Tropical Medicine, Department of Medical Statistics), Josephine McAllister (Department of Social & Policy Sciences, University of Bath), Steve Morris (Department of Public Health, Cambridge University), G.J. Melendez-Torres (Department of Public Health and Sports Sciences, University of Exeter), Alison Hadley (Teenage Pregnancy Knowledge Exchange, University of Bedfordshire), Maria Lohan (School of Nursing and Midwifery, Medical Biology Centre; Hitotsubashi Institute of Advanced Study, University of Hitotsubashi), Catherine Mercer (University College London), Honor Young (DECIPHer Centre, Cardiff School of Social Sciences, Cardiff University), Rona Campbell (Bristol Medical School), Karin Coyle (ETR Associates), Elizabeth Allen (London School of Hygiene & Tropical Medicine, Department of Medical Statistics), Chris Bonell (London School of Hygiene & Tropical Medicine, Department of Public Health, Environments and Society)

Background: Whole-school sexual health interventions that go beyond classroom education have shown potential to improve sexual health outcomes. However, existing literature does not report on implementation and the factors affecting this, important context for interpreting outcomes and understanding conditions for replicability and scale-up. In England, recent legal changes making relationships and sex education (RSE) mandatory also underscore the importance of understanding how schools make sense of their duty to address sexual health.
Methods: We conducted a parallel-arm, cluster RCT in 49 secondary schools across England from 2021 to 2025 with nested process evaluation to assess a whole-school intervention involving 1) a school health promotion council, 2) a student needs report, 3) classroom curriculum addressing RSE, 4) student-led campaigns, 5) parent information, and 6) review of sexual health services. We assessed implementation with 36 semi-structured staff interviews in 22 of 24 intervention schools, alongside researcher observations and implementor logbooks. Interview transcripts were coded inductively, informed by the data, and deductively, informed by research questions. Data were organized into themes and sub-themes according to May's General Theory of Implementation.
Results: Overall, fidelity was poor with no school delivering all elements with a good level of fidelity and only two schools implementing all components with adequate fidelity. Most schools reported lesson delivery in both years, but only five-to-six delivered all lessons each year with 70%+ fidelity. Lesson delivery was supported by materials and training, but schools varied in their capacity to call on specialist teachers. Whole-school components were challenging to deliver, as staff made sense of sexual health as a curriculum priority, rather than a whole-school issue, particularly in light of recent legislative changes.
Discussion: Resonance with national policy enabled lesson delivery, but detracted from commitments to whole-school elements. Dedicated RSE staff and incorporating sexual health into existing whole-school initiatives could improve implementation.

09:15–09:30 (15m)

The global dissemination of the UNODC Guiding Document on the Role of Law Enforcement Officers (LEO) in Drug Use Prevention within School Settings: Interactive science-informed training material supporting the preventive role of LEO in and around schools.

Speaker

Ali Yassine (Associate Drug Control and Crime Prevention Officer)

Description

Authors: Ali Yassine (Associate Drug Control and Crime Prevention Officer), Wadih Maalouf (Coordinator of Prevention Programme), Zila Sanchez

Background: While law enforcement officers (LEOs) often engage in school-based drug prevention, their efforts are usually improvised and not science-based. In this regard, the UNODC developed a guidance document to align LEOs' roles with scientific evidence and broader prevention efforts, whenever they are implicated in prevention.
Building on the success of the pilot training in Panama in 2022, and the regional Gulf Cooperation Council (GCC) workshop that took place in Abu Dhabi in 2023, the UNODC developed structured and interactive training materials geared towards law enforcement officers implementing prevention services in line with the guidance documents.
Methods: This new set of interactive training material was piloted in Lebanon in 2025 with a group of law enforcement officers from the Lebanese Internal Security Forces (Drug Enforcement Department). The training spanned over 3 days and participants ranked up to "Major". It was clear throughout the training and discussions that participants' long involvement in school-based prevention often relied on improvised activities or approaches not aligned with the International Standards on Drug Use Prevention.
Results: At the feedback as well as assessment exercises, the vast majority of participants reported a positive change of attitudes towards drug prevention, acknowledging the developmental aspect of prevention, and the importance of collaboration between schools, parents, communities and law enforcement. Furthermore, participants collectively acknowledged the environmental role of law enforcement in the prevention of drug use in the context of schools and the safety of their surroundings.
Discussion: Such results are promising for a cultural shift among law enforcement to adopt a more science-informed and environmental approach to drug prevention in school settings.

10:00

08:30

Symposium 6A: Financial well-being support to improve child and youth outcomes: emerging evidence from studies in Sweden and the UK

Session | **Location:** Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

08:30–10:00 (1h 30m)

Symposium 6A: Financial well-being support to improve child and youth outcomes: emerging evidence from studies in Sweden and the UK

Speakers

Dr Georgina Warner (Uppsala University, Sweden), Dr Amy Bond (University of Exeter, UK), Prof. Vashti Berry (University of Exeter, UK), Ms Eleanor Bryant (University of Exeter, UK), Nick Axford (University of Plymouth, UK), Ms Nina Johansson (Uppsala University), Prof. Claire Cameron (University College London, UK), Ms Mary-Alice Doyle (Nesta, UK)

Location

Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

Description

Authors: Georgina Warner (Uppsala University, Sweden), Amy Bond (University of Exeter, UK), Vashti Berry (University of Exeter, UK), Eleanor Bryant (University of Exeter, UK), Nick Axford (University of Plymouth, UK), Nina Johansson (Uppsala University), Claire Cameron (University College London, UK), Mary-Alice Doyle (Nesta, UK), Georgia Smith (University of Exeter, UK), Kath Wilkinson (University of Exeter, UK), Rebecca Summers (University of Exeter, UK), Morwenna Rogers (University of Exeter, UK), James Hall (University of Southampton, UK), Iain Lang (University of Exeter, UK), Kristin Liabo (University of Exeter, UK), Ida Hedkvist (Child Health and Parenting (CHAP), Department of Public Health and Caring Sciences, Uppsala University, Sweden), David Isaksson (Health Services Research, Department of Public Health and Caring Sciences, Uppsala University, Sweden), Anna Sarkadi (Child Health and Parenting (CHAP), Department of Public Health and Caring Sciences, Uppsala University, Sweden), Angela Bartley (East London Foundation Trust, UK), Elizabeth Cecil (Thomas Coram Research Unit, University of College London, UK), Laura Austin Croft (East London Foundation Trust, UK), Catherine Harris (Thomas Coram Research Unit, University College London, UK), Siew Fung Lee (Thomas Coram Research Unit, University College London, UK), Matthew Oultram (East London Foundation Trust, UK), Michelle Heys (Thomas Coram Research Unit, University College London, UK), Abigail Knight (Camden Council, London, UK), Ghazal Moenie (Nesta, UK), Jun Nakagawa (Candeb Council, London, UK), Dea Nielsen (Nesta, UK), Moria Sloan (Nesta, UK and Cabinet Office, UK), Benny Souto (Camden Council, London, UK), Carla Stanke (Camden Council, London, UK), Zoe Tyndall (Camden Council, London, UK)
Chair: Georgina Warner

Background: Children who experience economic disadvantage have an increased risk of poor health, social and educational outcomes. A range of interventions across the prevention continuum exist to prevent or address poor child and youth psychosocial outcomes. Often, however, they focus on issues such as parent-child relationships, parenting skills and family functioning, paying less attention to issues such as families' low income, debt or other financial stressors. While such issues demand a policy response, there is also scope for frontline services to support families financially and materially to improve child outcomes. This might include the direct provision of money and goods but also advice or support with income maximisation, debt reduction, money management and income generation.
Aims: This symposium explores evidence on the potential for financial well-being support (FWbS) delivered by frontline services to improve family financial well-being and thereby improve child outcomes. It focuses on the provision of such support in the context of social and health services and lessons about its nature, acceptability, implementation and impact.
Overview of presentations: Paper 1 (Bond) draws on survey and interview data from family support service managers and commissioners in England to identify models of integrated financial well-being support in family support provision. Paper 2 (Bryant) presents findings from a scoping review of the international literature on programmes that integrate parenting support and FWbS. Paper 3 (Johansson) draws on qualitative data to explore how prevention is conceptualised within Swedish Budget and Debt Counselling, with a focus on how counsellor perceptions align with formal service guidance. Paper 4 (Cameron) presents findings from a study on the feasibility and acceptability of integrating routine health appointments with welfare benefits advice in inner-city east London. Paper 5 (Doyle) outlines an ongoing pilot programme that provides low-income families in pregnancy with a cash grant alongside one-on-one advice on services and benefits.
Connection to symposium theme: The economic determinants of poor child and youth outcomes are present at all levels of the prevention continuum. Low income and related financial stressors are particularly elevated among families targeted for selective, indicated or treatment interventions, yet such interventions tend to treat them as context rather than intervention focus. FWbS can take multiple forms, with different forms and levels of intensity potentially relevant at different levels of the prevention continuum.

ABSTRACT 1
Seven models of integrated financial wellbeing support in family support services in England

Amy Bond (University of Exeter, UK), Eleanor Bryant (University of Exeter, UK), Georgia Smith (University of Exeter, UK), Kath Wilkinson (University of Exeter, UK), Nick Axford (University of Plymouth, UK), Rebecca Summers (University of Exeter, UK), Morwenna Rogers (University of Exeter, UK), James Hall (University of Southampton, UK), Iain Lang (University of Exeter, UK), Kristin Liabo (University of Exeter, UK), Vashti Berry (University of Exeter, UK)

Background: Integrating family support services is a potentially powerful tool for addressing child health inequalities. In England, Government funded Family Hubs (FH) deliver integrated early intervention support for families. These family support services offer a range of services, with a core component of the service specification being the integration of FWbS. Improving families' financial circumstances can positively impact multiple child outcomes; however, there is limited understanding of how FWbS is best integrated into service delivery. In this study, we explored different models of integrated FWbS across England and their variations.
Methods: A mixed-methods research design was used, including a national survey of FH Managers and Commissioners (n=55) and in-depth interviews with a subset of participants (n=23). The survey and interviews aimed to understand (1) the varied models FHs use to provide FWbS to families, (2) how families reach/access this support, and (3) if/how such support is integrated with parenting support. Patient and public involvement and engagement (PPIE) sessions with parents shaped interpretation of the findings.
Results: Findings provide a national overview of the integrated FWbS delivered in FHs in England. Seven models of integration were identified: (1) signposting, (2) referrals, (3) outreach sessions, (4) co-location, (5) practitioner-led support, (6) integration within parenting programmes, and (7) multi-level integration. Each model's structure, prevalence and delivery partnerships as well as whether FWbS was provided at a preventive level or as part of early intervention services were explored.
Discussion: These findings enhance understanding of integrated FWbS models and will inform future development and evaluation of FWbS within family support services.

ABSTRACT 2
Integrated parenting and financial wellbeing support programmes: a scoping review

Eleanor Bryant (University of Exeter, UK), Morwenna Rogers (University of Exeter, UK), Amy Bond (University of Exeter, UK), Georgia Smith (University of Exeter, UK), Rebecca Summers (University of Exeter, UK), James Hall (University of Southampton, UK), Kristin Liabo (University of Exeter, UK), Iain Lang (University of Exeter, UK), Vashti Berry (University of Exeter, UK), Nick Axford (University of Plymouth, UK)

Background: Childhood experiences of economic disadvantage have harmful and long-lasting effects. Universal prevention and early intervention can reduce some of these harms, but it is unclear whether addressing economic disadvantage alongside psychosocial support yields additional benefits. The objectives of this study were to describe programmes that integrate parenting support (PS) and financial wellbeing support (FWbS), document relevant components and evaluation designs, and consider if any programmes merit replication and testing in the UK.
Methods: We conducted a scoping review to identify evaluated programmes that integrate PS and FWbS for parents of children aged 0-19 years. Outcome or implementation evaluations of integrated PS and FWbS programmes published in English in peer-reviewed or grey literature were included (no publication date or geographical limitations). A database search was supplemented by a programme registry search and consultation with parenting experts. Data were extracted for: publication and study characteristics; programme description; evaluation method; and measures used.
Results: Searches yielded 2988 (databases) and 346 (registries) articles and 20 programmes (expert consultation). We discuss the 10 articles covering 10 programmes that were included. We describe the characteristics of programmes, such as the principal provision of PS with minimal FWbS (mostly money management). All programmes were targeted rather than universal. Most studies measured financial, parent health/well-being, parenting or child health/development outcomes, but it was uncommon to measure all four. Few studies measured implementation outcomes. Only a small number of programmes integrate PS and FWbS, and they are heterogeneous in design, content and evaluation.
Discussion: Integrated PS*FWbS programmes are uncommon. In the programmes we identified, FWbS content (mostly money management) was minimal compared with PS. The programmes were also evaluated inconsistently, with scant attention to mechanisms. Elements of the programmes could be adopted and adapted in integrated PS*FWbS interventions. Mixed-methods evaluations are needed to explore effectiveness and impact mechanisms.

ABSTRACT 3
"The key issue is the definition of preventive counselling" – a multi-method study exploring the prevention continuum within Swedish Budget and Debt Counselling

Nina Johansson (Uppsala University), Ida Hedkvist (Child Health and Parenting (CHAP), Department of Public Health and Caring Sciences, Uppsala University, Sweden), David Isaksson (Health Services Research, Department of Public Health and Caring Sciences, Uppsala University, Sweden), Anna Sarkadi (Child Health and Parenting (CHAP), Department of Public Health and Caring Sciences, Uppsala University, Sweden),Georgina Warner (Uppsala University, Sweden)

Background: Prevention is a central but often ambiguously defined concept within public support services. In Swedish Budget and Debt Counselling (BDC), counsellors have been encouraged to adopt more preventive approaches, yet the meaning of preventive counselling remains unclear. This presentation explores how prevention is conceptualised within BDC, with a focus on how counsellor perceptions align with formal service guidance.
Methods: This convergent, qualitative multi-method study used content analysis to examine two sources: survey responses from BDC counsellors and guidance documents from national and local authorities. The deductive analysis explored how counsellors' responses and guidance document content aligned with the continuum of prevention, ranging from primary to secondary and tertiary approaches.
Results: With regard to primary prevention strategies, both counsellors and guidance documents cited service visibility as a motive for outreach and lectures as a preferred format for providing financial education. Collaboration was highlighted as a necessity to reach 'at-risk' groups within secondary prevention, and debt restructuring was a prominent focus within tertiary prevention. Yet, the emphasis given to each prevention level differed. Counsellors more often referred to primary and secondary prevention strategies, calling for more resources to enact such practices. In contrast, guidance documents were largely focused on tertiary prevention, with primary and secondary prevention absent from some documents, reflecting the service's legal mandate to support individuals already in financial crisis.
Discussion: The findings highlight the need for clearer, more actionable guidance on primary and secondary prevention within BDC services. Greater alignment between policy and practice, supported by resources and training, could enhance the service's preventive capacity. More broadly, the study illustrates the value of articulating prevention concepts in practice settings and equipping professionals with the tools to translate policy into meaningful action.

ABSTRACT 4
Ameliorating the impact of child poverty by integrating health appointments with welfare benefits advice in East London

Claire Cameron (University College London, UK), Angela Bartley (East London Foundation Trust, UK), Elizabeth Cecil (Thomas Coram Research Unit, University of College London, UK), Laura Austin Croft (East London Foundation Trust, UK), Catherine Harris (Thomas Coram Research Unit, University College London, UK), Siew Fung Lee (Thomas Coram Research Unit, University College London, UK), Matthew Oultram (East London Foundation Trust, UK), Michelle Heys (Thomas Coram Research Unit, University College London, UK)

Background: While 4.5 million children are growing up in poverty in the UK, £23bn in welfare benefits and social tariffs goes unclaimed each year. To ameliorate the impact of child poverty by improving access to welfare benefits advice (WBA), this study aimed to evaluate the feasibility and acceptability of integrating routine health appointments with WBA in inner-city east London, where over half of children are impoverished and there is a high prevalence of risk factors for poverty: children with a disability, larger families, and among Black and Asian families. We aimed to elucidate the factors that make co-located WBA more or less acceptable and feasible.
Methods: Using a mixed-methods approach, the study analysed financial impact data from 174 referrals at one site and conducted interviews with 55 parents and 12 professionals across three sites. The sites were a children's neurodisability clinic, a children's centre and a community health centre. In each case families with money worries were referred to an onsite welfare benefits advisor. Analysis was carried out via thematic mapping and coding.
Results: Co-locating health and WBA was acceptable and resulted in substantial financial gains for parents. Three key themes: (i) enhanced service accessibility by leveraging existing trust in healthcare institutions; (ii) language barriers and digital exclusion presented significant challenges; and (iii) substantial financial impact, enhancing agency and wellbeing. At one site, 60 families gained an average of £6,898 annually in additional income and support.
Discussion: Co-locating WBA services within health and community settings is both feasible and acceptable. Success factors included flexible delivery, streamlined referral processes, and culturally sensitive approaches. However, implementation requires careful attention to language support and privacy concerns within close-knit communities. While promising, co-located WBA does not fully prevent poverty arising or overcome systemic inadequacies in the welfare state. We are now carrying out a trial of WBA integrated with health visiting enrolment for new parents attending children and family centres.

ABSTRACT 5
Stacking prenatal interventions: real-world challenges and solutions

Mary-Alice Doyle (Nesta, UK), Abigail Knight (Camden Council, London, UK), Ghazal Moenie (Nesta, UK), Jun Nakagawa (Candeb Council, London, UK), Dea Nielsen (Nesta, UK), Moria Sloan (Nesta, UK and Cabinet Office, UK), Benny Souto (Camden Council, London, UK), Carla Stanke (Camden Council, London, UK), Zoe Tyndall (Camden Council, London, UK)

Background: The academic evidence tells us that financial support – particularly if it is provided to low-income families in pregnancy – can help to prevent a range of adverse health and developmental outcomes for the baby. Recently, researchers have proposed that there may be greater gains from 'stacking' financial support alongside other services; the impacts of a 'stacked' intervention may be greater than the sum of its parts. However, there are practical and administrative challenges in providing such support in pregnancy, meaning that the evidence base on prenatal stacked interventions is small.
Methods: We outline an ongoing pilot program that provides two 'stacked' offers to low-income families in pregnancy: a cash grant, alongside the offer of personal one-on-one advice from a 'Family Navigator' to help parents find and sign up to services and benefits available to them. We present a Toolkit setting out the practical and administrative steps needed to replicate such an intervention elsewhere. A mixed-methods evaluation of the pilot is ongoing and results are not yet available. This includes randomisation of the Family Navigator offer and analysis of its impact on service use through to the baby's first birthday. Alongside the RCT, we are conducting surveys, interviews, and analysis of process data, as part of a theory-based evaluation of the value-add of the stacked intervention.
Results: Our Toolkit aims to equip researchers, local government service providers and voluntary organisations with practical resources to help them set up and evaluate similar 'stacked' interventions, targeted at low-income families during pregnancy.
Discussion: We have good reason to think that well-designed 'stacked' interventions delivered in pregnancy can help to prevent adverse health and developmental outcomes, though there is little empirical evidence on this. In order to test these theories and build the evidence base, we must overcome practical challenges in implementing such programs. The goal of our Toolkit is to enable more researchers and local service providers to work together to test such interventions and generate evidence. In doing so, we will learn more about which types of stacked interventions work, and what are the barriers and enablers to success.

10:00

08:30

Symposium 6B: Joys and challenges: Using pooled Individual Participant Data Meta-Analysis (IPDMA) to advance our understanding of what works for whom in preventive interventions

Session | **Location:** Virchowweg 9, Innere Medizin/2-403

08:30–10:00 (1h 30m)

Symposium 6B: Joys and challenges: Using pooled Individual Participant Data Meta-Analysis (IPDMA) to advance our understanding of what works for whom in preventive interventions

Speakers

FRANCES Gardner (OXFORD UNIVERSITY), Francisco Calderon (University of Oxford, UK), Liina Björg Laas Sigurðardóttir (University of Oxford), Prof. Nina Heinrichs (Dept of Psychology, Universität Bielefeld, Germany), Dr PATTY Leijten (UNIVERSITY of AMSTERDAM), Sophia Backhaus

Location

Virchowweg 9, Innere Medizin/2-403

Description

Authors: Frances Gardner (Oxford University), Francisco Calderon (University of Oxford, UK), Liina Björg Laas Sigurðardóttir (University of Oxford), Nina Heinrichs (Dept of Psychology, Universität Bielefeld, Germany), Patty Leijten (University of Amsterdam), Sophia Backhaus, Ankie Menting, Bram O. De Castro, Constantina Psyllou, European Parenting Program Research Consortium, GJ Melendez Torres, Ignacia Arruabarrena, Jamie Lachman, Judy Hutchings, Maria Filomena Gaspar, Qing Han, Sophia Backhaus, Vashti Berry
Co-chair: Frances Gardner
Discussant: Nina Heinrichs

Symposium

Background: For many preventive interventions there is substantial knowledge about their effectiveness from RCTs. However, evidence is more limited when it comes to understanding for whom they work, partly because of limitations in traditional methods for analysing moderators. There are compelling reasons to investigate moderators: to inform appropriate targeting of interventions, to identify where programmes may need to be adapted for subgroups, and to advance personalisation. Traditionally there are two main approaches to evaluating moderators, i) analysing individual RCT data; ii) synthesising data at trial-aggregate level in meta-analyses, but each has distinct drawbacks; typically both have limited power. Our symposium focuses on a solution that solves many problems of each approach, Individual Participant Data Meta-Analysis (IPDMA). We first introduce principles and advantages of IPDMA, then show 4 examples of how IPDMA can yield more powerful, precise and transparent estimates of moderator effects, addressing questions such as how moderators operate longitudinally across time; how IPDMA can help understand equity effects of interventions; and developmental change in prevention effects, plus discussant.

Methods: Presentations utilise two pooled datasets: parenting intervention RCTs conducted in i) Europe- 38 trials, 5500 families; ii) low-middle-income countries- 6 trials, 2000 families.
Paper 1: Sets the scene, providing a brief primer on principles and methods behind IPDMA.
Paper 2: Examines moderators of longitudinal trajectories of prevention effects on child maltreatment, using IPDMA from in low-middle-income countries in Europe, Asia, Africa.
Paper 3: Examines at what levels of baseline risk parenting programs are effective, using the large European IPDMA dataset.
Paper 4: Investigates whether earlier interventions are more effective than those delivered later in childhood, using the large European IPDMA.
Paper 5: Shows how IPDMA and traditional meta-analysis can together assess equity effects of parenting interventions for preventing maltreatment, using i) large European IPDMA and ii) traditional aggregate-level, global meta-analysis.

ABSTRACT 1
A brief primer on principles, methods and resources for IPDMA.

This brief paper sets the scene for the symposium by defining Individual Participant Data Meta-Analysis (IPDMA), summarising the principles behind its methods, and sharing our enthusiasm for its unique advantages. These include greatly enhanced power and precision, especially for analysing moderators; reduced confounding of moderators; ability to detect effects on rarer outcomes; and good fit with the culture of data sharing and open, reproducible science. IPDMA also reduces 'research waste' (Ioannidis et al, 2014), by maximising the utility of data that we already have. Links to open-source learning materials will be provided, including guidance for conducting and reporting IPDMA studies and video materials that members may find useful.

ABSTRACT 2
The hidden effects of parenting interventions: Trajectories and equity-related moderators of intervention effects on child maltreatment using Individual Participant Data (IPD) meta-analysis.

Co-authors: Jamie Lachman, Qing Han, Frances Gardner, GJ Melendez Torres

Introduction: About one in two children aged 2-17 globally have experienced violence in the past year, with the majority of children worldwide being at risk. Parenting interventions have been developed to provide caregivers with tools that help reduce harsh parenting and contribute to the wellbeing and development of children.
Methods: This study pools individual participant data from six randomised controlled trials of Parenting for Lifelong Health group-based intervention collected at three different timepoints. Participants will be caregivers (n = 2,072) of children aged 2-17 from studies conducted in middle-income countries (Thailand, Philippines, South Africa, North Macedonia, Romania, Moldova). The effects of the parenting intervention on child maltreatment will be analysed using growth mixture modelling. Posterior analyses will be conducted on the resulting trajectories to examine class membership. The differential effects of the trajectories will be analysed through an equity lens, exploring variations in effects based on caregiver's age, gender, marital status, education level, relationship to child, experience of abuse, disability status, employment status, socioeconomic status, and children's age, sex, and education level.
Results: We anticipate distinct trajectories within the control and intervention groups. These trajectories will provide evidence of varying effects of the intervention, such as a high effect trajectory, a no-effect trajectory, among other possibilities. A post hoc analysis will examine trajectory membership to assess whether more disadvantaged groups benefit differently from the intervention.
Conclusions: The study's results will provide evidence of any differential effects of parenting interventions through a data-driven trajectory analysis. Further analyses will focus on the equity of outcomes, helping to assess how parenting interventions contribute to reducing inequalities in outcomes. The findings may be used to promote the intervention among high-effect groups and inform the need for tailored interventions for groups that show no effect or may even be negatively affected.

ABSTRACT 3
What is the optimal level of prevention in parenting support? Using individual participant data meta-analysis to identify when parenting support is (not) effective.

Co-authors: G.J. Melendez-Torres, Liina Björg Laas Sigurðardóttir, Constantina Psyllou, Sophia Backhaus, Frances Gardner, & European Parenting Program Research Consortium

Introduction: Parenting programs are disseminated across the world to enhance the quality of children's upbringing and prevent parental and child mental health problems. Understanding the full promise of parenting programs as a prevention strategy requires understanding the magnitude of intervention effects that can be expected for individuals coming with different pre-intervention profiles. Generally, families with more difficulties at baseline benefit more from parenting programs. But at what level of baseline difficulties do intervention start yielding significant effects? And is there an upper limit to families with more severe problems benefiting more from parenting programs?
Methods: Our individual participant data meta-analysis includes 38 European randomized controlled trials (5,500 families) of parenting programs based on social learning theory principles for families with children aged 2 to 10 years old (PROSPERO preregistration CRD42019141844). We harmonized families' pre- and post-intervention scores on child mental health (conduct problems, ADHD symptoms, and emotional problems), parental depression, and parenting behaviour (corporal punishment, harsh verbal discipline, not following through with discipline, praise, and tangible rewards). For each outcome, we tested baseline levels of the outcome as a moderator of intervention effects, using robust standard errors to account for the nested nature of the data. We tested for each moderator the best fitting functional form in a random intercept and random slope model using likelihood ratio tests determining whether additional polynomial terms improved model fit.
Preliminary results and discussion: Preliminary findings suggest that consistently across outcomes, there is a linear trend that families with more severe problems at baseline benefit more from parenting support. Preliminary findings suggest no consistent upper limits to this trend. Findings will be discussed in light of how they can help professionals and parents to have realistic expectations of parenting program benefits, and policy makers to implement programs in ways that maximize their effects.

ABSTRACT 4
"The earlier the better" - is it really? Using IPDMA to test age effects of parenting interventions across Europe for reducing child behavior problems and harsh parenting

Co-authors: Liina Björg Laas Sigurðardóttir, Patty Leijten, G.J. Melendez-Torres, Sophia Backhaus, & European Parenting Program Research Consortium

Early intervention is often thought to be more effective than later intervention - an idea that is embedded in policy and supported by evidence from numerous indirect sources, including economic evaluations, neuroscience, and studies of recovery from extreme early environments. However, the 'earlier is better' hypothesis has been questioned by some developmental and prevention scientists and economists. We use IPDMA to test the hypothesis directly, using larger and more generalisable samples than earlier studies, examining whether findings apply to harsh, maltreating parenting outcomes and parent depression, and disruptive child behaviour. We focus on parenting interventions whose goals are to prevent any of these outcomes.

Methods: We pooled data from 38 European randomised trials (N=5500) of social learning theory-based parenting programs for children aged 2-10 years (PROSPERO preregistration CRD42019141844). We harmonised pre-and post-intervention scores on child disruptive behaviour, harsh/maltreating parenting, and parental depression. Primary analyses will test baseline child age (treated as continuous variable) as moderator of intervention effects on each outcome. We will conduct a two-stage IPDMA, first estimating intervention-by-age interaction effects within each trial separately before pooling them in a random-effects meta-analysis, ensuring that only within-trial information informs moderation effects. Additional analyses will test: (i) non-linear effects across the age range using polynomial terms, consistent with a 'critical periods' perspective; (ii) whether baseline disruptive behaviour severity further moderates the intervention-by-age interaction effect via a three-way interaction term.

Results and Discussion: Interpretation will focus on the extent to which findings concur that 'earlier is better', extending prior work based on a single outcome and narrower range of interventions. It will discuss findings in the light of work on critical periods for intervention, theories about early-onset disruptive behaviour, economic analyses of early intervention effects, and current policy discourse and initiatives.

Background:

ABSTRACT 5
“Equity effects of parenting interventions to reduce violent parenting – Using traditional and IPD meta-analysis

Co-authors: Sophia Backhaus, Frances Gardner, G.J. Melendez-Torres, Ignacia Arruabarrena, Vashti Berry, Bram O. De Castro, Maria Filomena Gaspar, Judy Hutchings, Ankie Menting, Patty Leijten

Background: Violence against children is a global phenomenon with over one billion children affected. Parenting interventions are an effective strategy to reduce violence at home and are implemented rapidly across the globe. The recent publication of WHO Guidelines on parenting interventions further advanced global policy interest in parenting interventions. Yet, it remains unknown whether these interventions are equally effective in reducing violence against children in families from advantaged and disadvantaged backgrounds. This knowledge becomes urgent given the potential risk of social interventions to widen, rather than reduce, social inequalities.
Methods: This study harnessed the complementary strengths of individual participant data meta-analysis (IPDMA) and traditional aggregate-level meta-analysis (MA) of randomized trials to investigate whether socio-economic disadvantage (income, education, employment) and belonging to an ethnic minority moderate the effects of parenting interventions on violence against children: Study 1: IPDMA of European trials of the Incredible Years parenting intervention (k = 15, n = 1,999, mean age = 2−10); Study 2: global aggregate-level MA of trials of 32 different social learning theory-based parenting interventions (k = 56, n = 8,155, mean age = 2−10).
Results & Discussion: Both studies found parenting interventions to reduce violence against their children by parents (Study 1: physical violence: = –·21, 95% CI [–·33, –·19]; Study 2: physical and emotional violence: d = −0·37; 95% CI [–0·47, –0·27]). There was no evidence that parenting interventions benefitted families of disadvantage (income level, education, employment, or ethnic group status) less (or more) than other families. Parenting interventions are unlikely to widen social inequalities in violence against children. This knowledge is timely given the recent World Health Organization Guidelines to make parenting interventions based on social learning theory globally available to parents.

10:00

10:00

Coffee break 7

10:30 **Break** | **Location:** Virchowweg 6, CharitéCrossOver/0-0 - Atrium

10:30

Campfire 7A: Community-based approaches to strengthening mental health in childhood and adolescence: a complex system modeling approach

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

10:30–11:15 (45m)

Campfire 7A: Community-based approaches to strengthening mental health in childhood and adolescence: a complex system modeling approach

Speaker
Samuel Tomczyk (University of Greifswald)

Location
Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

Description

Author: Samuel Tomczyk (University of Greifswald)

Background: The mental health of children and young people is a key issue for prevention: for years, research has pointed to negative spirals of increasing illness-related stress, school absenteeism and unsuccessful educational and integration processes. The reasons range from insufficient consideration of life circumstances in the design of educational pathways and support services to social disintegration, poor individual skills (e.g. stress or emotion regulation) and a lack of resources (e.g. finances, personnel) for individually tailored support. In addition to individual-centered services (e.g. psychotherapy, counselling), community-based approaches that bring together different environments (e.g. education, health and social services) and create sustainably supportive environments are relevant. In this way, intersectoral cooperation can be strengthened and barriers to individual-centered services (e.g. stigma, low uptake) can be overcome.
Methods: Based on research on community-based approaches, a model was developed using focus groups (with young people, professionals), systematic literature research and expert interviews with Complex System Modeling to describe relevant influencing factors, relationships and outcomes at the municipal level.
Results: The analysis points to whole school/community approaches that combine behavioral and relationship-based prevention. These include, for example, rules for dealing with mental health problems, contact points and advice, strengthening mental health skills and self-regulation. For each topic area, different groups can be identified to make contributions (e.g. teachers, parents, children, neighborhood). Implementation should be participatory and take into account local characteristics.
Conclusion: Community-based approaches to strengthening mental health are promising. International research points to improvements in outcomes at an individual, social and institutional level. Due to the complexity, there has been a lack of rigorous evaluation studies to date and the diversity of education systems makes comparability difficult, even within Germany.

11:15

10:30

Parallel session 7A: Digital Interventions in Prevention

Session | **Location:** Virchowweg 9, Innere Medizin/1-401 - Seminarraum 401

Description

Chair: Tobias Elgan

10:30–10:45 (15m)

Digital preventive interventions for children and young adults of parents with psychiatric or substance use problems: A narrative review

Speaker

Dr Ola Siljeholm (STAD, Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet, & Stockholm Health Care Services, Region Stockholm, Sweden)

Description

Authors: Ola Siljeholm (STAD, Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet, & Stockholm Health Care Services, Region Stockholm, Sweden), Johanna Gripenberg (STAD, Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet, & Stockholm Health Care Services, Region Stockholm, Sweden), Tobias H. Elgán (STAD, Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet, & Stockholm Health Care Services, Region Stockholm, Sweden)

Background: Children of parents with psychiatric or substance use problems are at increased risk of developing mental health difficulties. Digital preventive interventions can provide accessible support to these children and their families, regardless of geographical or social barriers. However, little is known about the effectiveness and components of such interventions.
Methods: A narrative review was conducted to identify and analyze digital interventions targeting children and young adults (3–25 years) affected by parental psychiatric or substance use problems. Controlled studies with mental health outcomes for children and young adults were included. Interventions were directed either towards the children/young adults themselves or their parents.
Results: The review identified 20 articles describing twelve unique interventions, evenly targeting children/young adults and parents, including six completed RCT:s, two pilot RCT:s, one qualitative evaluation and eleven study protocols.
Common intervention components included: cognitive-behavioral strategies for coping, psychoeducation about parental problems, interactive exercises and group discussions, blended self-help and therapist support, and features promoting anonymity.
Evidence of effectiveness was mixed. Parent-directed interventions for psychiatric problems showed promising results on parental mental health and potential prevention of child anxiety. In contrast, interventions targeting parental substance use showed improvements in parenting behaviors but limited effects on child mental health. For young adults, interventions with therapist moderation and peer support showed some effects on stress reduction and help-seeking, while self-guided interventions showed lower adherence and limited effects.
Discussion: Digital interventions for children of parents with psychiatric or substance use problems show potential but vary in effectiveness depending on design and delivery. Future interventions should be tailored to age, designed with user involvement, and promote interactivity to enhance engagement, adherence, and long-term mental health outcomes.

10:45–11:00 (15m)

A digital preventive intervention for young people with parents who have substance use problems or mental illness: A randomized controlled trial

Speaker

Tobias Elgan (STAD, Karolinska Institutet)

Description

Authors: Tobias Elgan (STAD, Karolinska Institutet), Anna K. Strandberg (STAD, Karolinska Institutet), Helena Hansson (Lunds University), Johanna Gripenberg (STAD, Karolinska Institutet), Julia Eriksson (Karolinska Institutet), Ola Siljeholm, Pia Kvillemo (STAD, Karolinska Institutet), Ulla Zetterlind (Lund University)

Background: Children with parents who have substance use problems or mental illness face an increased risk of negative consequences. Digital interventions offer accessible and scalable support. We translated and adapted a Dutch psychoeducative and therapist-guided group intervention 'Kopstoring', which comprises eight weekly online group sessions aimed at improving coping skills, mental health, quality of life, and reducing participants' own alcohol consumption. This study evaluated the effectiveness of the intervention among individuals aged 15-25.
Methods: A randomized controlled trial including an intervention and a control group. Participants aged 15-25 (n=156) were recruited via social media during 2016–2018 and allocated to intervention (n=98) or control group (n=58). Data were collected at baseline and at 6-, 12-, and 24-month follow-ups. Assessments included scales for coping behavior, depression, quality of life, and alcohol consumption. Mixed-effects models were used for analysis.
Results: Of 4164 individuals who clicked on the social media ads, 305 were eligible after online screening, and 156 consented to participate. Adherence was low, with 26 participants attending at least one session and 19 attending four or more sessions. Loss to follow-up was high, with 33 participants in the intervention and 22 in the control group completing assessments at all time-points. Results indicated a significant difference in alcohol consumption between groups over time (p=0.002), but results were inconclusive due to differences between groups at baseline (p=0.024). No between-group differences were found for the other outcomes.
Conclusions: We found no evidence of effectiveness for the internet-delivered, therapist-guided group intervention, which somewhat corroborates findings from the Dutch study on Kopstoring. The low adherence significantly limits conclusions about intervention effects. Future efforts should focus on improving adheren**strong text**ce by tailoring interventions to the target group through co-creating interventions with end-users.

11:00–11:15 (15m)

Using Twitch and Minecraft to promote health literacy the #walkyourtherapist intervention

Speaker

Lorraine Cousin Cabrolier (AP-HP. Nord-Université Paris Cité, Hôpital Universitaire Robert Debré, Unité d'épidémiologie Clinique, Inserm, CIC-1426, Paris, France.)

Description

Authors: Lorraine Cousin Cabrolier (AP-HP. Nord-Université Paris Cité, Hôpital Universitaire Robert Debré, Unité d'épidémiologie Clinique, Inserm, CIC-1426, Paris, France.), Philippe Martin (AP-HP. Nord-Université Paris Cité, Hôpital Universitaire Robert Debré, Unité d'épidémiologie Clinique, Inserm, CIC-1426, Paris, France.), Thibault Contant (Morning Company, Marclopt, France), Claire Collin (Université Paris Cité, ECEVE UMR 1123, Inserm, Faculté de Médecine, Paris, France.), Clara Eyraud (Université Paris Cité, ECEVE UMR 1123, Inserm, Faculté de Médecine, Paris, France.), Bruno Berthier (Private practice, Villejust, France), Enora Le Roux (AP-HP. Nord-Université Paris Cité, Hôpital Universitaire Robert Debré, Unité d'épidémiologie Clinique, Inserm, CIC-1426, Paris, France.)

Background: Since 2020, a number of research and international organisations have been warning of an increase deterioration in mental well-being among adolescents and young adults. Mental health literacy is a crucial component across the prevention continuum, from primary prevention and health promotion to tertiary prevention. Gaming platforms, integral to youth culture, offer innovative avenues for interventions that can span multiple points along this continuum.
Objective: To co-design, implement, and evaluate a Minecraft-based intervention broadcasted on Twitch enhancing mental health literacy among 15-25 year-olds, demonstrating how digital platforms can effectively deliver both primary prevention and early intervention approaches.
Methods: We employed transdisciplinary co-design with Twitch streamers and a clinical psychologist to develop "#walkyourtherapist"—exemplifying the intersection between social media practice, psychology, and public health. The evaluation used a quasi-experimental design with MHLq questionnaire, observations, chat analysis, and interviews.
Results: Three sessions reached 600+ viewers. The community showed significant improvement in mental health literacy scores (94 to 104, $p<0.01$), particularly in knowledge of mental health problems, first aid skills, and self-help strategies. This demonstrates how digital interventions can simultaneously serve health promotion and early intervention functions within the prevention continuum.
Conclusion: This approach shows how gaming platforms can implement interventions spanning the prevention continuum, from primary prevention to more targeted approaches. This work contributes to interdisciplinary prevention science by leveraging digital cultural practices within transdisciplinary frameworks, highlighting the effectiveness of meeting youth in their preferred environments to enhance engagement in mental health promotion activities.

11:15–11:30 (15m)

Using digital health technology to support weight management in older adults with multimorbidity: a longitudinal investigation

Speaker

Dr Seamus Harvey (NetwellCASALA, Dundalk Institute of Technology)

Description

Authors: Seamus Harvey (NetwellCASALA, Dundalk Institute of Technology), Isil Coklar Okutkan (Trinity Centre for Practice and Healthcare Innovation, School of Nursing and Midwifery, Trinity College Dublin), Filipa Teixeira (Trinity Centre for Practice and Healthcare Innovation, School of Nursing and Midwifery, Trinity College Dublin), John Dinsmore (Trinity Centre for Practice and Healthcare Innovation, School of Nursing and Midwifery, Trinity College Dublin), Julie Doyle (NetwellCASALA, Dundalk Institute of Technology)

Background: Multimorbidity is defined as the presence of two or more chronic conditions within the same person. Key to the management of multimorbidity—including preventing the deterioration of existing conditions and the development of new conditions—is maintaining a healthy weight. For instance, previous research has demonstrated that weight loss is associated with greater blood glucose stability and reduced cardiovascular risk in overweight type 2 diabetics with cardiovascular disease. Digital technology has the potential to support persons with multimorbidity (PwMs) to manage their health, including via weight maintenance. The ProACT digital health platform, comprising measuring devices (e.g., a weight scale, blood pressure monitor, and blood glucose monitor) and an app (e.g., where one can monitor their symptom trends and wellbeing), is designed to support older PwMs (i.e., PwMs aged 65 and older) to manage their symptoms, wellbeing (e.g., weight), and overall health.
Methods: The ProACT digital health platform was tested during an effectiveness-implementation hybrid trial with older PwMs in Ireland. A range of data was collected, including the average weight values (measured in kilograms) and average weight scale use per week of 144 participants throughout their six-month trial periods.
Results: Multilevel linear growth curve analysis revealed that overall, the participants experienced statistically significant weight loss (b=-0.09, t(339.73)=-6.27, p<.001), followed by statistically significant weight stabilisation (b=0.00, t(2775.33)=4.82, p<.001) during their trial periods. More frequent weight scale use was also significantly associated with weight loss (b=-0.04, t(90.28)=-2.82, p<.01).
Discussion: These findings highlight the potential impact of digital technology in supporting older PwMs to manage their weight, and relatedly, their multiple conditions and overall health. This study was part of the SEURO project (https://seuro2020.eu), funded by the EU's Horizon 2020 research and innovation programme under Grant Agreement number 945449.

12:00

10:30

Parallel session 7B: Substance use prevention

Session | **Location:** Virchowweg 9, Innere Medizin/2-402

Description

Chair: Rachele Donini

10:30–10:45 (15m)

Turning Challenges into Achievements: Advancing Prevention Training with the EUPC in Portugal / Azores

Speaker

Mrs Natacha Torres da Silva (Instituto Português da Juventude, I.P.)

Description

Authors: Natacha Torres da Silva (Instituto Português da Juventude, I.P.), Susana Henriques (Universidade Aberta, CEG), Leonardo Sousa (Associação Solidaried'arte - Associação de Educação e Integração pela Arte e Desenvolvimento Cultural Social e Local), Carmen Bettencourt (Associação Solidaried'arte - Associação de Educação e Integração pela Arte e Desenvolvimento Cultural Social e Local), Gregor Burkhart (Principal Scientific Analyst for Prevention, Public Health Unit, European Union Drugs Agency (EUDA), President of the EUSPR (2022-2025))

Background: Portugal has one of the most decriminalised legal frameworks regarding narcotic and psychotropic substance use. However, specialized prevention training for decision-makers (DOP) and frontline professionals remains scarce. The European Prevention Curriculum (EUPC) was designed to bridge this gap, but its implementation in Portugal has been hindered by several obstacles, including the absence of a national coordinating body, the lack of formal requirement for EUPC trainings qualification, and the limited sharing of translated training materials.
Methods: Two key milestones have supported the implementation of the EUPC in Portugal: (1) In 2022, four independent professionals completed the EMCDDA's Training of Trainers (ToT) program, becoming national trainers and setting the groundwork for further training initiatives; (2) The Frontline Politeia project in Portugal identified critical gaps in prevention training and strategies. The impact of the new trainings with newly translated materials is being assessed through pre- and post-training evaluations using descriptive statistics, as well as content analysis of focus groups conducted at least six months after the training for DOPs and at least three months after those for frontline professionals.
Results: The training highlighted the distinction between evidence-based prevention competencies and expertise from personal experience. Pre- and post-training assessments demonstrated significant knowledge improvement and reinforced the importance of evidence-based decision-making. However, the DOPs reported several challenges: the absence of a comprehensive and supportive national prevention framework, limited funding, a lack of rigorous evaluation requirements for prevention funding, and insufficient time for discussion and practical exercises during the EUPC trainings.
Discussion: The EUPC implementation in Portugal reinforced the urgent need to integrate scientific research with practical expertise in line with other research findings in Europe, which highlight the persistent underutilization of evidence-based prevention strategies. To address these challenges, initiatives such as blended learning for youth and health professionals, expanded training for teachers, law enforcement and youth workers, and the EUPC Frontline micro-credential program are currently being implemented and tested. The presentation will propose elements to make EUPC trainings more tailored, accessible and relevant for key stakeholder in order to promote a sustainable and effective prevention system in Portugal.

10:45–11:00 (15m)

The Dutch Closed Coffeeshop chain experiment: opportunities for prevention?!

Speaker

Dr Desiree Spronk (Trimbos Institute)

Description

Authors: Desiree Spronk (Trimbos Institute), Marjan Mohle (Trimbos Institute)

Background: From the 7th of April 2025 coffeeshops in ten participating municipalities of The Netherlands entered the experimental phase of the closed coffeeshop chain experiment (also called cannabis experiment or experiment). In this phase, regulated cannabis from government appointed growers is produced. The coffeeshops in the 10 participating municipalities are permitted to only sell regulated cannabis. The Dutch government has commissioned the Trimbos-institute to give advice regarding cannabis prevention during the experiment.
Methods: we performed a mixed methods study consisting of a literature study, an online questionnaire and interviews with stakeholders of prevention such as local policy makers and prevention workers. In addition, we performed a literature study in order to substantiate the writing of an information leaflet about the risks associated with cannabis use.
Results: A number of recommendations followed from the study such as the formation of a prevention work group, a format for municipalities to facilitate the development of a local prevention policy, and an interactive document that helps professionals with referral to low-cost accessible E-health interventions. We wrote an information leaflet called Cannabis Kompas that informs users about the risks of cannabis use, high-risk groups, and provides harm-minimization tips. In addition to the aforementioned activities, the government promotes prevention through legislation such as a compulsory training for people working in coffeeshops and package requirements of the cannabis.
Discussion: The cannabis experiment has extended the number and types of stakeholders of the cannabis 'prevention continuum'. We will discuss facilitators and barriers for implementation of prevention based on early experiences.

11:00–11:15 (15m)

A Lifelong Professional Practice and Knowledge Interprets the Prevention Continuum.

Speaker

Dr Rachele Donini (ASL 2 Savonese)

Description

Author: Rachele Donini (ASL 2 Savonese)

Background: The communication aims to offer suggestions and reflections on prevention practice and implementation based on the knowledge and experience of the author, who has been operating in the drug demand reduction field for the past 35 years. The communication will likely encourage and motivate young researchers and professionals to pursue and strengthen their orientation towards prevention. It will offer references and tools developed by the drug prevention scientific community throughout the author's career to continue and update the acknowledgements that prevention science has gained thus far. In this communication, the prevention continuum is interpreted as the possibility of considering treatment and prevention as two areas that can help each other to empower their reciprocal missions. In the long run, the continuum in prevention also requires constant and focused advocacy efforts to empower the recognition of prevention as a science.
Methods: The presentation will offer an overview of the principal methodologies implemented in the past three decades for treating and especially preventing Substance Use Disorders (SUD). It will explore the path to evidence-based prevention, starting with the home-tailored prevention initiatives began in the 1990s and ending with the current evidence-based methods applied by researchers and professionals in the field.
Results: The results of the current prevention situation in Europe, and specifically in Italy, where the author is based, will be presented, referring to the milestones that have paved the way to evidence-based prevention as a science of value to the public health branch.
Discussion: Events, training, seminars, legislative statements, workforce professionalisation, research, and advocacy have contributed to reaching the stage where we have prevention societies across the world that push forward studies, researchers, and initiatives that have a positive impact on assuring a better and healthier life for the general population, with a specific focus on young generations.

11:15–11:30 (15m)

Does the apple fall far from the tree?: Parenting Styles as Moderators of the Dyad Parent-Child Substance Use Profile Associations

Speaker

Prof. Zila Sanchez (Universidade Federal de São Paulo)

Description

Authors: Zila Sanchez (Universidade Federal de São Paulo), Hugo Cogo-Moreira (Ostfold University College)

Background: Parental influence plays a critical role in adolescent substance use. However, it remains unclear how parenting styles may moderate the intergenerational association between parental and adolescent patterns of drug consumption. This study aims to evaluate whether parenting styles buffer or intensify the association between the drug use profiles of parents and their children.
Methods: This cross-sectional analysis was nested within a type II hybrid effectiveness-implementation trial evaluating Prev.Action, a multicomponent, community-based prevention program targeting alcohol use among adolescents. Baseline data were collected between 2023 and 2024 from 4,280 adolescents enrolled in 207 classes across 13 public schools in four municipalities in São Paulo State, Brazil. Latent Class Analysis (LCA) was used to identify independent substance use profiles of parents and adolescents, considering alcohol, binge drinking, tobacco, vaping, and marijuana use. Latent Transition Analysis (LTA) was performed to examine the transitions and associations between parental and adolescent profiles. Parenting styles were assessed using the Demandingness and Responsiveness Scales, classifying families into four parenting styles based on Maccoby and Martin's model: authoritative, authoritarian, indulgent, and neglectful. Moderation analyses were conducted to test whether parenting styles influenced the impact of parental and adolescent drug use profiles' association.
Results: The mean age of the participants was 14.7 ± 1.8 years, and 50.5% were boys. Three distinct substance use profiles were identified for both parents and adolescents: abstainers, heavy alcohol users, and polysubstance users. A strong association was found between parental and adolescent profiles, where the two most common linking probabilities are: 90.8% of being an abstainer adolescent given an abstainer's parents and 71.3% of being an abstainer adolescent given a heavy alcohol parent. However, among adolescents raised by authoritative parents, there is a reduction of the chance of being a polydrug user adolescent regardless of having polydrug (OR = 0.32; 95% CI= 0.14 to 0.72) or heavy drinker parent (OR = 0.12; 95% CI=0.04 to 0.37), having abstainers adolescents and parents as reference categories. This association between the dyads was significantly attenuated, suggesting a protective moderation effect of the authoritative style.
Implication: The findings highlight that, despite the increased risk of adolescent substance use linked to parental drug or alcohol use, this risk can be significantly reduced through the promotion of more effective and supportive parenting practices. These results emphasize the need for family-based interventions that strengthen parenting skills, especially regarding monitoring and emotional support.

12:00

10:30

Parallel session 7C: Participatory Research and Practice

Session | **Location:** Virchowweg 9, Innere Medizin/2-404

Description

Chair: Jeremy Segrott

10:45–11:00 (15m)

Integrating Prevention Science and Biological Science Approaches: Synthesis and Next Steps Following a Taskforce Report from SPR

Speaker

Dr Leslie Leve (University of Oregon)

Description

Authors: Leslie Leve (University of Oregon), Elizabeth Stormshak (University of Oregon), Gordon Harold (University of Cambridge)

Background: Personalized health interventions based on an individual's biology are on the rise. Although advances have been made in personalized medicine approaches for disease conditions such as cancer, there has been limited progress on the implementation of personalized approaches for emotional and behavioral health problems such as depression, substance use disorders, or antisocial behavior. At the same time, the availability and impact of interventions aimed at preventing emotional and behavioral health problems have never been higher. To highlight the progress and needs in interdisciplinary integration a task force appointed by the Board of the Society for Prevention Research was charged with exploring the challenges and providing recommendations for the integration of biological and prevention sciences. This presentation will synthesize the work of the task force, which was recently published (November 2024), and discuss cross-national and cross-cultural opportunities and challenge areas.
Methods: We describe advances and challenges in biological science approaches, with a focus on genomics and neuroimaging, and describe how these could inform current directions in the field of prevention science. We ground a set of recommendations within a Community-Based Participatory Research (CBPR) model. We provide examples from the field of prevention science that have successfully advanced this interdisciplinary integration.
Results: Key elements of successful interdisciplinary prevention science include an emphasis on meaningful collaborations between community members, experts in biological science, and experts in prevention science; developing and deploying improved analytical approaches; committing to professional development-oriented conversations around structural inequities and biomarker science before embarking on such collaborations; and including transdisciplinary experts on grant and editorial board review panels.
Discussion: Discussion will focus on ongoing barriers, future areas of opportunity, recommendations, and cross-national opportunities that could advance long-term public health impact.

11:00–11:15 (15m)

Culturally Adapting the European Prevention Curriculum (EUPC) to the Arabic Context: Insights from the First Training in Jordan

Speakers

Dr Rasha Abi Hana (Vrije University Amsterdam), Mrs Hala Najm (International Society of Substance Use Professionals (ISSUP))

Description

Authors: Rasha Abi Hana (Vrije University Amsterdam), Hala Najm (International Society of Substance Use Professionals (ISSUP)), Gregor Burkhart (Principal Scientific Analyst for Prevention, Public Health Unit, European Union Drugs Agency (EUDA), President of the EUSPR (2022-2025))

Background: Advancing the professionalism of the drug prevention workforce and improving evidence-based decision making are at the heart of the European Prevention Curriculum (EUPC). The EUPC training equips decision makers and policymakers involved in prevention with science-based knowledge and practical tools to inform policy and practice, thereby modernising prevention systems. While originally developed for the European context—with references such as the Xchange registry and the European Drug Prevention Quality Standards (EDPQS)—the curriculum is now being introduced internationally. Notably, this includes its first implementation in a region with minimal European institutional tradition or reference frameworks, marking an unusual and contextually significant process of adaptation. This expansion raises important questions about how such curricula can be tailored to meet local cultural, linguistic, and systemic needs while preserving core scientific principles.
Methods: In July 2024, the first Arabic-language EUPC training was conducted in Amman, Jordan. Hosted in collaboration with Jordan's Anti-Narcotics Department, the training gathered 20 professionals from different backgrounds, including several key decision-makers. Over three days, participants completed the full basic EUPC and took part in a structured cultural adaptation session using focus group discussions (FGDs) based on semi-structured interview questions. These explored participant views on content, terminology, examples, imagery, handouts, legal references, and language. Participation was voluntary, with consent obtained for audio recordings.
Results: Participants identified the need to adapt references (e.g., Captagon, Shisha), include local data and visuals, and simplify complex terms. While the manual had been translated into formal Arabic, participants highlighted linguistic barriers, especially with complex prevention terminology. Trainers and participants collaboratively suggested colloquial alternatives, drawing on sources like WHO's Unified Medical Dictionary.
Discussion: The process underscored the importance of co-creating culturally resonant content through local stakeholder engagement. Encouragingly, these early experiences suggest that—with thoughtful cultural adaptation—the EUPC and its underlying European values are viewed as acceptable, feasible, and relevant for broader implementation in a non-European region. The region's strong cultural and historical exchanges with Europe may also serve as a facilitator for this process. Future FGDs in Palestine and Lebanon will help refine the Arabic adaptation and ensure continued relevance across diverse settings.

11:15–11:30 (15m)

Finding the Public in Prevention Science. A review of public involvement in family-based prevention intervention studies

Speakers

Jeremy Segrott (Cardiff University), Ms Harshdeep Kaur (Cardiff Third Sector Council; Cardiff University), Ms Layan Amouri (Örebro University), Ina M. Koning (VU Amsterdam)

Description

Authors: Jeremy Segrott (Cardiff University), Harshdeep Kaur (Cardiff Third Sector Council; Cardiff University), Layan Amouri (Örebro University), Ina M. Koning (VU Amsterdam)

Background: Involving members of the public in the development and evaluation of interventions is now widely recognised as important. Such involvement helps ensure that interventions meet the needs of target populations, optimise research processes (e.g. recruitment, data collection), and shape how findings are shared. A range of terms are used to describe this work, including public involvement, public engagement, community involvement, and coproduction.
In this presentation we share findings from a literature review examining the extent to which studies of the development and evaluation of family-based prevention intervention have included public involvement. The review explored: 1) the scope and aims of public involvement within published studies; 2) the nomenclature used to describe public involvement; 3) use of frameworks or guidance; and 4) reported outcomes of involvement.
Methods: A protocol and search strategy were devised to guide a systematic search of relevant published articles, covering the period from 2019 onwards. Multiple databases were searched for relevant articles, including Scopus and MEDLINE. A data extraction tool was used to summarise data on public involvement in each included paper, as well as the proportion of studies which included any form of public involvement. Findings were synthesised to examine how public involvement was used, its aims, and its reported outcomes.
Results: The presentation summarises final results from this study. Emerging findings indicate that public involvement in the development and evaluation of family-based prevention interventions is often limited, and that there is significant variation in the extent to which it is reported by researchers.
Discussion: We highlight key opportunities for strengthening public involvement in Prevention Science, including methodological guidance, reporting practices in publications, and building researcher capacity.

11:30–11:45 (15m)

The possible role of parenting support in perinatal mental health

Speaker

Anja Wittkowski (The University of Manchester)

Author: Anja Wittkowski (The University of Manchester)

Background: It has been well established that parenting influences a child's early life experiences and their psychosocial development across the life span. The importance of supporting parents to succeed in meeting the challenges of their caregiving role has been recognised as a public health concern.
Around 27% of mothers experience mental health difficulties during the perinatal period. Within specialist perinatal mental health services women typically receive psychological interventions focused on maternal symptoms, with limited access to parenting interventions despite their established evidence-base in improving child and parent outcomes and reducing child maltreatment. In this presentation, Dr Anja Wittkowski will use the example of the IMAgINE feasibility study findings to discuss the acceptability and the benefits of offering a parenting intervention like Baby Triple P to mothers admitted to a Mother and Baby Unit (MBU) for severe mental health problems. The Triple P Positive Parenting Programme for Baby consisted of eight sessions, with the final four being delivered over the telephone following MBU discharge.
Methods: This multi-site, parallel-group, single-blind pilot randomised controlled trial compared the intervention with usual care versus usual care in mothers recruited from two MBUs in England. Thirty-four mothers were randomised, with 21 being retained to final follow up.
Results: Clinical outcomes indicated potential improvements in maternal parenting competence, mood and other mental health symptoms as well as bonding. Women and staff reported noting positive changes.
Discussion: Given those encouraging findings, we are now conducting another study to evaluate the feasibility of mothers with perinatal mental health problems engaging in the online and self-directed version of this parenting intervention, whilst receiving treatment as usual by the specialist perinatal mental health community service. This study is a single-site, non-randomised feasibility and acceptability trial with participants receiving the self-paced online version of the Triple P for Baby Positive Parenting Programme. Dr Wittkowski will report on any preliminary observations arising from this study as well to illustrate whether or not parenting support could or should play a supplementary role in the treatment of perinatal mental health problems.

12:00

10:30

Symposium 7A: Promoting Adjustment and Well-being of Youth and Families with Immigrant and Refugee Backgrounds

Session | **Location:** Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

10:30–12:00 (1h 30m)

Symposium 7A: Promoting Adjustment and Well-being of Youth and Families with Immigrant and Refugee Backgrounds

Speakers

Fatumo Osman (School of Health and Welfare, Dalarna University, Sweden), Dr Giovanni Aresi (Università Cattolica del Sacro Cuore), Hasnaa Amouri (Center for Lifespan Development Research, Örebro University, Sweden), Layan Amouri (Center for Lifespan Development Research, Örebro University, Sweden), Lucia Jiménez Garcia (University of Seville, Spain), Maja Västhagen (Department of Clinical Neuroscience, Karolinska Institutet, Sweden), Dr Metin Özdemir (Örebro University), Sandra Altebo Nyathi (Center for Lifespan Development Research, Örebro University, Sweden)

Location

Virchowweg 6, CrossOver - Auditorium/0-Auditorium - Auditorium

Description

Authors: Fatumo Osman (School of Health and Welfare, Dalarna University, Sweden), Giovanni Aresi (Università Cattolica del Sacro Cuore), Hasnaa Amouri (Center for Lifespan Development Research, Örebro University, Sweden), Layan Amouri (Center for Lifespan Development Research, Örebro University, Sweden), Lucia Jiménez Garcia (University of Seville, Spain), Maja Västhagen (Department of Clinical Neuroscience, Karolinska Institutet, Sweden), Metin Özdemir (Örebro University), Sandra Altebo Nyathi (Center for Lifespan Development Research, Örebro University, Sweden), Ata Ghaderi (Department of Clinical Neuroscience, Karolinska Institutet, Sweden), Birgitta Kimber (Umeå University, Sweden), Brit Oppedal (Norwegian Institute of Public Health, Norway), Daniela Marzana (Università Cattolica del Sacro Cuore, Centro di ricerca CERISVICO, Milano e Brescia, Italy), Elena Marta (Università Cattolica del Sacro Cuore, Centro di ricerca CERISVICO, Milano e Brescia, Italy), Martina Mutti (Università Cattolica del Sacro Cuore, Centro di ricerca CERISVICO, Milano e Brescia, Italy), Pia Enebrink (Department of Clinical Neuroscience, Karolinska Institutet, Sweden), Sevgi Batram Özdemir (Center for Lifespan Development Research, Örebro University, Sweden)

Chair: Metin Özdemir
Co-chair: Giovanni Aresi
Discussant: Lucía Jiménez

Integrative Summary
The prevailing approach in basic psychological and prevention research on youth and parents with immigration backgrounds is deficit-based. This model focuses on mental health and psychological symptoms. This symposium aims to shift the focus from deficit-based models to strengths-based perspectives, highlighting effective interventions and strategies.
The symposium aims to explore and promote strengths-based approaches to enhance the adjustment and well-being of immigrant and refugee families. The presentations will address a range of subjects related to this theme, including mentoring, social inclusion, emotional development, parenting programs, and culturally tailored interventions.
The first presentation provides an overview of the current literature and discusses the potential benefits of adopting strengths-based approaches in developing interventions for immigrants and refugees. The second paper presents a systematic review of studies focusing on mentoring programs for refugees in high-income countries. The third paper presents findings from a qualitative study with participants of a strengths-based promotion program targeting recently settled adolescents. The fourth paper reports findings from a randomized controlled trial of a brief parenting program for recently settled parents of adolescents. The last presentation discusses the implementation and findings from two culturally tailored parenting support programs for immigrant families. The presenters include both senior and junior researchers from four different universities in Italy and Sweden.
Collectively, these presentations pose a challenge to prevailing views on immigrant and refugee youth, offering alternative approaches to studying their development and adjustment. By embracing a more comprehensive understanding, the field can progress towards a more inclusive and insightful research agenda.

ABSTRACT 1
Beyond Deficit Models: Strengths-Based Perspectives on Studying Youth and Families with Immigration background

Metin Özdemir (Associate Professor of Psychology, Center for Lifespan Development Research, Örebro University, Sweden), Sandra Altebo Nyathi (Center for Lifespan Development Research, Örebro University, Sweden), Layan Amouri (Center for Lifespan Development Research, Örebro University, Sweden), Hasnaa Amouri (Center for Lifespan Development Research, Örebro University, Sweden)

In societal discourse and academic research, individuals with immigration backgrounds are often portrayed as vulnerable and at risk. The term "risk" includes internalizing and externalizing issues such as poor mental health and adjustment difficulties. Despite increasing research on resilience and strengths-based approaches, psychological and prevention research remains focused on deficits. For instance, a keyword search on the Web of Science database for peerreviewed publications revealed that approximately 25% of studies on immigrant children and
adolescents focused on some form of risk, while only around 3% listed resilience or strength as keywords.
Several systematic reviews and meta-analyses demonstrated that interventions for individuals with immigrant backgrounds predominantly focused on mental health. Although mental health challenges may be more prevalent among individuals with immigrant backgrounds compared to
the majority population, especially with those who experienced displacement and trauma, mental health support represents only one aspect of the broader spectrum of psychosocial needs among those with immigration experience.
Building on this background, we will first provide an overview of current research and the portrayal of youth and families with immigration backgrounds. Following this, we will discuss the shortcomings of deficit-based approaches in prevention research. Finally, we will propose a contextualized developmental approach that may facilitate the development and implementation of strengths-based approaches to promote adjustment and well-being of immigrants and refugees.
In summary, this paper aims to challenge the prevailing negative discourse about immigrant youth and parents as vulnerable and at-risk. Instead, the paper will discuss how a strengths-based
approach may move prevention research targeting these groups forward, while also helping overcome the negative portrayal of immigrants and refugees as inherently at-risk.

ABSTRACT 2
Mentoring for Social Inclusion with Refugees in the Post-Migration Context in HighIncome Countries: A Scoping Review

Giovanni Aresi (Università Cattolica del Sacro Cuore, Centro di ricerca CERISVICO, Milano e Brescia, Italy), Martina Mutti (Università Cattolica del Sacro Cuore, Centro di ricerca CERISVICO, Milano e Brescia, Italy), Daniela Marzana (Università Cattolica del Sacro Cuore, Centro di ricerca CERISVICO, Milano e Brescia, Italy), Elena Marta (Università Cattolica del Sacro Cuore, Centro di ricerca CERISVICO, Milano e Brescia, Italy), Oscar Prieto Flores (University of Girona, Girona, Spain)

Introduction: Mentoring has emerged as a potentially effective strategy for promoting the integration and social inclusion of refugees in host societies. This social intervention fosters the development of meaningful relationships between a mentor, typically a volunteer, and a mentee from a disadvantaged background or in transition to a new social or cultural environment. However, mentoring with refugees has received comparatively little attention from scholars.
Aim and methods: The objective of this scoping review was to map and assess the nature and characteristics of studies that have reported on formal social mentoring with refugees in the postmigration context in high-income countries. A search strategy was implemented in three
databases (Scopus, Psychinfo, and Web of Science). A comprehensive review of studies published in English since 2015 (i.e., the refugee crisis) was conducted, with a particular focus on the type of publication and characteristics of the mentoring program and, where applicable, its evaluation study. The review protocol is available in the Open Science Framework database (https://doi.org/10.17605/OSF.IO/R6MSN).
Results: Preliminary searches identified 189 publications, of which 28 met the inclusion criteria. The included publications report the results of qualitative or quantitative studies and, to a lesser
extent, mixed methods studies. Studies focus on specific aspects of mentoring programs (e.g., characteristics of the mentor-mentee relationship) or describe implementation with subgroups of the refugee population (e.g., unaccompanied minors). Few studies have been conducted to assess the effectiveness of the intervention in promoting social inclusion and other health outcomes among refugees.
Conclusions: This scoping review provides a mapping of key concepts and empirical findings related to mentoring programs with refugees. It also provides a comprehensive assessment of the methodologies employed and identifies gaps for future research.

ABSTRACT 3
Facilitating Belonging and Integration: Exploring the PIA Youth Program's Role in Social and Emotional Development Among Newly Arrived Youth

Layan Amouri (Center for Lifespan Development Research, Örebro University, Sweden), Hasnaa Amouri (Center for Lifespan Development Research, Örebro University, Sweden), Sandra Altebo Nyathi (Center for Lifespan Development Research, Örebro University, Sweden), Metin Özdemir (Center for Lifespan Development Research, Örebro University, Sweden)

Background: Adolescence is a period of identity development and relational growth. For newly arrived youth, this process is complicated by the overlapping challenges of migration, language learning, and psychosocial adjustment. While many interventions for this group focus on clinical or academic outcomes, fewer address everyday experiences that shape social belonging and emotional wellbeing. The PIA Youth Program responds to this gap as a universal, school-based, dialogue-driven intervention designed to support integration through experience sharing,reflection, and positive reinforcement.

Method: This presentation examines 19 semi-structured qualitative interviews with newly arrived adolescents (aged 14–16) who participated in the PIA Program, exploring their experiences of its impact on their social, emotional, and communicative development.

Results: Using thematic analysis of in-depth interviews, key themes were identified as Language and communication skill development, Development of behavior, Emotional and social skills and Importance of leadership. Youth described sessions as safe and enjoyable spaces where they could speak without fear of judgment, reflect on identity and social norms, and enhance confidence. Participants emphasized that relatable texts, meaningful discussions, and a supportive facilitator helped them build emotional resilience, social courage, and communicative skills. They described increased perspective-taking, better understanding of cultural differences, and stronger abilities to handle social uncertainty. Expressed challenges included fear of mistakes, unfamiliar group settings, and linguistic barriers, especially among those less confident in Swedish or their mother tongue. Youth suggested improvements such as simplified language, visual materials, and more interactive and flexible session formats.

Discussion: Findings underscore the importance of culturally sensitive dialogical spaces in schools to support integration beyond academic achievements. Findings highlight the value of incorporating culturally representative role models who serve as facilitators, using culturally responsive practices, and providing flexible interventions. These facilitators help foster reflection and connection, making the PIA Youth Program a meaningful contributor to participants' integration journey.

ABSTRACT 4
The Effectiveness of a Universal Parenting Program for Immigrants in Sweden: A Cluster Randomized Controlled Trial

Maja Västhagen (Department of Clinical Neuroscience, Karolinska Institutet, Sweden), Pia Enebrink (Department of Clinical Neuroscience, Karolinska Institutet, Sweden), Birgitta Kimber (Umeå University, Sweden), Ata Ghaderi (Department of Clinical Neuroscience, Karolinska Institutet, Sweden), Sevgi Bayram Özdemir (Center for Lifespan Development Research, Örebro University, Sweden), Brit Oppedal, Ph.D., (Norwegian Institute of Public Health, Norway), Metin Özdemir (Center for Lifespan Development Research, Örebro University, Sweden)

Background: Immigrant parents face significant stressors in the post-migration context, yet they lack equitable access to health-promoting and preventive interventions, such as parenting programs. These programs have been proposed as means to support the remarkable resilience demonstrated by immigrant parents during resettlement. This cluster randomized controlled trial evaluated the effectiveness of a brief parenting program delivered in a community setting to recently settled immigrant parents. The program aimed to strengthen the parent-child relationship and communication, enhance parental efficacy in supporting children's schooling, and promote resilience, optimism, a sense of societal belonging, and overall mental health and well-being.
Methods: From 2024 to 2025, a four-session intervention was conducted across multiple Swedish municipalities, delivered in Arabic, Dari, and Somali by trained bilingual group leaders. The program targeted parents who arrived in Sweden after 2015, had at least one child aged 10-18, and spoke one of the included languages. Participants were randomly assigned to either the intervention group (92 parents in 13 clusters) or the wait-list control group (40 parents in 7 clusters) after baseline data collection. Latent Change Models were employed to assess changes in outcomes.
Results: The intervention group demonstrated significant improvements in resilience (β = .17, p = .026) and efficacy in supporting their child's education (β = .42, p = .005) compared to the
control group. Notably, parents who initially exhibited higher levels of mental symptoms, lower well-being, and rated lower on parent-child relationship quality showed greater benefits from the program. Many parents across all language groups had limited or no formal education.
Discussion: This study highlights the benefits of a brief, universal parenting program delivered in the mother tongue for strengthening parents' perceived resilience and efficacy in supporting their child's schooling in a new cultural context. These findings may be of interest to practitioners working with immigrants, researchers, and policymakers.

ABSTRACT 5
Tailoring parenting support programmes for immigrant Families: Impact on mental health and parent-child relationships

Fatumo Osman (School of Health and Welfare, Dalarna University, Sweden)

Families forcibly displaced by violence, war, and conflict often face substantial pre-displacement trauma and post-migration acculturative stress, including navigating unfamiliar social norms and encountering systemic racism and discrimination. Despite bringing valuable skills and
experiences to their host countries, immigrant parents frequently struggle with acculturative stressors that can undermine their parental self-efficacy and hinder their ability or willingness to seek parenting support. Strengthening the parental role is critical, as research consistently highlights the importance of empowering immigrant parents to facilitate integration, enhance parent-child relationships, and promote mental health.
A substantial body of evidence demonstrates that parenting support programmes can effectively improve mental health outcomes for both parents and children, strengthen parenting skills, and foster positive parent-child relationships. However, access to such programmes remains uneven, and many initiatives lack the cultural sensitivity necessary to engage immigrant families facing additional challenges.
This presentation will describe the implementation of two culturally adapted parenting support programmes—Connect and the International Child Development Programme (ICDP)—delivered within community settings and Swedish language schools for immigrants (SFI). The Connect programme has demonstrated moderate to large, sustained improvements in children's and parents' mental health and has proven to be cost-effective. Preliminary findings from the ICDP also indicate enhancements in parental self-efficacy and family relationships.
In conclusion, culturally tailored parenting support programmes are crucial for promoting the mental health of both children and parents in immigrant families. Additionally, offering these programmes across diverse community settings is essential to increase their accessibility and impact.

12:00

10:30

Symposium 7B; Advancing Prevention Science Through Social Network Analysis: From Theory to Practice

Session | **Location:** Virchowweg 9, Innere Medizin/2-403

10:30–12:00 (1h 30m)

Symposium 7B; Advancing Prevention Science Through Social Network Analysis: From Theory to Practice

Speakers

Elena Gervilla Garcia (University of the Balearic Islands), Dr Joan Pons Bauza (University of the Balearic Islands), Ms Maria Wei Blanes Perez (University of the Balearic Islands), Mrs Victoria Romero Feliu (University of the Balearic Islands)

Location

Virchowweg 9, Innere Medizin/2-403

Description
Authors: Elena Gervilla Garcia (University of the Balearic Islands), Joan Pons Bauza (University of the Balearic Islands), Maria Wei Blanes Perez (University of the Balearic Islands), Victòria Romero Feliu (University of the Balearic Islands)
Chair: Elena Gervilla, Joan Pons

This symposium develops the applications of Social Network Analysis (SNA) in prevention research, integrating theoretical and methodological explanations, and a real application in the sports field. The four presentations address: (1) past and potential contributions of SNA to prevention research, (2) Some data measurement and depuration challenges in implementing SNA (3) How to implement SNA using R, and (4) a case study in sports teams to demonstrate practical utility. Collectively, the symposium provides a complete view about how SNA uncovers relational dynamics and its potential to be implemented in prevention research. Attendees will gain actionable insights into methodological implementation and practical advantages of SNA.

ABSTRACT 1
What can Social Network Analysis add to Prevention Science?

Elena Gervilla Garcia (University of the Balearic Islands), Maria Wei Blanes Perez (University of the Balearic Islands), Victòria Romero Feliu (University of the Balearic Islands), Joan Pons Bauza (University of the Balearic Islands)

Introduction: Social Network Analysis (SNA) provides a powerful framework for mapping the relational structures that influence health behaviors. Despite its potential, SNA is still underutilized in prevention science. This presentation highlights the theoretical relevance of SNA for identifying structural leverage points-such as influential individuals and community clusters-to enhance the effectiveness and reach of prevention efforts.
Methods: We review and synthesize findings from case studies in public health and education, focusing on interventions that utilized SNA metrics, including centrality and community structure, to guide their strategies. Alongside established applications, we also discuss emerging and potential uses of SNA in the prevention field.
Results: Evidence demonstrates that both network position (e.g., influential nodes) and network topology (e.g., community structure) play critical roles in mediating the effectiveness of prevention strategies. For example, school-based interventions that identified and engaged highly central students as peer leaders achieved a 30% higher program adoption rate compared to random peer selection (Hunter et al., 2017). Smoking prevention messages disseminated through central nodes reached 65% of the student population within six weeks, compared to 38% in control schools. Anti-bullying campaigns targeting dense friendship groups resulted in a 24% reduction in reported incidents over one academic year (Paluck et al., 2016). Similarly, SNA-informed HIV prevention interventions engaging bridge individuals (high betweenness centrality) led to a 19% increase in condom use, versus 7% in standard outreach (Latkin et al., 2013).
Conclusion: Modeling social interdependencies through SNA enhances the precision and impact of prevention efforts, representing a shift from traditional individual-focused strategies. This presentation also explores new directions and future potential for SNA in advancing prevention science.

ABSTRACT 2
Quality checks before applying SNA: Measurement and Depuration Strategies

Maria Wei Blanes Perez (University of the Balearic Islands), Victòria Romero Feliu (University of the Balearic Islands), Joan Pons Bauza (University of the Balearic Islands), Elena Gervilla Garcia (University of the Balearic Islands)

Introduction: Noise and missing data are examples of significant threats to the validity of social network analysis (SNA), particularly in prevention research. This presentation systematizes common data quality pitfalls and outlines essential preparatory steps for developing SNA in weighted networks.
Methods: Using sports team interaction data as an example, we demonstrate a comprehensive workflow for preparing adjacency matrices for SNA with the sna package in R.
Results: Key steps include data deduplication, matching and merging matrices, filtering data to address inconsistencies, modifying matrices to enable the calculation of specific SNA indices, and calculating inter-rater reliability to ensure coding accuracy. We further present practical guidelines for ethical data handling, including anonymization and secure storage, to protect participant confidentiality.
Conclusion: Rigorous data management and cleaning practices are foundational for valid and reliable SNA, especially in prevention science. By systematically preparing, matching, and filtering network matrices, and by calculating inter-rater reliability, researchers can minimize bias and maximize the impact of their analyses. This tutorial will equip attendees with practical strategies to enhance the quality and trustworthiness of SNA in prevention research.

ABSTRACT 3
Social Network Analysis in R: A Step-by-Step Guide

Victòria Romero Feliu (University of the Balearic Islands), Maria Wei Blanes Perez (University of the Balearic Islands), Elena Gervilla Garcia (University of the Balearic Islands), Joan Pons Bauza (University of the Balearic Islands)

Introduction: Analyzing complex prevention ecosystems requires advanced tools capable of modeling multilayer networks, where diverse types of relationships and contexts interact. The R packages sna (Butts, 2008), statnet (Handcock et al., 2008), and xUCINET (Borgatti et al., 2002) offer robust frameworks for capturing and analyzing these intricate relational structures, supporting the development of effective prevention strategies.
Methods: This tutorial utilizes a social network dataset to illustrate a step-by-step guide for computing SNA indices using weighted networks. The workflow integrates the functionalities of sna, statnet, and xUCINET to provide a comprehensive and practical guide for prevention researchers.
Results: Our example includes the estimation of different centrality, density, reciprocity and fragmentation indexes. The session will include practical code snippets and demonstrations for essential tasks, illustrating how to uncover meaningful patterns.
Conclusion: Integrating sna, statnet, and xUCINET democratizes access to advanced social network analysis techniques, empowering prevention researchers to model and interpret dynamic, interacting relational layers. This approach facilitates more sophisticated insights into prevention systems, which extends beyond traditional analytical methods. Participants will gain hands-on experience in importing, visualizing, and analyzing social network data.

ABSTRACT 4
Mapping Emotional Regulation Networks in Adolescent Sports Teams with SNA

Joan Pons Bauza (University of the Balearic Islands), Victòria Romero Feliu (University of the Balearic Islands), Elena Gervilla Garcia (University of the Balearic Islands), Maria Wei Blanes Perez (University of the Balearic Islands)

Introduction: Sports teams exemplify relational systems where social network analysis (SNA) can clarify complex dynamics among members. Emotional regulation is a key factor in adolescents' well-being and mental health (Bird et al., 2021). Since adolescence is a period of heightened peer influence, understanding interpersonal emotional regulation within sports teams is particularly important (Tamminen et al., 2016).
Methods: We analyzed data from 218 adolescent sports teams, focusing on networks of interpersonal emotion regulation among teammates. SNA indices-including centrality, density, reciprocity, and fragmentation-were calculated to characterize the structure and quality of emotional support and regulation within teams.
Results: Athletes who engaged in more negative interpersonal emotion regulation efforts towards teammates (higher outdegree centrality) reported poorer mental health outcomes, including lower social functioning ($\beta = -.241$, $p < .001$), higher depression and anxiety ($\beta = .122$, $p < .001$), and greater loss of confidence and self-esteem ($\beta = .114$, $p < .001$). In contrast, those who received more positive regulation efforts (higher indegree centrality) showed improved social functioning ($\beta = .210$, $p < .001$). Teams with higher network density of positive efforts were associated with more task-oriented climates ($r = .102$, $p < .001$) and greater athlete satisfaction ($r = .106$, $p < .001$). Fragmented or low-reciprocity networks correlated with lower cohesion ($r = -.079$, $p < .001$) and more ego-oriented emotional climates ($r = -.106$, $p < .001$).
Conclusion: SNA offers a nuanced understanding of how emotional regulation and group belonging interact in adolescent sports teams. Promoting positive and cohesive emotion regulation networks appears beneficial for mental health, athlete satisfaction, and team climate, while fragmented networks are linked to poorer outcomes.

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12:00

11:15

Campfire 7B: Involving communities and the public in prevention research

Session | **Location:** Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

11:15–12:00 (45m) **Campfire 7B: Involving communities and the public in prevention research**

Speaker

Prof. Kristin Liabo (University of Exeter, UK)

Location

Virchowweg 24, Friedrich-Busch Haus/003-006 - Room 141

Description

Authors: Kristin Liabo (University of Exeter, UK), Emma Cockcroft (University of Exeter), Kate Boddy (University of Exeter)

Background: In public involvement people who have relevant lived experience as patients or community members are partners in research and inform study design. 'Lived experience' might have a different meaning in primary prevention research, when the focus is on preventing future (negative) experiences.
The Engaged Health Research Group at the University of Exeter has published studies on public involvement which can help shape meaningful and 'good' involvement plans (e.g. Liabo et al 2024, 2022, 2020 and Cockcroft et al 2020).
Methods: This campfire will engage delegates in considering how to involve people who are 'at risk of' in primary prevention research. It will have the following structure:
Introduction: This will include definitions of 'involvement' and 'prevention research' for the purpose of this campfire.
Planning for involvement: Delegates will be presented with a prevention-focused research question. They will then, step-by-step, be invited to contribute to an involvement plan for designing a study that addresses that question. We will discuss who to involve (who is 'at risk'), how to approach people and how to work with them in a non-judgemental and open manner.
Closing: The session will close by a summary of key points emerging from the discussion, supplemented by any additional findings from the involvement research that did not surface in the debate.
Results: Delegates will experience involvement in primary prevention studies can be prepared for and planned, key challenges to consider and ways of addressing these.
Discussion: The studies underpinning this campfire found that reciprocal relationships that engender trust between researchers and community members are essential for meaningful involvement. In their planning for involvement researchers could consider whether the people they seek to engage are experiencing epistemic injustice, what their experiential knowledge consist of and what emotional labour might be required.

12:00

12:00

EUSPR Awards & Closing ceremony

Session | **Location:** Sauerbruchweg 2, Innere Medizin/2-0 - Hörsaal 22

Description

Chair: Gregor Burkhart, Elena Gervilla, Boris Chapoton, Joella Anupol

12:30

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