



Report 2013-2015

of the

Board of Prevention and Intervention

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**To the EFPA General Assembly in Milano on
July 11-12, 2015**

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Executive summary

The work of the Board has developed over the past two years with an increasing focus on the application of psychology to prevention in a broad field. We have made a start on understanding how this area is represented in training programmes in member associations. We have also conducted a survey to establish the areas of prevention covered by other working groups within EFPA. We have made a start at linking with WHO Europe. We have produced some initial guidelines that are available on our website. We have made little progress on the development of standards for psychotherapy in collaboration with S-EAC.

Introduction

This report covers the activities that the Board of Prevention and Intervention (BPI) performed during the period July 2013 – June 2015.

In a presentation to the board Robert Roe outlined the executive committees requirements for the board. In particular he set out the rationale for developing and enhance profile for prevention. The psychological profession as a whole has gravitated towards healthcare and in particular individual mental health care. The result has been a significant and growing mismatch between what society needs and what psychology can offer. There are several problem areas that Robert Rowe identified in which psychology could and should more, and these will be in areas that the board will focus on.

Examples included:

- Smoking and drug addiction
- Traffic accidents
- Bullying and aggression
- Depression and suicide
- Obesity
- Religious intolerance
- School dropout
- Work conflict

As far as the Board has been able to ascertain, there are no European guidelines on prevention and intervention comparable to those produced by the American psychological Association.

Activities

1. Planned: As we described in the last report we would be considering the wide range of psychological theory, research and practice that bears on preventing ill health and promoting wellbeing. This field has grown rapidly over the past decades and the Board will be emphasizing the importance of the evidence-base in this area. Initially the focus will be on 1) gathering information concerning member associations' involvement with this branch of practice and 2) Exploring what overlaps there are with other Boards, Standing Committee's and Task Forces so that there can be maximum opportunity for collaboration. As part of this survey work the Board intends to identify the way standards for prevention and intervention are defined by member associations and to gather information on existing training standards and associated curricula.
 - 1.1. Performed:
 - 1.1.1. We have conducted a survey of member associations. The initial survey was through members of the Board and this produced an indication of the situation in the member association countries. A follow up survey is in progress that will have included all member associations and the results will be reported at the Milan Conference. Initial findings suggest that there is uneven development of this area of practice across Europe and much scope for learning from each other.
 - 1.1.2. We have conducted a survey of all conveners of all EFPA working groups to identify what work they undertake with prevention. Again the results of this survey will be reported at the Milan conference. Preliminary feedback suggests some working groups have prevention as a central part of their role whereas for others it may be a new departure.
 - 1.1.3. The Board would welcome the GA supporting the proposal that all working groups within EFPA consider developing prevention as an important aspect of their work.
2. Planned: To develop guidance on assessment, evaluation and methodology in prevention and intervention programmes that focuses on evidence-based approaches. This will include any ethical issues that are relevant.
 - 2.1. Performed: The Board has begun this process and has two documents that are now available online
 - 2.1.1. The first is an eleven-point model for prevention and intervention programmes that outlines the essential ingredients in any prevention and intervention programme.
 - 2.1.2. The second is a presentation setting out the necessary conditions for assessment and evaluation of such programmes.
 - 2.1.3. The Board will be linking up the work in 1.1.2 so that a

comprehensive guideline, perhaps similar to the APA guidelines, will be drawn up.

3. Planned: The Board to identify key stakeholders
 - Performed. As well as the surveys outlined in 1.1, contact has been made with Dr Matt Muijen, WHO Europe, Programme Manager, Noncommunicable diseases and life-course with whom we will be discussing the outcome of our survey work. Through this we intend to develop our collaboration with WHO Europe (<http://www.euro.who.int/en/health-topics/disease-prevention>). In addition, on the health front, we intend to consider how applied psychology can inform the European Third health programme (2014-2020) that has the following key aims:
 1. Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle,
 2. Protect Union citizens from serious cross-border health threats,
 3. Contribute to innovative, efficient and sustainable health systems,
 4. Facilitate access to better and safer healthcare for Union citizens. http://ec.europa.eu/health/programme/policy/index_en.htm
4. Planned: To develop an effective working relationship with S-EAC concerning training standards for psychotherapy that underpin the EuroPsy specialist certificate in psychotherapy
 - 4.1. Performed. The Board made contact with the group and one of the BPI members has acted as liaison with the S-EAC. This is an area that the Board has made relatively slow progress. Continuing to explore most appropriate and useful way for our Board to contribute.
5. Planned: To develop the Board's website so that it is a platform for publicising the Board's work.
 - 5.1. Performed: The website is online and has materials and links available. The website is being updated continually in order to serve the BPI members and EFPA members but also to other professional groups and the public.
6. Planned: To be involved in press releases concerning prevention.
 - 6.1. Performed: The Board responded to press release requests e.g. <http://www.efpa.eu/news/sep-10-world-suicide-prevention-day-efpa-wants-to-raise-awareness-of-suicide-and-suicide-risk>
7. Planned: To promote and disseminate Prevention and Intervention approaches.
 - 7.1. Performed: The Board has a symposium at the Milan conference with five speakers. We will show that a very low proportion of health spending, for example, is on prevention. We will also outline the case for saying that psychologists have a key role to play in this field. The symposium presents areas of work with children and young people: one of an intervention at an institutional level in orphanages; another study on the use of EMDR and the framework of Adverse Childhood Experiences (<http://www.cdc.gov/violenceprevention/acestudy/>); and one on suicide prevention among young people in Europe. We will close the symposium with a presentation of the results of the survey across member associations concerning the work that is done in prevention.

The aim of the symposium will also be to show that psychological approaches to prevention and intervention have a wider scope than health.

- 7.2. To write a position paper for EFPA on prevention and intervention and psychology to be informed by the survey work.
- 7.3. To contribute articles to the EFPA journal and newsletters in this area.

Meetings

- 1) Thursday 8th August 2013, Video conference
- 2) Wednesday 19th February 2014, Brussels
- 3) Thursday 13th November, Video conference.
- 4) Meeting planned for Milan for 20th February 2015, cancelled due to low numbers able to attend.
- 5) Meeting planned for Milan Conference.

Information & recommendations for GA & Member Associations

The General Assembly is asked to take notice of the following:

- a. That there is considerable variation in the development of prevention and intervention across member associations.
- b. That there is considerable scope for drawing on the expertise in the working groups within EFPA to draw up European guidance in this area of work.
- c. That a position paper is needed to support the work of EFPA in prevention and psychology.

Proposals for decisions by GA

The General Assembly is advised to accept the following proposals:

1. That all EFPA Boards, Standing committees and Task Forces include consideration of psychological aspects of prevention in their work stream and through this facilitate collaboration with the BPI.
2. That the BPI be endorsed in its work to produce guidelines on prevention in psychology drawing on the APA guidelines (American Psychologist April 2014)
3. That the EC endorse the plan for the BPI to prepare a position paper on prevention and psychology.

Members of the Board of Prevention and Intervention

Representing:	Previous member in brackets
EC LIAISON	Tor Levin Hofgaard
Austria	Patricia Göttersdorfer
Belgium	Nady Van Broeck
Croatia	Damir Lucanin
Cyprus	Panayiota Dimitropoulou
Czech Republic	Roman Gabrhelík
France	Vacancy (Philippe Grosbois)
Germany	Marcus Rautenberg
Italy	Isabel Fernandez
Latvia	Guna Svence
<i>Lithuania</i>	<i>Rytis Pakrošnis</i>
Norway	Britt Randi Hjartnes Schjodt
<i>Norway</i>	<i>Aina Fraas Johansen</i>
Romania	Laurentiu Mitrofan
<i>Russia</i>	<i>Mukhamedrakhimov Rifkat</i>
<i>Slovakia</i>	<i>Jan Zaskalan</i>
<i>Slovenia</i>	<i>Vlasta Zabukovec</i>
Spain	Francisco Labrador Encinas
Switzerland	Heloisa Martino
United Kingdom	Tony Wainwright ©
EFPSA	Vacancy (William Fraser Steel)
EAPA (NEW)	Victor J. Rubio
Liaison to board Scientific Affairs	Matthias Ziegler