

Importance of Dialogicality in Professional Development of Social and Health Care Workers: A Case of Preventing Radicalization

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Abstract

Addressing global challenges such as violent radicalization and extremism requires cross-sector collaboration among different authorities and professionals, which is essential in developing sustainable solutions that promote violence prevention. However, there is a lack of knowledge on how multi-professional dialogue can be facilitated among the stakeholders involved in preventing radicalization and violent extremism (PVE). This study aimed to explore the meanings that social and healthcare professionals attribute to the prevention of violent radicalization after completing an online course on the subject. Data were collected through semi-structured, individually conducted interviews (n = 12), and the data analysis employed an inductive thematic content approach. The results showed that social and healthcare professionals emphasized the importance of multidisciplinary collaboration in preventing violent radicalization, valuing it for enhancing work efficacy, client support, and professional development. Participants highlighted the need for cross-organizational discussions, locally guided practices, and service pathways involving experts by experience as key to advancing future prevention efforts. The results of this study can inform training interventions for social and healthcare workers, highlighting the importance of preventing violent radicalization in these sectors. We suggest that the development of local operational models could be part of the training.

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Introduction

Global crises, including violent radicalization and extremism, demand innovative and sustainable solutions that engage multiple sectors, including education, social services, and healthcare. For envisioning transformative futures, the role of professionals across these fields in preventing violence and fostering social cohesion is critical. However, the experiences and work practices of professionals involved in preventing violent radicalization have received

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relatively little attention in the literature (e.g., Ponsot et al., 2018; Bourgeois-Guérin, 2021). Several societal, social, and individual-level factors influence the radicalization process (Kundnani, 2012), and the focus of prevention needs to be on all forms of violent extremism (European Commission, 2025). This study is concerned with social and healthcare professionals and aims to answer the research question: what are the meanings that social and healthcare professionals attribute to preventing of violent radicalization and extremism?

A qualitative interview study was undertaken. The study participants had previously taken part in an online course that is part of the Ministry of the Interior's (2020) National Action Plan for the Prevention of Violent Radicalization and Extremism (2019–2023) in Finland. The interviewees, working in demanding and time-sensitive environments, are a hard-to-reach group. Participation in the training was key to accessing them and exploring the phenomenon in relation to our research question. The present focus is on the phenomenon, not on evaluating the online course. Inductive thematic analysis was applied to the interview data. Through this analysis, many themes emerged, with a prominent cluster highlighting the importance of addressing challenging issues through collective discussion, which we refer to as 'dialogicality'. This theme was chosen as the primary focus for the results presented in this paper. The results highlight social and healthcare professionals' perspectives on the critical role of multidisciplinary collaboration, local guideline development, and experiential expertise in enhancing the prevention of violent radicalization, providing valuable insights for future training interventions. Overall, this article contributes to the body of knowledge on how to empower social and healthcare professionals to act as active agents in addressing and mitigating violent radicalization.

Background

The term radicalization has different meanings depending on the context. According to Borum (2011), radicalization is a complex phenomenon that includes individual, group, and societal-level dynamics. It is not merely an ideological change but also involves cognitive and behavioural processes. Radicalization can encompass attitudes, dispositions, inclinations, and intentions that may predispose an individual to extremism. According to the Ministry of the

Interior of Finland (2020), there is no internationally established definition for violent radicalization and extremism. Also, Koehler (2020) noted that there is no single definitive way to prevent radicalization. Thus, it is difficult to precisely define the kind of radicalization and extremism that needs to be prevented (Borum, 2011). In Finland, violent radicalization refers to a process that can lead to violent extremism and potentially terrorism, though radicalized thoughts or attitudes do not always result in violence or terrorism (Ministry of the Interior, 2020, p. 22).

Violence can be prevented through various preventive measures. Following an earlier convention (Caplan, 1964, pp. 16-17), the prevention of violent radicalization is defined at three different levels (Ponsot et al., 2018; Koehler, 2021): Primary prevention in the preventing violent radicalization space refers to building resilience without any radicalization occurrence yet. Secondary prevention refers to early-stage intervention for specific at-risk groups. Tertiary prevention refers to recidivism prevention. When speaking about “countering violent extremism”, it usually refers to working with already radicalized individuals. Recently, Ellis et al. (2022) emphasized that preventing violent radicalization requires a systemic approach that takes into account the social, economic, and political root causes.

The prevention of violent radicalization has been addressed by the European Commission (2025). In Finland, the topic was addressed in the National Action Plan for the Prevention of Violent Radicalization and Extremism (2020, p. 22), where the prevention referred to ‘those specific actions that influence the development which, if continued, can lead to the violent radicalization of individuals and groups. This action plan has been recently renewed and now defines the key concrete measures for prevention, identifies the entities responsible for these measures, and establishes mechanisms to monitor the progress of these measures.

A multidisciplinary approach to preventing violent radicalization is considered important from various perspectives. Successful prevention requires the collaboration of professionals from various fields, including social workers, healthcare professionals, educators, and law enforcement officers, which helps ensure that all forms of violence are addressed and that preventive measures are comprehensive and effective (Ponsot et al., 2018). Local resilience against radicalization can be influenced by the effectiveness of collegial

collaboration, which may take forms such as cooperation among local authorities, related training, and safe spaces that facilitate open dialogue (Wimmelius et al., 2023; Haugstvedt, 2022). According to previous research (see e.g., Haugstvedt & Tuastad, 2023), collaboration between social workers and security authorities is often perceived as tense and ambiguous. Moreover, roles and responsibilities are frequently experienced as unclear, which can lead to mistrust and conflicts among different actors. Multidisciplinary collaboration is a central means of effectively preventing violent radicalization; it requires continuous reflection and professional training (Ellis et al. 2022). It can, thus, be said that interprofessional collaboration impacts the prevention of violent radicalization in many different ways.

Training for social and healthcare professionals on the prevention of violent radicalization is an important part of primary prevention and should be studied more extensively. Training on the prevention of violent radicalization is important from the perspectives of professional readiness, collaboration and networking, operational models, and changing attitudes (Bourgeois-Guérin et al., 2021; Madriaza, 2023). Relatedly, Koehler and Fiebig (2019) highlight the disconnect between academic research and practitioner training in CVE and deradicalization. By analyzing training programs, the study identifies practical methods lacking empirical validation and emphasizes the need for accessible research outputs and rigorous evaluation of intervention strategies. The impact of such training has been studied to a limited extent, but the available results indicate changes particularly in participants' attitudes, such as increased concern in client work and reporting to the police (Bourgeois-Guérin et al., 2021).

Materials and methods

Participants and data collection

The data was collected from social and healthcare professionals who had attended the "Preventing Violent Radicalisation" online course organized by the Finnish Institute for Health and Welfare. The course can be seen to represent a primary prevention measure, aiming to enhance the knowledge and skills of professionals. Attending the course was

motivated by the legal requirement for professionals in Finland to pursue continuing education.

The design of the online course was guided by general principles of online pedagogy, as well as the specific needs and learning characteristics of the target group. The course content was structured into four main sections: (1) Welcome to the course (2) What is this about? (3) How do we operate? and (4) Read more. In addition, the course included a knowledge test, after which participants received a certificate of completion. The supplementary section provided ready-made materials that enabled the course to be completed within a workplace community. Though the course is clearly an online offering, one section could be completed as an in-person day at the workplace. Materials and instructions were available for the day, including selecting a facilitator from the workplace to guide the day's activities. A small number held this in-person day, and some conducted it over Teams, which is Microsoft's meeting platform².

At the end of the course, an opportunity was provided to sign up for a voluntary interview study, for which permission had been obtained from the organizing institute. A total of 12 individuals agreed to participate, 10 of whom worked in social services and 2 in healthcare. All participants had at least a university of applied sciences degree. They had between 2 and 20 years of work experience in the social and healthcare sectors, with an average of 10.5 years. The professional fields represented included child protection, immigration services, adult social work, addiction psychiatry, and adult social work. Geographically, almost all areas of Finland were represented, except Northern Finland. The participants were aged 35 to 59.

Kirkpatrick and Kirkpatrick's (2006) model divides the evaluation of training effectiveness into four levels: reactions, learning, behavior, and results. The model has been used in numerous training effectiveness studies (e.g., Bijani et al., 2018) and is considered suitable for evaluating the training of adults working in the healthcare sector (Lahti, 2014, p. 30). The interview protocol was based on the first three levels, comprising the following themes: consent and background information, feedback on the online course, knowledge gained, skills acquired, attitude changes, application of learned content in the workplace, and

²<https://www.microsoft.com/fi-fi/microsoft-teams/group-chat-software>

the relevance of the online course content to one's own work. A semi-structured interview approach was adopted and aimed to create a situation similar to a guided conversation (Rubin & Rubin, 2005), where new knowledge is created through interaction between the interviewer and the interviewee (Kvale, 1996). The interviews were implemented via the Teams application, recorded, and transcribed in 2022. The shortest interview lasted 35 minutes, and the longest 75 minutes. The transcribed text from the interviews amounted to 49127 words. The data was handled in accordance with the institute's guidelines and informed consent was obtained from the participants.

Informed consent was obtained from all participants. They were provided with clear information regarding the purpose of the study, the methods and procedures involved, data privacy, and their rights as research participants. Consent was reconfirmed at the beginning of each interview. Participation was entirely voluntary and based on the participants' free will. All identifying information was removed from the data, which was stored on a secure, password-protected drive. Access to the data was restricted to the first author, who was solely responsible for handling and analyzing the material. The research was conducted according to the ethical guidelines of the Finnish National Board on Research Integrity (TENK).

Analysis method

The data analysis was conducted using inductive thematic analysis. Thematic analysis is a qualitative method for identifying and interpreting patterns of meaning within data. It offers a theoretically flexible and accessible approach to analysis, making it suitable for a wide range of research paradigms and disciplines. (Braun & Clarke, 2006; Attride-Stirling, 2001).

We refer to our themes at different levels of abstraction using the labels proposed by Attride-Stirling (2001): basic theme, organizing theme, and global theme. The data was first read through in its entirety for immersion. Secondly, the data was found to be very rich, which is why it was then inductively divided into organizing themes. Thirdly, within these organizing-level themes, individual perspectives were analyzed in more detail for basic (low-level) themes. Thus, the data became compiled into a two-level structure, where the basic themes were linked to the higher-level organizing themes. Finally, the resulting structure was

examined comparatively, and the organizing themes were further grouped into the highest-level global themes. As noted, the global theme ‘Dialogicality’ captured an important and rich part of the data and was selected as the focus of the present study. Figure 1 demonstrates the themes at the three levels of abstraction. The analysis was conducted using the Atlas.ti³ computer-assisted qualitative data analysis software (CAQDAS), and the themes were also quantitatively recorded, as shown in Figure 1.

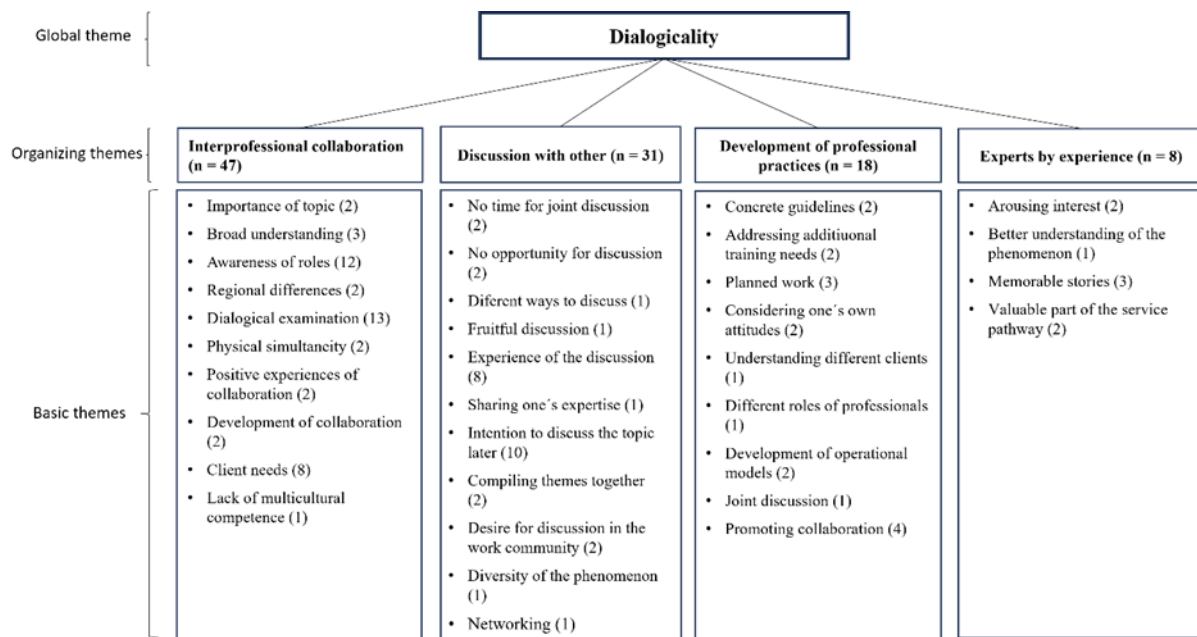
The first author represents the target profession of the study, hence possessing an insider perspective. The two remaining authors are education researchers. The first author conducted the initial analysis. The authors then organized a joint workshop, where excerpts from the data were reviewed, and the decision was made on how to utilize Atlas.ti tool for the present purpose; thus, a consensus was reached on the analysis method. To increase trustworthiness, the largest organizing-level theme was thoroughly examined along with its basic-level themes through joint workshops. In these analysis workshops, the first author presented suggestive coding together with corresponding data examples, one by one. The meaning of each code was collaboratively discussed, and final labelling was agreed upon. Additionally, examples from other organizing themes were reviewed together in a similar manner, giving attention to cases that the first author had considered difficult to interpret.

Results

The significance of dialogicality was reflected in several organizing themes: interprofessional collaboration, discussion with others, development of professional practices, and experiential experts. Figure 1 presents the analysis results, ordered by frequency from left to right and reviewed accordingly. In this section, ‘client’ refers to a social and health care client, ‘professional’ refers to a professional with specialized training, ‘actor’ refers to all individuals involved in the prevention of violent radicalization, including the third sector, and ‘expert by experience’ refers to persons who have completed peer expert training and possess personal experience related to the subject area. To aid the reader’s interpretation, we have highlighted the basic level themes in italics.

³ Computer-assisted qualitative data analysis software (CAQDAS), designed to facilitate the management and processing of qualitative data.

Figure 1:
Results themes with frequencies



Interprofessional collaboration

The theme of 'Interprofessional collaboration' was mentioned forty-seven times and comprises ten low-level themes (Figure 1). The importance of the topic of the online course was raised, among other things, from the perspective of increasing interprofessional collaboration. The participants highlighted the interprofessional collaboration in connection to their own work and noted that this had been discussed in their team discussions held during the online course.

Broad understanding related to interprofessional collaboration was considered necessary because various actors and their practices are encountered. This also referred to the importance of acknowledging that clients are of varying age and have varying backgrounds. That is, the participants felt that the forms of interprofessional collaboration varied with different actors and clients.

The respondents perceived one of the significances of interprofessional collaboration to be the awareness of the roles of different actors. In this context, the participants highlighted as an important learned aspect knowing which professional to contact in various situations:

“Well, I’ve been thinking about this, mainly about when exactly there’s an obligation to contact the police. This is something I’ve been mulling over. It did come up that you can consult anonymously.”

Relatedly, knowing and understanding the actions of other professionals was perceived to facilitate one’s own work:

“ Maybe it’s about whether I should talk to my immediate foreperson about it or if I need to report it to the police right away. And then, of course, also that you can actually tell [clients] a bit about the different organizations, the helping organizations that exist.”

As mentioned in the quotation above, it was frequently reflected on how interprofessional services and knowledge of other actors should be communicated to the client. The participants felt it was important to know the various care pathways and services that can be offered to clients or to direct them to the services of other actors.

Various actors and their roles were also present in the participants’ considerations that preventing violent radicalization is everyone’s responsibility, including the acknowledgment of volunteers and experts by experience as important partners:

“So, it was really important that you can kind of imagine the prevention of radicalization as the task of the police, the security police, something that no ordinary citizen can influence. But there is [also] grassroots work that different volunteer organizations can do something about, social services can influence it, even the health sector can.”

In this respect, the participants also valued their own work, and considered it meaningful, especially in recognizing the phenomenon but also in functioning within an interprofessional team. Altogether, they felt that through participating in the online course their competence had improved in relation to the awareness of roles.

Regional differences were highlighted by variations in the types of actors and services available in different geographic areas, as well as in local practices. Some participants mentioned that they were unaware of all the local actors involved in the work against violent radicalization in their area. The online course was perceived to have motivated them to investigate these matters within their own operational area.

Dialogical examination was related to both work and learning. The participants expressed a desire for more interprofessionalism during in-person training days, for example, through a shared interprofessional training day. There was also a wish for participants from as many organizations and educational backgrounds as possible to be present. Some participants had participated in the in-person training day, and dialogical interaction was seen as both a facilitating and challenging factor for learning. The challenges related to limited resources captured by another organizing theme below.

According to the participants, physical simultaneity would have enhanced learning in the online course, particularly regarding the in-person training days. Physical simultaneity was perceived to facilitate better dialogue in the workplace more generally as well. For instance, informal discussions on the topic during the course, such as those that occurred in workplaces' break rooms, were considered important. The preference for physical simultaneity was also expressed in relation to the previous theme concerning examination of the topic together with different professionals.

Positive experiences of collaboration with other actors were seen as encouraging further interprofessional cooperation. The aspect of consultation was highlighted, which was often perceived as challenging but was considered to become easier with positive experiences:

“So, years ago, when I had my first case with them [police’s Anchor group] and had very intensive contact for a few months, it left me as an employee with the feeling that it was really easy for me the next time I thought I should consult them. The threshold

was very low, and it felt much easier because I already had the experience that, in that case, our cooperation worked really well.”

The development of collaboration was perceived as occurring both within the work community and through interprofessional development across organizational boundaries. The participants reported that after the online course they were reflecting on concrete ways of how to improve their work. These ideas were shared within the work community and specifically with forepersons. More informal discussions across organizational boundaries were desired in order to develop together how to address radicalization:

”So, I suggested this right from the start when we talked about it. We have other actors in the field of multiculturalism besides our social services in this area, so I had suggested that we hold the final part together on a nearby day, but we couldn’t schedule it. But I think that when people have gone through these things on their own, then maybe we could discuss, based on our observations, the increase or possible increase in radicalization or its occurrence in our area, and then what we can do to address it.”

Client needs-based interprofessional collaboration was considered necessary both within the internal multiprofessionalism of the work community and across organizational boundaries, also taking into account the perspectives of the client’s own community. The example below illustrates the need to extend the examination of the case beyond the immediate setting.

“Sometimes it’s not enough to have a representative from the same community or a family member or teacher; it doesn’t necessarily always suffice.”

Finally, a concern was raised regarding the lack of multicultural competence among various actors, especially in recognizing and assisting representatives of minority groups when they are targeted by radicalized actions. It was noted that there is likely more

competence available to support the radicalized individual from the dominant culture than the targeted minority group.

Discussions with others

Dialogicality was widely evident in the data beyond just through interprofessional collaboration. Such aspects were captured by the theme ‘Discussions with others.’ The theme was referred to thirty-one times and comprises eleven basic themes (Figure 1).

Time constraints were seen as a challenge for discussions with others, as it was felt that there was no time for joint discussions. Additionally, illness and other absences were perceived to contribute to the lack of time. The participants also felt that there was no opportunity for discussions. One reason for this was the ongoing COVID-19 pandemic during the online course. According to the participants, the lack of shared spaces further complicated the situation, resulting in fewer discussions on the topic than desired:

“So actually, we don’t really have many places where people gather a lot. We have a coffee room, or it’s not really a coffee room, but a coffee area, and sure, you can gather there to eat, but if you go out for lunch, you don’t end up hanging out there.”

The participants revealed different ways to discuss. Conversations had taken place both face-to-face and via remote communication. Face-to-face professional discussions were perceived as the better method of discussion. Joint discussions were perceived as fruitful. One example of a fruitful discussion was a face-to-face day related to online training, where conversations took place among members of the work community.

The participants highlighted various experiences of the discussion. Discussions held via remote communication were perceived as challenging, and in some cases, they were infrequent. According to the participants, this was influenced by the distance created by remote communication, and not everyone participated in them.

Sharing one’s expertise had taken place both within one’s own work community and more broadly. Expertise had been shared regarding both the phenomenon and the methods of operation. Participants mentioned the intention to discuss the topic later. The participants felt

that the discussions had only just begun. In future joint discussions, considering the diversity of the phenomenon was seen as an important perspective.

Themes that emerged in joint discussions during the online course's in-person training day were compiled together and documented into various tables to support understanding. This convention was seen as a facilitating element in the discussions, especially given the diversity of the topic. The participants expressed a desire for discussion in the work community. Additionally, the participants revealed that the participants had heard other members of the work community also wishing for more discussions.

“And yeah, everyone from my team and our other team who participated really liked it a lot and thought it was super important. And then when we talked about it more generally at our office, it sparked a lot of interest. Others also hoped that it would quickly become something they could attend.”

In the discussions, the diversity of the phenomenon was considered an important perspective. According to the participants, addressing the diversity of the phenomenon from various viewpoints is crucial for professional collaboration and the enhancement of one's own expertise. Finally, joint discussions were considered a good opportunity for networking.

Development of professional practices

As shown in Figure 1, 'Development of professional practices' was mentioned eighteen times and comprises nine basic themes. The participants desired concrete guidelines to follow. Relatedly, ready-made, planned operational models were also considered important. Addressing additional training needs was yet another aspect highlighted for developing professional activities. The participants suggested that their work would be facilitated through planned work:

” And it might also help in planning the work, like how we want to support the family and how he work might actually be carried out. It sparked a lot of thoughts about what we can do and develop here and what kind of additional skills are needed”.

Furthermore, considering one's own attitudes was seen as a phase in the development of professional activities:

"I don't know if anything happened immediately, but I think that just catching yourself in some kind of biased thinking and daring to say it out loud to yourself is already a step towards something better."

This attitudinal perspective also included an understanding of different clients and the view that one can always improve in client work and interactions. There was also a desire for clarification of the different roles of professionals. This was articulated as "*a larger development area*". It was considered to be particularly the responsibility of workplaces' forepersons.

The participants considered the development of operational models to be important. A systemic approach model had been piloted in some of the participants' workplaces, and it was perceived as useful. Large workloads and lack of time were seen as obstacles to the development of operational models. The importance of development days, during which operational models could be jointly considered, was highlighted. More joint discussions on the topics of development were desired and, finally, promoting collaboration through various means was seen as a key area for the development of professional activities. The participants mentioned that they had been considering concrete ways to enhance collaboration:

"But I kept thinking about them further, like what would help us concretely to promote cooperation."

Experts by experience

As shown in Figure 1, 'Experts by experience' was mentioned eight times and comprises four basic themes. The story shared by experts by experience on the online course sparked interest among the participants. Hearing a personal story was thought to offer better understanding of the phenomenon, as the phenomenon became more humanized. Also, the participants felt that the story was more memorable. They hoped that experts by experience

could be utilized in their own work and suggested that experts by experience would be a valuable part of the service pathway. They believed that having experts by experience as part of the service chain could be particularly beneficial for many clients, especially as partners of discussion:

“I thought that, of course, we can’t necessarily bring in an expert by experience to every meeting, but in certain situations, at the right place and the right time, they can be the key person in helping this individual.”

Discussion

This study aimed to explore what meanings social and health care professionals attributed to the prevention of violent radicalization and extremism after participating in an online training on the topic. The need for dialogicality emerged in various ways and connections, demonstrated through themes that together provide an answer to the research question. According to the results, interprofessional interaction, sharing of expertise, sharing of role-related information, and working collaboratively, all taking account client needs, were especially seen as important. Madriaza (2023) and Bourgeois-Guérin (2021) also mentioned these points in their studies.

Previous studies have noted that effective and smooth collaboration among social and healthcare professionals in practical working life can be challenging. Similar to Cameron et al. (2014), the participants of the present study recognized resource limitations. D’Amour (2005) instead noted the diversity of inter-professional collaboration models as a challenge, while Madriaza (2023) highlighted issues in professional alignment and personal ties, identifying local collaborations as the greatest challenge. Solhjell et al. (2022) point out that trust between professionals is a key factor in enabling effective collaboration. In this respect, the present results highlighted the value of gaining knowledge of varying actors, and that successful collaboration experiences can lower the threshold for subsequent collaboration. Overall, the present study indicates that it is worth minimizing challenges and considering the good conditions for collaboration. According to Vaessen et al. (2014), leaders play an

important role in creating a collaborative learning environment. In this study, the interviewees expressed a desire for common discussions, so supervisors have a crucial role in facilitating these discussions.

All forms of violent extremism are targets of prevention (European Commission, 2025) and several societal, social, and individual factors influence the radicalization process (Kundnani, 2012). In Finland, the greatest terrorism threat currently comes from individuals and small groups supporting far-right or radical Islamist ideologies (SUPO, 2023). Relatedly, the participants perceived the phenomenon as multifaceted. This was reflected in their responses, for example, matters related to acting in the best interest of the client, the broad understanding required by the work, and factors related to experts by experience.

Encountering a radicalized person in social and healthcare services occurs in client work (Ministry of the Interior, 2020). The participants represented professionals who meet clients daily. The participants desired more skills related to client interaction and wanted to better understand both the client and the phenomenon, highlighting that there is always room for improvement in client interactions. Discussing the political, cultural, and other underlying factors of radicalization with clients can be challenging, yet it is essential to acknowledge and consider these aspects. The participants also emphasized that they do not want to judge clients but rather understand their thoughts and minds and help them. When a client is approached with professionalism and empathy, an expert is arguably more likely to obtain information that might otherwise be overlooked in the absence of trust. Similar results were also highlighted in Haugstvedt's (2022) study, where the participants described demanding client situations.

The participants mentioned that the insights from common discussions within the work community had been compiled and documented into various tables. Using these written outputs to develop activities and aid discussions could be one concrete way to both increase and facilitate common discussions. This would also meet the participants' desire for more multidisciplinary discussions in the future and can also help clarify practices by various collaboratively created mind maps or tables.

The participants felt it was important to understand the different roles and actors, which was seen as significant in working for the best interest of the client. It was also seen as

facilitating the work. Madriaza (2023) also pointed out the importance of role clarity and responsibilities in multidisciplinary collaboration. According to the participants of the present study, knowing what kind of help one can direct a client to or from whom one can seek consultation was considered important, even across organizational boundaries. The prevention of radicalization was seen as a multidisciplinary activity, and it was hoped to develop even further. The participation of forepersons in the development work was also considered important.

Regarding the development of practices, the participants desired concrete guidelines. Various recommendations are already available in social and healthcare, but there was a particular need for those related to violent radicalization. In response to this, the Finnish Institute for Health and Welfare has produced a Digital vulnerability assessment tool (VALIANT-tool⁴) for social and healthcare professionals, which can be used in situations where there is concern about a client's potential susceptibility to radicalization. The tool consists of questions that the professional answers. Based on the answers, the professional receives a summary, which they can use to discuss with the client and get guidance on how to direct the client to the appropriate services. It also makes multiprofessional work easier by creating common understanding and terminology.

There seemed to be differences in how the participants were aware of service paths and actors in their local area, which are, in effect, known to differ geographically. From this perspective, also local guidelines were seen as an important factor that facilitates work. This challenge matches the challenges reported by Madriaza (2023). Thus, an area for future development could also be reducing geographical disparities in services and service paths.

According to the results, social and healthcare workers feel they need extensive skills to work in the best possible way in the prevention of violent radicalization. As in our case, the method to widely achieve such a goal has been the provision of online training. However, the present results challenge the notion of using solely online learning, as a desire for dialogue, even with physical simultaneity, was clearly highlighted by the participants. Enabling dialogue on the online learning platform should be an important consideration when planning training on this topic. A solution could also be a blended or hybrid learning approach, which

⁴ Available in Finnish (RATTI) and Swedish (BÄRAS) at <https://thl.fi/aiheet/vakivalta/tyon-tueksi/ratti-tukityokalu-radikalisoitumiseen-liittyvan-tuen-tarpeen-arviointiin>

includes possibilities for (face-to-face) dialogue. On the other hand, independent study prompted employees to reflect on issues and discuss learned topics in multidisciplinary contexts. The learned topics also guided participants to consider ways to develop the prevention of violent radicalization. Based on this, for example, the flipped learning approach could be used more diversely in training programs aimed at social and healthcare personnel.

In recent years, research has increasingly highlighted the role of trauma in the process of radicalization and emphasized the relevance of trauma-informed approaches in prevention efforts (see e.g., Siegel et al., 2019). However, trauma should not be viewed as a standalone risk factor for violence, but rather as an experiential influence that may shape the trajectory of radicalization (Ellis et al., 2019). In our interviews, however, neither the role of trauma in the radicalization process nor the relevance of trauma-informed approaches emerged as salient themes.

The evaluating training model used as the framework for the thematic interviews was well-suited for this study because all participants perceived the course positively - the first question of the thematic interview asked for a general impression of the course. According to Kirkpatrick and Kirkpatrick (2006), it is significant for the evaluation of training effectiveness that participants have a positive learning experience from the online course. It was accordingly noticed that the collected data was qualitatively rich.

Trustworthiness, limitations and future research

The trustworthiness of qualitative research can be assessed through the concepts of credibility, dependability, transferability, and confirmability (Lincoln & Guba, 1985). Credibility refers to the need to obtain valid interpretations and was pursued by building a trusting relationship with the interviewees, facilitated through individual interviews. Additionally, the first author's prolonged involvement in the entire online course process was considered to support accurate interpretations. In terms of dependability, all authors participated in the data analysis to avoid reliance on a single author's interpretations. The role of the first author as an insider—specifically a social and healthcare worker and an online course developer—was acknowledged, with the aim of minimizing the influence of personal opinions or

preconceptions on the interpretations. The processes of data collection and analysis, as well as the roles of the authors, are clearly described, and direct quotations are included in the results. Regarding transferability, Lincoln and Guba (1985) emphasize that researchers can support it by meticulously documenting the research design, enabling readers to assess whether the findings are applicable to other contexts. Our research setting is described in Section 3. We assume that the Nordic context can be considered comparable due to similarities in population structures, risk groups, and welfare system frameworks. Accordingly, we believe that the findings are relevant for countries with similar institutional systems and operational models. We consider the assessment of contextual similarity to be the responsibility of the reader, as also noted by Lincoln and Guba (1985). Finally, the results of this study are supported by previous research literature, thereby also contributing to the study's confirmability.

The limitation of this study is that participants were from a single country and the training underpinning the study was a single occasion. This should be acknowledged when considering how the results apply to other settings.

Overall, the results suggest that future research should explore how dialogicality can be implemented in the training of a large pool of professionals and how service paths might be extended to involve actors such as experts by experience. It would be valuable for future studies to explore the challenges involved in implementing dialogical practices in the prevention of violent radicalization, including societal constraints. Additionally, examining how dialogical engagement is sustained in professional settings—especially under pressure or stress—would offer important insights. Alongside considering these improvements, we will provide an analysis focusing specifically on the feedback for the current training model in a follow-up study.

Conclusions

This study explored the meanings that social and healthcare professionals attribute to the prevention of violent radicalization after completing an online course on the subject. The most prominent theme that emerged was multidisciplinary collaboration from various perspectives. Multidisciplinary collaboration was seen as important because it facilitates performing work,

helping clients, developing one's own expertise, and understanding the diversity of roles. Developing activities, especially from the perspective of local guidelines, was considered important for the future.

From the practitioner's point of view, this study identifies several implications for professional practice. First, there is a need for clear, evidence-based guidelines to support practitioners, which could be implemented through frameworks such as the VALIANT tool and joint workshops. Second, unclear consultation channels were noted, indicating a need for improved role clarity and communication. Third, multidisciplinary collaboration was perceived to facilitate professional tasks, highlighting the value of integrated approaches. Finally, regional disparities in service availability—such as the uneven presence of the Anchor work—may affect the consistency of support across wellbeing services counties. According to Moilanen et al. (2019) The Anchor work refers to a multi-professional collaboration between the police, social services, healthcare, and youth services. Its primary aim is to promote the well-being of children and adolescents under the age of 18, prevent criminal behavior, and counter violent radicalization and extremism without age restrictions. The model provides individualized and holistic support to young people and their families at an early stage, and, when necessary, refers them to appropriate care, services, or other expert assistance.

As a practical implication, the results of this study can inform training interventions for social and healthcare workers, highlighting the importance of preventing violent radicalization in these sectors. We suggest that the development of local operational models could be part of the training. A face-to-face training day would enable the development of these models through extensive dialogue in a multidisciplinary group, also utilizing experts by experience.

Key points

- Social and healthcare workers feel they need extensive skills to work in the best possible way in the prevention of violent radicalization.

- Multidisciplinary collaboration was seen as important because it facilitates performing work, helping clients, developing one's own expertise, and understanding the diversity of roles.
- Collective discussion across organizational boundaries was seen as important in the prevention of violent radicalization
- Developing activities, especially from the perspective of local guidelines, was considered important for the future.

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