

Dealing professionally with self-destructive and suicidal behavior

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Self-destructive and suicidal behavior takes a heavy toll on staff members, leading to stress, absence due to illness, burn-out complaints, and even post-traumatic stress disorders (PTSD). In this article, the author provides tips on how to deal with serious self-destructive client behavior. These tips are derived from the self-determination theory of Ryan and Deci (2017), which centers on three innate psychological needs: relatedness, competence, and autonomy.

Transfers from one institution to another and aggressive behavior can affect the sense of relatedness between client and staff members negatively. This can lead to the client experiencing increased tension and consequently to self-injuries and suicide attempts. Arson is in practice also a real risk. Such behavior negatively impacts others, such as housemates, family members, or group members. Within an institution the quality of the living environment deteriorates, tension within the group increases, and copycat behavior by group members can also occur. A successful suicide usually leaves everyone with much grief, pain and dismay.

It is sometimes difficult to establish the cause of the behavior. Depressed children and young people are sometimes difficult to deal with due to their lack of initiative and their self-destructive behavior. Dialectical Behavior Therapy (DGT) can be successful, even in young people with a mild intellectual disability, often in combination with trauma therapy (EMDR and cognitive behavior therapy).

Tips and actions to avoid

There are also effective tips that are presented well in the film "Nadia Is Afraid to Live" from 2009. This film is about Nadia, a 16-year-old girl who hears voices in her head and is suicidal (see frame). The most important starting point for the tips is the self-determination theory described by Ryan and Deci (2017), which states that every person has three basic psychological needs: relatedness, competence, and autonomy.

Frame:

Nadia is a severely depressed and suicidal girl. After frequent stays in the separation room she is ultimately encouraged to take on more responsibility for her own behavior. That involves risks that are clearly depicted in the documentary. The quite poisonous jar of nutmeg that Nadia has bought in the village is not taken away by the group leaders. Instead they talk to her and keep an eye on her. When Nadia tries to start a fire, she is temporarily placed in isolation. Nadia's behavior takes a heavy toll on the staff, and initially things do not work out well. Part of this approach is worked out further for psychiatric purposes in the new workbook "Forensic High Intensive Care" (P. de Leede, P. van der Helm & Y. Voskes, 2013). However, only organizing relatedness is not enough in terms of professional treatment, because basic needs are inextricably interrelated. After all, children as well as adults also need competence and autonomy.

These basic needs also directly show what therapists should not do (often out of uncertainty on how to respond):

Frustrating relatedness - ignoring the client's behavior, moving or transferring the person to another institution, confining him or her in own room or separation room, preventing contact with family

Frustrating competence - lack of meaningful regular activities, such as school and sports

Frustrating autonomy - using force or punishment instead of creating relatedness

Considering the basic needs, we can provide the following tips (based in part on the FHIC workbook, inspection reports, and the article by G.H.P. van der Helm & S. Vandeveld, 2018):

1. Try to understand and discuss where the tension arises from; this usually provides points of reference.

2. Self-destruction serves to eliminate the tension. Such behavior is based on pain. If relief cannot be found in a different way, such as by going for a walk, then try to agree on less radical ways of harming oneself. Be on the alert for arson.

3. The work relationship (relatedness) is one of the most important operating mechanisms: try to offer proximity. Proximity is also relational safety, but when it only means supervision, it is at the expense of the feelings of autonomy and competence.

4. Meaningful daily activities remove tension and stimulate a sense of competence. Boredom aggravates negative thoughts and worrying.

5. Being allowed to choose promotes the feeling of autonomy and has a positive effect on one's self-image. Discuss choices also regarding small everyday things.

6. With regard to competence, try to look at future opportunities. Stay positive, no matter how difficult this may be.

7. Contacts with the family are important to enhance the feeling of belonging; they can dispel the feeling of loneliness. Family members often suffer from stress and therefore also need psychological support.

8. Discuss with housemates or group members the function of behavior and give them tips on how to deal with this. Do not neglect the others – such as parents and other family members - when things get difficult.

9. Work on a positive residential climate (plus learning climate at school and work climate) with everyone. Regularly examination of the climate and discussion of results can help. A positive climate motivates everyone.

10. Psychological support for staff members is an important pillar to be able to go on.

11. Intervention and coaching are often necessary to be able to go on. When escalation occurs, call in an external expert (for example the Center for Consultation and Expertise). A fresh pair of eyes often sees more.

12. Attempts at suicide and self-injury can harm employees. Do not just continue with your regular operation, but acknowledge signs of stress, fatigue and burnout among employees and take measures to improve the working climate.

13. Record clearly what you do; this can help to keep an eye on treatment progress, possible escalations and related accountability.

14. When something goes well, say it; and list four successes.

If these tips do not work and a suicide does take place, that is not be blamed on someone. There is no magic wand or medicine that solves everything. This is work done by humans, and they will err at times. Often a single moment of inattentiveness is enough, and young people are sometimes looking around the clock for a possibility to end their life.

If we ask staff members to do this difficult work, then relatedness, competence and autonomy are essential pillars, especially for those in the frontline.

Further reading:

The workbook "FHIC, High and Intensive Care", written from a forensic perspective:

<https://files.enflow.nl/fd9938a8-0039-4987-ae4-d3773cabfd43/f9d1df9a-9482-4f55-a1cf49a687fba0d6/werkboek-fhic2017-mrt1kfzprint2.pdf>

The article by G.H.P. van der Helm & S. Vandavelde (2018), "Problem behavior is often understandable", Journal for Orthopedagogics, Research and Practice 57 (1-2) 3-13.):

<https://surfsharekit.nl/publiek/hsleiden/57c8c875-caf0-430d-8909-db4b80f8a508>

References

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- Herblot, N. (director). (2009, September 20). Nadia durft niet te leven (Nadia is afraid to live). In K. Driehuis (final editor), Zembla. Hilversum: VARA/NPS.
- De Leede, P., Van der Helm, P. & Voskes, Y. (2013). FHIC, High en Intensive Care uit forensisch perspectief (from a forensic perspective). Kwaliteit Forensische Zorg.