



Dual harm in a specialized clinic in the Netherlands

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Introduction CIT

Centre for Intensive Treatment (CIT)

- Treatment of disruption
- Closed ward (17 beds) and open ward (10 beds)
- Staff:
 - Nurses etc. (\pm 30)
 - Psychologists/psychiatrist/MD (\pm 8)
 - Expressive therapy (5)
- High numbers of all kinds of aggression

Some numbers

Year	Verbal aggression	Threat	Aggression others	Aggression objects	Self-harm	Sexual intimidation	Total
2003	1725	277	268	564	436	61	3331
2004	1882	250	395	764	538	43	3872
2013	5059	493	304	1341	717	75	8432
2014	4910	429	407	1297	519	108	7670
2020	6637	624	1270	2440	1649	172	12792
2021	5584	464	1037	1542	1327	224	10178
2022	2848	270	196	1009	1991	46	6360

Research themes

- Dual harm
 - Prevalence and characteristics of self-harm
 - Correlation between aggression and self-harm

- Resilience of staff

Methods

- Social Dysfunction and Aggression Scale (SDAS) (weekly)
- Self-Harm Scale (after every incident)

- Descriptive analysis, Chi-square tests and Mann-Whitney test were used for the analysis of the self-harm data, September 2019 – January 2021 (N=27)

- Multi-level regression analysis for SDAS September 2019 – January 2023 (N=44)

Prevalence and characteristics of self-harm

- N=27 (61% of the treated patients), 85% women, age 28 y, BPD
- 74% self-harmed, 470 incidents (range: 1-230)
- Head banging (41%), use of straps (30%)
- Alone (97%), own room (83%)
- Trigger: tension/stress (19%), reliving (13%), interaction team (12%)
- Stopped: by itself (27%), verbal intervention (27%), preventing with force (17%), taking object away (16%)
- Medical treatment necessary: 15%
- Mostly in the evening ($\chi^2 (3) = 163,771, p < 0,001$)

Self-harm / SDAS

- Total SDAS (N=27): 15,75 (SD: 9,51)
- Total SDAS self-harm group (N=20): 18,44 (SD: 8,32)
- Total SDAS non-self-harm group (N=7): 15,15 (SD: 9,66)

- No significant difference (SDAS-9 Me = 12,0; IQR = 10,0 vs. SDAS-9 Me = 11,0; IQR = 12,0; $z = -1,707$; $p = 0,09$).

SDAS

- N=44 (59% of 74), 84% women, age 29.7 y, length of stay 46 weeks, 52% PS
- SDAS:

	M	SD	min	max	n
Men	10.05	5.21	3.42	17.88	7
Women	15.44	6.15	2.89	28.77	37
Total	14.59	6.36	2.89	28.77	44

- Significant decrease of aggression ($b_{\text{tijd lineair}} = -0,15, p = ,010$), however this decreases diminishes during time ($b_{\text{tijd kwad.}} = 0,002, p < ,001$)

Correlation self-harm and aggression

- Intra class correlation: 0.369
- Several models tested
- Self-harm is significant and positive correlated with aggression ($b_{\text{zelfbeschadiging } t} = 4.61, p < .001$)
- Sex and age are not significant, nor time of self-harm

Self-harm / SDAS

- Discussion/further research:
 - We expected interaction to be an important trigger....
 - High number of self-harm and of aggressive behaviour: impact for staff
- Question:
 - We have 1600 SDAS of 44 respondents. And more coming. How can we use them best?
 - Are there comparable settings for cooperation?
 - Any tip

Thank you for your attention!

**Questions, tips, advice:
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SDAS: Time by subject

