

Connecting Authority for Parents of Adolescents Struggling with Suicidal Behavior

Kathelijne van Dongen, systemic therapist LUMC Curium and GGZ Rivierduinen. Owner Private Practice Healing www.healing.com
info@healing.com

Dr. Katinka van Hastenberg – van Dongen, researcher, Freestanding. Translating Pain
katinka@translatingpain.com

Dr. H. Bom, clinical psychologist and systems therapist. Freestanding.

J.A. Koudstaal, clinical psychologist/psychotherapist, VGCT supervisor and DBT trainer

Prof. Dr. R.R.J.M. Vermeiren, child and adolescent psychiatrist, professor/head of subdepartment LUMC Curium and head of research Youz, Parnassia Group.

Dr. A.A.Krabbendam, child and adolescent psychiatrist LUMC Curium and lecturer Hogeschool Leiden.

Abstract: Suicidal behavior is an increasing and serious problem among young people, which also has a great impact on their loved ones. Because the lack of connection with loved ones and the feeling of not mattering are major risk factors for suicidal behavior, it is crucial to strengthen the parent-child relationship. The parent training developed at LUMC Curium is specifically aimed at parents of adolescents with suicidal behavior, and based on the principles of proven effective interventions (Connecting Authority and Dialectical Behavior Therapy). The purpose of this project is to implement this best practice and examine its applicability and effectiveness. So, we learn what is needed for structural embedding of the training in the treatment offerings for young people with suicidal symptoms and their parents, and what effective elements of the training are. With this we give an impetus to further implementation and ensure thorough substantiation of this best practice.

Keywords: suicidality; NVR; Connecting Authority; parent training; Dialectical Behavior Therapy; adolescents; peer support; experienced parents

Prologue

Deafening silence...Her beautiful long hair is draped in front of her face, her glazed over eyes staring into a world only she can see. I see sadness, pain, fear and maybe also anger...But I see no tears, hear no screams, no not even a single word. The scars on her arms carefully concealed in the much too long sleeves of a large soft sweater. The silence feels terrifying, alienating and empty. Her parents look at me with utter hopelessness, eyes filled with questions. "We've been at it for so long. We already tried everything. We can't reach her anymore."

What if your 16-year-old daughter goes upstairs every night to cut herself? The cuts on her arms and legs are getting deeper and deeper, and you have been to the emergency room for the fourth time this week. Your sleep is ruined, and your work is a mess. You are so tired... What do you say to your child when you hear her walk to the shower? Do you dare to set any boundaries at that point, when you know what she is going to do? Trying to stop her will only make her cut deeper. How do you deal with the thought that every day could be her last? Will this ever stop?

Parents are side-lined

Side-lined is how parents feel when they can no longer reach their son or daughter because of gloom, self-harm or suicidal behaviour. The young person, feeling lonely, often feels like he or she no longer belongs, is a burden to others (Cukrowitz & al. 2012) or even that it is better for everyone if he or she is gone.

At Leiden University Medical Center Curium's 'High Intensive Care and part-time treatment for adolescents with problems in emotion regulation and impulse control', many adolescents present themselves with suicidal behaviour. Often they have made several attempts to end their lives. What touches you is the loneliness and powerlessness that the family and network around the adolescent experiences, on top of what the adolescent experiences him or herself. Treatment providers also struggle with the helpless feeling that there is a chance that they will not succeed in keeping the young person alive.

Coercion and compulsion are unfortunately still sometimes our natural but untrained response to worries when we really do not know what to do anymore. But if the antithesis of coercion is not freedom but connectedness (Buber 1923) then it makes sense to look for an approach of less coercion and compulsion and more connectedness, less distance and more closeness, less powerlessness, and more strength. These concepts are central to the ideas of Non-Violent Resistance (NVR) (Omer & Wiebenga 2015). NVR is about literally non-violently resisting negative and

destructive behaviour and using specific interventions of focused attention, presence, closeness, and validation to prevent escalation in order to break out of parental powerlessness. Connecting Authority (CA) is a broader way of looking at pedagogical and therapeutic situations in which authority figures such as parents and teachers are involved. The pillars of NVR are the inspirations for CA and provide the possibility to develop an approach for specific situations as in the case of suicidal youngsters.

At LUMC Curium, all therapists are trained in NVR and CA. CA has two sides: first, continue to invest in the relationship with a young person without expecting anything in return and then move on to NVR (the methodology in a narrower sense) when the behaviour is truly unacceptable (Bom & Wiebenga 2017). CA is based on Systemic theory, attachment theory and the five pillars of NVR (Bom & Wiebenga 2017).

The five pillars of Non-Violent Resistance / Connecting Authority

The parent training Connecting Authority (CA) has been used within and outside LUMC Curium for a large number of target groups; however, not in a group setting to parents of adolescents with suicidal behaviour. In a publication on this target group, Omer & Dulberger (2015) describe how the resistance component can be used with adolescents at risk of ending their lives. Systematic research is lacking, however, while CA does touch on two central constructs from one of the main theories of suicidality (Van Orden 2010). According to Joiner, suicidal thoughts depend on feelings of "I feel alone" and "I feel like a burden" (Joiner 2005). In increasing a sense of "togetherness" and decreasing the feeling of being a burden, parents of suicidal adolescents have an important role to play. This fits seamlessly within the pillars of CA, so this methodology could play an important therapeutic role in the treatment of parents of suicidal adolescents.

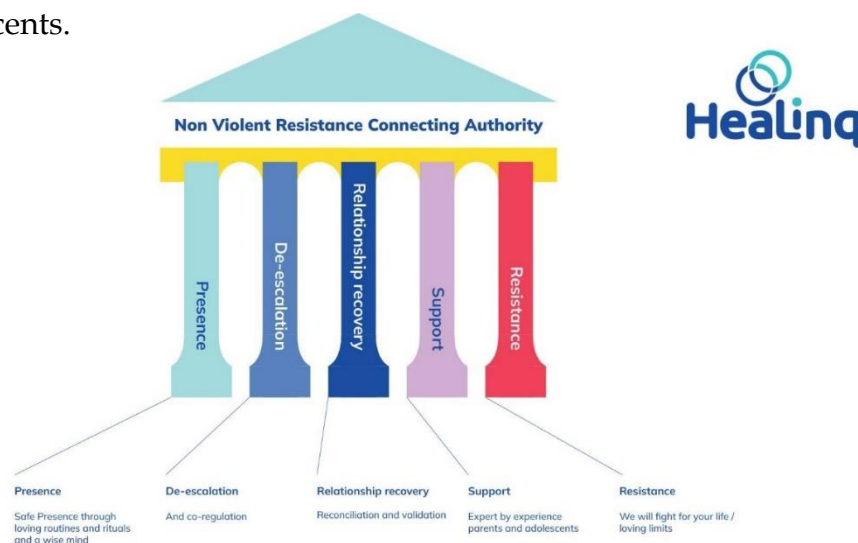


Figure 1. Five pillars of Non-Violent Resistance

Reducing powerlessness

The most effective treatment for adolescents with severe problems in emotion regulation and suicidality, Dialectical Behaviour Therapy (DBT; McCauley & al. 2018; Santamarina Perez & al. 2020) combines a focus on acceptance and change. Adolescents (and often other family members) learn to better feel, recognize, express, appreciate, tolerate, and regulate their emotions. Core strategy within DBT is validation (Koudstaal & al. 2013). This is showing understanding of another person's feelings, thoughts, and actions, with the important goal of strengthening relationships and increasing understanding of oneself. This aligns well with the values of CA. A parent treatment is an essential addition to help, get the adolescent moving and strengthen the connection with the parents. The advantage is that in a parent treatment CA cooperation of the young person is not necessary to take action. Even if the adolescent's motivation for treatment is (temporarily) absent, which is often the case with this target group, parental treatment is possible, and effective. This makes this parent training an excellent opportunity - in addition or separately - in the treatment of adolescents with suicidal behaviour.

It seems so obvious, then why not offered before specifically regarding suicidality?

Linehan and colleagues (2015) argue that suicidality often leads to treatment based on fear. Setting boundaries is scary for parents and professionals. Because no one knows how the adolescent will react. What if a lethal suicide attempt follows just then and the boundary is the straw that breaks the camel's back for a young person on the verge of death? That responsibility weighs heavily. Of course, it is right to be very careful (Omer & Dulberger 2015). However, backing down or doing nothing is not an option and the NVR component is crucial in CA. Therefore, at LUMC Curium, a pilot was started with a parent group CA focused on suicidality. The pilot was evaluated in a small-scale study. By forming a parent group, we as practitioners give the message: we do not give up, no matter how difficult it is. We too find it difficult, and we need each other very much.

Primary goal of the parent group

The primary goal of the parent group is for parents to feel less powerless and to be able to experience and put down their strength as parents again and to be an anchor for their child again. The focus is therefore on what parents and their network can do.

The intention is that this different approach in parents will make room for change in the young person and support individual treatment.

In developing the training described in this research, Rodenburg and Breugem's model (Rodenburg, Breugem & De Tempe 2010) was used, supplemented by experiences from Levvel (residential setting) and the Lorentzhuis (outpatient setting and training).

The difference between our parent group and the regular NVR and CA group

The training has been specifically rewritten on the topic of suicidality. An important difference is that the announcement letter is written after beginning relationship recovery, that is, at the heart of the training, rather than at the beginning, as Omer & Dulberger (2015) suggest. The threat of suicide is great, and in this rush, one tends to want to skip steps and speed up, but the element of resistance is only effective if it is done from love. Relationship restoration thus has a prominent place. Moving too quickly to resistance has the risk that the young person will not feel understood, and this actually increases the risk of suicide, as well as other "symptom behaviours," such as aggression or refusing to go to school. In the announcement letter, parents validate the young person's hopelessness and loneliness and acknowledge that the young person has not felt that they are seen for a long time. Parents also describe what they are going to do differently. With that letter, parents give their child the message that they want to see the child and not give up; This with the goal that the young person feels seen, heard, loved and understood again.

Integration and Expansion of the Connecting Authority Approach for Suicidality and Self-Harm:

- The changes we made to the Offered outpatient Embedded in DBT day treatment
- The group consists only of parents of adolescents with suicidality and self-harm
- Training given by systemic therapist and sociotherapist or psychologist linked to the day treatment and the family
- Training focused on learning skills and extra time for contact with peersupport / other parents
- Supporters' evenings with possibility of young person present,

- The 5 pillars of NVR are treated, with the addition of DBT elements such as validation and co-regulation psychoeducation on self-harm and suicidality. Minimum of 12 sessions and if necessary extra follow-up meetings.

Methods

Qualitative research

Parents' experiences of the training were systematically evaluated using a qualitative study design. The primary goal of the parent group is for parents to feel less powerless and to re-experience and use their ability as parents. Therefore, the focus of the training was on what parents and their network can do in the hope of improving family relationships. Because the training was a pilot, it was also important to gain insight into possible areas of improvement. Therefore, two research questions were formulated. 1) What are the experiences of parents who participated in the pilot group of the parent training Connecting Authority in case of suicidality? 2) What do these parents say about the impact of the training on feelings of powerlessness and strength and on family relationships?

Data were collected through a semi-structured questionnaire for each parent and subsequently an in-depth interview for each parent pair. In the semi-structured questionnaire, questions were arranged according to the structure of the training. The 45 questions were almost all open-ended to allow parents (N=6) to answer in their own words. The questionnaire was completed during the final return meeting. Results were analysed by a researcher from outside the organization to increase objectivity. Analysis of the questionnaire took place before the interviews. Data were analysed using between case displays (Miles & Hubermann 1994). The coding of the responses in the matrices as provided by the researcher were reviewed by the trainer to increase reliability.

In-depth interviews were conducted based on open-ended questions and a list of the most salient themes from questionnaire results. The three interviews averaging one and a half hours were held shortly after the final meeting with both parents simultaneously at LUMC Curium by the external researcher.

The combination of questionnaires and interviews also enabled triangulation of the collected information, which is a quality criterion for qualitative social research to enhance credibility and validity. Tapes of the interviews were literally transcribed and coded by both the trainer and another trainer. Data of the interviews were analysed by the researcher and the trainer together using matrices again (Miles & Hubermann 1994).

The research group

Three pairs of parent(s) participated in the training. All three had a daughter in day treatment at LUMC Curium, and all parents participated in the study. The adolescents were in day treatment for emotion regulation problems involving self-harming behaviour and suicidality. All three had autism spectrum disorder. Co-morbidities included depression, ADHD or a personality disorder. Their ages ranged from 14 to 17. Out-patient day treatment duration averaged seven months. One of the adolescents attended the interview with her parents. Below are the results from the questionnaire for each theme, supported by quotes from parents from the interviews; 'F' stands for father, 'M' for mother, 'Q' for questionnaire.

Results

Theme powerlessness – From powerlessness to openness, direction, and self-confidence

Q: All parents experience feelings of powerlessness at the beginning of treatment. F: "What you have to keep in mind, we were in quite a crisis situation; with a child who had run away, damaged herself, stopped going to school, had broken off all contact with other students, excluded us and also increasingly made suicidal expressions. Yes, so what can you do?"

Q: All parents report feeling less powerless since the training. F: "We felt powerless when our child was upstairs, and we had no contact. That feeling has changed. Our powerlessness is almost gone. She shows up, she lets herself be heard, she wants to do things with us, we do things together. She goes out of the house instead of staying in her room. The start is there. That means that the powerlessness has diminished, and the opening of communication has grown." F: "It has boosted our self-confidence. That is the most important factor, maybe indeed the vital crux of the training. Through the training we had stability, direction and self-confidence."

Theme strength – Doing it yourself

Q: All parents indicate that they learned to be self-directed, what feels right for them. F: "Guidance and training for parents is much more important than what may be initially thought. You can't change the other person, but you can change the way you react." M: "I see much better what is happening and can adjust better. I like that, it gives peace of mind."

Network

Q: The network involved in the training consists mainly of close family; brothers, sisters, grandparents, uncles, and aunts of the young person. Almost all parents have started to involve the network more. In particular, they started to share more. Engagement of the present network has led to more support, understanding, help and openness. Two parents indicate that they started to work with it mainly within the family. Their network is small. For one of the youth, friends, acquaintances, and teachers have also become more involved. Most parents indicate that the network has also started to do other things. For example, someone visits regularly. M: "My sister has tried to relieve us, and we can tell our story. At first it was really just the two of us and since then more as a team since the supporter evening more connected. More open." Two fathers experience no additional support from the network. F: "The only thing is that they could occasionally ask how things are going. That's a very important one. Because it's too painful for them, they don't ask."

Presence

Q: All parents indicated that they try to be more consciously present for their child. F: "As my presence as a father has increased, so has the quality of the relationship with my child." M: "At one point we went to the village with her again, shopping together, buying an ice cream, going boating together with her and her brother. Sometimes short moments, but also an hour-long conversation in the middle of the night. And that she then shared so much and experienced so much connection." F: "Normally I would lie down on the couch and just fall asleep. Now I'll go play games anyway or do something else."

Relationship/restoration gesture

Q: Almost all parents report having made unconditional relationship gestures, such as putting a note in her bag, asking network to send cards for her birthday, walking in to show you are there. F: "We have learned to make relationship gestures every time, keep bringing a cup of tea, getting something nice, to do little things we show that we care about her. Giving a hug. Through which we have a relationship again and she starts to see again that she can trust us and come to us."

Reducing tension and avoidance; de-escalating

Q: All parents became less avoidant, set more conscious boundaries and have more meaningful conversations about painful topics that were previously avoided. M: "Yes. Do not confront or communicate when your own emotions are very high, while the other person's emotions are also very high. First let it sink in, give her some air. Especially give yourself some air and only then start the conversation."

Announcement letter

Q: Parents find the interventions, in this case of the announcement letter, difficult or frightening to do. But at the same time, it is also important and most have even felt the reading aloud as a turning point. F: "Our daughter was always going to cut herself in the shower. But that is going well now. Because of the letter in which we set a very clear boundary." Parents taking a stand against self-harming behaviour report that it has stopped. Reading the announcement letter has a big impact here. M: "Yes now, we thought, now we're just going to do it. It led to her stopping cutting. And she did that herself. And also, the idea that she knows we are behind that."

Family relationship's theme

Q: Parents indicate that relationships in the family have become closer, there is less fighting, more open communication, more cooperation, discussion of painful but meaningful topics, and more understanding, support, and validation.

In the family

M: "We have become closer to each other. I think that is really the case. That is also really because of the training."

Between parent and child

F: "The connection has definitely increased, even when I'm at sea. These days I have a regular app session with our daughter on Saturday afternoons. "

Between siblings

M: "I do notice from her sister that they have become closer. Normally they were always in each other's hair and that is happening a lot less."

What has the young person started doing differently?

Q: All the young people have stopped self-harm, the young person sets boundaries for herself, there has been more contact, or a child now keeps to the boundary. F: "The crazy thing is, even her snapping at me has changed. It is still there but is followed with 'Love you.' She wants to let you know it has nothing to do with you. Now the other day she came to me, gave a hug, and told me what was bothering her. That she comes to you and starts sharing. That reciprocity arises." M: "And what is positive is that when we wrote the letter, she wrote a letter back together with her individual mentor. That was very difficult, but also very nice. I found it very painful that she did not feel safe at home. Of course, as a parent you don't want to hear that, but I thought it was important to know, because then you can also do something about it."

Notable additional results

The group as an anchor

Q: All parents found the group meetings very valuable. They experienced the training as very positive. M: "You know what I'm thinking about: to stay a little bit in that training. That story, of that little boat with the anchor; that little boat to hold on to as a parent to your child. We were in that little boat floating on the sea, you do not know by God.... and the training was the anchor."

Other parents

Q: All parents indicated they had a lot of support from the other parents in the group. The sharing, the feeling that you are not the only one, the connection is very nice. A hand on your shoulder and shared tears after reading the letter aloud. It puts your own situation into perspective or offers hope that things can also go well. A father calls this contact indispensable. F: "We had a strong bond in a difficult time. Family members do not always seem to understand how intense it is. The other parents do understand, because they are in the same boat. While we are very different people. We share something very big together."

Combination Parent Training, Systemic Therapy and DBT

During the interviews, it has come up that parents find the combination of DBT, family therapy and parent training of great value. M: "It's the combination of what she did and what we did that makes it better. F: "That certainly gives the feeling that this has carried with it, we are convinced of that. Our daughter in therapy and us in the course: that definitely works."

Discussion

As a parent, you have to balance between what can sometimes be conflicting interests. Protect against danger and at the same time give space for the child to make their own choices; provide a safe haven and at the same time keep setting boundaries. Both are under pressure when suicidality occurs. As a result, not only the young people but also the parents experience a lot of stress. In the parent group it turned out that a suicide attempt is a traumatic event for which parents need help too.

In the training we offered parents a safe environment, in which they, through the tools of CA, psycho-education and learning to validate, were given opportunities to resist the strong forces at play in suicidality. The results of the pilot show that powerlessness was high among parents. We can say that parents experienced the parent training as a very valuable way to reduce powerlessness and improve the connection with the young person and relationships in the family. They came out of it stronger.

Parents learned to set a boundary to suicidal and self-harming behaviour through connection. It gave the youth in this pilot the strength to stop the self-harming behaviour. The suicidal manifestations stopped or decreased. Just after setting the boundary which they had been afraid to set in the announcement letter.

Due to the small sample size and exploratory nature of the study, it cannot be proven that this effect came from the parent group and the writing of the letter alone. The adolescent also received individual DBT treatment, and the parents and adolescent received systemic therapy together. Parents perceived the combination of these three treatment methods as powerful. It would be interesting to further investigate to what extent a parent training program as given in this pilot leads to further reduction of self-injury and suicidality in adolescents compared to other treatments and/or parent training programs.

Reducing the powerlessness to become an anchor again

A key benefit of our parent group is that it is specifically designed to empower parents. The literature shows that many parents of suicidal youth experience post-traumatic stress disorder after their child's attempt (Stanley & al. 2019; Zhang & Shapiro 2021). Parents overcome a sense of great sadness when their child attempts suicide, feeling insecure about their parenting and very doubtful about whether they can help their child (Boussat & al. 2021). This was also what the parents in this study told us. That while parental self-confidence was found to be the only predictive factor in being able to successfully implement a treatment plan after the discharge of adolescents who had attempted suicide (Ewell & al. 2021).

A supportive, validating environment for parents makes them feel less alone. It also helps reduce feelings of guilt and thoughts of "not being a good parent" (Ratnaweera & al. 2020). Parents of suicidal adolescents therefore need a place where they can get support for themselves (Boussat & al. 2021). After all, no one can understand the deep pain and terror as well as parents who are experiencing the same thing. An important finding of our pilot is the supportive aspect for parents among themselves. The strength of CA is that it is explicitly an intervention for parents, whereby investing unconditionally in the contact with their child, seeking support, staying calm and working together, they restore the bond with their child from which boundaries are possible. That makes everyone stronger. If you want to heal the child, you must also care for and heal the parents. For that, it is important to understand parents well and work well together.

A parent group CA, integrated with DBT and knowledge about suicidality, with the system therapist as a bridge, provides a solid framework for further research.

They just couldn't imagine it was still possible. That their daughter would come back to sit downstairs with them in the living room. That she could start enjoying doing things and even asking for them now! That she pours her heart out to them when something happens. Arguments are almost non-existent. And otherwise, they make up. But that she has also actually stopped cutting herself, they didn't expect that. They wrote an announcement letter. It was helpful that they could practice reading it in the parent group first. Because no one understands them as well as the other parents. They should actually make that parent group mandatory. It was kind of scary to read the letter aloud. Her knife, the murder weapon as mother calls it, the daughter has not used since. Do you know yet that she is going back to school? Her parents' eyes shine. They feel they have their lives back. They are continuing to heal together.

Summary

This article describes parents' experiences with the parent group Connecting Authority in suicidality. By first actively working on relationship repair, validation, dealing with their own tension, breaking avoidant patterns and seeking support, the connection increased between parents, the adolescent and other family members. From renewed connection, parents learned to set boundaries for self-harming and suicidal behaviour. The parent group provided self-confidence, a sense of direction and helped parents persevere. It put things into perspective and offered them hope at a time when finding support was very difficult.

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Publications on our work

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