



Background & Aims

Suicide-related behaviors amongst adolescents are a cause for great concern (Darche, 1990; DiClemente et al., 1991; Jacobson & Gould, 2007). While valuable research on the role of interpersonal factors in the development and maintenance of suicidal behaviors has been conducted in university clinics (e.g., Joiner, 2005), very little research has been conducted in real-world settings. Moreover, although studies exploring the role of attachment in suicidal behaviors are very limited, research suggests that attachment security predicts one’s ability to make use of both social support (e.g., Florian, Mikulincer, & Bucholtz, 1995) and therapeutic alliance (e.g., Eams & Roth, 2000), implying that attachment security underlies both suicidal behaviors and the ability to make related treatment gains.

The first aim of the present study was to explore the concurrent association between attachment security and suicidal ideation, attempts, and self-harm. And, second, determine the relation between attachment and change in self-harming from admission to discharge.

Participants

139 adolescent inpatients (M age = 16.02; 56.8% female).

Measures

All adolescents were administered the Kerns Security Scale (Figure 1; KSS; Kerns et al., 1996), a continuous measure of attachment security, the Deliberate Self Harm Inventory (Gratz, 2001), and the Computerized Diagnostic Interview Schedule for Children (Shaffer, et al., 2000), a structured interview used to assess depression, a known correlate of suicidal behavior (Foley, Goldston, Costello, & Angold, 2006), as well as suicidal ideation and attempts. A subset of adolescents (n = 55) also completed the Child Attachment Interview (CAI; Target, Fonagy, Shmueli-Goetz, Datta, & Schneider, 2007), which assigns adolescents a categorical attachment style.

Figure 1. Sample items from the KSS

This questionnaire asks about what you are like with your mother- like how you act and feel around her. Decide first whether you are more like the kids on the left side or more like the kids on the right side, then decide whether that is sort of true for you, or really true for you, and circle the phrase. For each question you will circle only one answer.

| | | |
|---|------------|---|
| <i>Some kids find it easy to trust their mom</i> | <i>BUT</i> | <i>Other kids are not sure if they can trust their mom.</i> |
| <i>Really true for me</i> | | <i>Really true for me</i> |
| <i>Sort of true for me</i> | | <i>Sort of true for me</i> |
| <i>Some kids feel like their mom butts in a lot when they are trying to do things</i> | <i>BUT</i> | <i>Other kids feel like their mom lets them do things on their own.</i> |
| <i>Really true for me</i> | | <i>Really true for me</i> |
| <i>Sort of true for me</i> | | <i>Sort of true for me</i> |

Results

Aim 1 was explored using both continuous (KSS) and categorical (CAI) measures of attachment security. Results using the continuous measure of attachment security are summarized in Table 1 and show no associations between attachment and suicidal ideation or attempt status. However, adolescents who endorsed self-harm differed from those who didn’t with regard to attachment style with both mother ($t = 2.09, p = .038$) and father ($t = 2.20, p = 0.03$) attachment security. Further, binary logistic regression analyses revealed that attachment security to father continued to account for a significant portion of the variance ($B = -.536, SE = .258, \beta = .585, p = 0.038$) in self-harm status even after controlling for sex and depression; attachment to mother did not.

The categorical measure of attachment security (CAI) was used to classify adolescents as secure or insecure for both parents. Chi-square analyses did not reveal any significant differences in suicide-related behaviors between adolescents with secure and insecure attachment to either parent.

Second, we sought to determine the relation between attachment security (both continuously and categorically measured) and change in self-harming behavior from admission to discharge. Pearson correlation analyses revealed a significant correlation between self-harm symptom change and the continuous measure of attachment security to father ($r = .205, p = .036$) which retained significance ($B = .291, p = .003$) in regression analyses controlling for sex and baseline depression.

T-tests comparing adolescents with secure and insecure attachment on the categorical measure of attachment showed no difference in self-harming symptom change.

Conclusions

These findings point to the important role that attachment security plays in self-harming behavior and related treatment gains. However, the current study did not find significant associations between attachment security and other types of suicide-related behaviors nor did it detect any significant associations between the categorical measure of attachment and suicide-related behaviors. Further research with a larger sample size should be conducted in order to explore the latter with greater power.

Table 1. Independent sample t-test between attachment security (KSS) and suicide-related behavior¹⁴

| | Suicidal Ideation (n = 71) | No Ideation (n = 68) | t |
|--------|----------------------------|-----------------------|--------|
| Mother | 2.89 (.776) | 2.99 (.677) | .829 |
| Father | 2.49 (.696) | 2.63 (.761) | 1.126 |
| | Suicide Attempt (n = 60) | No Attempt (n = 79) | t |
| Mother | 2.82 (.735) | 3.03 (.715) | 1.659 |
| Father | 2.50 (.677) | 2.61 (.767) | .863 |
| | Self-Harm (n = 70) | No Self-Harm (n = 69) | t |
| Mother | 2.81 (.742) | 3.06 (.697) | 2.090* |
| Father | 2.43 (.712) | 2.69 (.726) | 2.200* |