

**The Attachment Hierarchy and
Deviant Peer Affiliation
In a Sample of Suicidal Adolescents**

by

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Figure 1 Mediation Model: Mother Placement, Deviant Peer Affiliation, Suicidality

ABSTRACT

The lack of a strong attachment bond to a parent has been shown to lead to adolescents associating with deviant peers and engaging in risky behaviors (Rosenthal & Kobak, 2010). The current study tested whether the relationship between attachment and deviant peer associations were associated with suicidal ideation and suicidal severity, using baseline data. The study was conducted as part of a clinical trial that compared the effectiveness of Attachment Based Family Therapy to Nondirective Therapy in a sample of suicidal adolescents. The study included 70 adolescents (76.8% female, ages 12-18) with the criteria for participation being suicide ideation (SIQ>30) and depression (BDI>19). The Important People Interview (IPI) assessed adolescents' attachment hierarchies. Deviant peer associations were indexed by averaging adolescents' reports of the frequency of their friends smoking, drugs or alcohol, and skipping school, and getting into trouble with adults. Suicidal ideation and suicidal severity were measured using the Columbia-Suicidality Severity Rating Scale, an interview used to assess the severity of suicide risk (C-SSRS; Posner et al., 2011). Mother's placement in the attachment hierarchy and deviant peer affiliation were tested as predictors of severity of suicide ideation and behavior. The findings indicate that having the biological mother present as a major attachment figure reduces the severity of adolescents' suicidal ideation, but does not influence the likelihood of suicide attempts. Deviant peer affiliation was associated with increased risk for suicide attempts.

Chapter 1

INTRODUCTION

1.1 Attachment

Attachment theory and its effects on risk for psychopathology has been a well-researched focus in the psychology field. Attachment has been shown to predict an array of different areas of well-being and outcomes. Among the many outcomes associated with attachment is self-esteem and emotional adjustment. For instance, an attachment bond with an adult caregiver is associated with higher self-esteem and better emotional adjustment later in life (Rice et. al 1996). Self-esteem and emotional adjustment can have profound effects on mental health so having a strong attachment bond to an adult caregiver is important for this reason. Some studies suggest that attachment to a paternal figure is most important in some areas, while other studies suggest that attachment to a maternal figure is most important. Despite this discrepancy, the majority of the literature agrees that attachment to an adult caregiver is very important for child and adolescent development (Fox et. al 1991).

Buist (2002) shows that attachment can have different development patterns for girls and boys. The findings indicate that for females there is a steady decline in attachment to a mother figure over time starting at age 11 but for males there is a dramatic decline in attachment to a mother figure starting at age 11. For father attachment, this study found that for males the attachment to a father has a steady decline starting at age 11 but for females there's a very sharp decline in father

attachment starting at age 15. According to Burbridge (2014), sibling relationships are unique because these relationships are usually the longest relationships that people have, people are not able to choose their siblings, the relationship is usually equal with no hierarchy or superiority and siblings tend to have many shared experiences. In the realm of attachment, sibling relations have also been studied. Attachment between females and their sisters show the strongest and most enduring bond over time, whereas, all other forms of sibling attachment (female to brother, male to brother, male to sister) show a sharp increase in sibling attachment around age 11 followed by a steady increase (Buist 2002).

1.2 Mother Attachment

Attachment bonds are formed from infancy and the first primary attachment figure is most often the biological mother (Rosenthal & Kobak 2010). Many studies have shown the importance of having a mother as a strong attachment figure throughout the lifespan. According to the Bowlby-Ainsworth attachment theory, attachment to an adult caregiver starts early in the lifespan and can have profound effects on one's developmental trajectory. Attachment is not an all or nothing phenomenon. Instead, attachment can come in different levels and these different levels can have different developmental trajectories. According to Ainsworth, attachment style can come in the form of a secure attachment, an ambivalent attachment, and an avoidant attachment (Ainsworth 1978). Later researchers have also added disorganized as an attachment style. A securely attached child has been shown to have the best outcome and developmental trajectories.

A theoretical argument behind attachment in adolescence is the secure-base phenomenon, which states that a caregiver who provides a secure base to a child in

order for the adolescent to successfully explore the environment and develop autonomy (Bowlby 1988). The idea is that the secure base gives the adolescent the ability to create their own identity and capacity for self-direction. Allen et.al (2003) uses the secure-base theoretical framework to evaluate adolescent-parent attachment security suggesting that through maternal support, adolescents explore their independence if the mother-adolescent relationship is secure, which supports the secure-base phenomenon put forth by Bowlby (1988).

1.3 Peer Attachment Bonds

During late adolescence, attachment bonds tend to shift from adult caregivers to peers or romantic partners. This shift in attachment is most often due to the fact that adolescents spend more time with their peer and the onset of puberty leads to the developments of the sexual system, which involves dating (Rosenthal & Kobak 2010). These peer bonds are essential to adolescent development, however the majority consensus is that attachment to peers should not take the place of attachment to adult caregivers (Maimin et.). It is believed that in order for adolescents to establish healthy bonds with peers, they must have a strong foundational bond with their adult caregiver. According to the secure-base phenomenon, this strong bond to a caregiver gives an adolescent a secure attachment base which helps with properly regulating and navigating relationships with peers.

A study done by Laible et.al (2000) reported on the effects of attachment to a parent versus attachment to a peer. This study assessed adolescents' attachment to both their peers and their parents and had some findings unique to the literature on attachment. Adolescents were separated into four groups - high on attachment to parents and peers, low on attachment to parents and peers, high on attachment to

parent and low on attachment to peers, low on attachment to parents and high on attachment to peers. The findings showed the best outcomes for adolescents that were high on both peer and parent attachment and the least favorable outcomes for adolescents that were low on both peer and parent attachment. Surprisingly, adolescents that were high on peer attachment and low on parent attachment showed more favorable outcomes than adolescents that were low on peer attachment and high on parent attachment (Laible et.al 2000). This suggests that peer relationships are important for optimal adolescent development, most likely due to the fact that peers are more influential in the life of an adolescent and parents are more influential in childhood.

1.4 Deviant Peer Association and Behavior

The attachment bond between an adolescent and a caregiver reduces the risk that adolescents will start to rely on peers too early in their development. Early dependence on peer bonds, whether friend or romantic, puts adolescents at risk for associating with deviant peers and engaging in deviant behaviors (Rosenthal & Kobak 2010). In a study done by Dishion, Nelson and Bullock (2004), adolescents whom became dependent on peer relationships early were less engaged with their family. Family engagement is important to adolescent development, although adolescents are becoming less reliant on their parents during this time period in their lives. Ary et.al (1999) found that family involvement was important for adolescent outcomes. Through a longitudinal study, it was found that families that were engaged in heightened levels of conflict showed low levels of parent-child interactions and an increase in adolescent problem behaviors (Ary et. al 1999).

A network of peer attachment that consists of deviant peers prompts adolescents to be more likely to engage in deviant behaviors, such as substance abuse and delinquency. In a study done by Keijsers et. al (2012), associating with deviant peers was correlated with adolescents engaging in delinquent behaviors. In a study done by Werner and Silbereisen (2003) findings showed that contact with deviant peers was positively correlated with problem behaviors for females and males, but family influence had a greater effect for females. Females' problem behaviors were affected by family cohesion and closeness to their fathers, which suggests that the transition from parent to peer attachment can have different implications depending on gender (Werner et. al 2003). Similar gender differences were found in a study done by Bowman et. al (2007). The sample consisted of entirely African American participants and it was found that maternal monitoring and involvement influenced if females participated in deviant behaviors and associated with deviant peers but these findings did not translate to males (Bowman et. al 2007).

In addition to the effects of parenting on social peer networks, it is suggested that parenting practices can also influence adolescents tendency to affiliate with deviant peers . Parental and family control in regards to adolescent supervision has been established as a protective factor that reduces adolescents' affiliation with deviant peers (Maimon et.al). According to Hagan, parental indirect control makes adolescents less likely to engage in deviant behavior. Parental indirect control is defined as "the psychological presence of the parents when the temptation to commit a deviant act appears" (Hirschi 1969). This indirect control regulates the child's behavior when the parent is absent so adolescents are more likely to act as if the parent is watching. Adolescents are more likely to act in a way that aligns with if a parent is

watching for fear of threatening a close emotional bond (Maimon et. al). Trudeau et. al (2012) found that effective parenting practices reduced the chances that adolescents would affiliate with deviant peers and engage in conduct problems later on in their adolescence.

1.5 Suicidality

Affiliating with deviant peers may increase adolescents risk for engaging in impulsive behaviors, which is a also a common characteristic of suicidality. According to a vast array of research findings, impulsivity is positively associated with suicidality (Maimon et. al). Suicide is a major concern because it is the third leading cause of death for adolescents. Suicidality is comprised of both suicide ideation and suicide behavior. Suicide ideation consists of lingering thoughts and desire for suicide. Suicide risk consists of high levels of suicide ideation and suicide attempts. Suicide ideation is often seen as a precursor to suicidal behavior.

1.6 Attachment and Suicidality

A relatively recent area of research is the relationship between attachment and suicide ideation and behavior. Studies have shown that there is a significant relationship between parental attachment and suicidality. Bostik and Overall (2007) did a study on adolescents that were in recovery from suicidal ideation and behaviors that occurred between ages 13 and 19. Participants reported the presence of a secure attachment bond as being critical to overcoming their suicidal thoughts and behaviors (Bostik 2007). Stepp et. al (2008) found that negative attachment styles (anxious and avoidant attachment) were associated with interpersonal problems and these interpersonal problems mediated the correlation between attachment and suicidal

behaviors. Similarly, Jong (1991) found that adolescents with a history of suicide ideation and behavior displayed lower levels of attachment to parents when compared to both depressed adolescents and a control group of adolescents. These studies illustrate the importance of parental attachment for adolescents coping with suicidal thoughts and behaviors.

1.7 Suicide Theories

One of the current major theories of suicide is Durkheim's theory of suicide. Durkheim used sociological factors as the basis for her theory and suggests that suicide varies with the amount of social integration and attachment to one's social groups, as well as the extent to which society regulates one's moral decision-making (Maimon). This regulation can come from domestic, religious and political forces. The argument is the more one is integrated into their society and the more they are successfully regulated by these outside forces, the less likely they are to be suicidal.

A more current theory of suicide is Joiner's Interpersonal Theory of Suicide. The Interpersonal Theory of Suicide relates suicidality to social connectedness. The theory suggests a progressive model of the progression of suicide. One starts with feelings of thwarted belongingness or perceived burdensomeness as the beginning stage of suicidality. At this point the person is experiencing passive ideation. Once these feelings have been internalized, the person progresses to active desire once they start to have feelings of hopelessness. This feeling of hopelessness is comprised of feelings of both thwarted belongingness and perceived burdensomeness. The simultaneous presence of desire for suicide along with lowered fear of death serves as the condition under which suicidal desire will transform into suicidal intent. Suicidal intent is the third stage of suicidality. With the next stage of suicidality, elevated

physical pain tolerance is introduced. An outcome of serious suicidal behavior is most likely to occur in the context of thwarted belongingness, perceived burdensomeness, reduced fear of suicide, and elevated physical pain tolerance. At this fourth phase, suicide attempts are made and have the potential to be lethal. With each attempt of suicide comes a greater potential for the attempt to be lethal or near lethal. In a study done by Venta, Mellick, Schatte and Sharp (2014), the findings showed that the level of attachment insecurity to a mother was associated with thwarted belongingness and suicide-related thoughts. Another study by Sheftall, Mathias, Furr and Dougherty (2013) also found consistent results to the Interpersonal Theory of Suicide.

Chapter 2

PARTICIPANTS

Baseline data was collected as part of a clinical trial that compared the effectiveness of Attachment Based Family Therapy to Nondirective Therapy in a sample of suicidal adolescents. The study included 70 adolescents (76.8% female, ages 12-18) with the criteria for participation being suicide ideation (SIQ>30) and depression (BDI>19). Of the sample 47% were African American (n=34), 36% were Caucasian (n=26), 5% were Hispanic/Latino (n=4) and the remaining 11% were of other races. The majority of the sample (83%) had never repeated a grade. The majority of the sample (66%) had been hospitalized previously and 36% were currently seeing a therapist. The majority of the sample (90%) had a biological parent participating in the clinical trial with them. The majority of the sample (57%) had parents that were married or living with a partner, while (43%) had parents that were single, separated or divorced.

Chapter 3

MEASURES

Attachment. The Important People Interview (IPI) assessed whom adolescents' identified as their primary and secondary attachment figures by asking adolescents to nominate and rank individuals whom they would go to in situations designed to activate the attachment system. The primary attachment figure is the person who receives the highest average ranking in three attachment situations (feeling close, separation, and emergencies). Attachment disruptions were indexed if the adolescent failed to rank the biological mother as either a primary or secondary attachment figure. Prior to data analysis, we created the mother attachment variable by identifying participants that ranked a mother as primary or secondary in the attachment hierarchy because using only primary mother placement yielded no significant results.

Deviant Peer Association. Deviant peer associations were indexed by averaging adolescents' reports of the frequency of their friends smoking, drugs or alcohol, skipping school, and getting into trouble with adults. A high score reported by an adolescent on the deviant peer measure translated to a more deviant peer network.

Adolescent Suicidality. The severity of suicidal ideation and suicidal behavior were measured using the Columbia-Suicidality Severity Rating Scale (C-SSRS; Posner et al., 2011). Severity of adolescent suicide ideation was measured by assessing severity of suicide ideation and behaviors or attempts. Suicidality ranged from passive suicide ideation to an actual attempt on the 9 -item scale. Severity of adolescent suicide behavior was measured as the number of suicide attempts.

Chapter 4

RESULTS

The frequency of mother's placement in the attachment hierarchy are presented in table 1. Of the participants in the sample, 30 placed a mother as the primary attachment figure, 12 placed a mother as the secondary attachment figure, 5 placed a mother as the tertiary attachment figure and 4 placed a mother as the quaternary attachment figure. The remaining 21 adolescents did not place a mother as one of their four most important attachment figures. Adolescents most often identified mothers as either their primary attachment figure (42% of the sample), or their secondary attachment figure (17 % of the sample). Father placements are presented in table 2. Of the participants in the sample, 5 placed a father as the primary attachment figure, 9 placed the father as the secondary attachment figure, 7 placed the father as the tertiary attachment figure, and 5 placed the father as the quaternary attachment figure. The remaining 46 participants did not place a father as one of their four most important attachment figures. The majority of the sample (64%) did not identify a father as an attachment figure. The 42% of the sample that did not place as a mother as their primary or secondary attachment figures were assumed to be at risk for some sort of disruption or rupture in that mother relationship.

A summary of the correlations, means and standard deviations are shown in table 3. Suicide ideation severity was associated with suicide behavior severity ($r=.48$, $p<.001$). Demographic variables of age, gender and income to needs, were not associated with suicide ideation severity, suicide behavior severity, mother attachment or deviant peer affiliation. Mother attachment significantly associated with with both suicide ideation severity ($r=-.24$, $p<.05$) and deviant peer affiliation ($r=-.28$, $p < .05$).

This suggests that mothers who were identified as a primary or secondary attachment figure reduced adolescents likelihood of affiliating with deviant peers . Attachment to biological mother as a stable and consistent caregiver tends to reduce affiliating with deviant peers. As predicted, deviant peer affiliation was associated with suicide attempts ($r = .37, p < .01$).

The regression analyses are presented in table 4. When controlling for gender, income to needs, deviant peer affiliation was not significantly correlated with the severity of suicide ideation but did trend towards significance to suicide behavior severity ($B = .27, p < .10$). In addition, mother placement was associated with suicide ideation severity ($B = -.52, p < .001$) but was not associated with the number of suicide attempts. Subsequent analysis indicated that the association between mother attachment and suicide attempts is mediated by associating with deviant peers (see Figure 1).

Table 1: Frequency Distribution of Adolescent Mother Placement

Table 1

Frequency Distribution of Adolescent Mother Placement

Mother Placement	Frequency	Percent
Primary	30	41.7
Secondary	12	16.7
Tertiary	5	6.9
Quaternary	4	5.6
Not Placed	21	29.2
Total	72	100

Table 2: Frequency Distribution of Adolescent Father Placement

Table 2

Frequency Distribution of Adolescent Father Placement

Father Placement	Frequency	Percent
Primary	5	6.9
Secondary	9	12.5
Tertiary	7	9.7
Quaternary	5	6.9
Not Placed	46	63.9
Total	72	100

Table 3: Correlations, Means, and Standard Deviations

Table 3

Correlations, Means, and Standard Deviations

Variable	1	2	3	4	5	6	7
1. Ideation Severity	--						
2. Suicidal Behavior	.48***	--					
3. Age	.01	.09	--				
4. Gender	-.02	.08	-.14	--			
5. Income to Needs	.09	.04	-.03	-.03	--		
7. Deviant Peer Affiliation	.06	.29*	.21	-.14	.00	--	
8. Mother Placement	-.24*	.08	.05	.06	.21	-.28*	--
Mean	3.90	.67	15.45	.76	2.25	1.41	.58
Standard Deviation	1.18	1.01	1.49	.43	1.47	.54	.50

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 4: Regression Analysis: Predictors of Severity Suicide Ideation and Behavior



Table 4.

	Suicide Risk Severity Variables					
	Ideation Severity			Behavior Severity		
	β	t	CI	β	t	CI
Age	0.01	0.08	(-0.18, 0.20)	0.01	0.10	(-0.16, 0.18)
Gender	0.05	0.41	(-0.52, 0.79)	0.13	0.97	(-0.30, 0.86)
Income to Needs	0.17	1.34	(-0.07, 0.33)	0.03	0.20	(-0.16, 0.19)
Deviant Peer	-0.07	-0.50	(-0.72, 0.43)	.27+	1.95	(-0.01, 1.01)
Mother Placement	-0.52***	-0.38	(-1.88, -0.58)	-0.09	-.64	(-0.75, 0.39)
R ²		0.22			0.10	
F		2.52			1.06	

Notes: CI = Confidence Interval 95%

*p < .05 **p < .01 ***p < .001, + trending

Figure 1 (Mediation Model)

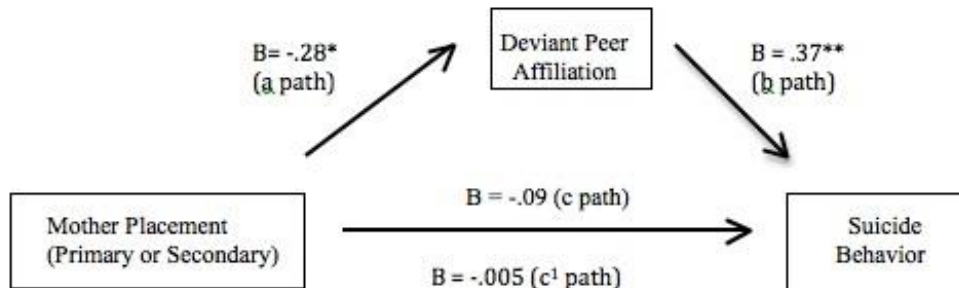


Figure 1. Mediating effects of deviant peer affiliation on the relationship between mother placement in the attachment hierarchy and severity of suicide behavioral risk in adolescents.

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

Figure 1: Mediation Model

Chapter 5

DISCUSSION

The aim of this study was to assess the relationship between maternal attachment, suicidality and deviant peer affiliation. The findings suggest that identifying a biological mother as a primary or secondary attachment figure is associated with reduced risk for suicide ideation and affiliating with deviant peers. Associating with deviant peers is correlated with more severe suicide behaviors, which is exhibited through more suicide attempts. The findings support Van Orden's Interpersonal Theory of Suicide, which was used as the theoretical framework for the current study.

A major theory in the literature regarding adolescent risk for suicide is the Interpersonal Theory of Suicide (Van Orden et.al 2010). The theory focuses on lethal suicidal behavior and assumes desire and capability of suicide. Lack of attachment to a biological mother may thwart a sense of belongingness and increase a sense of burdensomeness. One must have persistent thoughts of thwarted belongingness and perceived burdensomeness in order to embody a sense of hopelessness and progress to the next stage of desire for suicide. In the current study, suicide ideation is seen as a correlate of desire for suicide, which is the second stage of suicidality in the Interpersonal Theory of Suicide. Following the second stage is the presence of suicidal intent, the third stage of suicidality of the Interpersonal Theory of Suicide. Suicidal intent is a combination of the presence of suicidal desire and lowered fear of death. This combination serves as the condition under which suicidal desire will transform into suicidal intent. The final stage of suicide according to this theory is the acquired capability of suicide, which includes thwarted belongingness, perceived

burdensomeness, reduced fear of suicide, and elevated physical pain tolerance. In the current study, affiliation with deviant peers is suggested to be a correlate of capability of suicide because of the common element of impulsivity. According to the theory, capability of suicide is vital to progress from the suicide ideation stage to the suicide attempt stage, which explains the significant correlation between deviant peer affiliation and suicide attempts present in the current study.

The current study had several limitations that include a small sample size, confounds that come with a clinical trial and the lack of variety that also comes with a clinical trial. For future directions, I would like to increase sample size to increase power and possibly strengthen correlations, evaluate if gender is a moderator when more males have been recruited for study and evaluate if father placement is a predictor for suicidality or associating with deviant peers. The majority of the sample consisted of females and frequency of the number of fathers placed in the attachment hierarchy as primary or secondary was relatively low (See table 2).

REFERENCES

- Ainsworth, M. D. S. (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale, N.J: Lawrence Erlbaum Associates.
- Ary, D. Duncan, T. Duncan, S. Hops, H. (1999) Adolescent problem behavior: The influence of parents and peers. *Behavior Research and Therapy* (37) 217-230.
- Allen, J. McElhaney, K. Land, D. Kuperminc, G. Moore, C., O'Beirne-Kelly, H. Kilmer, S. (2003) A secure base in adolescence: Markers of attachment security in the mother-adolescent. *Society for Research in Child Development* (74) 292-307.
- Bowlby, J. (1988). A secure base: Parent-child attachment and healthy human development. New York: Basic Books.
- Borsari, B. Carey K. (2006) How the quality of peer relationships influences college alcohol use. *Drug and Alcohol Review* (25) 361-370
- Bostik, K. Everall, R. (2007) Healing from suicide: adolescent perceptions of attachment relationships. *British Journal of Guidance & Counseling* (35) 79-96.
- Bowman, M. Prelow, H. Weaver, S. (2007) Parenting behaviors, association with deviant peers, and delinquency in African American adolescents: A mediated-moderation model. *Journal of Youth Adolescence* (36) 517-527.
- Buist, K. Dekovic, M., Meeus, W., & Van Aken, M.. (2002) Developmental patterns in adolescent attachment to mother, father and sibling *Journal of Youth and Adolescence*. 31, 167-176.

- Burbridge, J., & Minnes, P. (2014). Relationship quality in adult siblings with and without developmental disabilities. *Interdisciplinary Journal of Applied Family Studies*, 63, 148-162
- Dishion, T. Nelson, S. Bullock, B. (2004) Premature adolescent autonomy: Parent disengagement and deviant peer process in the amplification of problem behavior. *Journal of Adolescence* (27) 515-530.
- Fox, N. Kimmerly, N, Schafer, W. (1991) Attachment to mother attachment to father: a meta-analysis. *Child Development* (62) 210-225
- Jong, M. (1992) Attachment, individuation, and risk of suicide in late adolescence. *Journal of Youth and Adolescence* (21) 357-373.
- Keijsers, L. Branje, S. Hawk, S. Schwartz, S. Frijns, T. Koot, H. Van Lier, P. Meeus, W. (2012) Forbidden friends as forbidden fruit: Parental supervision of friendships, contact with deviant peers, and adolescent delinquency. *Child Development* (83) 651-666
- Laible, D. Carlo, G. Raffaelli, M. (1998) The differential relations of parent and peer attachment to adolescent adjustment. *Journal of Youth and Adolescence* (29) 45-59.
- Maimon, D., & Kuhl, D. C. (2008). Social Control and Youth Suicidality: Situating Durkheim's Ideas in a Multilevel Framework. *American Sociological Review*, 73, 921-943
- Stepp, S. Morse, J. Yaggi, K. Reynolds, S. Reed, I. Pilkons, P. (2008) The role of attachment styles and interpersonal problems in suicide-related behaviors. *Suicide and Life-Threatening Behavior* (38) 592-607.

- Rice, K. & Cummins, P. (1996). Late adolescent and parent perceptions of attachment: An exploratory study of personal and social well-being. *Journal of counseling and development* (75) 50-57.
- Trudeau, L. Mason, A, Randall, K, Spoth, R, Ralston, E. (2012) Effects of parenting and deviant peers on early to mid-adolescent conduct problems. *Journal of Abnormal Child Psychology* (10)
- Van, O. K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. J. (2010). The interpersonal theory of suicide. *Psychological Review* (117) 575-600
- Werner, N. Silbereisen, R. (2003) Family relationship quality and contact with deviant peers as predictors of adolescent problem behaviors” The moderating role of gender. *Journal of Adolescent Research*. (18) 454-480.

Appendix A

COLUMBIA-SUICIDE SEVERITY RATING SCALE

SUICIDAL IDEATION

Ask questions 1 and 2. If both are negative, proceed to “Suicidal Behavior” section. If the answer to question 2 is “yes”, ask questions 3, 4 and 5.

1. Wish to be Dead

Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

Have you wished you were dead or wished you could go to sleep and not wake up?

If yes, describe:

Yes No ☐ ☐

2. Non-Specific Active Suicidal Thoughts

General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., “I've thought about killing myself”) without thoughts of ways to kill oneself/associated methods, intent, or plan.

Have you actually had any thoughts of killing yourself?

If yes, describe:

Yes No ☐ ☐

3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act

Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan).

Includes person who would say, “I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it.”

Have you been thinking about how you might do this?

If yes, describe:

Yes No ☐ ☐

4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan

Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to “I have the thoughts but I definitely will not do anything about them.”

Have you had these thoughts and had some intention of acting on them?

If yes, describe:

Yes No ☐ ☐

5. Active Suicidal Ideation with Specific Plan and Intent

Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.

Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

If yes, describe:

Yes No ☐ ☐

SUICIDAL BEHAVIOR

Actual Attempt:

A potentially self-injurious act committed with at least some wish to die, *as a result of act*. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is *any* intent/desire to die associated with the act, then it can be considered an actual suicide attempt. *There does not have to be any injury or harm*, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.

Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.

Have you made a suicide attempt?

Have you done anything to harm yourself?

Have you done anything dangerous where you could have died?

What did you do?

Did you _____ as a way to end your life?

Did you want to die (even a little) when you _____?

Were you trying to end your life when you _____?

Or did you think it was possible you could have died from _____?

Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)?

(Self-Injurious Behavior without suicidal intent)

If yes, describe:

Has subject engaged in Non-Suicidal Self-Injurious Behavior?

Yes No ☐ ☐

Total # of Attempts _____

Interrupted Attempt:

When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (*if not for that, actual attempt would have occurred*).

Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.

Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?

If yes, describe:

Yes No ☐ ☐

Total # of interrupted_____

Aborted Attempt:

When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior.

Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.

Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?

If yes, describe:

Yes No ☐ ☐

Total # of aborted_____

Preparatory Acts or Behavior:

Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).

Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?

If yes, describe:

Yes No ☐ ☐