THE CREATION AND VALIDATION OF A CODING SCHEME FOR SUICIDE NARRATIVE INTERVIEWS

by

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ABSTRACT

My senior thesis describes the development and validation of a coding system for Suicide Narrative Interviews. The purpose of this research is to validate my coding system so that it can be used to measure changes in suicidal thoughts, behaviors, and support seeking during times of crises. The sample is derived from an NIMH funded comparative efficacy trial of Attachment Based Family Therapy (ABFT) and Non Directive Supportive Therapy (NDST). It is comprised of participants ages 12-18 that score highly on the Beck Depression Index and the Suicide Ideation Questionnaire. Three hypotheses were tested. (1) Internal measures of expectancies, coherence, and support seeking will covariate with each other. (2). Internal measures will correlate with external measures used in the study, specifically expectancies will display a negative correlation with attachment anxiety and attachment avoidance on the Relational Structures Questionnaire, In addition, expectancies will display a negative correlation with suicide ideation and behavior on the Columbia Suicide Severity Rating Scale. (3) Maternal and peer support seeking will be associated with lower levels of suicide ideation, but the effect for peers will be smaller than that of mothers. I found that coherence, expectancies, and support seeking had significant correlations with each other. Positive expectancies related to lower maternal attachment avoidance and lower suicide ideation. Finally I found that support seeking was associated with lower levels of suicide ideation, and that the effect was stronger for mothers than peers.

Chapter 1

BACKGROUND

The Suicide Narrative Interview, Coherence, and Expectancies

Suicide narratives are the primary source of data I will be using to measure expectancies in depressed and suicidal adolescents. These interviews are part of the intake and post treatment process for both Attachment Based Family Therapy (ABFT) and Non Directive Supportive Therapy (NDST). Narratives are stories told to a listener; they are a crucial way to learn about someone's difficulties, views, and experiences. The use of narratives in therapy originated from the Aeshi Working Group. This group of therapists stressed the importance of the therapeutic alliance and supportive listening to patients' stories. (Mitchel & Valach, 2011). To be effective, a narrative must be clear, appropriate for the topic, and contain sufficient content and elaboration.

Suicide Narrative Interviews prompt patients to reveal the developmental history that precipitated their suicidal feelings or actions and their experiences at that time. They are collected pre and post treatment in both ABFT and NDST. This interview contains questions about the patient's thoughts and feelings, coping mechanisms, and support seeking behaviors. Patients are the only experts of their own stories, which is why the suicide narrative is such an important tool in understanding

the experience of a suicidal patient, (Mitchel, Valach, 2011). Coding these narratives will allow me to measure expectancies, coherence, and various other constructs.

Coherence describes one's ability to express him or herself in a way that is clear and logical while including an appropriate amount of detail. Paul Grice identified four maxims of coherence. The first is quantity. In order for a narrative to be coherent, it must contain the appropriate amount of information to fully answer a question without going into unnecessary detail. The next maxim is quality. This refers to a narrative including correct information that can be backed by clear evidence. Relation is the maxim that is met when a narrative has relevant information that answers the question. The final maxim of manner is met when a narrative is clear and orderly (Grice, 1975). Grice describes all four maxims as necessary for successful conversation. In this case, examining coherence will allow me to see how well an adolescent can express attachment events, therefore revealing the attitudes beneath their language.

Expectancies are constructs developed to measure the way that individuals view others in the context of support seeking and trust. A positive expectancy is a belief that others will be available and responsive to them in times of high need. A negative expectancy is a belief that others are a hindrance to them, will not be available or responsive during times of high need, and cannot be trusted. A positive expectancy usually manifests itself through support seeking behaviors towards attachment figures, while a negative expectancy is expressed through an avoidance of

support seeking. The actions adolescents recall taking in their suicide narratives can be used to analyze expectancies.

When asking about expectancies of attachment figures, it is important to look at the way adolescents express attachment events. Significant relationships are found between interview coherence and security in relationships (Steele & Steele, 2005). The extent to which an adolescent can clearly articulate attachment events is strongly influenced by the communication skills they learned from their parents at an early age. The way children learn to communicate and express their emotions at times of distress is related to how caregivers respond to children during these times. Adolescents that were insecurely attached to their caregivers are stifled in learned to express their emotions clearly, therefore interview coherence suffers (Steele et. al., 2003). Another study conducted by Howard and Mirium Steele found that children who had secure relationships with their parents better articulated interpersonal and relational conflicts in the Friends and Family Interview. They also found that security predicted better emotional expression abilities as early as 6 years of age. (Steele & Steele 2005). In addition to this, Phillip Shaver found that interview coherence had a strong negative relationship with self report measures of attachment anxiety and avoidance (Shaver, Belsky, Brennan 2000). This demonstrated relationship leads me to my hypothesis that positive expectancies will correlate with high coherence ratings.

Attachment and Expectancies

The construct of expectancies is derived from Bowlby's working models of attachment. According to Bowlby (1969-1980), attachment representations are formed at a young age and depend on caregiver sensitivity. This theory claims that threat and psychological distress activate the attachment system and cause the child to seek support. These support-seeking behaviors are attachment related coping strategies and are meant to protect the child from harm. When these requests are rejected, the child cannot form a secure attachment to the caregiver. This rejection leads the child to develop a mental representation, or working model, of others as unavailable and untrustworthy. The theory argues that mental representations formed during childhood guide social interactions throughout the lifespan. Narratives can be used to explore internal working models through the examination of cognitive scripts.

Cognitive scripts are the building blocks of attachment representations. In particular, secure base scripts are important to identify when searching for positive expectancies. A secure base script defines a series of events that, when repeated over the course of time, culminate in a secure and trusting relationship between the child and caregiver (Bowlby, 1969-1980). This script is made up of eight important events. First, the child and attachment figure must be constructively occupied. Second, the child must experience some kind of distress. Third, there must be a cry for help. Next, the cry must be detected and help offered from the caregiver or attachment figure. The offer must then be accepted, and the help must be effective. Following this event, the caregiver will attempt to comfort the child and then return to a

constructive interaction. (Waters & Waters, 2006). Through the examination of these secure base scripts, we can infer expectancies for caregiver support later in life.

Scripts such as these are accessible through structured interviews when the subject is clear and compliant. Attachment experiences become clear when a narrative is on topic, appropriate, and has sufficient content including elaboration when necessary. It is up to the interviewer as well to help uncover these scripts by collecting a constructive narrative. It is only possible to draw conclusions when interviews have standardized prompts and appropriate scoring for different types of people (Waters & Waters, 2006). Only then can attachment expectancies and support seeking scripts be analyzed. The standardized nature of the suicide narrative coupled with its questions about times of high need make this interview an excellent place to look for secure and insecure scripts.

The Importance of Analyzing Expectancies and Coherence Within The Suicide Narrative

Questions from the suicide narrative are useful when analyzing expectancies because they capture a moment of high need. Adolescents' support seeking behaviors during times of great distress are highly indicative of their trust in others, or lack thereof. This is due to the fact that behaviors in times of high need relate directly to the individual's working model of attachment and the way they view those around them (Adam, Sheldon-Keller, West, 1996). Those who are more secure in their relationships seek support often. Those who do not have secure relationships with

significant figures in their lives reach out for help at a significantly lower frequency (Florian, Mikulincer, Bucholtz, 1995). On the other hand, insecure individuals' suicide attempts can serve the purpose of gaining attention from the attachment figure that the adolescent feels disconnected from (Allen, Land 1999). Due to these claims, narratives of incidents where adolescents feel suicidal can provide particularly great insight into their expectancies and distressed family relationships.

Support seeking and expectations for support are essential to analyze due to the role they can play in suicide risk and the relationship they share with psychopathology and problem behaviors. According to the Interpersonal Theory of Suicide (Van Orden et al., 2010), the construct of thwarted belongingness is among the most powerful risk factors for suicide. Thwarted belongingness is a combination of loneliness and the absence of reciprocal care and support from others. The presence of negative expectancies is a reflection of this absence of care at times of high need. Anxiety and depression also have a significant relationship with attachment insecurity and lack of support seeking behaviors. This connection is particularly strong in adolescents and pre adolescents (Brumariu & Kerns, 2010). Parental support seeking is also linked to higher psychosocial functioning, more self regulatory behaviors, and less externalizing behaviors (Barber et al, 2005). Taking a look at negative expectancies can be helpful for gaining insight on this powerful interpersonal risk factor for adolescents.

Perceptions of social support can be just as influential on long-term outcomes as support itself. Attachment attentional processing is how individuals interpret attachment events. Attachment processing biases occur when a pre existing belief

about a caregiver's availability influences the interpretation of a caregiver's behaviors. Attachment attentional processing is found to moderate the relationship between attachment expectancies and problem behaviors. This means that it is not just the expectancies that lead to adjustment problems, but the amalgamation of expectancies and interpretations based on cognitive schemas (Bosmans et al, 2013). If a child expects rejection, they will attend to instances where this occurs. This in turn will further decrease their confidence in the attachment figure, and reduce the probability of seeking support in the future. The role of interpretation biases on support seeking behaviors make it important to look beyond just expectancies and to the way attachment episodes are processed in narratives. This makes interview coherence within the Suicide Narrative Interview particularly important to analyze.

Expectancies For Parents Versus Peers

The suicide narrative asks about support seeking from attachment figures and other people such as friends and distant relatives. Traditional attachment theory states that individuals develop working models of attachment that transcend across all attachment relationships and become a stable personality characteristic. (Bowlby. 1969-1980). However, there are debates about whether or not generalized and specific expectations of support are different constructs. A study conducted by Dr. Matthew Dykas found that maternal and paternal scripts were related, and that security in the mother adolescent relationship predicted relationship security in nonspecific others (Dykas, Woodhouse, Cassidy, Waters, 2006). Other studies have shown evidence that

security in the relationship with parents is a different construct than nonspecific security. Drs Simon Larose and Michel Boivin found that generalized perceptions of social support mediated the relationship between attachment working models of parents and psychotherapy outcomes. They also found only moderate correlations between support expectations of friends and parents (from .14 to .26). They use this evidence to argue that attachment representations of parents may be relationship specific, and that generalized perceptions of social support (GPSS) are separate (Larose & Boivin, 1997). The inconsistencies in the literature make more research on how types of support differ necessary. This can help us determine whether or not different types of support can be moderating or mediating variables in different circumstances. Discovering the effects that different types of support have can help to refine and understand the mechanisms behind attachment-based treatments.

Supportive relationships with both parents and peers help to prevent the development of psychopathology and problem behaviors. However, the quality of attachments to parents is a much stronger predictor of well being (Armsten & Greenburg 1987). Adolescents with a high-perceived quality of attachment to parents as measured in the Inventory of Adolescent Attachment are shown to have higher self-esteem and life satisfaction than those who perceive a low level of attachment. This is also true for peers, but to a lesser degree (Greenburg, 1983). The effects of high life stress on adolescent problem behaviors are moderated by the perceived relationship with parents, but not peers. (Greenburg 1983). Adaptive coping behaviors are also strongly associated with parental support seeking as opposed to support seeking from

peers (Armsten & Greenburg 1987). In addition to parental support being more beneficial that peer support, excessive support seeking from peers at an early age can be a risk factor for the development of problem behaviors later in life (Fuligni, 2001). The contrast in the consequences of parent versus peer support seeking leads me to hypothesize that both peer and parent support seeking will be linked to lower suicide ideation and behavior severity, but the main effect will be stronger for parents than peers.

Chapter 2

STUDY AIMS AND HYPOTHESES

The SN Coding system yielded four interrelated measures (expectancies, coherence, and support seeking from parent and peers). A first test of the coding system will be to examine the expected covariaton between these four measures. More specifically, I hypothesize that positive expectancies will be associated with high levels of coherence in the interview and that positive expectancies will also be linked with support seeking from parents and peers. However, I expect these associations to be relatively modest indicating that they are measuring different aspects of adolescents' suicide narratives.

After examining the covariation within the coding system, I will compare the internal measures to previously validated measures used in the study. First I will test the convergent validity of Suicide Narrative expectancies and levels of attachment avoidance and attachment anxiety from the Relational Structures Questionnaire (RSQ). I hypothesize that negative expectancies will correlate with high levels of attachment avoidance and attachment anxiety. This is due to the relationship between attachment security and likelihood of seeking support (Florian, Mikulincer, Bucholtz, 1995). Next I will look at the relationship between expectancies and scores on a spectrum of suicide ideation severity and suicidal behavior as derived from the

Columbia Suicide Severity Rating Scale. I hypothesize that positive expectancies will be associated with lower suicide ideation and behavior severity.

My final study aim is to examine the effects of different types of social support (parents or peers) on suicide ideation, and behavior. To measure this, I will be using a spectrum of suicide ideation and behavior severity derived from the Columbia Suicide Severity Rating Scale. I will be looking at the associations between the type of social support (parent or peer) and levels of suicide ideation and behavior. I hypothesize that seeking parent support and peer support will have negative correlations with the severity of suicide ideation and behavior, but the effect will be stronger for parent support. I expect this because it has been shown that the quality of attachment to parents is a stronger predictor of well being than that of peers, but that peer support has a positive effect as well (Armsten & Greenburg 1987).

Chapter 3

SAMPLE

The sample included 50 adolescents ages 12 to 18 undergoing treatment as part of a randomized clinical trial comparing Attachment Based Family Therapy with Nondirective Supportive Therapy for depressed and suicidal adolescents and their families. Study inclusion criteria were severe suicide ideation (SIQ>=31) and depression (BDI>=20). 76.4% of participants were female and 23.6% were male. Out of all participants, 5.6% were Hispanic, 47.2% were African American, 36.1% were Caucasian, and 11.1% reported themselves as other.

Chapter 4

METHODS

The measures of my study will be collected from the Suicide Narrative Interview. These are collected pre and post treatment. This interview was slowly introduced into the protocol near the start of the clinical trial, and began on the 9th participant. The Suicide Narrative Interview is a brief standardized interview protocol designed to elicit a detailed recounting of a time when the adolescent was experience a high level of suicidal thoughts and feelings. The interviewer asks the participant to describe in detail what was happening at the time and how they coped with and responded to their suicidal thoughts and feelings. After eliciting the details of the event, the interviewer asks if the adolescent shared thoughts and feelings with another person at that time. If the adolescent indicates they sought support from another person, the interviewer asks how that person responded. If the adolescent did not seek support, the interviewer asks why not.

The interview concludes by asking the adolescent to imagine how they would respond if they had similar thoughts and feelings about killing or harming themselves in the future. The interviewer again asks the adolescent if they would share thoughts and feelings with another person in the future. This will elicit either the prompt why not, or how would you expect them to respond. If the patient does not discuss sharing with a parent, the interviewer will ask if he or she would share with a parent or not. Again, this will be followed by why not, or how would you expect them to respond. This question concludes the interview.

In the fall of 2013, I began the development of my suicide narrative coding system. I read through the interview transcripts to evaluate the variability of expectancies between participants. I decided what other variables it would be appropriate to code, such as precipitating events, narrative coherence, coping mechanisms, and support seeking behaviors. In the winter of 2013 I developed a coding manual that set the criteria for different anchors on the scale. I found prototypes for the different levels of expectancies, and developed specific criteria for positive and negative expectancies on two four point scales. I also established prototypes of the different levels of coherence, from "subject struggles in responding" to "subject spontaneously elaborates responses to questions". In the spring of 2014, I created a team of six undergraduates and trained them to code the interviews. We spent the semester refining the coding system and becoming reliable. By the end of the semester we reached high levels of inter rater reliability. In the fall of 2014, we collected all of our data by coding 97 suicide narratives. We coded both baseline and week 16 interviews, but will only be analyzing baseline data. This leaves us with a final sample size of 50.

To validate my coding system I will closely examine the measures within the system, and external measures in the study. First I will examine the covariation of expectancies, coherence, and support seeking as measured in the Suicide Narrative Coding System. Next I will examine the convergent validity of my internal measures with external measures used in the study. I will do this by comparing expectancies to attachment avoidance and anxiety on the Relational Structures Questionnaire, and suicide ideation severity and behaviors on the Columbia Suicide Severity Rating Scale

(CSSRS). Finally I will use correlational analysis to test whether or not the type of people the adolescent turns to (parents or peers) has a main effect on the severity of their suicide ideation and their number of suicide attempts as measured in the CSSRS.

Chapter 5

MEASURES

We obtained good reliability between coders on the constructs of positive expectancies, negative expectancies, and coherence. For coherence, the two raters achieved an intraclass single measures reliability of .678 and a reliability of .808 for average measures. We achieved excellent reliability for positive expectancies with a single measures reliability of .761 and an average measures reliability of .864. For negative expectancies, our single measures reliability was .645 and our average measures reliability was .784.

Positive and Negative Expectancies: Expectancies were coded from suicide narratives on a 4-point scale. Positive expectancies, or the belief that others will be available and responsive to them in times of high need, are coded on a 1-4 scale from "Not At All Positive" (1) to "Very Positive" (4). Negative expectancies or the belief that others are a hindrance to them are also coded on a 1-4 scale from "Not At All Negative" and "Very Negative". Expectancies are coded based on views adolescents express about others being helpful in the past, and hypothetical views about others being helpful in the future. These expectancies can be inferred from questions in the interview such as "when you were feeling suicidal, did you go to anybody?" "Why not?", "How did you expect them to respond?", and would you go to someone if you feel this way in the future?"

Support Seeking Behaviors: Support seeking behaviors were coded from suicide narratives. These behaviors will be inferred from the question "When you were feeling this way, who did you go to?". The categories that can be coded from this measure include mother, father, friend, therapist, teacher, counselor, people in general, relatives, and other. It is possible for more than one option to be selected for this question.

Coherence: Coherence is a general measure of how cooperatively the adolescent responds to and elaborates on their responses to interview questions. It is rated on a 1 to 5 scale, 1 being "subject struggles in responding and does not always provide requested information", and 5 being "Spontaneously elaborates responses to questions". Coherence is graded based on appropriateness of response, length of response, and appropriate details of the response.

Columbia Suicide Severity Rating Scale: Severity of suicide ideation, self-harm, and suicide attempts will be measured using the Columbia Suicide Severity Rating Scale (C-SSRS). This self-report questionnaire has three sections, suicide ideation, suicidal behaviors, and actual attempts. The suicide ideation section consists of yes or no questions such as "have you wished you were dead?", Have you had any thoughts of killing yourself?", and "have you thought about the details of how to kill yourself?" Intensity of ideation is a subcategory under suicide ideation. Questions in this section ask about the duration, intensity, controllability, deterrents, and reasons for ideation. The suicidal behaviors section asks yes or no questions about whether or not the subject has attempted suicide, had n interrupted attempt, aborted an attempt, or

prepared for an attempt. The third and final section of the questionnaire asks about actual attempts. Damage is rated on a 1 – 5 scale, 1 representing no damage, and 5 representing death. If there is no medical damage, potential lethality is rated on a 1 – 3 scale from "behavior not likely to result in injury" to "behavior likely to result in death". For the purposes of my study, I combined the suicide ideation and behavior scales to make a continuum variable from 1-7. 1-4 measures the severity of suicide ideation, to reach a 5 or above they must have made at least one attempt, and a score of 7 is three or more attempts.

Relational Structures Questionnaire: I will be using the RSQ questionnaire to test the convergent validity of my support seeking and expectancy measures. It is a self-report measure that includes 20 questions, 10 about the mother and 10 about the father. A series of statements are presented, and the adolescents must place themselves on a 1 – 5 scale (strongly agree to strongly disagree). These statements refer to support seeking from parents, and adolescent trust of the parents' availability. Some statements include "I find it easy to depend on this person", "I don't feel comfortable opening up to this person", I'm afraid this person may abandon me, and I don't fully trust this person". The RSQ is scored for relationship specific attachment and global attachment. Within the relationship specific category, two scores are obtained; attachment related avoidance and attachment related anxiety. These scores are obtained separately for the mother, father, and friends. The global attachment category also consists of an attachment anxiety and an attachment avoidance score.

These scores are derived from an average of the relationship specific scores for both avoidance and anxiety.

Chapter 6

RESULTS

Table 1 presents the descriptive statistics of the main study variables. Using the new 3 to -3 scale, expectancies showed good variability (M=-.48, SD=1.62). We found a wide range of coherence scores, averaging in the middle of the scale with defined by the statement "Adolescent responds adequately to interview questions" (M=2.84, SD= 1.17). Attachment avoidance, the main measure I am looking at in the Relational Structures Questionnaire, scores averaged around mid range on a 1-7 scale. Maternal scores (M=3.48, SD=1.42) were somewhat lower than paternal scores (M=4.67, SD=1.86). Possibly due to the fact that this is a clinical sample, only a very small percent of participants sought out support. On a scale of 0 to 1, 0 meaning adolescent does not share and 1 meaning that the adolescent does share, peers had the largest score (M=.20, SD=.404) followed by mothers (M=.16, SD=.370) and finally followed by fathers (M=.06, SD=.240).

Table 1 Suicide Narrative and Relational Structures Questionnaire Descriptive Statistics

	Minimum	Maximum	Mean	Standard Deviation
Expectancies	-3	3	-.48	1.62
Coherence	1	5	2.84	1.17
Mother Attachment Avoidance	1	7	3.48	1.42
Father Attachment Avoidance	1	7	4.67	1.86
Mother Attachment Anxiety	1	6.25	2.65	1.50
Father Attachment Anxiety	1	7	3,32	1.966
Shares With Mother	0	1	.16	.370
Shares With Father	0	1	.06	.240
Shares With Friends	0	1	.20	.404

Table 2 *Correlations between Narrative Measures, Attachment and Suicide Risk*

Variables	1	2	3	4	5	6	7	8	9
1.Expectancies	-								
2. Coherence	.417**	-							
3. Mother Support	.605**	.295*	-						
4. Friend Support	.351*	.220	.055	-					
5. Mother Attachment Avoidance	-.375*	-.315	-.111	-.089	-				
6. Father Attachment Avoidance	-.070	.011	.116	.005	.368*	-			
7. Mother Attachment Anxiety	-.145	-.017	-.240	.165	.346*	.215	-		
8. Father Attachment Anxiety	.028	.131	-.072	.240	.240	.600**	.589**	-	
9. Suicide Ideation and Behavior Score	-.282	.077	-.338*	-.282	-.010	.008	.077	-.016	-

** Correlation is significant at the 0.01 level (2 tailed)
*Correlation is significant at the 0.05 level (2 tailed)

Table 2 presents the correlations between my main study variables. My preliminary study aim was to examine the covariation of measures within the coding system. The relationship between positive expectancies and negative expectancies was so strong (r=.817) that I decided to combine them as one continuous variable. The new scale is a 3 to -3 scale. This is computed by subtracting negative expectancies from positive expectancies, and will be used when testing the correlations between expectancies and other measures in the study. Coherence had a strong positive relationship with expectancies (r=.417). Although strong correlations are present, there is enough of a difference between the variables to call them distinct. Expectancies had a strong positive correlation with maternal support seeking (r=.605) as well as peer support seeking (r=.351). These results coincide with my hypotheses that measures in my coding system are interrelated. These variables relating to each other as expected provide evidence of the validity of my scales.

To further test the validity of the Suicide Narrative Coding System, I compared my measures of expectancies with self-report measures of attachment avoidance and attachment anxiety on the Relational Structures Questionnaire. A negative relationship between expectancies and maternal attachment avoidance was present (r=-.351). I did not find a significant relationship between expectancies and mother attachment anxiety (-.145). There was also no significant relationship between expectancies and father attachment avoidance or anxiety. Next I compared expectancies with suicide ideation and behavior scores. Expectancies had a negative correlation with suicide ideation and behavior scores that trended towards significance

(r=-.282). The relationship between expectancies and previously validated measures of suicide ideation and attachment avoidance provides support for the validity of my rating scales.

My final study aim was to test the effect of different types of support on suicide ideation and suicide attempts. I found that maternal support seeking had a strong negative correlation with scores on the suicide ideation and behavior severity spectrum (-.338). A negative correlation trending towards significance was also present between peer support seeking and suicide ideation and behavior scores (-.282). These finding support my hypotheses that maternal and peer support seeking would be related to lower levels of suicidal symptoms, and the relationship would be stronger for mothers.

Chapter 7

DISCUSSION

Findings: The aim of my study was to create and validate a system to code Suicide Narrative Interviews. Consistent with my hypotheses, the internal measures of coherence and expectancies had a positive correlation, and expectancies showed a relationship with both attachment avoidance measured from the Relational Structures Questionnaire and suicide ideation and behavior as measured by the Columbia Suicide Severity Rating Scale. I also found support of my hypothesis that higher levels of peer and parent support would be linked to lower suicide ideation and behavior scores.

Literature: My findings were consistent with previous studies illustrating the positive relationship between the ability to express attachment events and an individual's relationships with caregivers (Steele & Steele 2005). The Suicide Narrative Coding System's ability to show this pre-established relationship is a factor that supports the validity of the scales. The convergence I found between attachment avoidance and expectancies is consistent with the idea that working models of attachment influence support-seeking behaviors (Adam, Sheldon-Keller, West, 1996). The relationship illustrated here indicates that the Suicide Narrative Interview is an effective place to look for expectancies of social support, as attachment systems are readily available during this time of high need. The valuable attachment insight provided at a time when the adolescent is feeling suicidal is a main reason that it is important to examine the Suicide Narrative Interview. My findings were also

consistent with research stating that parent support is more adaptive than peer support (Armsten & Greenburg 1987).

Limitations: The overall study was limited by the small sample and the concurrent refinement of the protocol as we collected data. The Suicide Narrative Interview was introduced into the protocol with participant 9 of the clinical trial, and was not being consistently executed until participant 24. In addition to this, the interview was fairly new at the time and had not been fully standardized when it entered the study. This also contributed to our small sample size. Even though the findings were significant, the power for my support seeking findings was mitigated by the small percentage of our sample that sought out support (n=12). This is most likely due to the fact that I am using a clinical sample, and high levels of depression may indicate the lack of a support system. Since I only used baseline data, no directionality can be inferred when looking at support seeking and the severity of suicide ideation and behavior. Finally, there is a source variance problem because the adolescent gives their own suicide narrative, and also fills out the external measures such as the RSQ and the CSSRS.

Significance: Decreasing the risk of suicide is the primary goal of Attachment Based Family Therapy; therefore finding a way to reliably and validly code Suicide Narrative Interviews is crucial to treatment evaluation. ABFT works mostly through rebuilding parent adolescent relationships and trust. Scripts created in the Suicide Narrative Interview are an excellent place to examine how the adolescent views the parent in regards to support seeking and trust in their availability. Measuring variables within this interview will allow us to ask many more questions.

Future Directions: My study opens up the possibility to look at potential changes in therapy, and the mechanisms through which these occur. We can use the suicide narrative to evaluate the extent to which expectancies change throughout treatment, and the differences in expectancy changes between treatments. Whether or not ABFT is more effective for those with baseline positive or negative expectancies can be evaluated as well. Studying what changes in a suicide narrative and how different people display different changes in their narratives pre and post treatment is an important step in refining ABFT and developing an effective model for suicide prevention.

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Appendix A

SUICIDE NARRATIVE CODING MANUAL

Suicide Narrative Rating Scales

The following rating scales are designed to assess the major constructs: Positive Expectancies, Negative Expectancies, and Coherence/Cooperation from transcripts of the Suicide Narrative Interview. Adolescents may demonstrate a positive expectancy for seeking support, if their narrative indicates that they engage in support seeking behaviors, and view others as available and responsive if they were to turn to them when they were feeling distressed or suicidal. A negative expectancy for seeking support can be inferred if the transcript provides no attempt to seek support, or statements indicating that others are expected to be unavailable or respond in unhelpful ways if approached when subjects are feeling depressed or suicidal. The adolescent's overall level of cooperation in responding to interview questions stems from the concept of coherence. A subject is rated as coherent if they adhere to the four coherence maxims, quality, quantity, relevance, and manner. Quality refers to providing answers that seem well grounded in first hand experience. Quantity refers to responding at appropriate length to interview questions and not saying too much or too little in response to questions. Relevance refers to addressing the interview question, and not shifting from the topic. Manner refers to being polite and, avoiding obscure, obscene or ambiguous language. Adolescents receive high coherence ratings when they provide clear and specific answers to interview questions.

Question A: Overall, how positive were the subject's expectancies for getting help from others?

(You will be able to deduce this from the questions: "what did you do when you had these suicidal thoughts or feelings", "Did you share your thoughts and feelings with anyone else" and "why not/ how did they respond?" If they do not explicitly state beliefs they had about how others would respond, you can use their behavior to infer expectancies. Ex. If a participant says they went to a friend, but does not give any details as to why, you would infer a positive expectancy. However, it would not be ranked as positively as someone who was verbally coherent about their future expectancies.))

1-Not At All (Participant does not engage in support seeking behaviors, and either does not discuss anyone being helpful to them or expresses a complete lack of confidence that others will help.)

Examples include:

--012_16 line 12

"Um I felt like my mom had um not understood my intense pain stuff um and had been I guess like belittling my pain and stuff"

--046_B line 32

"Uh back then I didn't have anybody to talk to."

2-Slightly Positive (Participant either engages in support seeking behavior or says they considered it. If they did engage in support they must express some doubt that this person would be helpful.)

Examples include:

--018_16 line 16

"I didn't want anyone to know but then I mean I broke down one night and cried and told my mom about it. That was the only person"

--017_B line 22

"I just thought that anybody else wouldn't understand… I thought about calling my therapist. But I didn't."

3-Somewhat Positive (Participant engages in support seeking behaviors. They can either express openness to others being helpful or not elaborate on their support seeking behaviors.)

Examples include:

--029_16 line 18

"I told my I told a couple of my friends that were actually going through the same thing and cause I knew they wouldn't tell anybody"

--029_B line 7

"I told my friend … and next morning she took me to the counselor, and then they, we told my parents and stuff"

4- Very Positive (Participant engages in support seeking behavior. They must verbalize confidence that they would receive the help they needed.) Examples include:

--036_B line 11

“I told my parents. I made sure to stay with them so I was never alone to do anything, and I slept in their bedroom just to keep myself safe”

Question B: Overall, how negative were the subject’s expectancies for getting help from others?

(You will be able to deduce this from the questions: “what did you do when you had these suicidal thoughts or feelings”, “Did you share your thoughts and feelings with anyone else” and “why not/ how did they respond?” If they do not explicitly state beliefs they had about how others would respond, you can use their behavior to infer expectancies. Ex. If a participant does not go to anyone, and does not give an explanation as to why, you would still infer a negative expectancy. However, it would not be ranked as negatively as someone who was verbally coherent about his or her expectancies.))

1-Not At All (Participant engages in support seeking behavior. They do not need to express confidence in others support but they cannot discuss doubt at any point.) Examples include:

--036_B line 20

“They responded like any parent would (mhmm) just tell me to fight and keep going”

--030_B line 31

“I told him and he was like really sad and he asked me what I was going through and what could he do to help. Um, …… {{6 seconds}} I know that like anything that I go through I talk to him”

2-Slightly Negative (Participant either engages in support seeking behaviors or considers it. If they engaged in support seeking they need to express some doubt that others would be helpful.)

Examples include:

-- 020_16 line 46

"I was anxious about my mother finding out. Cause that would be embarrassing"

--044_B line 13

"it's not worth it to just stress people out all the time (okay) I just felt like a burden to other people."

3-Somewhat Negative (Participant did not engage in any support seeking behaviors and either does not elaborate or expresses doubt that others would be helpful.)

Examples include:

-- 029_16 line 18

"Um for a while I kept it like bottled up inside and I didn't tell any adult like I refused to tell any adult cause I knew something would happen"

--040_B line 22

"I keep everything to myself"

4- Very Negative (Participant did not engage in any support seeking behaviors, and explicitly states that they did not think anyone would be the least bit helpful, and may state that others would be a hindrance to them.) Examples include:

--009_16 line 35

“I don’t really trust many people to talk to them. Cause people don’t know how to keep their mouth shut”

--047_B line 32

“Nobody understands me. The only people I shared it to was my friends and they say they understand but they don’t. They’re very judgmental and very critical”

Question C: Overall, how positive are the subject’s expectancies for getting help from others in the future?

(You will be able to deduce this from the questions: “Imagine that you have similar thoughts or feelings about killing or harming yourself in the future, what would you do?”, “Would you share your thoughts and feelings with others?” and “Why not/ how would you expect them to respond”. If they do not explicitly state beliefs they had about how others will respond in the future, you can use their said behavior to infer expectancies. Ex. If a participant says they would go to their parents in the future, but does not specify why, you would still infer a positive expectancy. However, it would not be ranked as positively as someone who was verbally coherent about his or her future expectancies.)

1-Not At All (Participant wouldn’t not engage in support seeking behaviors. They can express a lack of confidence in others but verbalizing is not necessary.) Examples include:

--014_16 line 71

“Um, last time I did it kind of didn’t work out very well and, it didn’t really go where I wanted it to so I just feel like I would keep it to myself”

--013_16 line 94

“It’s my problem and I gotta fight it on my own”

2-Slightly Positive (Participant either seeks support or discusses considering it. If they do seek support they must discuss some doubt that others will be helpful.) Examples include:

-- 015_16 line 37

“I guess maybe, text one of my friends”

-- 042_B line 41

“I think I would tell someone about it. (Mhmm.) And see how they’d react to it, what they’d tell me to do.”

3-Somewhat Positive (Participant would engage in support seeking behaviors. They may express openness to receiving help but verbalizing this is not necessary.) Examples include:

-- 009_16 line 81

“Probably my best friends… I would tell her because I know that she like she’s been that way before so she kind of like understands it.”

--046_B line 42

“I would talk to my friend {{Friend 1}}. And I don’t know she would just know what to say. “

4- Very Positive (Participant would engage in support seeking behavior. They must express confidence that they would receive the help they needed.) Examples include:

--022_B line 67

"I would go talk with, talk about it to my mom. And hopefully, well I know she will, but she would talk me out of it".

--029_B line 36

"I think it'd be more helpful if I told um a parent, my parents or an adult, or a sister or someone first so that, that I could get help faster, more help I guess. Um I guess they would, I think they would be surprised, and I think they would be sad, and they would just try and get help really quickly, but I don't think they would be mad at all, and I think they'd understand"

Question D: Overall, how negative are the subject's expectancies for getting help from others in the future?

(You will be able to deduce this from the questions: "Imagine that you have similar thoughts or feelings about killing or harming yourself in the future, what would you do?", "Would you share your thoughts and feelings with others?" and "Why not/ how would you expect them to respond". If they do not explicitly state a belief that someone would not be helpful in the future, you can use their said behavior to infer expectancies. Ex. If a participant says they will not go to anyone in the future, and does not give an explanation as to why, you would still infer a negative expectancy. However, it would not be ranked as negatively as someone who was verbally coherent about his or her future expectancies.))

1-Not At All (Participant states they would engage in support seeking behavior. They do not have to verbalize confidence in others but they cannot express doubt.)

Examples include:

-- 022_B line 86

"They would respond like helpful because they were telling me what I could do to try and avoid stuff that can happen again like that."

--044_B line 51

"I would tell somebody about it so I could get help."

2-Slightly Negative (Participant either would seeks support or considers it. If they would seek support they must express some doubt.)

Examples include:

-- 023_B line 51

"I don't know if they would like, be willing to listen I guess. "

--047_B line 48

"I would tell somebody. I would tell maybe a, my therapist, if I do tel- do ha- do have a therapist in the future, or tell somebody I do actually trust."

3-Somewhat Negative (Participant would not engage in any support seeking behaviors. They may express doubt in others but it is not necessary.)

Examples include:

--026_B line 62

"Again I don't want to be a burden, like I don't want it to be a burden to them, I don't want them to suddenly feel sad like oh she's suicidal like what do I do"

--013_16 line 90

“Most times no… because I felt like it’s my problem and I gotta fight it on my own”.

4- Very Negative (Participant will not engage in any support seeking behaviors. They must explicitly state that they do not think others would he helpful or that they would be a hindrance.

Examples include:

--014_16 line 71

“Um, last time I did it kind of didn’t work out very well and, it didn’t really go where I wanted it to so I just feel like I would keep it to myself”

Special Circumstances:

Adolescent does not go to their parents because they do not want to be a burden/do not want their parents to worry about them

Slightly Positive Slightly Negative

Adolescent does not go to their parents because they would try to stop them.

Slightly Positive Slightly Negative

Question E: What is the subject’s overall level of cooperation in response to interview questions?

(You will be able to deduce this by analyzing the participant's answers to the questions based on the coherence maxims. If a participant was very coherent for the first half of the interview and very incoherent during the second half, they would receive a score of a 3)

1: Subject struggles in responding, does not provide requested information.

Examples include:

-- 028_B line 19

"did you have any strong thoughts or feelings?"

"um it was just/"

"*about killing or harming yourself?"*

"No"

-- 041_B line 16

"What did you do?"

"Um, just stayed out and just didn't know what to do. "

"Mhmm. Tell me a little bit more about what happened."

"Hmm, that's it."

2- Does not always provide requested information

Examples include:

-- 023_B line 10

"what did you do?"

"I went to the room- my room since I didn't have nothing, I mean I really didn't have nothing to harm myself with so I went to my room and just cried"

--046_B line 18

"What happened?"

"I just sat by myself crying."

Then what did you do?

"Went to bed. After staying up all night."

3- Responds adequately to interview questions.

Examples include:

--022_16 line 12

"What happened, or when did it happen?"

"It happened January, this year, that's when um the bullying like, and like my trauma experience like, another traumatic experience that made me think about my past, with my cousin, that made me depressed, and I had to go to uh, a psychiatric hospital for the first time".

--032_B line 7

"when was one specific time that you can think of?"

"Um, {{subject makes noise}} in April (mhmm) of the year 2011. (okay) and I was like going through a lot, I like was losing a bunch of friends uh some rumors were being started about me, and like it was really, really a lot to take in

4- Shows some spontaneous elaboration in response to questions.

Examples include:

-- 029_16 line 8

"what did you do?"

"Um well for the I guess a couple months before that I'd been cutting and stuff like that. And I wasn't eating a lot cause I felt I was really self conscious about myself and um so like a week after my birthday in april I guess I tried to kill myself because I was having a lot of problems with friends at school"

--044_B line 4

"Um, so this may be difficult but please think back to a time when you had very strong thoughts or feelings about killing or harming yourself. So when did that happen?"

"Um, in January {{transcriber cannot understand}} {{mom and I?}} had a a like an argument about my grades, we both said somethings that we shouldn't have said and I just felt really really bad about what I said and I kinda just like felt that like I couldn't do anything right. (mhmm) and that things would be better if I weren't alive because I shouldn't I don't know, like it's not worth it to just stress people out all the time (okay) I just felt like a burden to other people. "

5- Spontaneously elaborates responses to questions.

Examples include:`

-- 026_B line 1

"please think back to a time when you had strong thoughts or feelings about killing or harming yourself. When did that happen?"

"Around the time like, it was actually un a little recent, it's like when I got an F on my report card and I thought I was going to fail, I wasn't, I wasn't going to be any good to

society cause I had that F (mhmm) and um like I would be stupid and I'm worthless and it's just what are my parents gonna think of me they're going to be so disappointed in me (mhmm) and they're gonna think I'm a horrible daughter, and like I'm not any good."

--047_B line 7

"What happened?"

"Uh, it was uh- it was a week after school, me and my mother had fought because of my sexuality it went to um, blood was shed. And previously to that I was having relationship issues with my boyfriend, and so I was already feeling sad and depressed anyway, and then {when?} my mother would {heard?} we- her fighting for it because of the lifestyle that I chose, it made it even worse. So I felt as though there was no reason to live, I felt worthless and so, I that was when I started cutting myself. Cutting myself deeper than normal."