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Article

An Attachment Model for Assessing Suicidal Risk

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A model for addressing suicidal risk utilizing attachment theory is addressed. Risk factors for suicide have generally been conceptualized at the level of individual characteristics rather than relational dynamics. Combining Shneidman's common characteristics of a suicidal person with Bowlby's attachment theory provides for a more relational view of suicide-related behaviors and communications. Considering high rates of suicide, especially among some population groups, it is important to have a more comprehensive framework for suicidal risk from which to treat suicidal clients.

Kewords: attachment, suicide risk-factors, suicide related behaviors, therapeutic alliance, treatment

Attachment theory (Bowlby, 1969/1982, 1973, 1988) is grounded in the idea that the quality of an affectional bond between child and caregiver provides insight into how people view the world and profoundly impacts their later psychosocial, emotional, and cognitive functioning (Allen & Land, 1999). Though Bowlby's early research focused on children who were separated from their parents, he later focused his lifelong research on behavior patterns resulting from a person's perceived or real loss (Bowlby 1969/1982; 1988). Adult attachment styles are determined by how individuals respond, based on these real and perceived threats. Therefore it is reasonable to assume that attachment styles might help explain the perceived and real losses that are often associated with suicidal ideation and behavior. Though many risk factors for suicide are well documented in literature, much of this literature is related to individual-level factors to the exclusion of contextual or relational factors (Bongar, Goldberg, Cleary, & Brown, 2000). Adult attachment styles, therefore, may provide a relational framework from which to understand, assess, and treat, clients who are suicidal. Explanations for suicide based on relational frameworks such as adult attachment are needed and may help counseling professionals to prevent suicide.

In childhood, attachment can be viewed as a behavioral system that has provided ways to understand fear-based behaviors (Bowlby, 1969/1982). Bowlby concluded that triggers in the environment that indicate danger, such as unfamiliarity and being alone, naturally activate the fear system (Kobak, 1999).

Bowlby noticed that a fear reaction is often paired with an attachment reaction (Bowlby, 1973, as cited in Kobak, 1999). When a child perceives something to be distressing or dangerous, he or she will not only want to go away from the danger but will also want to feel safe and be soothed. The child who needs solace will seek out its primary caregiver to help ease the distress. This attachment behavior is evident in any child who runs to a parent when a new situation presents itself.

As a person develops, the connection between the attachment behavior and fear remains. For adults, fear-based attachment responses can be based on "stressful conditions in the social or physical environment, conditions that appear to threaten the future of the attachment relationship; and conditions of the individual" (Feeney, 1999, p. 371). Adults, like children, react to danger with behaviors such as avoidance, withdrawal (i.e., flight), attack (i.e., fight), and immobilization (i.e., freeze). When in crisis, an adult also reacts with the need to feel safe and typically seeks out a person with whom he or she has an attachment to soothe their fear. An individual with secure attachment will seek out the secure base of an attachment figure. An attachment figure is any significant other upon whom they trust and depend in stressful situations. Attachment is an affectional bond between two people, but unlike any other affectional bond, an attachment requires an experience of security and comfort when with that attachment figure (Ainsworth, 1989). Depending on the dynamics of the relationship an adult has

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with an attachment figure, an insecurely attached person may seek other ways to soothe the fear, rather than seeking-someone out. These patterns of behavior are often less healthy and appropriate than the help-seeking behavior noted in securely attached adults.

As we approach adulthood, simply seeing attachment patterns as secure or insecure does not adequately describe the nuances and complexities of relationships. Accordingly, Bartholomew and Horowitz (1991) have proposed and empirically validated four styles of attachment. These four attachment styles were based on Bowlby's idea that a person's early experiences translate into internal working models of self and others. As there is a positive and negative component to each view (i.e., self and others), a 2x2 model was created (see Table 1).

An Attachment Model for Addressing Suicidal Risk

Because attachment styles suggest how adults view the world and cope with threat and danger, examining these patterns may lead to a greater understanding of a person's tendency towards suicide-related communication and behaviors. Bowlby instinctually thought of the connection between the pattern of behaviors exhibited during a crisis and attachment when hypothesizing his early work on separation distress. Understanding the ways people cope with stress and anxiety contributes to understanding a suicidal person's mind (Shneidman, 1996).

Suicide-Related Behaviors and Communication

Suicidal ideation, a set of cognitive and behavioral characteristics of people who attempt suicide, has been difficult to measure because there has been no standard definition of what constitutes risk (Maris, Berman, & Silverman, 2000). The lack of a clear definition limits understanding about why people attempt suicide and therefore, how to prevent it. Estimates by Goldsmith, Pellmar, Kleinman, and Bunney (2002) suggest that there is one suicide for every 25 suicide attempts, which approximates 810,975 suicide attempts per year. This means that every 39 seconds, a person in the United States attempts suicide (Center for Disease Control, CDC, 2006). However, this estimate alone does not provide specific information about how many people are at-risk for suicide making the study of factors leading to suicide critical to suicide prevention.

To help conceptualize the risks associated with suicide, Silverman, Berman, Sanddal, O'Carroll, and Joiner (2007) have identified two main categories related to suicide, suicide-related behaviors, and suicide-related communication. Suicide-related behaviors are "self inflicted, potentially injurious behavior[s] for which there is evidence (either explicit or implicit) either that (a) the person wished to use the appearance of intending to kill himself/herself in order to attain some other end; or (b) the person intended at some undetermined or some known degree to kill himself/herself" (Silverman et al., 2007, p. 272). Suicide-related behaviors include gestures or attempts made with and without intent to die as well as fatal attempts.

Suicide-related communications are "any interpersonal act of imparting, conveying, or transmitting thoughts, wishes, desires, or intent for which there is evidence (either implicit or explicit) that the act of communication is not itself a self-inflicted behavior or self-injurious" (Silverman et al., 2007, p. 260). While rates of suicide-related communication may be hard to measure relative to suicide-related behaviors, it is important to consider both because suicide completions typically begin as suicide-related communications. Therefore, it is important to understand what types of communications indicate intent to harm oneself and to intervene to prevent unnecessary deaths.

Psychological Factors Contributing to Suicide

To prevent and treat suicidal clients, it is critical to understand what psychological factors contribute to both suicide-related communications and behaviors. Someone in the United States completes suicide every 16 minutes, making it the 11th leading cause of death in the United States for all ages. This equates to approximately 89 completed suicides

Table 1. Adapted from Bartholomew & Horowitz's (1991) Model of Adult Attachment

Secure	Preoccupied	Dismissing	Fearful
Comfortable with intimacy and autonomy	Preoccupied with relationships	Dismissing of intimacy Counter Dependant	Fearful of intimacy Socially Avoidant
Positive or low model of self (confidence)	Negative or high model of self (confidence)	Positive or low model of self (confidence)	Negative or high model of self (confidence)
Positive or low model of others (avoidance)	Positive or low model of others (avoidance)	Negative or high model of others (avoidance)	Positive or low model of others (avoidance)

per day (CDC, 2006). Conducting a psychological autopsy, an interview with family members after a suicide, has provided insight into the reasons a person chooses to end his or her life. According to Shneidman (1996), contributing psychological factors related to suicide transcend gender, race, age, and psychiatric diagnosis.

Ten psychological conditions were present in at least 95 out of 100 completed suicide cases studied by Shneidman (1996). The first characteristic is that a suicidal person is seeking a solution to a problem. This solution could be to any type of problem, but Shneidman suggests the person views the only solution as ending their life. Knowing what type of problem a person is addressing is important in order to help. Is this problem related to an attachment issue? Is this person striving to find security with someone by seeking close proximity and not succeeding? Attachment behaviors are activated when these needs for security are not met. Furthermore, knowing solutions that the person is considering along with strategies he or she has utilized in the past for similar problems also is critical.

Another common goal for suicidal clients is cessation of consciousness, which is often understood as stopping unbearable pain. Psychological pain is the most common stimulus for those contemplating suicide. Shneidman refers to psycheache as what it is that the person is trying to stop or escape (Shneidman, 1996). Frustrated psychological needs also are common for suicidal individuals. Needs may be unfulfilled or blocked for a variety of reasons. Unfulfilled needs may include achievement, affiliation, and nurturance as proposed by Murray (1938) or those cited by Maslow (1963), (e.g., security, love, self-esteem, safety, etc.) (as cited in Maris, Berman, & Silverman, 2000), which are also common attachment-related needs (Bowlby, 1969/1982, 1973, 1988).

Individuals who are suicidal also are likely to feel a sense of hopelessness or helplessness (Beck, Weissman, Lester, & Trexler, 1974; Schneidman, 1996). Ambivalence towards life and death is a common cognitive state for those who are suicidal. The underlying paradox often is that these individuals both want to die and to be rescued.

A suicidal person often has a constricted perceptual state; he or she may view things narrowly as if he or she had tunnel vision, (e.g., "there is only one way out"). Utilization of words such as "only" can be telling as using this wording may suggest dichotomous thinking and a perceived narrowing of options. Individuals who are suicidal wish to escape psychological pain and this escape is the universal motivation for suicide.

Shneidman concluded, contrary to popular belief, that there usually is a communication of intention. A life-long style of coping or what Shneidman terms a "suicidal career," suggests that people are consistent throughout life in reactions to certain types of stress or problems, (i.e., coping patterns). These individuals are seen by others as self-destructive and have exhausted many of their social supports (Maris et al., 2000).

Attachment, Psychological Factors, and Suicide-related Communication and Behaviors

Many of the factors Shneidman (1996) found to be related to suicidal behavior can be further explained by attachment theory. For example, Shneidman's idea of a "suicidal career" suggests that a person's past reactions to extreme stressors or psychological issues could be analyzed within an attachment framework. Coping learned during childhood typically are gained from the attachment relationship that the child had with a parent. A child may learn to avoid conflict or dismiss acknowledging a problem based on an avoidant relationship with his or her parent, and this pattern may continue to affect how he or she addresses problems in future relationships. What results in adulthood is a specific attachment pattern that can be understood in terms of an individual's suicidal communications, behaviors, and psychological risk factors. The following model is an articulation of types of behaviors or communications that a suicidal client may present to a counselor based on Bartholomew and Horowitz's four-factor attachment styles (1991) and Shneidman's (1996) risk factors. Table 2 is an illustration of the proposed model.

Secure Attachments. An adult with a secure attachment pattern has a positive view of self and others. Securely attached adults have an internalized sense of self-worth and comfort with intimacy in close relationships (Hietanaen & Punamaki, 2006). This stable belief system allows the individual to adapt to separation and loss more effectively than others with insecure attachments. For securely attached adults, a positive working model of self and others makes them likely to seek help for distressing problems prior to a thought of suicide turned to action. When these adults detect a problem, they seek out a primary attachment figure for a sense of security. In adulthood, the primary attachment figure is typically a partner or a spouse but may also be a close friend or family member. Adults with a secure attachment may seek help from professional sources more often than those who are insecurely attached because of the positive cognitive schema they hold of the world. These individuals may be less inclined to choose suicide as an option or as a solution to their problem.

Although securely attached individuals may be less likely to exhibit suicide-related behavior, they may engage in suicide-related communication under extreme stress. Individuals with high levels of support typically seek help for any suicidal ideology before their thoughts turn to actions. Individuals who are securely attached may be more likely to explicitly voice their thoughts, ideas, or wishes of suicide or self-harm. Suicide-related communication, however, may occur following severe events in the individual's life such as a catastrophic event or significant loss including the loss of an attachment figure. An adult with a secure attachment style is more autonomous and possesses the insight to seek help if a problem is greater than he or she is capable of handling alone. The suicide-communication would likely be

Table 2. An attachment framework for psychological factors and suicide-related communication and behaviors.

Commonalities	Secure	Dismissing	Preoccupied	Fearful
Search for a solution/cessation of consciousness	"I need help" Seeks help of attachment figure or professional help	"You won't see me anymore…" Giving away of personal or significant items	"If you leave me, I'll kill myself"; "If I am left alone, I don't know how I'll go on."	"No one can help me"; "Nobody loves me and why would they?"
Psychache – psychological pain	Possibly caused by significant losses or catastrophic events	Possibly caused by personal failure, loss of position or status, embarrassment or shame	Possibly caused by loss of relationship (perceived or actual loss)	Possibly triggered by personal or relationship loss; longstanding ineffective coping
Frustrated needs – related to psychache/ Hopelessness/helplessness	Autonomy	Does not feel secure in relationships; distrust; heavily reliant on self; "I can do it, I don't need anyone's help" "I'm a failure."	Relies heavily on relationships with other; need for acceptance and safety; "How will I survive without him/her?"	No relationship satisfaction; need for acceptance, safety; distrusting, "I can't trust anyone."
Ambivalence/constricted thinking/escape	Unlikely to occur	Isolating behaviors; restricting time with others; avoiding people; refusing treatment	Influenced by reaction of partner; "if she/he leaves, I don't know what I'll do…"	Isolating behaviors; "People are unreliable"; "I have no other choice."
Lifelong personality styles	Positive coping mechanisms	Pattern of rejecting help; view that 'I can do it alone'	Pattern of placing importance of relationship above everything else	Pattern of isolating, escapism including possible destructive behaviors

voiced directly, (e.g., "I'm feeling out of control" or "I want to kill myself") or indirectly, (e.g., "I don't know if I can go on" or "I can't take this anymore").

Dismissing Attachments. A person with a dismissing attachment style may avoid intimacy and lack trust in others (Bartholomew & Horowitz, 1991). Avoidance strategies often result from having a more negative view of others and a positive view of self. An adult with a dismissive attachment style focuses more on his or her own achievement and independence and, therefore, may be less likely to seek help from others. Their inability to seek help may lead to feelings of shame or embarrassment associated with a fear of failure. Furthermore, when faced with what they perceive as failure to solve an insurmountable problem an adult with a dismissing style may believe that he or she is worthless and have no person in whom to confide or trust leading to a sense of social isolation. When persons with dismissing attachment styles feel that they are unable to fix a problem alone, these people may not see many solutions other than to consider suicide. Similar to Shneidman's (1996) concept of psycheache, a dismissing client may feel isolated and may try to escape being around others as a way to cope with psychological pain. Therefore, an adult with a dismissing attachment style may be at higher risk for a suicide-related behavior be-cause he or she may not engage in suicide-related communication as much as other adults.

Persons with dismissing attachment styles have been categorized as viewing themselves as self-reliant and, as a result, less likely to acknowledge any distress to others (Kidd & Sheffield, 2005). These personal and relational responses to psychological discomfort are comparable to Shneidman's (1996) view of helplessness. Feelings of isolation and pain may contribute to thoughts of escape from problems and sometimes lead to constricted or dichotomous thinking. The adult with a dismissing style has learned to expect rejection from the attachment figure and to avoid rejection. As a result, this person develops a deactivating strategy for regulat-

ing and communicating their negative effect. Bowlby (1982) describes this as a means of minimizing potential conflict with attachment figures (Cassidy & Kobak, 1998). Because individuals with a dismissing attachment style minimize their distress to others, they also report more loneliness and lack of support within relationships (Berger, Jodl, Allen, McElhaney & Kuperminc, 2005). Isolation, helplessness, and minimization of problems can suggest either a lack of insight or a coping strategy for a client. These resulting feelings of isolation and a sense of helplessness place a person at high risk for contemplating suicide.

Berger et al. (2005) report that peers of dismissing individuals often see the person as having difficulties in their lives. If individuals who are close to the dismissing adult can identify their distress, it appears that the ability to communicate is a problem for the adult with a dismissive attachment style. Thus, suicide-related communication for an adult with a dismissing attachment style may be less explicit because of their negative views of other people. Communication of suicidal intent may include giving away very personal or significant items or setting their affairs in order. While an adult with a dismissing attachment style may not directly say they are suicidal, they may voice statements such as "this will be the last time you see me." Triggers for this type of communication could include a sense of personal failure, loss of position or status, or embarrassment or shame. Signs of intrapersonal loss (e.g., independence, confidence) may be a warning for a counselor working with a client with a dismissing attachment style.

Preoccupied attachment. An adult with a preoccupied attachment style often feels very alone yet has a high need or desire for approval from others (Bartholomew & Horowitz, 1991). The person with a preoccupied attachment style has a negative view of self and a positive view of others. This adult may overemphasize relationships and display an overdependence on their partner in a relationship. According to Hietanen and Punamaki (2005), preoccupied individuals attempt to validate their low self worth through excessive closeness in relationships.

Because of a high level of importance placed on relationships, adults with preoccupied attachment patterns may become involved in problematic relationships that they value highly despite the danger involved. These adults also may have a history of engaging in self-defeating behaviors in order to maintain a relationship. For these adults, the loss of a relationship may be devastating and lead to self-destructive behaviors such as substance use, self-mutilation, and suicide-related behaviors. The preoccupied adult is also characterized as having a persistent sense of interpersonal anxiety that is the result of a frustrated psychological need or perceived loss of a significant relationship (Maris, Berman, & Silverman, 2000; Shneidman, 1996). The adult with a preoccupied attachment style may engage in suicide-related behavior to attain the goal of saving a relationship.

Interpersonal relationships are very important in a preoccupied person's life, and these relationships influence his or her communication style. An individual with a preoccupied attachment style may voice an explicit suicide-related communication such as, "If [my partner] leaves me, I will kill myself," or an indirect message, "If they are gone, I just don't know what I'll do." This client may come to therapy accompanied by the partner because of these explicit messages. The adult with a preoccupied attachment to others may have fears of isolation, abandonment, or rejection which are triggered by the prospect of being left without a partner.

Fearful attachments. Adults who hold a negative view of self and of others are seen as having a fearful attachment style (Bartholomew & Horowitz, 1991). Adults who are fearful are characterized by having a desire for contact and intimacy but a lack of trust towards others. These individuals have a need for approval but also typically have low self-esteem preventing them from believing they are worthy to have quality relationships with others. These adults may have multiple superficial relationships but may only have a few, if any, meaningful relationships. Interpersonal anxiety coupled with lack of trust of others and low self-esteem may lead a fearful adult to engage in a series of brief relationships or primarily sexual relationships with low intimacy.

Adults with a fearful attachment style also may engage in risky behaviors such as substance use, promiscuous sex, and involvement in physically abusive relationships. Similar to adults with preoccupied attachment styles, persons with a fearful attachment style have a negative view of self which can contribute to a sense of hopelessness. For these adults, isolation and a negative view of self contribute to having frustrated psychological needs. The fearful adult may also perceive an attachment figure as unreliable and unresponsive to his or her needs and may therefore have the need to connect with someone or feel safe and secure in a relationship not met. Being socially avoidant and frightened of engaging in any type of relationship can result in marked alienation from others which is in turn interpreted by others as isolation. These adults are at a high level of risk for suicide-related behavior with intent to die because they may have limited perception of any other way to solve a problem. This type of constriction of thinking, or tunnel vision, is also known as dichotomous thinking (i.e., it is either one way or another, life or death).

If the adult with a fearful attachment style finds someone to whom she or he can confide, her or his suicide-related communication may be explicit. Even if the communication is expressed, it may be a challenge to assist this person because of their negative view of self and others; however, expression of suicide-related communication can be seen as a call for help that ultimately is a first step to receiving assistance. A negative view of self and others can lead to statements such as, "No one can help me," or "People are unreliable." These statements are indirect and may not be directed to any specific person. If the communication is unattended, this adult may not receive any help leading to a higher risk

for a suicide-related behavior. For these reasons, it is important to pay attention to the nonverbal expressions (e.g., avoidant eye contact, resistance, or cancelled or no shows to appointments) as well as verbal ones. These may be just as important as any verbal expression.

Implications for Counseling Practice

In this paper, we have proposed attachment theory to be of particular use in conceptualizing and treating clients who are suicidal. In the following section, a set of practices is outlined for using this model in treatment. Understanding a client's attachment style and current relationships may aid in a breakthrough for the therapeutic relationship, can help predict the types of problems that could occur during treatment, and can be critical to developing goals for the duration of treatment.

Using Attachment to Assess Risk of Suicidal Communication and Behaviors

If a counselor knows the basic tenets of attachment theory, the attachment behaviors of a client become more recognizable and can be successfully addressed in treatment. A first step is to assess a client's attachment history. To examine a client's attachment history, attention should be paid to the client's relationships including past and present relationships as well as their perception of their relationships. Interviews can provide a clinician with this information, but also it may be helpful to utilize an attachment measure to ascertain more information regarding an attachment figure or social support. Assessing the role of an attachment figure may include determining who the client sees as an attachment figure, understanding the level of connection to a significant other, or reflecting on how the client views self in relation to others (Pistole, 1989). There are multiple self-report measures that can be used with a client; a counselor should familiarize herself or himself with them and choose the assessment tool that they believe will best serve their client.

The model presented in this manuscript addresses specific thoughts and reactions to crisis experiences that the counselor can remember to gain an understanding of a client in crisis and serve as the individuals' warning signs for impending crisis responses and risk for suicide. By utilizing an attachment model for suicidal risk, counselors will be able to identify attachment-related patterns in their clients that may contribute to their suicide-related communications and behaviors. Counselors can use the attachment model to avert future crises.

Understanding a client's attachment style also can provide insight into interpersonal complications that could be psycheache. Pain that is identified and explored in counseling can assist in alleviating suicide-related communication and preventing suicide-related behavior. Clients who are experiencing psycheache need a counselor who is willing and able to be with them and address their psycheache and unmet psychological needs. For example, a perceived or actual lack of a significant relationship in a person's life can contribute to psycheache oftentimes in ways that clients who are fearful or dismissive in relationships do not fully understand.

While many formal assessments that focus on attachment styles (e.g. Adult Attachment Interview [AAI] George, Kaplan, & Main, 1985; Relationship Styles Questionnaire [RSQ] Griffin & Bartholomew, 1994; Experiences in Close Relationships [ECR], Fraley, Waller, Brennan, 2000) are appropriate for use during treatment, these assessments would be difficult to administer during a time of crisis when attachment behaviors are most evident. As many clients who are reacting to a crisis lose the ability to communicate clearly, observation of the client alone or their interactions with an attachment figure as well as gaining collateral information from significant others during this time becomes critical (Slade, 2004). Asking questions about the client's perception of the important relationships in their life can be helpful. However, observing a client with a significant other, such as a partner or parent, can provide insight into attachment patterns and also provide telling details into the potential complications that could arise during the course of treatment. For example, noticing how a client interacts with his or her partner can provide the counselor with information such as the extent to which the partner can be involved as an ally in treatment.

Using Attachment in Treatment of Suicidal Clients

By understanding the connection between adult attachment styles and suicidal risk, counselors may be able to provide a sense of security within the therapeutic relationship and/or use support from other attachment figures to prevent the occurrence of suicide-related behaviors. Current approaches to assessing suicidal risk (e.g., IS PATH WARM, American Association of Suicidology, AAS, 2011; or SAD PERSONS, Junhke, G.E., 1994) often do not include a relational component. Although these established approaches consider the importance of interpersonal relationships, viewing interactions from an attachment perspective can deepen counselors' understanding of the individual as well as the integration of family and support systems into treatment.

Attachment and the therapeutic alliance. During times of crisis, a counselor can serve as an attachment figure. When clients are in crisis, counselors can provide an environment where the client feels comfortable accessing attachment patterns and relationships. Bowlby (1988) considered the role of counseling when he stated, "it is only through establishing a secure base with the therapist that it is possible to investigate and re-experience various aspects of one's life, some of which would be too painful to think about without a reliable and 'trusted companion'" (p. 138). For example, a person who has been injured will first seek out security in the form of his or her attachment figure. In cases where the attachment figure is absent or unavailable,

the client will experience additional anxiety and fear until he or she regains contact with the attachment figure whether it is with actual physical contact or telephone contact.

There is a question as to what occurs when individuals attempt to seek out the proximity of an attachment figure and fail. As counselors, it is critically important to address this lack of contact by providing the client with a sense of safety and security in order to lessen their anxiety. If an attachment bond is meant to provide soothing, security, and safety, then a counselor's consistency, reliability in being present, being emotionally available, and focusing on the client's needs can fulfill those provisions (Pistole, 1989). In addition to providing a sense of safety and security, the counselor must also assess the level of response that he or she feels comfortable giving to the client so as to encourage autonomy and not dependence.

Treatment goals by attachment type. Pistole (1989) recommends clients' attachment patterns should be considered during therapy in order to address specific attachment expectations and needs. Clients who are securely attached will have meaningful relationships that can be a support system during a suicide crisis. In this case, a counselor serves as an outside source of support and can work alongside the client's support system to help them cope with the pain. This is not to say that securely attached individuals will never become suicidal, but if they do, their established network can often be used in connection to therapy to ease psycheache and instill hope. An example of a securely attached client may be the young wife who is happily married but after the death of her child begins experiencing suicidal ideation. The security in the relationship between the client and her husband along with support from the counselor can serve as a critical component for the client to process her traumatic grief and provide proximity to support her during a suicide crisis.

Counselors that are working with a client with a dismissing attachment style may be challenged with understanding what the client views as a support system. For example, a client who has perpetually been single or engaged in short-term relationships throughout her or his young adult life may need to connect with her or his counselor in order to experience a secure and collaborative relationship. Though the client may report that her or his current support system is active and present, the client may actually only maintain superficial relationships through internet connections. The counselor may serve as the support system and attachment figure during the course of treatment with the goal of creating a more constructive system of support for future crises. In serving as a support system, it would befall the counselor to help instill hope with the client and to be aware of her or his position as a secure base. Clients with a dismissing attachment style hold a negative view of others so their unmet needs could be related to isolation and distrust. Counselors who understand the knowledge of potential resistance or hostility can use it in treatment as a way to help foster trust in the therapeutic relationship with a client with a dismissing attachment style.

A client with a preoccupied attachment style places high regard on relationships, so a counselor may be challenged with fostering a sense of self and autonomy and not promoting dependence. A client with a preoccupied attachment style may also feel pain associated with the potential loss of a significant other. For example, the client who is facing the end of a long-term relationship may feel pain associated with the loss of self and identity. The client may engage in self-destruction (e.g., substance use or self-mutilation) to punish himself or herself for his or her role in the end of the relationship, to punish the partner, or to simply end the pain of rejection and disappointment. The counselor and the client may need to focus attention on the client's sense of self and how this perception affects not only self-image but also the perception of self within a relationship (i.e., worthiness of having a relationship or types of individuals he or she is choosing as a partner or friend).

Counselors working with clients with a fearful attachment style will be challenged with the client's reluctance to ask for and accept help; it will be important for the counselor to establish trust and assist in creating a functional support system. A client with a negative sense of others may not communicate their problems with a counselor which, often seen as resistance, may mean that there is a serious risk for suicide. In this case, the counselor must make a decision about how to involve significant others to ensure the well being of the client. Counselors must also have a working knowledge of agency protocols, codes of ethics, and state laws to aid them in making what may be a difficult decision to make sure the suicidal client receives help. Because this client may engage in treatment only after it is mandated or "forced," understanding the nature of the client's relationships with anyone who can be of help to her or him is important. The client's acquaintances may see the client as a person who is functioning well because her or his goal has been to survive without the proximity of secure attachments. In contrast to how the client is viewed by her or his peers, the client may be more at risk of substance abuse to aid in "survival." Ultimately, establishing a therapeutic alliance, however tentative, between a counselor and a client who is fearful will be crucial in working through a suicide crisis.

Conclusions and Future Directions

Prior research has reported a strong relationship between suicide and attachment styles (Adam, Sheldon-Keller, & West, 1996; Allen, Huntoon, Fultz, Stein, Fonagy, & Evans, 2001; Diamond, Clarkin, Levine, Levy, Foelsch, & Yeomans, 1999; Gormley, 2004; Lessard & Moretti, 1998; Wright, Briggs, & Behringer, 2005). These existing studies, however, have focused primarily on adolescent, female, and clinical populations. Prior research also has been conducted using psychological autopsies which limits its applicability to suicide prevention efforts (Schneidman, 1996). Future research is needed that focuses on understanding the connection between attachment and suicide in non-clinical popula-

tions. Furthermore, most research on suicidal risk has addressed suicidal behavior only (Adam et al., 1996; Wright et al., 2005). The consideration of suicide-related communication patterns will help inform prevention efforts especially since communication may be among the first warning signs. However, the authors of this manuscript caution that the guidelines presented herein are theoretical and in need of further study. Furthermore, we acknowledge that attachment styles may not be static and that clients do experience changes in the way they view themselves and the world. This model was developed as a set of clinical guidelines, not as a diagnostic tool.

Attachment theory helps to explain individuals' view of self and others and their reactions to perceptions of loss and separation within relationship throughout their life (Bowlby, 1969/1982, 1988; Fraley & Shaver, 1998). Considered together, Bartholomew and Horowitz's (1991) styles of attachment and Shneidman's (1996) psychological suicide risk factors provide an assessment model for counselors to understand clients who are at high risk for suicide based on suicide-related communications and behaviors. Having a working knowledge of attachment and suicide may aid counselors working with clients, but also in identifying risk before any suicide-related behaviors occur. If mental health counselors can apply attachment to suicide risk using this framework to assess and treat their clients, perhaps more suicides can be averted and more lives saved.

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