



### ***Assessing NSSI severity***

1. Assess form a) severity and b) number of forms used either by asking a simply question about the forms used or presenting a list of forms and ask youth to identify forms used. Here are the forms we assess:

- Severely scratched or pinched with fingernails or other objects to the point that bleeding occurs or marks remain on the skin
- Cut wrists, arms, legs, torso or other areas of the body
- Dripped acid onto skin
- Carved words or symbols into the skin
- Ingested a caustic substance(s) or sharp object(s) (Drano, other cleaning substances, pins, etc.)
- Bitten yourself to the point that bleeding occurs or marks remain on the skin
- Tried to break your own bone(s)
- Broke your own bone(s)
- Ripped or torn skin
- Burned wrists, hands, arms, legs, torso or other areas of the body
- Rubbed glass into skin or stuck sharp objects such as needles, pins, and staples into or underneath the skin (not including tattooing, body piercing, or needles used for medication use)
- Banged or punched *objects* to the point of bruising or bleeding
- Punched or banged *oneself* to the point of bruising or bleeding
- Intentionally prevented wounds from healing
- Engaged in fighting or other aggressive activities with the intention of getting hurt
- Pulled out hair, eyelashes, or eyebrows (with the intention of hurting yourself)
- I have never intentionally hurt myself in these ways
- Other: \_\_\_\_\_

\* Note: Asking behavior-based questions in survey format to large youth populations is not advisable.

2. Assess lifetime frequency by (e.g. “Approximately on how many total occasions have you intentionally hurt yourself?”). This can be open ended or scaled such as we have here:

- Only once
- 2-3 times
- 4-5 times
- 6-10 times
- 11-20 times
- 21-50 times
- More than 50 times

### **Characteristics of high severity class:**

- Greater than 11 lifetime incidents
- Use more than 2 forms (often more than 3 forms)
- Use at least one form likely to cause severe tissue damage: cutting or carving the body, burning areas of the body, breaking bones, dripping acid onto skin, and ingesting a caustic substance(s) or sharp object(s)
- Our study found that 42.7% of those who reported SI fell into this class and 71% of these were female.
- This class is more likely than no-SIers to report: suicidality, disordered eating, struggling with other mental health challenges / disorders, and to history of sexual, emotional and/or physical trauma. They are also more likely to have been in therapy or to clearly need therapy.
- Compared to the other SI groups, they are more likely to have friends who self-injure, to show strong habituation (addiction tendencies), and to have hurt themselves more severely than intended.

### **Characteristics of moderate severity class:**

- 2-10 lifetime incidents
- 2-3 forms
- use at least one form likely to cause bruising or light tissue damage such as punching or banging oneself or other objects (with the express intention of hurting the self), sticking sharp objects into the skin (not including tattooing, body piercing, or needles used for medication use), and self-bruising.
- Our study showed that 38% of those who report SI fell into this group and 60% of this group were men
- More likely than non-SIers to report suicidality, disordered eating, emotional abuse, & history of therapy.

### **Characteristics of low severity class:**

- Majority report fewer than 10 lifetime incidents (though about 25% report up to 50 lifetime incidents)
- Vast majority use only one form
- All forms use likely to cause superficial tissue damage such as scratching or pinching to the point that bleeding occurs or marks remain on the skin; intentionally preventing wounds from healing
- Our study showed that 15% of those reporting SI fell into this category; 72% female
- More likely than non-SIers to report suicidality, disordered eating, emotional abuse, & history of therapy (about the same magnitude of risk as moderate lethality class)

Taken from:

Whitlock, J.L., Exner-Cortens, D. & Purington, A. (under review). Validity and reliability of the non-suicidal self-injury assessment test (NSSI-AT).

Whitlock, J.L., Muehlenkamp, J., Eckenrode, J. (2008). Variation in non-suicidal self-injury: Identification of latent classes in a community population of young adults. *Journal of Clinical Child and Adolescent Psychology*. 37(4). 725-735.