

INSTRUCTIONS IN ADMINISTERING  
LIFETIME PARASUICIDE COUNT

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The goal of this interview is to get a lifetime history of parasuicidal behavior that is as detailed and yet as efficient as possible. Statements and questions provided are step off points to which most clients respond easily. Always start with the questions provided. However, rephrasing and/or probing is often required to get the full picture. Your goal is to get what you believe is the right answer not just what the client says. If you are unsure, ask questions to clarify. However, don't probe so much that the client starts making up answers to please you or to get you to back off. If unsure after questioning, make notes where numbers seem unreliable.

**Introduction:**

The introductory text is provided to orient the client to the task. Most clients understand the definition but you may want to add other examples or highlight other distinctions that are relevant to the client. For example, purging is sometimes done to lose weight and other times done to release emotional pain or as self-punishment. The former does not count as parasuicide, the latter does. Similarly, putting your fist through a window to release anger is not a parasuicide; to bash your hand to inflict pain is. Be alert throughout the interview (and based on your history of the client) for areas that may need clarification. Be clear in your mind what is or is not parasuicidal.

**Question 1:**

The question is self-explanatory. However, if they say "no" when you have a reason to believe otherwise, list the methods in Question 5-15 to be sure they understand what is included. Gently confront client with examples you know of from their history (e.g., What about when \_\_\_?)

If truly "no", the interview is obviously complete. (-8 is our code for not applicable and should be written for all remaining items).

**Questions 2-4:**

Fill in date of parasuicide (in \_\_\_/\_\_\_/\_\_\_). If the client does not remember the exact date, use the following rules:

1. If client does not recall the month at all, code July 1 (as midpoint of the year). If the client can recall the season of the year, code the midpoint of the season (e.g. October for Fall). Sometimes relating to holidays helps. Code client's best guess.
2. If no recall of day of month, code 15. If client recalls it was toward beginning of the month, code 1, or the end, code 30.
3. Get clients best guess of year. Often they recall their age better and you have to calculate year from that.

Circle any (and all) parts of date of which client is sure. For example, if client only knows "sometime in 1992", you code 7/1/92 or if it is 1999 and they say "last August", code 8/15/98.

The goal is to get details about some of the more significant parasuicides. You want to encourage them to give you a quick synopsis of method, intent, and consequences. It is also a good place to review precipitants and consequences if you are interested, but the instrument does not code those specifically.

Use the lines provided to write a brief description of the parasuicide. Then code:

- METHOD** by using the item number from page 2 that corresponds to the method described
- INTENT** by circling yes, no, or ambivalent. (Note: Code intent as the subjective conclusion by client (you may need to help client to reach the conclusion by probing). Stay as ambiguous and judgment-free as possible when probing to avoid leading the client. If client can't decide, code ambivalent.
- MEDICAL TREATMENT** circle highest intensity treatment received. (For example, if client admitted to ICU and then to a medical floor, code ICU.) ER or doctor visit implies a medical evaluation or treatment was provided.

Most severe self-harm is defined by the client. It could represent threat to life, amount of treatment required, or amount of pain, etc. (If they offer it, you may want to note why considered most severe in description.)

**Question 5-16:**

The text on the bottom of page 1 provides orientation to page 2. However, you may want to ask each method by first asking how many times in her/his life the client did the method and then dividing that number between (a), (b), and (c).

Code the number of parasuicides by their intent (i.e., (a) to die, (b) ambivalent (see description above), or (c) not to die. Note, (a), (b) and (c) are mutually exclusive and should add up to the total parasuicides by that method across the client's life.

Code in (d) the number of times use of that method led to medical treatment. (Do not include psychiatric treatment.) The issue is severity of the injury caused by the parasuicide as a proxy for the lethality of the behavior and an estimate of treatment cost.

In (e), for each treatment listed, code the number of parasuicides where this was the most intense treatment provided. For example, if a client overdosed 5 times, 2 with no medical treatment, once to the ER stomach pumped sent home, once to ER, then ICU, then medical floor, and once ER to a medical floor. Thus, (d) should be 3, (e) should be doctor/nurse visit 0, ER 1, ICU 1, and medical floor 1. (Only code highest, so ICU supplants medical floor which supplants ER.)

The codes in (e) should total the number in (d).

Question 16:

Describe each "other method", but code total of all methods only (not separate totals for each method).