

INSTRUCTIONS FOR USE OF SUICIDE ATTEMPT SELF INJURY INTERVIEW (SASII-1 9/28/06)

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Introduction

The Suicide Attempt Self Injury Interview (SASII) is used to collect details regarding the time, circumstances, motivations and treatment of each Intentional Self Injury (ISI) that a subject can recollect. Intentional Self Injury (ISI), as measured here, is defined in question S1 of the SASII. The SASII's structure consists of a Dateline, Appendices, Cards and an interview for each ISI episode.

The SASII can either be answered in numerical order (preferred for research) or the interviewer can move freely around within the interview, following subject cues (preferred for clinical use). The phraseology is designed to provide flexibility and aid communication. Data is collected for either a "lifetime" history (as far back as a subject can recall up to the present) or an "interval" history (covering the intervening time between scheduled assessments or some other arbitrary time span determined by the interviewer). Many subjects refer to specific ISI events as "overdose" or "suicide attempt" so terminology reflects their vocabulary.

When a question requests that the interviewer record the subject's response "verbatim", it does not imply that the interviewer should not probe the subject for a more detailed answer or clarify the answer. Instead, the interviewer is encouraged to probe, to clarify and to obtain as detailed of an answer as is necessary for making clinical ratings. For each question that requires an interviewer's rating, the interviewer should base the rating on clinical judgment based on the entire interview, not simply on the subject's verbatim response.

Generally speaking, text that is to be read to the subject is in upper and lower case letters, while instructions to the interviewer or coder are in capital letters. Directions to use "-8" often appear in the interview instructions. "-8" is a code for "Not Applicable."

Vocabulary: An "episode" is the word used to describe a "single event or act" or to describe a "cluster." A "cluster" is a group of "single events/acts." Please see question 3 of the SASII for a complete definition of "clusters." "Cards" refer to attached lists that should be given to the subject according to instructions in the interview.

Question S1.

The interviewer should be thoroughly familiar with the definition of Intentional Self Injury (ISI). Answers should be probed in order to be certain the subject understands what types of behavior the interviewer is inquiring about. The following definitions should be used:

Intentional Self Injury: Any overt, acute, nonfatal self-injurious act where both act and bodily harm or death are clearly intended (i.e., both the behavioral act and the injurious outcomes are not accidental) that results in actual tissue damage, illness, or, if no intervention from others, risk of death or serious injury.

Drugs: Any amount above the prescribed dose plus intent to harm one's self counts as an ISI. This means even taking two pills counts if two is above the prescribed dose and the subject was intending to hurt him/herself (e.g., kill, make sick, cause physiological damage). Drugs or medications must be **INGESTED** to count as an ISI. Therefore, if someone grabs the pills even as the subject was about to put them into his/her mouth, this does **NOT** count. Once the pills are swallowed or if put in mouth but forcibly taken out by someone else, count as an ISI. If drugs are taken simply to obtain a good night's sleep, do not count. Intentional sleep as a consequence counts only if it involves an excessive amount of sleeping (e.g., an entire week-end or much more than the individual's "normal" sleep pattern). Do not count if drugs are taken to get high, feel better or as part of a normal drug abuse pattern (exception for drug abuse would be taking more than one's regular "dose" with the expectation of harm).

Alcohol: Ingested alone, in absence of any other substance, does **NOT** count unless there is clear and incontrovertible evidence, such as a physician's warning, that ingesting that particular amount of alcohol would cause acute harm/death and subject did it knowingly with the intent to hurt him/herself in an acute manner (i.e., drinking with hope of getting cirrhosis of the liver and dying from that would **NOT** count).

Poisoning: Substance must have been **INGESTED**. As with drugs, if someone grabs the poison even as the subject was about to ingest it, this does **NOT** count. Once the poison is swallowed or if put in mouth but forcibly taken out by someone else, count as an ISI. Includes any food/substance subject knows or has been told would cause harm (e.g., a diabetic eating enough sugar to produce a noticeable, negative, immediate physiological response) and which the subject ingests with an intent to cause such harm.

Gunshot: Must have pulled trigger **AND** caused tissue damage, or Russian roulette if certain at least one bullet was present, aimed at body, with clear intent to risk harm.

Cutting: Skin must be broken, not just pushed or rubbed.

Burning Must be some damage to skin other than redness and/or pain. For example, burning arm hair with a lighter that leaves a red mark and causes sunburn like pain for an hour would **NOT** be counted.

Stabbing: To puncture, thrust or drive with a pointed weapon, as opposed to incise, gash or cleave as in cutting

Strangling: Tight enough to cause a physiological reaction such as dizziness, or the act of strangling presents a clear risk of known harm (i.e., if subject has epilepsy).

Hanging: Engaging in the act with intent to harm. Erotic hanging is not counted as an ISI. Putting noose around neck does **NOT** count unless it meets the criteria for strangling above.

- Jumping:** Must be belief or intent to harm. Dangling feet over a bridge or hanging on with hands but not jumping does NOT count.
- Asphyxiation:** Engaged in the act even if it did not cause damage. If subject had set up all necessary equipment, i.e., attached hose to exhaust pipe and turned on motor with nozzle end to mouth but something went wrong (such as the hose melting) this still COUNTS as an ISI.
- Drowning:** Counts if subject engages in act he/she has reason to believe will result in his/her demise whether or not it does. For example, swimming out to the middle of a large lake to drown but being picked up by the Coast Guard would count as would swimming out, turning back when exhausted and having extreme difficulty making it back to shore e.g. continuously sinking beneath water, taking water into lungs and/or attempt results in some physiological damage. Just turning back with no difficulty getting back to shore would NOT be counted.
- Hitting Body** Both intent to harm and noticeable tissue damage (bruise, lump) must be present. Banging fist (hitting/kicking something with a hand) in anger or frustration without any intent to cause harm does NOT count.
- Bulimia** Ordinarily does NOT count, unless there is a clear and convincing reason to believe damage has been done to the body (e.g., throwing electrolytes out of balance) was both the intent and the consequence.
- Stop Eating** Same as above. For example if a subject does not eat for 7 days with intent to cause harm but has no physiological effect such as dizziness, faintness or nausea, then act is NOT counted.
- Stopped needed medical treatments or medications** Ordinarily does NOT count, unless there is clear and convincing reason to believe acute damage to the body was the intent and the consequence. Count as a suicide attempt if there was clear intent to commit suicide and tissue damage or a negative, immediate physiological response was a result. If death is simply being allowed, i.e., the person was stopping medications for reasons other than to die even knowing that death would or could result, then it does NOT count.
- Motor vehicle collision** Vehicle collision must have had a reasonable chance of causing bodily harm.
- Stepping into traffic** Subject must have been hit by a car or situation must be similar to russian roulette if harm was intended but subject was not hit; subject must not have voluntarily left the road before being hit, and cars must have been going fast enough on the road that there would be little chance of avoiding being hit.
- Driving off bridge or cliff** If the car is headed off the road and then subject stops the car for any reason prior to the tires leaving the pavement, the act is NOT counted. However if the car is stopped physically by someone other than the subject (such as the police) it is counted.
- Harming a wound** Must be more than just “playing” with wound, picking at it, making it itch, etc. Must have opened wound and caused further bleeding.
- Other** Only count what would qualify as an ISI by itself. Do not count repetitive behaviors that cause harm but are better accounted for as OCD or other disorders like trichotillomania or skin picking disorders.
Also do NOT count intentionally self harming behavior that is done primarily to procure pain medications, recreational self mutilation (done for fun not in response to emotional pain), sadomasochistic behaviors (done for sexual pleasure not in response to

emotional pain) or self inflicted tattoos & brands (done for fashion/cultural/statement reasons not in response to emotional pain).

Question S2.

This total should include all single events and all events within a cluster. (See Question 3 for definition of clusters.)

Question S3.

S3 is answered by the interviewer at the end of the interview. The response is based on the interviewer's evaluation of the subject's general memory acuity, effects of any medications on subject's memory, inconsistencies noted by interviewer, and the subject's professed difficulties remembering times or details. For example, a subject who brings a calendar documenting all episodes and has a clear memory of each episode would have a higher reliability rating than a subject who was heavily medicated, had no calendar, and could only recall that he/she "overdosed many times."

Question S4.

S4 will equal S2 if all events were single but will be less than S2 when at least some events are clustered. (See Question 3 for definition of clusters.)

Dateline.

The dateline is an extremely brief outline of ISI activity. Only the date, method, whether or not it was a suicide attempt and whether or not any medical treatment was received are recorded on all ISI's done during the time span under inquiry. Details of each ISI are recorded on individual SASII forms. If subject is having difficulty recalling ISI's during the time period, ask the subject to think about the most recent month and then work backwards month by month.

The dateline helps structure what can be a confusing mass of information, especially if a subject's memory is poor or inclined to change. Also, since subjects have difficulty talking about their ISI's, the dateline provides a basis for initiating conversation. Finally, it is useful for checking radical changes, e.g., a subject who had multiple ISI's in a previous time span now states he/she has none to report. By being aware of the previous number of ISI's, the interviewer can probe for the reasons for the abrupt change.

Question 1.

Start with the most recent ISI and work backward in time. This procedure is based on the literature in memory research which suggests that such a procedure will obtain the most detailed and accurate information.

Question 2.

Self-explanatory

Question 3.

#3 is the beginning of detailing each episode. If the subject can remember the specific act, it is considered a single event. If either interviewer or client can distinguish one act from another, whether by time or circumstance, or any other detail, each act is to be rated as a single event. Occasionally a subject cannot clearly recall details of a series of events. If a sequential series of ISI's, suicide attempts, or overdoses are too repetitive or too close together in time to discriminate as separate acts, they should be identified as a cluster. All questions in the SASII must be answered identically about each act in the series in order to be considered a cluster. Thus, clustering is rarely used because subjects can almost always recall some details of an event. It is rare that a series of events are identical. There is usually a difference in location, motivation, severity/frequency, type of medical treatment received, etc.

Isolate and record as separate events any instances wherein:

- a) Subject receives medical treatment
- b) There is a change in severity/frequency of self-harm
- c) There is a change in level of impulsivity or probability of intervention
- d) There is any change in reason(s) for engaging in the act
- e) Subject moves in or out of an inpatient psychiatric unit

- f) Basically, whenever there is any difference in the way any of the questions are answered

When a single event can be distinguished within a long cluster, end the first cluster, record the single event, and begin a second cluster.

If information on a cluster is taken and then the subject remembers details of one act within the cluster, that one act is recorded in detail on a separate SASII form and the previous cluster is broken into two clusters: one cluster prior and one cluster following the single event. Thus, what initially appears to be a cluster often breaks down into separate events as the subject's memory is prodded by the SASII questions. Or a large cluster breaks down into several short clusters interspersed with single events.

The most effective approach to #3 is to talk about single acts unless this becomes impossible, at which point one considers clustering. Probing for medical treatment is often an effective way of identifying single acts which may be separated from what initially appears to be a cluster. To begin with a cluster usually results in some waste of time and backtracking as the interviewer discovers many differences within an assumed "cluster."

When counting up the total number of SASII's in a time period, count each cluster as a single episode. EXAMPLE: 3 single events + 1 cluster of 5 overdoses = 4 SASII's total.

Additional Examples for Determining number of episodes/clusters

If a subject cuts twice in one day because of different triggers, it would be considered two episodes and separate SASII's would be completed for each episode.

If a subject cuts at 11:00 pm due to an argument and then cuts again at 4:00 am due to the same argument, both done with no intent, it would be considered one episode even though it occurred on two different days.

If, in the same scenario above, the 4:00 am act was an overdose with no intent, it would still be considered one episode even though the lethality was more severe than the cutting. In this instance the assessor would code for the highest level of lethality based on all ISI's within the episode.

If a subject tries to hang him/herself with intent but the rope breaks and he/she then cuts with no intent, it would be considered two episodes. If, though, the cutting was also with intent, it would be considered one event with two methods and coded for the highest lethality reached within that episode.

If a subject does not eat for two weeks and has physiological consequences, the episode is considered a single episode and NOT a cluster.

Question 4.

The focus here is on the initiation of the act itself. Falling off a ledge is accidental. Jumping off a ledge is deliberate. Balancing on a ledge on one foot and leaning over the edge hoping to fall is semi-deliberate. Do not infer unconscious motivation; stick to conscious motivation.

Question 5.

Frequencies of ISI acts within a cluster can be determined most easily by averages if the subject does not clearly recall the total number of acts. Did the acts occur on a daily basis? If so, how many times per day? If not daily, how often each week, on the average? The interviewer can then tally the total.

Questions 5a & 5b.

If subject only remembers that the act was at the beginning of the month, enter "1" for the day, if at the middle of the month, enter "15" and if at the end enter "30". For example 01/01/2006 would be an example of a date for the beginning of a month. If the subject doesn't remember the date, but does remember the month, enter "15" for the day. Use the best estimate if the subject is not certain of the month. Asking if it was fall, winter, spring, or summer works as a good time reference.

Question 6.

Work with the client to estimate how accurate the date for that specific event is and record the estimate as a date that is "exact", "within two weeks", "within two months", or a date that could be "anytime in the last year".

METHOD AND MEDICAL RISK OF METHOD

Following question 7 is an **open-ended question** that asks the subject to tell the interviewer about the ISI. This question is designed to provide the interviewer with a general sense about the episode. Since the interviewer will not be coding any variables directly from this question, it is left to the interviewer to determine how much he/she wishes to probe the client for details at this point. If the interviewer already knows something about the ISI (e.g., the interview is being conducted in the emergency room following an overdose), he/she does not even need to ask the question.

Question 7.

Code the PRIMARY method here from the numeric list of methods listed under #7. For example if the primary method was the ingestion of drugs then the code would be **7.2**. If subject has used more than one method, code the more severe method, e.g., if the subject has used drugs and alcohol, generally code for the drugs since drugs are more likely to cause death than alcohol. Similarly if a subject attempts to hang themselves but the rope breaks and they cut afterwards, code hanging as the primary.

Questions 7.1 – 7.17

The codes for recording each method used are the numbers **7.1 – 7.17** in front of each method listed in #7. Specificity is the key to answering these questions.

The questions asking for verification by scars requires the interviewer to note whether or not they can observe scars from the ISI on the subject during the interview.

If two implements from the same category are used to cause harm within the same event or act code the implement that causes the most damage. For example a razor would generally cause more damage than a paper clip or butter knife.

When drugs or alcohol are consumed at the time of an ISI, the details of the amount and type should be noted in the verbatim section of #7, but recorded as an additional method on **7.1** or **7.2** only if they were intentionally part of the means of the ISI.

For SEC's on **7.1** code units of alcohol consumed. One unit of alcohol would be = a 12 oz. beer, 4 oz. wine or wine cooler, 1 oz. hard liquor or 1 standard cocktail.

Question 8.

The interviewer should use strictly the examples written (or methods similar in risk) and not use any personal interpretation of the descriptors "low," "very low", etc. Rate strictly on method alone; do not include information on location of act, other's presence, medical effects, or other aspects of the ISI. Superficial cuts on surface or limbs are cuts that ordinarily would not require sutures. Deep cuts are those that usually would require sutures. If unsure, use lower category.

If a subject drives after an overdose do not code at a higher level, but rate as noted above according to the method alone.

Question 9.

Write in the subject's answer to the open ended question verbatim, then code level of conscious intent to cause self injury based on subjects answer.

Question 10.

The question with options 0-6 should be read to the client verbatim and coded exactly as client answers without any interpretation by the coder.

Question 11.

Give card A to the subject, ask the question and code his/her answers.

Question 12.

To be read verbatim. Some, not all, subjects relate to the idea of attempting suicide without intending to die. For those who do not and resist this question in its entirety, they should be instructed to answer the question as if the phrase "even if you did not really intend to die" were not there.

Question 13

Use the same subject's definition of suicide attempt here as used in question #12. If subject's answer on #13 is different from that on #12, write in what accounts for that change on #13a.

Question 14.

Using all information gathered during the interview (or up to this point if questions asked in sequence) rate the subject's conscious expectation to die.

COMMUNICATION OF SUICIDE INTENT

Question 15.

This question should always be read completely verbatim. The temptations to paraphrase should be avoided strictly as it is easy to leave out key words. A communication of suicide ideation may or may not also be a threat. Code here both non-threatening and threatening communications. Examples of non-threatening direct communications include telling a therapist or relative that one is thinking of suicide when asked directly or saying "I can't stop thinking of killing myself." Examples of non-threatening indirect communications would be saying "I wish I were dead" or saying "I just feel like I can't go on any more.

Question 16.

As in #15, this question should always be read completely verbatim. The temptations to paraphrase should be avoided strictly. A threat is any direct or implied promise of self-injury or suicide or it is any act or statement that gives an appearance of or actually is calculated to instill fear in others that one might self-harm or suicide. It is often accompanied by a hostile tone. An indirect threat would be a statement to a therapist "I just wanted to call to say good-bye" or saying "I can't tell you" when asked why he/she might not come to the next session.

IMPULSIVITY AND PROBABILITY OF INTERVENTION

Question 17.

In addition to asking the question as written, the interviewer must also probe for resistance. Did the subject resist the impulse and, if so, for how long? The difference between an ISI done impulsively with and without overwhelming emotion is the difference between cutting with intense feelings of anger toward the therapist, sadness about ending a relationship, etc. vs. walking past a knife and suddenly having the urge.

Question 18.

The note should be written before or during the ISI and should indicate the subject's wish or intent to die. This item does not include notes which only describe the subject's unhappiness.

Question 19.

Record yes/ no/ somewhat answer verbatim, then record circumstances verbatim. For non-suicidal behavior, "save you" means "stop you".

Question 20.

The interviewer should code strictly according to the examples cited. Avoid interpreting the descriptors "certain intervention," "probable intervention," etc. Probing may be necessary if the interviewer is unfamiliar with the geography or setting referred to by the subject. Asking for more detail, rather than interpreting or assuming, is the correct approach.

If a subject has roommates or family in the same house, says goodnight to them and would not be expected to see them until morning and initiates self harming behavior afterwards, the chance of intervention would be "3" or ambiguous.

LEVEL OF MEDICAL TREATMENT

Question 21.

Give subject card B and probe for a "blow-by-blow" account of events immediately following the ISI. This should include where he/she went, what he/she did, to whom he/she spoke following his/her episode. Number of hours prior to treatment refers to the number of hours between the time the subject intentionally injured him/herself and the time treatment was received. These can also be coded in sequence by time of intervention or assistance.

Question 22.

Record answer verbatim and then code according to subject's answer. The interviewer should code according to the italicized definitions and the examples cited. Avoid interpreting the descriptors "hardly any effect," "moderate effect," etc. Focus instead on the specifics and severity of any physiological effect or damage. If the subject is uncertain about his/her condition, probe more and then code lower category. Medical records can also be used to determine the rating.

Question 23.

Using all information gathered throughout the interview, the interviewer should code for the type of medical treatment received. The interviewer should code the highest level of treatment.

Treatment must occur within 24 hours of an ISI in order to be counted on #23.

Question 24.

Probe the subject's self-report, using answers to previous questions if appropriate, to assess the subject's conscious suicide intent at the time of the ISI. Code from list and describe the reason for rating in 24a.

In order to code a "5", subject must have carefully planned act (at least one day of planning) AND have every expectation of death. If it is an impulsive act with every expectation of death, code a "4".

Question 25.

Code #1 is not ordinarily used because the accidental nature of the behavior would have stopped the interview earlier. However, the code is included if the interview is used with an accidental injury control condition.

Code #2 is also not used for the same reason as above. If used, code here if the injury is due to highly risky behavior, such as subway surfing, drunk driving, jumping off of high bridges for a thrill, etc.

Code #3 is rarely used.

Code #4 is rarely used. An example of when it is appropriate to use this code would be when a subject plans to go out get drunk and black out with the intent of being raped and killed and then does get drunk, blacks out and gets raped, but survives.

Code #9: Self Explanatory

Code #5 - #6: Self Explanatory

Code #7: Use if a subject had no ambivalence

Code #8 is rarely used and should only be coded in instances of near miracle survival following a suicide attempt. For example, when a subject survives after jumping in front of a train, speeding car on the freeway or jumping from a VERY high place or when a subject would not have survived without medical intervention and only got the intervention by a random chance. A good example of this is when a subject is found by a hiker in a remote spot and must be put on a ventilator following an overdose.

Supplemental and Experimental Questions for the SASII

TRIGGERS

Questions 26a & 26b

These questions focus on what precipitated the ISI. Some subjects will not be able to identify anything for # 26. If, after some probing, this is the case write in “no response” and code this item as -8 (non applicable).

Question 27.

This question focuses on what happened in the 24 hours before the ISI. The assessor will hand the subject the list (card D) of antecedents and will ask him/her to say the number of all items that apply. The antecedents don't necessarily have to be previously identified as “triggers” to the ISI. For question 13a write out the demand on the subject and for question 21a write out the negative event.

Question 28.

The intent here is to connect certain behaviors (alcohol, drugs, difficulty sleeping, not getting requested help, overeating & illegal behaviors) to ISI. Thus the effects of alcohol, etc., should be occurring in the 24 hours prior to the ISI. For drugs and alcohol code how much was used, over how many hours it was used and how many hours prior to the self injury the subject stopped using the substance. If alcohol and/or drugs were used as a method of ISI, code "-8" for the respective question(s).

If a subject has used drugs and/or alcohol as a method of ISI in the last 24 hours (an ISI counted on a previous SASII) it would be counted on #28 for the current SASII.

Question 29-30.

The intent of these questions is to assess dissociative experiences surrounding ISI behavior.

Question 31.

Be sure to probe for exactly what the voices were saying.

Question 32.

First determine if pain was experienced. Then, if yes, ask them to rate on the 5 point scale. Code appropriate rating or zero for no pain.

NON-MEDICAL CONSEQUENCES OF SASI

Questions 33.

This question is the same as #21 above with additional people/places listed that the subject may have had contact with. Give subject card C and follow the instructions in #21.

Question 34 (Part A).

For those people/places subject had contact with in #33, rate how helpful each was on the scale given.

Question 34 (Part B).

For those people/places subject had contact with in #21, rate how helpful each was on the scale given.

Questions 35 – 41

Read the question and then read each of the possible responses from 1 to 6, temporarily skipping 3 "No effect or overall neutral effect" and reading that last if subject has not chosen any of the others.

Question 40.

If money is lost from days missed from work then code according to the total cost to the subject.

Subject has no financial effect if parents or charity pay hospital bills. When a parent takes his/her own bankcard away from a subject, it is not considered a financial impairment unless the bankcard is in the subject's name.

Question 42.

This question focuses on what happened to the subject immediately following the ISI. The assessor will hand the subject the list (card E) of events and experiences and will ask him/her to say the number of all items that apply. For those that apply the subject should then be asked to rate to what degree each item occurred on the scale given.

If the subject loses consciousness immediately following their ISI, for example in an auto accident, then he/she should indicate the consequences immediately upon waking up. If, though, the subject recalls a time period after the ISI but prior to losing consciousness, for example after swallowing pills but before blacking out, then the subject should indicate the consequences immediately after the ISI.