

---

Check those that the client reports having done at any time.

**Direct Self-Harm**

- Suicide attempts (e.g., overdose, hanging, jumping from a height, use of a gun)
- Major self-injury (e.g., self-enucleation, auto-castration)
- Atypical self-injury (mutilation of the face, eyes, genitals, breasts, or damage involving multiple sutures)
- Common forms of self-injury (e.g., wrist, arm, and leg cutting, self-burning, self-hitting, excoriation)

**Indirect Self-Harm**

- Substance abuse
  - alcohol abuse
  - marijuana use
  - cocaine use
  - inhalant use (e.g., glue, gasoline)
  - hallucinogens, ecstasy, etc.
  - IV drug use
  - other; specify:
- Eating-disordered behavior
  - anorexia nervosa
  - bulimia nervosa
  - obesity
  - use of laxatives
  - other; specify:
- Physical risk-taking (e.g., walking on a high-pitched roof or in high-speed traffic)
- Situational risk-taking (e.g., getting into a car with strangers, walking alone in a dangerous area)
- Sexual risk-taking (e.g., having sex with strangers, unprotected anal intercourse)
- Unauthorized discontinuance of psychotropic medications
- Misuse/abuse of prescribed psychotropic medications
- Other forms of indirect self-harm; specify:

---

**FIGURE 3.2.** Checklist for direct and indirect self-harm behaviors.

| Name: _____  | Week o : _____ | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|----------------|--------|---------|-----------|----------|--------|----------|--------|
| Category   |                |        |         |           |          |        |          |        |
| Environmental antecedents  |                |        |         |           |          |        |          |        |
| Biological antecedents   |                |        |         |           |          |        |          |        |
| Cognitive, affective, and behavioral antecedents   |                |        |         |           |          |        |          |        |
| Number of wounds   |                |        |         |           |          |        |          |        |
| Start time of SIB episode  |                |        |         |           |          |        |          |        |
| End time of SIB episode  |                |        |         |           |          |        |          |        |
| Extent of physical damage<br>(length, width; were sutures obtained?);<br>(if yes, how many?) |                |        |         |           |          |        |          |        |
| Body area(s)   |                |        |         |           |          |        |          |        |
| Pattern to wounds<br>(yes/no; if yes, type)  |                |        |         |           |          |        |          |        |
| Use of tool<br>(yes/no; if yes, type)  |                |        |         |           |          |        |          |        |
| Room or place of SIB   |                |        |         |           |          |        |          |        |
| Alone or with others during SIB?   |                |        |         |           |          |        |          |        |
| Aftermath of SIB (thoughts, feelings, behaviors)   |                |        |         |           |          |        |          |        |
| Aftermath of SIB (biological elements)   |                |        |         |           |          |        |          |        |
| Aftermath of SIB (events in environment)   |                |        |         |           |          |        |          |        |
| Reactions of others to your SIB  |                |        |         |           |          |        |          |        |
| Comments   |                |        |         |           |          |        |          |        |

**FIGURE 9.1.** Self-Injury Log. SIB, self-injuring behavior.

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Name: \_\_\_\_\_

| Dimension     | Antecedents | SIB events | Aftermath |
|---------------|-------------|------------|-----------|
| Environmental |             |            |           |
| Biological    |             |            |           |
| Cognitive     |             |            |           |
| Affective     |             |            |           |
| Behavioral    |             |            |           |

Rank-order in each column the item that had the strongest role in producing or reinforcing the self-injury: 1 = most important; 2 = very important; 3 = moderately important; 4 = somewhat important; 5 = least important.

**FIGURE 9.2.** Brief Self-Injury Log.

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**Baseline data (frequency of self-injury):**

**Goal (reduced frequency of self-injury):**

**Skills to be used in place of self-injury:**

- 1.
- 2.
- 3.
- 4.

**Reward for reaching goal:**

**Commitment:**

Signature: \_\_\_\_\_

Witness (therapist, counselor, etc.): \_\_\_\_\_

Date: \_\_\_\_\_

For the time period of \_\_\_\_\_ to \_\_\_\_\_

---

**FIGURE 10.2.** Self-Protection Contract.

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I, \_\_\_\_\_, have been cutting myself about 2 or 3 times per month recently and want to stop. I realize that cutting indicates disrespect for myself and my body. I want to learn to respect and love myself for who I am. I promise not to cut myself over the next week. I will report on my progress at my next therapy appointment on Wednesday.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Time period: \_\_\_\_\_ to \_\_\_\_\_

---

**FIGURE 10.4.** Safety Contract.

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---

Name: \_\_\_\_\_

Week of: \_\_\_\_\_

---

| Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|------|-------|------|--------|------|------|------|
|------|-------|------|--------|------|------|------|

---

\*Type of breathing

---

Location

---

Length of practice

\*\*Subjective units of distress  
(SUDs  
0–10)

---

\*Type of breathing: “I am here . . . I am calm”

Counting 1 through 10 when breathing out

“Letting go of X . . . ” breathing

Other

\*\*Note: 0 = the most relaxed you’ve ever been; 10 = the most distressed you’ve ever been; 5 is in the middle. Please rate yourself at both start and finish of the mindful breathing practice.

---

### **FIGURE 11.1. Mindful Breathing Tracking Card.**

---

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Name: \_\_\_\_\_

| Dimension     | Antecedents | Skills employed | Aftermath |
|---------------|-------------|-----------------|-----------|
| Environmental |             |                 |           |
| Biological    |             |                 |           |
| Cognitive     |             |                 |           |
| Affective     |             |                 |           |
| Behavioral    |             |                 |           |

**FIGURE 11.2.** Brief Skills Practice Log.

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---

## 1. Situation

Ask yourself, "What happened that made me upset?" Write down a brief description of the situation.

**Situation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Feeling

Circle your strongest **feeling(s)**:

Fear/Anxiety

Sadness/Depression

Guilt/Shame

Anger

## 3. Thought

Ask yourself, "What am I thinking that is leading me to feel this way?" You may identify more than one thought related to the feeling. Write down your thoughts below, and circle the thought most strongly related to the feeling.

**Thoughts:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are these thoughts **Common Styles of Thinking?** If yes, circle which one(s).

All-or-Nothing

Emotional Reasoning

Overgeneralizing

Overestimation of Risk

Must/Should/Never

Self-Blame

Catastrophizing

Mental Filter

**Belief rating:** How accurate is the thought? \_\_\_\_\_ (0 = definitely untrue, 100 = definitely true)

**Distress rating:** How upsetting is the thought? \_\_\_\_\_ (0 = not upsetting, 100 = extremely upsetting)

## 4. Evaluate Your Thought

Ask yourself, "What evidence do I have for this thought?" "Is there another way to look at this situation?" "How would someone else think about this situation?" Write down the answers that *do* support your thought and the answers that *do not* support your thought.

(cont.)

**FIGURE 12.3.** Five-Step Worksheet.

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Things that DO support my thought: \_\_\_\_\_

---

---

Things that DO NOT support my thought: \_\_\_\_\_

---

---

## 5. Take Action!

Considering all the evidence FOR and AGAINST your thought, now how accurate do you believe your thought is?

**Belief rating:** \_\_\_\_\_ (0 = definitely not accurate, 100 = definitely accurate)

Does the evidence completely support the thought? Is your belief as strong as before? (Step 3)

**YES**, the evidence *does* support my thought; my belief is just as strong as before.

**NO**, the evidence does *not* completely support my thought; my belief is lower than before.

**If the evidence does NOT completely support your thought**, come up with a new thought that is supported by the evidence. These thoughts are usually more balanced and helpful. Write your new, more helpful thought in the space below. And remember, when you think of this upsetting situation in the future, replace your unhelpful automatic thought with your new, more accurate thought.

New Thought: \_\_\_\_\_

---

---

**Belief rating:** How accurate is the new thought? \_\_\_\_\_ (0 = definitely not accurate, 100 = definitely accurate)

**Distress rating:** How upsetting is the new thought? \_\_\_\_\_ (0 = not upsetting, 100 = extremely upsetting)

**If the evidence DOES support your thought**, decide what you need to do next in order to deal with the situation. Ask yourself, “Do I need to get more information about what to do?” “Do I need to get some help?” “Do I need to take steps to make sure I am safe?” Write down the steps of your action plan for dealing with the upsetting situation.

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
- 

**FIGURE 12.3.** (cont.)

---

## APPENDIX A

---

# Breathing Manual

This manual presents a number of breathing techniques that can be used to manage distress and eliminate self-injury. The examples come from different traditions, including psychology, psychotherapy, social work, and Buddhist meditation. The first five techniques are simpler; after that, the different types of breathing are listed in no particular order. The suggestion is to find a few that are comfortable and useful, and to practice those frequently. None will work without practice; all can be helpful tools in reducing and eliminating self-harm behaviors. For all the techniques, it is best to practice for at least 20 minutes three times a week to achieve a beneficial effect.

Thich Nhat Hanh (1991) has said:

While we practice conscious breathing, our thinking will slow down, and we can give ourselves a real rest. Most of the time, we think too much, and mindful breathing helps us to be calm, relaxed and peaceful. It helps us stop thinking so much and stop being possessed by sorrows of the past and worries about the future. It enables us to be in touch with life, which is wonderful in the present moment. (p. 11)

Nhat Hanh (1991) has also stated:

Our breathing is the link between our body and our mind. Sometimes our mind is thinking of one thing and our body is doing another, and mind and body are not unified. By concentrating on our breathing, “In” and “Out,” we bring body and mind back together, and become whole again. Conscious breathing is an important bridge. (p. 9)

## BREATHING TECHNIQUES

### *“In . . . Out” Breathing*

As you breathe in, say “in” inside your mind; as you breathe out, say “out” inside your mind. Continue for several minutes.

*Comment:* This simplest of breathing exercises appeals to many as an introduction to mindful breathing. Its simplicity can also be its weakness, because attention may wander. This technique is especially useful for cognitively limited individuals who have trouble remembering more complex techniques. However, people of all abilities have used this technique effectively.

### *“I Am Here . . . I Am Calm”*

This breathing exercise requires some explanation. “I am here” is shorthand for the longer sentence “I am here in the present moment without judgment.” This sentence means “As I am breathing, I am not thinking about the past, and I am also not anticipating the future; I’m residing in the present moment.” “Without judgment” means “I am suspending judgment right now about myself and others. I am taking a complete break, a vacation, from criticizing myself and other people.” With this exercise, as you breathe in, you say to yourself, “I am here.” As you breathe out, you say, “I am calm.”

*Comment:* For whatever reason, this breathing exercise is the all-time favorite of clients at my agency, The Bridge. I believe people like it because it conveys the essence of mindfulness in a brief, concise way. It is complex enough to hold a client’s attention and meaningful enough to foster conviction.

### *1 through 10 Exhale Breathing*

As you breathe in, focus on the physical sensation of breathing; as you breathe out, say “1.” Next, as you breathe in, focus on your breath again, and as you breathe out, say “2.” Continue in this manner up to 10, counting only on the exhalations. When you reach 10, return to 1. If you lose count or go beyond 10, return to 1 and start over.

*Comment:* This is a good alternative introductory exercise to “in . . . out” breathing. It is more complex and requires more attention; however, it is still quite simple and easily remembered. This technique is 2,500 years old and is often the first one taught in various traditions of meditation.

### *1 through 10 Inhalation and Exhalation Breathing*

Start with 1 on the inhalation and continue with 2 on the exhalation, alternating up to 10. Then continue the breathing in reverse: 9 on the inhalation, 8 on the exhalation, back down to 1 and then up again, and so on.

*Comment:* Many people like this exercise because of its soothing up-and-down rhythm. It is complicated enough to hold a client's attention, but simple enough to support relaxation.

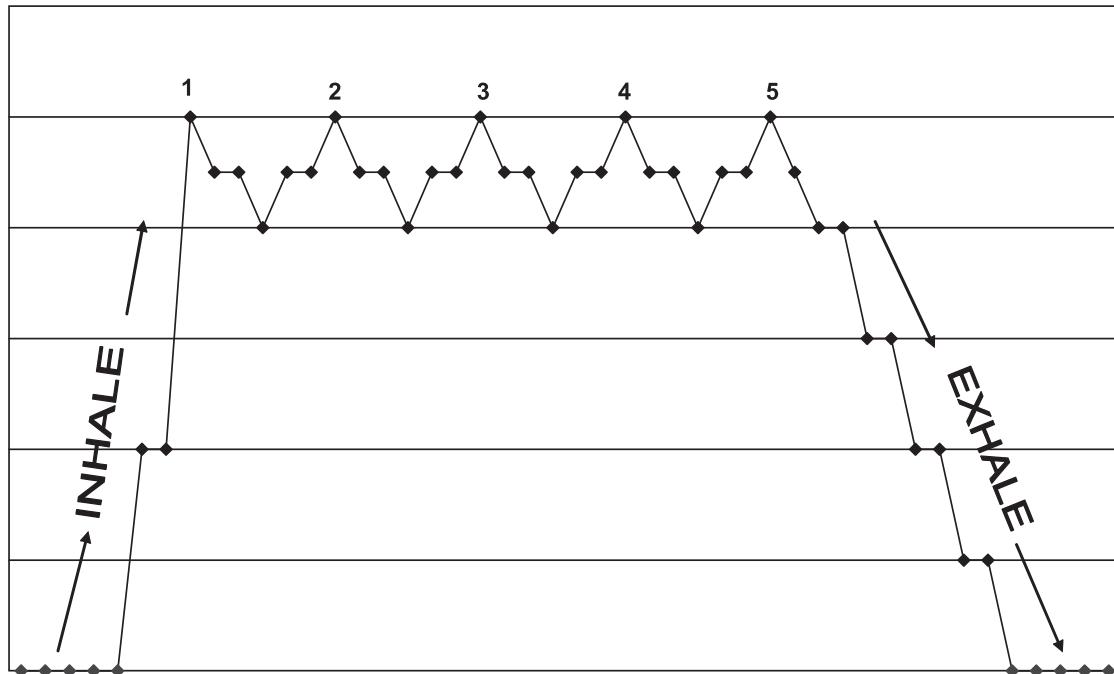
### *Deeper Breathing*

Most of us breathe throughout the day in a fairly shallow way, using only a modest percentage of lung capacity. This exercise involves intentionally deepening the breath. Taking deeper breaths in a calm manner increases relaxation. Alertness is also enhanced as more oxygen reaches the brain. Begin by focusing on your breath. Deliberately slow down the breath and make your in-breath fuller. Next, as you breathe out, do so more fully; deliberately expel more of the air from your lungs than you typically do. As you practice this exercise, find a comfortable new rhythm for breathing deeply.

*Comment:* Some people can end up light-headed with this type of breathing. Return to typical "shallow" breathing if you start to feel any shortness of breath or other discomfort. With practice, a good rhythm can be found.

### *Bamboo Breathing*

To learn bamboo breathing, see Figure A.1. This breathing technique comes from Sekida (1985). It is called "bamboo breathing" because bamboo grows in



**FIGURE A.1.** Bamboo breathing.

clearly delineated sections, as shown in the figure. The horizontal lines on the chart represent brief pauses in breathing. The long diagonal lines represent long, deep breaths; the short diagonal lines represent short, shallow breaths. More specifically, the breathing begins with two long in-breaths and is followed by two brief out-breaths, then two brief in-breaths. This occurs for five cycles, concluding with four long out-breaths.

*Comment:* This exercise is complex and requires a good memory and concentration to complete and repeat successfully. People who have persistent trouble with becoming distracted find this exercise quite helpful. When you are first learning bamboo breathing, it may be necessary to look at the diagram.

This exercise can be too difficult for some. Others initially may find themselves gasping for breath if they are unable to establish a good rhythm. Return to typical, comfortable breathing if you experience shortness of breath or other discomfort. In general, people who smoke heavily or who have asthma may have trouble with more complex breathing techniques.

### ***“Breathing In, I Calm My Body; Breathing Out, I Smile”***

This is another breathing exercise from Nhat Hanh (1991). Say, “Breathing in, I calm my body; breathing out, I smile” recurrently.

*Comment:* Nhat Hanh states that smiling relaxes all the muscles in the face, and he recommends it for this reason.

### ***“Letting Go of . . . ” Breathing***

As you breathe in, say, “Mindfully breathing.” As you breathe out, say, “Letting go of X . . . ” (insert for X whatever you’d like to have less of, such as anxiety, tension, anger, judgments, memories, perfectionism, etc.). You can select one thing to let go of and say that recurrently, or you can let go of different emotions with each successive out-breath. The idea is not to “drive out” or forbid any thoughts or feelings, but rather to notice them and then let them go on their way.

*Comment:* Many individuals identify this exercise as a favorite way to release unwanted, persistent negative thoughts or feelings.

### ***“Cultivating X . . . ” Breathing***

This exercise is similar to “letting go of X . . . ” breathing, but instead of letting go, you “cultivate” something positive (patience, calmness, relaxation, mindfulness, compassion, etc.). In this case, breathe *out* as you say, “Cultivating,” and breathe *in* as you say, “Patience” (or whatever you are cultivating). The metaphor is that as you breathe in, the desired state is entering your body and increasing.

*Comment:* It's usually better to teach this technique after the preceding one, "letting go of X . . ." breathing.

### ***"Letting Be, Letting Go" Breathing***

This form of breathing comes from Kabat-Zinn (1990). It is designed to assist in dealing with emotions as they emerge. As you become aware of feelings, you say internally:

On the in-breath: "Seeing [insert the relevant feeling—e.g., anger, anxiety]."

On the out-breath: "Letting be."

On the in-breath: "Seeing [insert the same feeling name]."

On the out-breath: "Letting go."

*Comment:* This exercise conveys a fundamentally important message about psychotherapy and mental health. Over the course of therapy (and in life in general), feelings must be encountered and experienced (letting them be). They cannot just be negated, ignored, or repressed. Such a strategy never works; the feelings just return to haunt us. However, at some point, after fully experiencing the feelings, we also need to let them go.

### ***Wave Breathing***

This form of breathing was also inspired by Kabat-Zinn (1990). In his "Guided Mindfulness Meditation" recording, he uses the phrase "riding the wave of the breath." I found this phrase suggestive and used it to create a visualization. As you breathe in, imagine the ocean gently lapping on the beach; as you breathe out, the ocean gently recedes. In imagining the ocean's movement, you can include sight, sound, smell, and touch.

### ***Pleasant-Word Breathing***

Select a word that appeals to you, and repeat it each time you exhale. A colleague of mine, perhaps uniquely, likes the word "onomatopoeia." Others have selected such words as "calm," "ocean," "peaceful," "soothing," "relax," and the like.

### ***Breathing with Tapping***

Some prefer to make breathing a more active, tactile experience. One way to do this is to tap your left finger gently on your left leg as you breathe in, and tap

your right finger on your right leg as you breathe out. Decide on a rhythm of tapping that is comfortable for you.

### *Raised-Arm Breathing*

A variation of breathing with movement involves sitting with an arm comfortably resting on each leg, with the fingertips near the knees. As you inhale, slowly raise both arms up to a comfortable position close to the shoulders; as you exhale, return the arms and hands to your legs. Repeat.

### *Body Scan Breathing*

This is a type of breathing that involves progressive body awareness. I learned it from Issho Fujita, a Soto Zen priest. Begin by bringing your attention gently to the areas of your body that are supported by the chair, floor, or cushion. After noticing these sensations, turn your attention to where your feet and legs are supported. After several minutes, shift your attention to focusing on the rise and fall of the abdomen with each in-breath and out-breath. After several more minutes, turn your attention to the rise and fall of the upper chest with each in- and out-breath. After several minutes, bring your attention to the nostrils, and become aware of the air going in and out with each breath. You may notice that the air is cooler going in and warmer going out. After several minutes, turn your attention to the full body. Imagine that a single membrane surrounds your body. Imagine that your body is a single cell, a one-celled amoeba. Become aware of the full body. After several minutes of this focusing, the exercise concludes.

*Comment:* This technique is good for physical grounding. It is especially helpful for those who are easily distracted, because it provides multiple steps on which to focus.

### *Pause Breathing*

In this exercise, you begin by finding a comfortable rhythm of deeper breathing (see above). Once you have this rhythm, concentrate on the gap or pause between the end of the inhalation and the beginning of the exhalation. It is often helpful to deliberately extend the pause beyond its usual length.

Some suggest that this brief moment between breaths symbolizes a break in the constant striving for survival (e.g., taking in oxygen, food, information, expelling carbon dioxide, producing work, speaking to others). It represents an interlude from the effort of balancing inner and outer worlds.

*Comment:* This type of breathing can produce some unusual thoughts, feelings, or insights. However, some find it initially difficult to locate or hold the pause.

## *Walking Meditation*

Nhat Hanh (1975) strongly recommends walking meditation as a complement to meditative breathing in a seated position. Walking meditation involves walking at a slower-than-usual pace. It also entails focusing on the breath as your body moves through its paces. One way to do walking meditation is to place your right hand on your sternum in a fist with your thumb tucked inside. Then place your left hand over the right, covering it (Issho Fujita, personal communication). As you begin walking, extend your left leg very slowly, touching down first on the heel. Focus quite deliberately on the physical sensations in your leg and foot. Continue focusing as you gradually shift your weight first to the instep, then to the ball of the foot, and finally to the toes of the left foot. Continue for the right leg, foot, and toes. After several moments, a rhythm is established.

As you are walking, it is useful to synchronize your breath with your steps. One way to do this is to take one step for each in-breath and out-breath. However, you should discover your own natural synchrony.

## *Stoplight or Telephone Breathing*

Nhat Hanh (1975) suggests using stoplights or ringing phones as meditation bells that signal brief moments of mindful breathing. This is an excellent way to build some self-soothing and mindful concentration into daily activities.

## *Return-to-Health Breathing*

The late psychologist Cindy Sanderson once taught this type of breathing at an intensive DBT training. She reported learning it when she was being treated for cancer. She has since died from a recurrence of the disease, making the second half of the mantra all the more meaningful.

In-breath: “Let me be one with the heart.”

Out-breath: “Let me be healed.”

In-breath: “Let me be free from suffering.”

Out-breath: “Let me be at peace.”

*Comment:* Repetitive phrases, sometimes referred to as “mantras,” are part of many mindful breathing and meditative exercises. They are both relaxing and focusing.

## *Empty-Mind Breathing*

This technique is generally for those with more experience in mindful breathing. As you focus on your breathing, try to think of absolutely nothing. Release

all thoughts, feelings, memories, images, anticipations, sensations. Do and think of nothing.

*Comment:* To get to the point of an empty mind, you may have to breathe mindfully for extended periods of time.

### ***Distress Tolerance Breathing***

Derived from Nhat Hanh (1991), this exercise seems very consistent with the concept of “distress tolerance” from DBT (Linehan, 1993b). The instructions are to say the following to oneself:

“Breathing in, I’m aware of my anger [or whatever feeling].”  
“Breathing out, I’m aware of my anger.”  
“Breathing in, I sit with my anger.”  
“Breathing out, I sit with my anger.”  
“Breathing in, I know my anger will pass.”  
“Breathing out, I know my anger will pass.”  
“Breathing in, I will transform my anger into something positive.”  
“Breathing out, I will transform my anger into something positive.”

*Comment:* As with other exercises, this one can be modified to meet the needs of each individual (simplified, shortened, extended, etc.).

### ***Breathing Retraining***

This technique is used by Foa and colleagues (Foa & Rothbaum, 1998; Meadows & Foa, 1998) in their treatment of trauma survivors.

As you inhale slowly, you count (silently) to 4. As you exhale slowly, you say the word “calm” or “relax” in a long, drawn-out fashion—for example, “caaalllmmmm.” When the breath is fully exhaled, you pause and count to 4 before inhaling again. Then repeat for at least 10 minutes. This technique is designed to help manage anxiety, calm the body physiologically, and teach mastery over unpleasant emotions.

### ***“White Light, Black Smoke” Breathing***

I learned this technique from the Venerable Lobsang Phuntsok, a Tibetan monk. As you breathe in, imagine a column of white light entering your body and purifying and cleansing your thoughts, feelings, habits, and behaviors. Then as you breathe out, envision black smoke leaving your body. This black smoke carries with it all the toxins, negative thoughts, judgments, feelings, behaviors, and habits. This exercise can be simplified by saying to yourself, as you breathe

in, “White light, compassion,” and as you breathe out, “Black smoke, anger” or “judgments” or “frustration.” Phuntsok emphasizes that it is important to visualize the light entering the body and the black smoke exiting the lungs as vividly as possible.

*Comment:* The metaphoric images of “white light” and “black smoke” are especially evocative and therefore appeal to many.

### ***“This Too Shall Pass” Breathing***

As you breathe in, say, “This too,” and as you breathe out, say, “shall pass.”

### ***Just Breathing***

With practice, you may find that you get to the point where you just breathe. There is no need for counting, words, phrases, sentences, images, or other techniques. You focus on the breath and just breathe.

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## APPENDIX B

### Body Attitudes Scale (BAS)

This questionnaire concerns body image and satisfaction. Please write the appropriate number on the line next to each question.

| 1<br>Strongly<br>disagree | 2<br>Disagree | 3<br>Neither agree<br>nor disagree | 4<br>Agree | 5<br>Strongly agree |
|---------------------------|---------------|------------------------------------|------------|---------------------|
|---------------------------|---------------|------------------------------------|------------|---------------------|

- 1. Most people find me attractive.
- 2. I try never to do anything that threatens my health.
- 3. Sometimes I feel disconnected from my body.
- 4. Most days I feel physically sick.
- 5. I am good at most sports activities.
- 6. I often seem to damage my health without meaning to.
- 7. Everyone deserves to have sexual pleasure.
- 8. I am not a good-looking individual.
- 9. I have never had the experience of feeling outside my body.
- 10. Good health is one of the most important things in my life.
- 11. Sometimes my body feels out of control.
- 12. I do not have good physical endurance.

- 13. I take care of myself when I feel sick.
- 14. My body is sexually appealing.
- 15. Sometimes my body feels like an enemy.
- 16. I hate being touched by others.
- 17. I am currently at an attractive weight.
- 18. I like my looks just the way they are.
- 19. I can imagine having a satisfying sex life in the future.
- 20. Most of the time when I look in the mirror, I feel ugly.
- 21. I would prefer to live without a body.
- 22. I like the idea of having a physically mature body.
- 23. I enjoy being sexually aroused.
- 24. I liked my body much better before it matured.
- 25. I am not a physically coordinated individual.
- 26. I am presently at a healthy weight.
- 27. I have to work hard to make myself attractive to others.
- 28. Sexual experiences give me pleasure.
- 29. My looks often disgust me.
- 30. People consider me a very good athlete.
- 31. I frequently wish I were more sexually attractive.
- 32. I often feel at war with my body.
- 33. I am physically ill more often than I am well.
- 34. I prefer to avoid sexual experiences.
- 35. I feel that my body is strong.
- 36. I think of myself as sexually appealing.

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## APPENDIX C

# Clinical Scales to Assess Self-Injury

### FUNCTIONAL ASSESSMENT OF SELF-MUTILATION (FASM)

A. In the *past year*, have you engaged in the following behaviors to *deliberately harm yourself* (check all that apply)

|   | No | Yes | How many times? | Have you gotten medical treatment? |
|---|----|-----|-----------------|------------------------------------|
| 1. cut or carved on your skin   |    |     |                 |                                    |
| 2. hit yourself on purpose  |    |     |                 |                                    |
| 3. pulled your hair out   |    |     |                 |                                    |
| 4. gave yourself a tattoo   |    |     |                 |                                    |
| 5. picked at a wound  |    |     |                 |                                    |
| 6. burned your skin (i.e., with a cigarette, match or other hot object) |    |     |                 |                                    |
| 7. inserted objects under your nails or skin                            |    |     |                 |                                    |

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|  | No | Yes | How many times? | Have you gotten medical treatment? |
|--|----|-----|-----------------|------------------------------------|
| 8. bit yourself (e.g., your mouth or lip)                  |    |     |                 |                                    |
| 9. picked areas of your body to the point of drawing blood |    |     |                 |                                    |
| 10. scraped your skin                                      |    |     |                 |                                    |
| 11. “erased” your skin                                     |    |     |                 |                                    |
| 12. other: _____   |    |     |                 |                                    |

**B. If not in the past year, have you EVER done any of the above acts?**

Yes

No

*If yes to any of the above behaviors in the past year, please complete the questions (C–H) below:*

**C. While doing any of the above acts, were you trying to kill yourself?**

Yes

No

**D. How long did you think about doing the above act(s) before actually doing it?**

none

“a few minutes”

<60 minutes

>1 hour but <24 hours

more than 1 day but less than a week

greater than a week

**E. Did you perform any of the above behaviors while you were taking drugs or alcohol?**

Yes

No

**F. Did you experience pain during this self-harm?**

- severe pain  
 moderate pain  
 little pain  
 no pain

**G. How old were you when you first harmed yourself in this way? \_\_\_\_\_**

**H. Did you harm yourself for any of the reasons listed below? (check all reasons that apply):**

| 0<br>Never   | 1<br>Rarely | 2<br>Some | 3<br>Often |
|--|-------------|-----------|------------|
| Reasons:   | Rating      |           |            |
| 1. to avoid school, work, or other activities                              |             |           |            |
| 2. to relieve feeling “numb” or empty                                      |             |           |            |
| 3. to get attention  |             |           |            |
| 4. to feel something, even if it was pain                                  |             |           |            |
| 5. to avoid having to do something unpleasant you don’t want to do         |             |           |            |
| 6. to get control of a situation   |             |           |            |
| 7. to try to get a reaction from someone, even if it’s a negative reaction |             |           |            |
| 8. to receive more attention from your parents or friends                  |             |           |            |
| 9. to avoid being with people  |             |           |            |
| 10. to punish yourself   |             |           |            |
| 11. to get other people to act differently or change                       |             |           |            |
| 12. to be like someone you respect   |             |           |            |
| 13. to avoid punishment or paying the consequences                         |             |           |            |
| 14. to stop bad feelings   |             |           |            |
| 15. to let others know how desperate you were                              |             |           |            |

| <b>Reasons:</b>                                       | <b>Rating</b> |
|---|---------------|
| 16. to feel more a part of a group                    |               |
| 17. to get your parents to understand or notice you   |               |
| 18. to give yourself something to do when alone       |               |
| 19. to give yourself something to do when with others |               |
| 20. to get help                                       |               |
| 21. to make others angry                              |               |
| 22. to feel relaxed                                   |               |
| 23. other:  |               |

Thank you for your responses!

## ALEXIAN BROTHERS URGE TO SELF-INJURE SCALE (ABUSI)

The questions below apply to *the last week*. Place an “X” in the box next to the most appropriate statement.

- 1. How often have you thought about injuring yourself or about how you want to injure yourself?**
  - Never**, 0 times in the last week
  - Rarely**, 1–2 times in the last week
  - Occasionally**, 3–4 times in the last week
  - Sometimes**, 5–10 times in the last week, or 1–2 times a day
  - Often**, 11–20 times in the last week, or 2–3 times a day
  - Most of the time**, 20–40 times in the last week, or 3–6 times a day
  - Nearly all of the time**, more than 40 times in the last week, or more than 6 times a day.

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**2. At the most severe point, how strong was your urge to self-injure in the last week?**

- None at all.
- Slight, that is, a very mild urge.
- Mild urge.
- Moderate urge.
- Strong urge, but easily controlled.
- Strong urge, but difficult to control.
- Strong urge and would have self-injured if able to.

**3. How much time have you spent thinking about injuring yourself or about how you want to injure yourself?**

|                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| None.                    | Less than<br>20 min.     | 21–45<br>min.            | 46–90<br>min.            | 90 min<br>to 3 hrs.      | 3–6<br>hrs.              | More than<br>6 hrs.      |

**4. How difficult was it to *resist* injuring yourself in the last week?**

|                            |                             |                          |                          |                          |                          |                              |
|----------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |
| Not<br>difficult<br>at all | Very<br>mildly<br>difficult | Mildly<br>difficult      | Moderately<br>difficult  | Very<br>difficult        | Extremely<br>difficult   | Was not<br>able to<br>resist |

**5. Keeping in mind your responses to the previous questions, please rate your *overall average* urge or desire to injure yourself in the last week.**

- Never thought about it and never had the urge to self-injure.
- Rarely thought about it and rarely had the urge to self-injure.
- Occasionally thought about it and occasionally had the urge to self-injure.
- Sometimes thought about it and sometimes had the urge to self-injure.
- Often thought about it and often had the urge to self-injure.
- Thought about self-injury most of the time and had the urge to do it most of the time.
- Thought about self-injury nearly all the time and had the urge to do it nearly all the time.