

School of Population Health

Faculty of Health Sciences

Non-Suicidal Self-Injury and Perfectionism

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Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

The research presented and reported in this thesis was conducted in accordance with the National Health and Medical Research Council National Statement on Ethical Conduct in Human Research (2007) – updated March 2014. The research studies received human research ethics approval from the Curtin University Human Research Ethics Committee (EC00262), Approval Numbers HRE178/2015, HRE62/2016, RDHS-236-15, HR133/2014, HRE2018-0536, HRE2019-0065, and HRE2019-0112.

Signature:

Date: 26th January 2022

Acknowledgement of Country

I acknowledge that Curtin University works across hundreds of traditional lands and custodial groups in Australia, and with First Nations people around the globe. I wish to pay our deepest respects to their ancestors and members of their communities, and past and present leaders. Our passion and commitment to work with all Australians and peoples from across the world, including our First Nations peoples are at the core of the work we do, reflective of our institutions' values and commitment to our role as leaders in the Reconciliation space in Australia.

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List of Publications

Journal Articles

* denotes articles included in the thesis

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Extended Abstract

Non-suicidal self-injury (NSSI) is a clinically significant behaviour that involves damage to one's body tissue without intent for suicide, with the most common reason for engaging in NSSI to regulate intense or unwanted emotions. Given the complex interplay between cognition and emotion in the human experience, understanding the cognitive factors associated with NSSI may improve our understanding of why an individual may initiate and continue with this behaviour. Emerging evidence indicates that one such cognitive process associated with NSSI is perfectionism, although how NSSI and perfectionism are related is still unclear. Perfectionism is a transdiagnostic process known to predispose and maintain a range of psychological symptoms, including depression, anxiety, and other psychopathologies. The aim of this PhD was to explore potential mechanisms by which perfectionism may be related to engagement in self-injury by considering additional cognitive processes (e.g., allocation of attention to emotional stimuli) that are common to both experiences. This was achieved in four studies, described below.

The first study ($N=711$) was an evaluation of the psychometric properties of common measures of perfectionism to contribute to our understanding of these variables in the context of self-injury and inform the selection of tools for subsequent studies. This study evaluated model fit and measurement invariance of two common measures of perfectionism between subsamples with, versus without, a history of NSSI. The findings of this study suggest that the brief form of the Frost Multidimensional Perfectionism Scale may reliably be used to estimate group differences in the context of NSSI, in either a two-factor structure (perfectionistic strivings and evaluative concerns) or a bifactor structure with a general factor of perfectionism and two specific factors (perfectionistic strivings and evaluative concerns). Surprisingly, the Clinical Perfectionism Questionnaire was not a suitable fit to the data and requires further validation.

In the second study ($N=1519$), the psychometric properties of three common measures of rumination were similarly evaluated in terms of baseline model fit and measurement invariance between subsamples with, versus without, a history of NSSI. This study indicated that individual differences on the Ruminative Thought Style Questionnaire and Repetitive Thinking Questionnaire reflect genuine differences in rumination between people with and without a history of NSSI, while evidence of differential item functioning suggested that research using the Ruminative Responses Scale should be considered with caution.

The third study ($N=468$) tested a path model that integrated perfectionism and attention variables with an existing theoretical model of self-injury (the Emotional Cascade Model). Attentional control was revealed as a moderating factor in a model that supported the role of perfectionism in increasing odds of having engaged in self-injury both directly and indirectly through rumination and negative affect. Specifically, perfectionism was associated with increased emotional cascades of rumination and negative affect and thereby increased odds of NSSI, and the relationship between perfectionism and rumination was stronger for individuals with greater ability to focus their attention.

The fourth and final study ($N=253$) expanded upon the previous findings by experimentally investigating how behavioural measures of biased attention to emotional stimuli may be related to self-injury and perfectionism. This study involved a modified dot-probe task to assess patterns of biased attentional engagement and disengagement from positive and negative emotional stimuli that varied in perfectionism relevance (either relevant or irrelevant). For individuals with a history of NSSI, there was an interaction between perfectionism and attention bias scores for both trial type (engagement vs disengagement) and stimulus emotional valence (positive vs negative). These findings indicate that amongst those who have a history of NSSI, elevated perfectionism is associated with differences in biased attention. Individuals with a history of NSSI and elevated perfectionism exhibit speeded

responding to and disengagement from emotional stimuli (both positive and negative). Furthermore, individuals with a history of NSSI and elevated perfectionism were slower to respond to positive stimuli, and faster to negative stimuli.

Across these studies, the findings confirm that perfectionism is salient for those who engage in self-injury and that the relationships between perfectionism and self-injury can be understood in the context of our existing knowledge of both constructs. These findings suggest that there may be underlying differences in the ways that individuals who self-injure allocate their attention, although further work is needed to understand the nuances of these differences. I suggest that understanding cognitive-emotional processes such as perfectionism, rumination, and attention to emotional stimuli may help to provide further information about the experience of self-injury and highlight possible avenues for psychological support.

Author's Note

This thesis is presented in a hybrid format, which includes papers that have been submitted or accepted for publication. As these chapters are standalone manuscripts, there is some inevitable repetition throughout the thesis, particularly when describing the background and rationale for each paper. Considering this, effort has been made to reduce repetition in the introduction and general discussion. Each chapter is presented with a short introduction linking the individual chapters to create a cohesive body of work. There are minor differences in the formatting of each of the published chapters, according to the respective journals. Additionally, reference lists have been omitted from the individual papers and are presented together at the end of the thesis for cohesion. The data for Chapters 3 and 5 were drawn from one data set (collected specifically for this dissertation), the data for Chapter 4 were aggregated from four previously conducted studies, and the data for Chapter 6 were from a separate data set (also collected specifically for this dissertation).

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Chapter One: Introduction to Thesis

Non-suicidal self-injury is the deliberate damage to one's body tissue, without suicidal intent and in ways that are not socially or culturally sanctioned (such as tattooing; International Society for the Study of Self-Injury, 2021). Non-suicidal self-injury is commonly understood in the context of emotion regulation (Hasking et al., 2017), with much of the research on NSSI focused on the role of emotion in the aetiology of these behaviours. Cognitions and emotions are inextricably linked (Robinson et al., 2013), so research on cognitions associated with NSSI is important for identifying potential intervention targets. One such cognitive process associated with NSSI is perfectionism, yet little is currently known about the mechanisms by which NSSI and perfectionism are related. Perfectionism is a transdiagnostic process that increases the risk for the onset of a range of psychological difficulties, including depression, anxiety, eating disorders, and obsessive-compulsive disorder (Egan et al., 2011). The treatment of perfectionism is known to decrease not only perfectionism but also symptoms of associated psychopathology (Galloway et al., 2021). If perfectionism is also related to NSSI, this may highlight potential avenues for intervention.

Both perfectionism (O'Connor et al., 2007; Xie et al., 2019) and NSSI (Coleman et al., 2021) are associated with rumination and negative affect, the two core elements of the Emotional Cascade Model (Selby & Joiner, 2009). Perfectionism may increase engagement in NSSI indirectly, by driving stronger rumination (especially on thoughts related to perfectionism) and negative affect, resulting in heightened emotional cascades. In addition, NSSI may be related to how an individual allocates their attention to emotional information. Given that perfectionism is also associated with biases in attention processes, I suggest that for individuals who allocate their attention preferentially to emotional stimuli (either consciously or automatically), the relationships between perfectionism and NSSI may be

stronger such that heightened attention to emotional information or perceived failures may increase the odds of engaging in NSSI.

An overview of this thesis, and the four studies that address these objectives, is outlined below.

Chapter Two is a literature review outlining topics relevant to this thesis, beginning with a definition and outline of the epidemiology of NSSI. There is an overview of the Emotional Cascade Model that highlights the role of NSSI in emotion regulation, and an introduction to related cognitions, including perfectionism, rumination, and attentional processes. The definition of perfectionism is followed by a summary of what is known about associations between NSSI and perfectionism, and this chapter closes by integrating the established knowledge about NSSI, perfectionism, rumination, and attentional processes to propose an extended theoretical model for understanding the relationship between perfectionism and NSSI.

Chapter Three presents the first study of this PhD, titled '*Measurement invariance of perfectionism measures in students with and without a history of non-suicidal self-injury*'. The objective of this study was to evaluate the factor structure and measurement invariance of two common measures of perfectionism (testing a range of factor structures for each) to contribute to the body of knowledge about suitable measurement tools in the context of perfectionism and NSSI, and to inform measure selection for use in studies three and four. This chapter is published in a peer-reviewed journal.

Chapter Four presents the second study, titled '*Measurement invariance of three brief measures of rumination in young adults with and without a history of self-injury*'. Similar to Chapter Three, the objective of this study was to evaluate the factor structure and measurement invariance of three common measures of rumination to contribute to the body

of knowledge about suitable measurement tools in the context of rumination and NSSI as well as to inform measure selection for subsequent studies. This chapter is published in a peer-reviewed journal.

Chapter Five presents the third study, titled '*Modelling pathways to non-suicidal self-injury: The roles of perfectionism, negative affect, rumination, and attentional control*'. The objective of this study was to assess if perfectionism is indirectly associated with NSSI through rumination and negative affect, and to see if the paths between perfectionism and rumination, and perfectionism and negative affect, were moderated by attentional control. This chapter is in press at a peer-reviewed journal.

Chapter Six details the fourth study, titled '*An experimental investigation of biased attention in non-suicidal self-injury: The effects of perfectionism and emotional valence on attentional engagement and disengagement*'. The objective of this study was to use an experimental paradigm to assess if there were differences in biased attention to emotional stimuli between individuals with and without a history of NSSI, and if these differences were associated with trait perfectionism. This chapter is currently under review at a peer-reviewed journal.

Chapter Seven concludes this thesis with a discussion of the key findings of these studies, a consideration of the theoretical and clinical implications of these findings, suggestions about the limitations or constraints of the thesis findings, and directions for future research.

Chapter Two: Literature Review

In this chapter, I will review the existing literature relevant to this thesis. This review begins with a summary of definitions and characteristics of NSSI and perfectionism, followed by an overview of an empirically-supported theoretical model of NSSI that includes cognitive and emotional variables to explain why an individual may self-injure. The review then summarises what is known about the relationship between perfectionism and NSSI, and introduces the concept of allocation of attention and how it may be related to the relationship between NSSI and perfectionism. Finally, I propose a theoretical model for understanding the association between perfectionism and NSSI in the context of existing knowledge incorporating the roles of attention, rumination, and negative affect.

NSSI

NSSI is any deliberate and self-inflicted behaviour that causes damage to one's body tissue without suicidal intent, excluding behaviours that are socially or culturally sanctioned (International Society for the Study of Self-Injury, 2021). Although cutting is the most commonly reported form of self-injury, NSSI may present in a range of forms (including but not limited to scratching, burning, and hitting the self), and many individuals report using more than one method (Swannell et al., 2014). Individuals who engage in NSSI are at risk of experiencing significant stigma (Staniland et al., 2021) and are unlikely to seek formal psychological supports (Rowe et al., 2014). Furthermore, despite the absence of suicidal intent, NSSI is associated with significant risk of future suicidal thoughts and behaviours (Kiekens, Hasking, Boyes, et al., 2018). Given these associations, it is not surprising that the American Psychiatric Association identified NSSI as an important area for further study in their most recent Diagnostic and Statistical Manual (DSM; American Psychiatric Association, 2013b).

NSSI is reported by approximately 17% of adolescents, 13% of young adults, and 5% of adults (Swannell et al., 2014). The peak age of onset is 14 years, but there is also a second peak in age of onset of NSSI at approximately 20 years old (Gandhi et al., 2018; Kiekens et al., 2019). Consistent with this second peak in early adulthood, meta-analyses suggest that university students may be more likely to self-injure than their same age peers; 20% of university students compared to 11% of same age peers (Swannell et al., 2014). Further, there is first-episode NSSI incidence of 10% in the first year of university (usually 17-18 years of age), highlighting that the university context may be of particular significance in the experience of NSSI (Swannell et al., 2014).

Within the literature, there are several similar but distinct concepts related to self-injury that warrant disentanglement. The term self-harm encompasses self-injury with or without suicidal intent and may be direct (resulting in immediate damage) or indirect (damage may be delayed or incremental, such as by poisoning or restricted eating) in nature (National Institute for Health and Care Excellence, 2019). NSSI is direct and engaged without suicidal intent (International Society for the Study of Self-Injury, 2021), while suicidal self-harm or suicide attempts are behaviours with at least some intent to end one's life (e.g., Mars et al., 2019). Although often conflated with self-harm, NSSI can be differentiated from the broader concept of self-harm in a number of ways. NSSI is more common across the lifespan than suicide attempts, and NSSI behaviours are typically lower in lethality and less likely to require medical intervention (Whitlock et al., 2011). Although NSSI is specifically non-suicidal in nature, research has shown that the frequency of NSSI and the number of methods used to self-injure are reliable predictors of future suicidal ideation and behaviours (Kiekens, Hasking, Boyes, et al., 2018; Victor & Klonsky, 2014). Given the significant functional differences between NSSI and suicidal self-injury, it is important to distinguish between self-injury with and without suicidal intent. Indeed, there

are differences between those who self injure with and without suicidal intent across a range of measures of depression, suicidal ideation, and attitudes towards life (Muehlenkamp & Gutierrez, 2004).

NSSI is also associated with a broad range of psychopathology and other markers of distress; individuals who engage in NSSI are more likely to report symptoms of depression, anxiety, substance use, eating disorders, and borderline personality disorder (Giletta et al., 2012; Glenn & Klonsky, 2011b; Turner et al., 2015). Although one of the diagnostic criteria for BPD according to the DSM-5 (American Psychiatric Association, 2013b), NSSI is transdiagnostic and is a behaviour prevalent among many populations who do not have BPD. Indeed, the features of NSSI appear to be significantly different between individuals with and without BPD, including in severity, frequency, and recency (Turner et al., 2015).

Individuals who engage in NSSI report doing so for various reasons, the most common of which is to reduce aversive emotional or cognitive states (Taylor et al., 2018). Many theoretical models of NSSI therefore focus on the role of emotion in the onset and maintenance of NSSI (Hasking et al., 2017). One empirically supported model of NSSI is the Emotional Cascade Model (Selby & Joiner, 2009), which can be applied to a range of presentations or behaviours (Selby et al., 2008), but is commonly used to understand NSSI (Selby & Joiner, 2009). The Emotional Cascade Model contains two core features: rumination and negative affect. Although other theoretical models of NSSI are also supported in the evidence (e.g., the Experiential Avoidance Model, Chapman et al., 2006; and the Cognitive Emotional Model, Hasking et al., 2017), the Emotional Cascade Model was chosen as this thesis seeks to understand the mechanisms that link perfectionism and NSSI. The Emotional Cascade Model is a simple cognitive-emotional model for understanding NSSI, and the key variables of this model (i.e., rumination and negative affect) have established relationships with perfectionism.

According to the Emotional Cascade Model, rumination and negative affect act to amplify each other in ‘cascades’ of emotion. In these cascades, an individual experiencing aversive emotions ruminates about their emotional state, which increases the intensity of negative affect. This increased negative affect is the subject of further rumination, thus forming the emotional cascade of intensifying negative emotion. According to the model, when an individual is in these cascades of negative affect and rumination, less salient or intense methods of distraction (e.g., going for a walk or reading a book) do not provide a sufficient escape from the cascade. In these circumstances, an individual may engage in NSSI as a means to escape these cascades by allocating attention to a stimulus strong enough to capture attention and break the cascades, such as physical pain or the visual imagery associated with NSSI (Selby & Joiner, 2009). When NSSI is effective at breaking these emotional cascades, the likelihood of using NSSI to regulate similarly aversive states which arise in the future increases through automatic negative reinforcement.

The Emotional Cascade Model (Selby & Joiner, 2009) highlights how cognition (i.e., rumination) and emotions (i.e., negative affect) interact to drive NSSI. Cognitive processes are often modifiable through cognitive interventions and can lead to resultant shifts in the experience of emotion, such as through cognitive-behavioural therapy (CBT; Cuijpers et al., 2013). Understanding cognitive processes that underlie NSSI may help us understand ways to help reduce distress and subsequent engagement in NSSI. Although some cognitive processes have been well-researched within the context of NSSI, such as the role of rumination (Coleman et al., 2021), others are only emerging in the literature, such as the influence of perfectionism (Gyori & Balazs, 2021) and the role of attention processes (Riquino et al., 2020). Each of these processes is reviewed in further detail below.

Perfectionism

Perfectionism is a cognitive process where individuals set exceedingly high standards for their performance and engage in self-evaluation and criticism around perceived failures or flaws (Shafran et al., 2002). Elevated perfectionism is associated with higher levels of distress, lower self-esteem, and increased risk of psychopathology, including mood disorders, anxiety disorders, eating disorders, and obsessive-compulsive disorder (Limburg et al., 2017; O'Connor et al., 2007). Perfectionism is also associated with an increased risk of NSSI, as suggested by a recent systematic review (Gyori & Balazs, 2021). There is evidence that, among university students, perfectionism has increased since the 1980s, highlighting the increasing emotional and cognitive demands experienced by students (Curran & Hill, 2019).

The measurement, and even definition, of perfectionism, is one that is rather contentious within the literature (e.g., see Shafran et al., 2003; Stoeber & Otto, 2006). Some theorists suggest that perfectionism is a unidimensional construct (Shafran et al., 2002), while others suggest it is multidimensional (Stoeber & Otto, 2006). Among those who subscribe to multidimensional theories of perfectionism, there are different multidimensional conceptualisations (e.g., Frost et al., 1990; Hewitt et al., 1991). Within the literature, three measures of perfectionism are used most commonly, each adopting a different approach to conceptualising the dimensions of perfectionism. These measures are the Frost Multidimensional Perfectionism Scale (Frost et al., 1990), the Multidimensional Perfectionism Scale (Hewitt et al., 1991), and the Clinical Perfectionism Questionnaire (Shafran et al. (2002).

The first of these measures, the Frost Multidimensional Perfectionism Scale, aligns with a multidimensional model of perfectionism with six dimensions (Frost et al., 1990); concern over making mistakes (e.g., “If I fail at work/school, I am a failure as a person”), personal standards (e.g., “I expect higher performance in my daily tasks than most people”),

parental expectations (e.g., “My parents set very high standards for me”), parental criticism (e.g., “I never felt like I could meet my parents’ standards”), self-doubt (e.g., “I usually have doubts about the simple everyday things I do”), and organisation (e.g., “Organization is very important to me”; Frost et al., 1990). These subscales each capture different intrapersonal components of perfectionism, and have been used to predict psychological distress (Frost et al., 1993). One of the key elements of the Frost multidimensional model is the implication that individuals with perfectionism pay particular attention to their failures, even minor ones (Frost et al., 1990). It appears that within the literature, ‘Concern over Mistakes’ and ‘Personal Standards’ subscales are most closely associated with psychological disorders, including anxiety, depression, and eating disorders (Shafran et al., 2002) and are also the most widely used. As a result, a brief yet robust form of the FMPS was developed to include only these two dimensions (Concern over Mistakes and Personal Standards; Burgess et al., 2016).

Hewitt and Flett (1991) described perfectionism as a multidimensional construct that is by nature maladaptive, and proposed a different multidimensional model of perfectionism that considered both interpersonal and intrapersonal characteristics. Hewitt and Flett’s (1991) Multidimensional Perfectionism Scale comprises three components – self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. Self-oriented perfectionism is the setting of personally demanding standards and self-evaluation of performance, other-oriented perfectionism captures an individual’s expectations for those around them, with high standards and strict evaluation of others’ performance, and socially prescribed perfectionism describes the high standards that an individual believes their significant others have for the individual’s performance and how those significant others rigorously evaluate the individual (Hewitt et al., 1991). Socially prescribed perfectionism has also been closely associated with psychological disorders (Shafran et al., 2002). As with Frost

et al.'s model, Hewitt and Flett (1991) described how a fundamental part of perfectionism is selective attention to, and overgeneralisation of, failure.

Multidimensional models of perfectionism have come under scrutiny though, with some suggesting that perfectionism has become too readily equated to scores on these measures rather than a theoretically-driven construct (Shafran et al., 2002). For example, Shafran and colleagues (2002) suggest that some of these scales may be measuring the aetiology (i.e., parental expectations and criticisms) and related constructs (i.e., concern over mistakes, and self-doubt) rather than capturing what they consider to be the underlying 'essence' of perfectionism. Consequently, Shafran and colleagues proposed an alternative model that distils the fundamental and clinically significant definition of clinical perfectionism.

Clinical perfectionism is the overdependence of self-evaluation on the pursuit of personally demanding, self-imposed standards in the face of adverse consequences (Shafran et al., 2002). Shafran and colleagues' (2002) cognitive-behavioural model of perfectionism captures the key domains that underlie the multidimensional models of perfectionism, while excluding the distal constructs such as parental expectations. According to this definition, perfectionism can be understood as being comprised of two factors – perfectionistic strivings (setting high standards) and evaluative concerns (self-evaluation and contingent self-worth). In Shafran et al.'s (2002) cognitive-behavioural theory of perfectionism, one of the maintaining factors of clinical perfectionism is an attention bias towards negative perfectionism-relevant threats (e.g., failure), and away from positive perfectionism-related stimuli (e.g., success).

Despite the structural differences in these models of perfectionism, two higher-order constructs consistently emerge in the literature (Stoeber & Otto, 2006). These are the striving for personally demanding standards (perfectionistic strivings) and the subsequent self-

evaluation surrounding the achievement of those standards (evaluative concerns; Blankstein & Dunkley, 2002; Limburg et al., 2017). These two dimensions provide clinically and theoretically useful information, in that these constructs have different relationships with psychopathology (Limburg et al., 2017). For example, perfectionistic strivings are often conceptualised as ‘healthy’ or ‘positive’ while perfectionistic concerns are more often considered to be ‘unhealthy’ or ‘negative’ (Stoeber & Otto, 2006). Bearing in mind that both domains are indeed related with psychopathology in the literature, perfectionistic concerns are consistently associated with more severe symptoms of depression, anxiety, eating disorders, and obsessive-compulsive disorders (Limburg et al., 2017). However, to further complicate the measurement of perfectionism, while there is ample evidence for this two-dimensional model, these dimensions are often highly correlated and this has led to questions about how truly distinct these dimensions are. Some authors have therefore suggested that a more theoretically justified conceptualisation of perfectionism is offered through bifactor modelling, where a general factor exists in addition to the two separate dimensions (Howell et al., 2020). Clearly, while contentious, the measurement of perfectionism is important to operationalise. The selection and evaluation of the measurement tool should therefore be carefully considered by the research dependent on theoretical, contextual, as well as psychometric factors.

One key piece of information about the psychometric properties of these measures is that none have yet explicitly assessed measurement invariance of the various perfectionism measures between individuals with a history of NSSI and those with no such history. Ensuring that these measures are performing in psychometrically equivalent ways in both groups (history vs no history of NSSI) is critical to ensuring that reported group differences are not simply measurement artefacts.

Complexities in measurement aside, there is evidence of an association between perfectionism and NSSI. A recent systematic review (Gyori & Balazs, 2021) summarised the findings of 15 empirical studies that included NSSI and perfectionism. This review included studies with clinical and non-clinical samples and were predominantly (93%) cross-sectional in design. Across these studies, there was consistent evidence of a positive association between perfectionism and NSSI. Unfortunately, a meta-analysis could not be performed due to the heterogeneity in the measurement of perfectionism. These studies do, however, provide evidence that this association is found in a range of demographic groups, including adults (Claes et al., 2012) and adolescents (Luyckx et al., 2015), and in both clinical (Fujimori et al., 2011) and non-clinical (Hoff & Muehlenkamp, 2009) samples.

Despite this clear evidence for an association between perfectionism and NSSI, little is known about the potential mechanisms by which these constructs may be associated. One of the aims of the current thesis is to investigate potential mechanisms for this association. One such mechanism may be rumination.

Rumination

Rumination involves repeatedly allocating one's attention to the causes and characteristics of their negative thoughts, feelings, or experiences (Nolen-Hoeksema et al., 2008). Rumination is a cognitive process that individuals may use to understand their emotional state or solve social and emotional problems, which increases the strength of emotions (Kirkegaard Thomsen, 2006; Nolen-Hoeksema et al., 2008). Rumination is associated with negative affect (Kirkegaard Thomsen, 2006), and this relationship between negative affect and rumination appears to be bidirectional, such that rumination predicts negative affect, and negative affect predicts rumination, in line with the pattern described by the Emotional Cascade Model (Selby et al., 2013; Selby et al., 2016).

Rumination is a transdiagnostic process in that it has been implicated in the onset and maintenance of a range of psychopathologies, including anxiety, depression, eating disorders, and suicidal thoughts and behaviours (McEvoy et al., 2014). Rumination also plays a central role in some of the most evidence-supported theoretical models of NSSI, including the Emotional Cascade Model (Selby & Joiner, 2009) and the Cognitive-Emotional Model of NSSI (Hasking et al., 2017). Although there are varying measures of rumination, three emerge most commonly in the literature in the context of NSSI (Coleman et al., 2021). These measures are the Ruminative Response Styles (RRS; Treynor et al., 2003), the Ruminative Thinking Style Questionnaire (RTSQ; Brinker & Dozois, 2009), and the Repetitive Thinking Questionnaire (RTQ; McEvoy et al., 2014).

The Ruminative Response Styles questionnaire (Treynor et al., 2003) is a 10-item measure loading onto two factors (reflecting and brooding). The Ruminative Response Styles questionnaire is one of the earlier measures of rumination, and measures rumination as a depressive process of focusing internally on one's thoughts and negative emotions (Nolen-Hoeksema, 1991). The focus on depressive symptoms raises questions about the Ruminative Response Styles questionnaire's capacity to measure repetitive thinking in broader contexts than depression, leading to the development of the Ruminative Thinking Style Questionnaire (Brinker & Dozois, 2009), a 20-item, four-factor measure of rumination that assesses repetitive thinking in a range of contexts, including past and future events, in a valence-neutral way. Finally, the Repetitive Thinking Questionnaire (McEvoy et al., 2014) is a 10-item unidimensional measure that assesses trait repetitive thinking about negative experiences. The Repetitive Thinking Questionnaire was designed as a transdiagnostic tool for evaluating repetitive negative thinking across various psychopathologies.

It is clear that these three measures are similar but not equivalent, and so researchers' choice of measure should be guided by contextual factors relating to their specific aims, but it

is not clear which measure is appropriate for use in research on NSSI. For example, given it is explicitly transdiagnostic in nature, the Repetitive Thinking Questionnaire may be more generalisable to a broader array of clinical concerns (including NSSI) than the Ruminative Response Styles questionnaire, with an exclusive focus on depression. Additionally, the Ruminative Thinking Style Questionnaire measures repetitive thinking in a valence-neutral way, rather than focusing solely on negative emotional experiences. Researchers and clinicians working in the context of NSSI, therefore, need to make decisions about which tool is most appropriate for their purposes. It is also critical that measures demonstrate strong psychometric properties and that they are invariant across samples with and without a history of NSSI to ensure that comparisons are valid (Putnick & Bornstein, 2016).

Rumination and NSSI

Rumination has been positively related to NSSI in a range of self-report and experimental studies (e.g., Dawkins et al., 2019; Nicolai et al., 2016; Selby et al., 2010; Slabbert et al., 2018). A recent meta-analysis of 46 papers found a moderate and significant association between rumination and lifetime history of NSSI ($d = 0.60$, 95% CI [.50, .69]), and a small and significant association between rumination and frequency of NSSI ($r = 0.23$, 95% CI [.19, .27]; Coleman et al., 2021).

Although these studies consistently demonstrate differences in rumination between those with and without a history of NSSI, it is surprising that none have yet explicitly assessed measurement invariance of the various measures between individuals with a history of NSSI and those with no such history. Ensuring that these measures are performing in psychometrically equivalent ways in both groups (history vs no history of NSSI) is again critical to ensuring that reported group differences are not simply measurement artefacts.

Rumination and Perfectionism

There is also evidence of a significant relationship between rumination and perfectionism. A meta-analysis confirmed this robust relationship is small to moderate in strength ($r = .20$ to $.32$; Xie et al., 2019), where elevated perfectionism is associated with more rumination. Indeed, the idea that individuals with elevated perfectionism ruminate on their perceived failures and flaws may offer an explanation for the common finding that perfectionism acts via rumination to increase negative affect (Flett et al., 2016). Rumination on perfectionistic content explains variance in negative affect above and beyond that explained by trait perfectionism (Flett et al., 2002). It may be, therefore, that perfectionism is associated with increased odds of NSSI via rumination and negative affect. In this case, the Emotional Cascade Model (Selby & Joiner, 2009) offers a strong theoretical foundation for potential mechanisms in the relationship between perfectionism and NSSI. An additional factor that warrants consideration in this model is attentional processes, which have been implicated in the both the perfectionism and NSSI literatures.

Attention

Attention is a broad and varied concept that can be loosely defined as the selection or prioritisation for the processing of certain categories of information (Wells & Matthews, 2014). Attention has close relationships with the experience and processing of emotion, and it is suggested that underlying schema may direct an individual's attention towards information that confirms beliefs or schema (Wells & Matthews, 2014). Attention can be operationalised in different ways, including attentional control and attention bias. Attentional control encompasses the extent to which an individual believes they can voluntarily control the allocation of their attention to new information (focusing) or to move their attention between tasks (shifting; Derryberry & Reed, 2002). Measures of attentional control are often self-

reported, and are not without criticism for their lack of consistency with behavioural tasks of the same theoretical construct (Clarke & Todd, 2021; Todd et al., 2022).

On the other hand, attention bias is the preferential allocation of attention towards specific stimuli salient for an individual. Attention biases towards threatening information have been demonstrated to maintain distress by, for example, increasing attention to negative affect and reducing attention to positive affect (Peckham et al., 2013), hypervigilance to threat (Cisler & Koster, 2010), and hypervigilance to flaws (Shafran et al., 2002). There is also evidence that attentional bias to positive information is related to increased positive affect (Grafton et al., 2012) and resilience (Thoern et al., 2016). Attention biases are typically assessed with experimental paradigms, where bias is assessed through reaction times to stimuli under a range of conditions.

One important element that differentiates the role of attention biases across the varied psychopathologies is the way that an attention bias manifests, characterised in two ways: facilitated engagement and impaired disengagement. These processes are the tendencies to attend more rapidly to (facilitated engagement), and withdraw attention more slowly from (impaired disengagement; Cisler & Koster, 2010) stimuli. Facilitated engagement may be related to increased sensitivity or heightened awareness of threat, and is associated with the initiation of anxiety (Koster et al., 2006). Conversely, impaired disengagement may be related to the continued processing of threat stimuli once observed, and the maintenance of anxiety (Koster et al., 2006). Given that the successful modification of biased attention for threat has been consistently linked to positive emotional effects for other types of psychological difficulties (e.g., Clarke, Notebaert, et al., 2014; MacLeod & Clarke, 2015), discriminating the precise nature of attention biases that underpin emotional difficulties can inform our understanding of associated behaviours and suggest processes that may be targeted for intervention.

Attention and NSSI

At least two theoretical models of self-injury highlight a role for attentional processes (e.g., Hasking et al., 2017; Selby & Joiner, 2009). For example, the Emotional Cascade Model (Selby & Joiner, 2009) implies that emotional cascades of rumination and negative affect that result in NSSI are perpetuated by the continual re-allocation of one's attention to internal negative emotional experiences. The Cognitive-Emotional Model of NSSI suggests that attentional deployment (or the allocation of attention) towards emotionally negative and NSSI-specific stimuli may be involved in the maintenance of emotional processes that underpin engagement in NSSI (Hasking et al., 2017).

Research assessing attentional biases in NSSI is scarce (i.e., Claes et al., 2016; Riquino et al., 2020). Only one study has considered attention biases with respect to emotional processing, with an experimental assessment of biased attention towards generally negative stimuli and NSSI-specific stimuli (such as injuries, bandages, and razors) compared to neutral stimuli (Riquino et al., 2020). This study found that individuals with a history of NSSI demonstrated attention bias towards generally negative stimuli, as well as towards NSSI-specific stimuli, over neutral stimuli when compared to individuals who had not self-injured. This study did not specifically assess engagement and disengagement biases, but suggested that this was an important direction for future research.

Attention and Perfectionism

Attention biases also appear to be important in the context of perfectionism. As mentioned above, theoretical models of perfectionism propose that underlying cognitive biases may act to maintain perfectionism (Shafran et al., 2002). One such bias may be an attention bias to threat (e.g., stimuli that threaten perfection) that can highlight failure, which may be an important maintaining factor in perfectionism (Frost et al., 1990; Hewitt et al., 1991; Shafran et al., 2002). According to models of perfectionism, these attention biases to

perfectionism-relevant information, relative to perfectionism-irrelevant information, may give rise to other cognitive distortions often targeted in cognitive-behavioural therapy for perfectionism, such as overgeneralisation of failure or discounting of success (Lloyd et al., 2015; Shafran et al., 2002; Shafran et al., 2018).

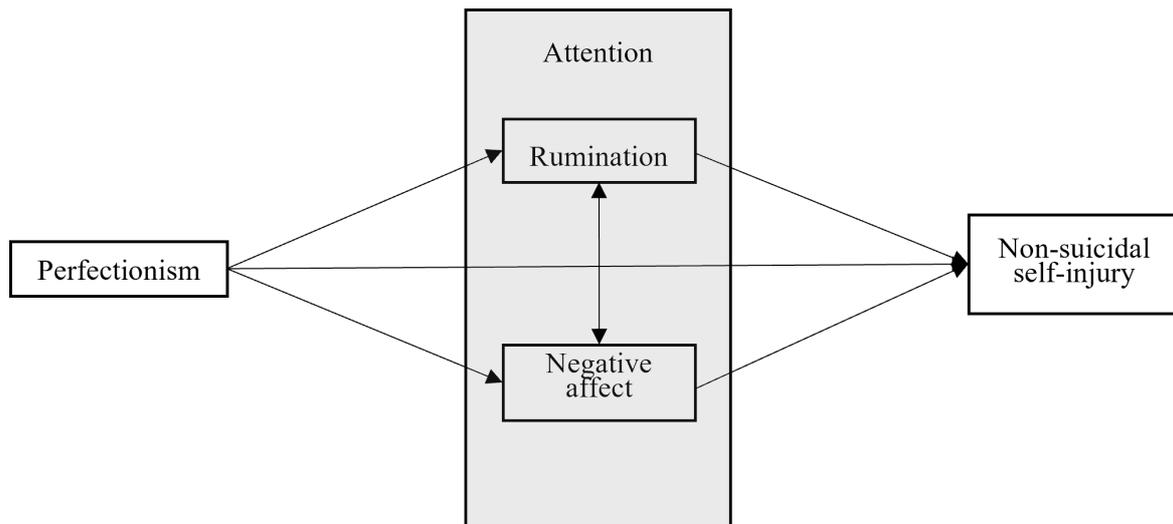
Research using experimental paradigms has demonstrated an attention bias towards threatening information for individuals with elevated perfectionism (e.g., Howell et al., 2016; Kobori & Tanno, 2012; Tonta et al., 2019). Specifically, individuals higher in perfectionistic concerns demonstrated slower disengagement from stimuli that were negative in emotional tone. However, findings are mixed in these studies with regards to the perfectionism-relevance of this attention bias, with one study finding evidence for a bias towards negative, perfectionism relevant information (Howell et al., 2016) while another found that this bias was towards generally negative information, rather than perfectionism relevant stimuli (Tonta et al., 2019). This finding suggests that individuals who are higher in perfectionistic concerns tend to hold their attention longer once it has been captured by information that is generally negative over information that is generally positive.

An Integrated Model of Perfectionism and NSSI

In summary, there appear to be key themes that may help us understand the mechanisms in the association between perfectionism and NSSI. Firstly, perfectionism has well-established relationships with the core components (rumination and negative affect) of the Emotional Cascade Model (Selby & Joiner, 2009). Secondly, the relationships between perfectionism and these two core elements (rumination and negative affect) may be affected by attentional processes. These relationships can be synthesised into a theoretical model as in Figure 2.1.

Figure 2.1

A Visual Representation of the Integrated Model of Perfectionism and NSSI



According to this model, an individual with elevated perfectionism is more likely to engage in NSSI. This elevated perfectionism may also increase the extent to which the person ruminates on their emotional experiences and may increase their experience of negative affect. In this way, their elevated perfectionism may also increase odds of engaging in NSSI indirectly, acting through both rumination and negative affect. Finally, the relationships between perfectionism and rumination, and perfectionism and negative affect, may also be affected by increased allocation of attention to emotional or cognitive threat.

If these relationships hold true, this model would have important theoretical and clinical implications. No previous research has investigated mechanisms that explain the association between perfectionism and NSSI. Clinically, this model may provide important additional targets for intervention to reduce engagement in NSSI. There are a range of evidence-supported interventions targeting the factors in this proposed model, including perfectionism (Galloway et al., 2021), rumination (Watkins & Roberts, 2020), and negative affect (Josephine et al., 2017; Linde et al., 2015), although the evidence is mixed regarding interventions for attention biases and attentional control (Cristea et al., 2015). Importantly, these interventions may provide new directions for helping individuals to reduce their NSSI. Although a proportion of individuals seek therapy specifically for their self-injury, a considerably larger group attend therapy for psychological support in other domains of their

life (Whitlock et al., 2011). Interventions that target the cognitive processes preceding NSSI rather than focusing solely on stopping the behaviour may be more person-focused (rather than behaviour-focused), and these interventions could alleviate the distressing emotional cascades that lead to self-injury.

Conclusion

NSSI is behaviour of significant clinical relevance and has been associated with perfectionism, a transdiagnostic process known to increase risk of a range of psychopathologies. Little is currently known about the mechanisms that explain the relationship between these two constructs. One of the predominant theories that seeks to explain the behaviour is the Emotional Cascade Model (Selby & Joiner, 2009), which has two core elements: rumination and negative affect. This model points to the critical role of attention allocation in escalating or diminishing the effects of these two elements. Similarly, perfectionism has known associations with rumination and negative affect, and is maintained by biased attention processes. The first aim of this PhD is to assess the adequacy of current measures of rumination (Chapter 3) and perfectionism (Chapter 4) in the context of NSSI. The second aim is to explore the relationships between perfectionism, attention, and NSSI in the context of core elements of the Emotional Cascade Model (rumination and negative affect, Chapters 5 & 6).

Chapter Three: Measurement Invariance of Perfectionism Measures

Introduction to Chapter Three

In this first study, I examined the psychometric properties of perfectionism measures for suitability in the context of non-suicidal self-injury. Specifically, I assessed the baseline model fit and measurement invariance of two commonly used measures of perfectionism, the Clinical Perfectionism Questionnaire (Shafran et al., 2002) and the brief form of the Frost Multidimensional Perfectionism Scale (Burgess et al., 2016) considering a range of factor structures (unidimensional, two dimensional, and a bifactor model with one general factor and two specific factors) for each measure.

This chapter is published in a peer-reviewed journal. Ethical approval, a copy of the survey package, and permission to reproduce the paper in this thesis can be found in Appendices A, B, and C, respectively.

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Authorship

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Author	Contribution	Acknowledgement
Kate Tonta	Development of research question, data collection, data management, data analysis, interpretation of results and discussion, manuscript preparation, reviewing and editing of drafts.	
Mark Boyes	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Joel Howell	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Peter McEvoy	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Penelope Hasking	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	

Abstract

Perfectionism is a transdiagnostic process which may be implicated in the onset and maintenance of non-suicidal self-injury. No study has evaluated whether reported differences in perfectionism between individuals with and without a history of self-injury represent genuine group differences or measurement artefacts. The present study reports an investigation of the measurement invariance of two common scales of perfectionism, the Frost Multidimensional Perfectionism Scale-Brief (FMPS-Brief) and the Clinical Perfectionism Questionnaire (CPQ), among university students ($M_{age} = 20.48$, $SD_{age} = 2.22$, 75.3% female, 22.8% male) with and without a history of self-injury (total $N = 711$). Results revealed full residual error invariance for the two-factor model of FMPS-Brief, while the bifactor model of the FMPS-Brief and the two-factor model of the CPQ demonstrated partial metric invariance. Accounting for partial metric invariance, the bifactor model of the FMPS-Brief also demonstrated partial residual error invariance. The current findings suggest that observed differences using the FMPS-Brief reflect genuine differences in perfectionism between individuals with and without a history of self-injury. Further, while researchers using the bifactor model can have confidence that the general factor can adequately assess group differences, differential item functioning should be considered if using the strivings and concerns factors. Finally, in the current data, the CPQ did not perform as expected in baseline model fit and future research should replicate assessments of measurement invariance in this measure.

Keywords: perfectionism; measurement invariance; non-suicidal self-injury

Introduction

In 2019, more than one in every 100 deaths worldwide was by suicide (World Health Organisation, 2021), with a representative sample indicating that over half of the Australian population reported exposure to suicide of someone known to them (Maple et al., 2019). The impact of death by suicide includes significant complicated grief and increased risk of depression, anxiety, and suicidal ideation for those exposed to the death. Consequently, suicide prevention is an important target for public health policy and intervention. Understanding risk factors associated with future suicidal ideation and behaviour is critical for prevention and intervention efforts. One such factor is non-suicidal self-injury (NSSI), which is deliberately damaging one's body tissue without suicidal intent and in a way that is not culturally sanctioned (International Society for the Study of Self-Injury, 2021). Although NSSI and suicide are functionally distinct behaviours in that NSSI is specifically non-suicidal in intent, frequency of NSSI and the number of methods used to self-injure have been identified in meta-analytic research as important predictors of suicide behaviour (Pompili & Baldessarini, 2015; Victor & Klonsky, 2014). The most commonly reported function of NSSI is to regulate intense or unwanted emotions, and NSSI has been identified as an important area for further research (American Psychiatric Association, 2013a). NSSI may present as a range of behaviours including, but not limited to, cutting, hitting, and severe scratching (International Society for the Study of Self-Injury, 2021). Although only a small proportion of individuals seek urgent care relating to their self-injury (Geulayov et al., 2016; Hawton et al., 2014; Ostertag et al., 2019), an estimated 13.4% of young adults in community populations have engaged in NSSI at least once in their lifetime, and this figure is higher (20%) for young adults attending university (Swannell et al., 2014). These estimates are considered to be a robust representation across a range of cultural contexts, with data from over 230,000 participants in Asia, Australia, New Zealand, Canada, Europe, the UK and the US. In

understanding self-injury and suicide, it is important to consider the influence of personality, cognitions, and emotion variables. Personality factors such as higher neuroticism and lower conscientiousness have been associated with suicidal ideation and NSSI (Baertschi et al., 2018; Goddard et al., 2021; Kiekens et al., 2015). One important cognitive process that is associated with both suicide (e.g., Smith et al., 2018; Zeifman et al., 2020) and engagement in NSSI (Gyori & Balazs, 2021) is perfectionism. Perfectionism, the pursuit of personally demanding high standards in the face of adverse consequences, is a transdiagnostic process associated with a range of psychopathologies, including but not limited to anxiety, mood, eating, and obsessive compulsive disorders (Egan et al., 2011; Limburg et al., 2017).

Perfectionism has been associated with NSSI in non-clinical samples of adolescents as well as adolescents with clinical diagnoses of eating disorders (Luyckx et al., 2015). In non-clinical adult samples, research using multidimensional models of perfectionism has shown mixed associations, with some subscales of perfectionism (e.g., concern over mistakes) strongly associated, while other subscales showed no significant association (Hoff & Muehlenkamp, 2009). Although these findings indicate that perfectionism is likely an important process related to NSSI, the measurement of perfectionism is inconsistent across studies, with some research using multidimensional models (e.g., Hoff & Muehlenkamp, 2009) and others using subscales of larger measures of eating disorder pathologies (e.g., Luyckx et al., 2015). Indeed, historically perfectionism has been defined in a number of ways, yet most theories and definitions can be distilled to two core elements: perfectionistic strivings (the setting of personally demanding high standards) and evaluative concerns (self-critical evaluations of self-worth in the context of high standards). Two common measures of perfectionism which align with this conceptualisation are the Frost Multidimensional Perfectionism Scale - Brief (FMPS Brief; Burgess et al., 2016) and the Clinical Perfectionism Questionnaire (CPQ; Fairburn et al., 2003). Although both measures are well-validated in the

existing literature as two-dimensional (Stoeber & Damian, 2014; Woodfin et al., 2020) the argument that a general factor of perfectionism is more parsimonious persists (Howell et al., 2020). Bifactor modelling is a statistical technique which may provide information to test this conceptualisation. A confirmatory bifactor model allows examination of both common (i.e., the general factor of perfectionism) and distinct factors (i.e., perfectionistic strivings and perfectionistic concerns) in variance amongst items. Research into both the FMPS Brief and the CPQ has shown that a bifactor model has superior fit compared to single or two-factor models, and that the general factor accounts for much of the shared variance in the bifactor models (Howell et al., 2020; Prior et al., 2018).

In addition to the inconsistencies in how perfectionism has been measured in the context of NSSI, it is also important to consider if the nature of cognitive and emotional difficulties associated with NSSI might mean that individuals with lived experience of NSSI respond differently to measures of perfectionism across different domains (i.e., strivings, concerns, and general perfectionism). Specifically, it is important to evaluate how the psychometric properties of perfectionism measures may (or may not) vary between individuals with and without a history of NSSI. Although there is existing research assessing NSSI-related differences in perfectionism (e.g., see Gyori & Balazs, 2021), to date, none of these studies have assessed measurement invariance. Prior to making meaningful group comparisons, measures should be evaluated within the population of interest to ensure that groups interpret and respond to items in a similar way (Putnick & Bornstein, 2016). If there are systematic differences in the way two groups are interpreting and responding to items, differences in group means are uninterpretable. The use of perfectionism measures that are not psychometrically invariant may lead to false conclusions about processes associated with NSSI, as has been reported with other key processes including emotion regulation, distress

tolerance, and rumination (Kiekens, Hasking, & Boyes, 2018; Slabbert et al., 2021; Tonta et al., 2020).

The present study sought to explore the measurement invariance of two common measures of perfectionism across individuals with and without a history of NSSI. The CPQ and FMPS were subjected to a stepwise bottom-up evaluation of measurement invariance, testing configural (i.e., equal factor structure), metric (i.e., equal factor loadings), scalar (i.e., equal item intercepts), and residual error (i.e., equal residual errors) invariance.

Materials and Methods

Participants and Procedure

Data for this study were collected as a part of a larger study on emotional health. This study was approved by the Curtin University Human Research Ethics Committee. In total, 712 university students participated ($N_{CPQ} = 711$, $N_{FMPS} = 708$) in this online survey. Recruitment occurred through social media advertising, emails to student organisations at universities, and from a research participation pool. Participants were provided an online information sheet and asked to provide consent by marking a checkbox before proceeding to the survey. Participants were aged between 17 and 34 years of age ($M = 20.48$, $SD = 2.22$); 22.8% were male, 75.3% female, 1.7% identified as another gender, and 0.1% preferred not to disclose. Participants were required to be enrolled at an Australian university. Participants were either included in a prize pool which included an iPad and gift cards to the value of AUD\$50 or received course credit in exchange for their participation. See Table 3.1 for sample characteristics across the two measures.

Table 3.1*Demographic Information Across the Samples.*

	FMPS		CPQ	
	N = 708		N = 711	
	n/M	%/SD	n/M	%/SD
Female gender	533	75.28%	535	75.20%
Age	20.48	2.21	20.48	2.22
Lifetime history of NSSI	299	42.23%	299	42.10%
Sample means				
Strivings	2.93	1.01	2.41	0.61
Concerns	3.34	1.01	2.39	0.69
General factor	3.13	0.85	2.41	0.56

Measures**Inventory of Statements about Self-Injury**

The Inventory of Statements About Self-Injury (ISAS; Klonsky & Glenn, 2009) measures history of self-injury (defined to participants as intentionally harming oneself without intention to suicide). Participants who indicated they had a history of NSSI (i.e., “Have you ever engaged in non-suicidal self-injury?”) were presented with 12 common methods of NSSI (e.g., cutting, burning) and provided a lifetime frequency of each behaviour. NSSI was operationalised as a binary variable (history of NSSI vs no history of NSSI), and the subsequent 12 items are used for descriptive purposes. The ISAS has been widely used in research and has established test–retest reliability (4-week, $r = 0.85$; 1-year, $r = 0.68$; Glenn & Klonsky, 2011a).

Frost Multidimensional Perfectionism Scale - Brief

The FMPS-Brief (FMPS-Brief; Burgess et al., 2016) is an 8-item measure of perfectionism. This measure has two subscales (perfectionistic striving, e.g., “I have extremely high goals”; and evaluative concerns, “If I fail at work/school, I am a failure as a person”). However, emerging research suggests that a bifactor model has superior fit to the single or two factor models, and that the general factor accounts for the majority of the shared variance in the bifactor model (Howell et al., 2020). The general factor had strong internal consistency ($\alpha = 0.87$, $\omega = 0.87$) in this sample, as did the subscales of strivings ($\alpha = 0.84$, $\omega = 0.85$) and concerns ($\alpha = 0.91$, $\omega = 0.91$).

Clinical Perfectionism Questionnaire

The CPQ consists of 12 items assessing thoughts and behaviours relating to perfectionism over the past month. An example item is, “Over the past month, have you pushed yourself really hard to meet your goals?”. The factor structure of this measure has been inconsistent. Although initially conceptualised as a unidimensional measure, the CPQ has been considered as two-dimensional according to a range of factor analytic findings (Egan et al., 2016; Shu et al., 2020). These two factors are perfectionistic strivings (e.g., “Have you been told that your standards are too high?) and perfectionistic concerns (e.g., “Have you felt a failure as a person because you have not succeeded in meeting your goals?”). However, there is also evidence to support a bi-factor structure following the removal of the two negatively-worded items which appear problematic in their pattern of cross loading (Prior et al., 2018). Across all factor structures tested in this study, the negatively worded items were excluded from analyses, consistent with previous findings (e.g., Howell et al., 2020). Not surprisingly, the strongest model fit statistics emerge when using a bifactor model (Howell et al., 2020; Prior et al., 2018), and given the theoretical

framework of clinical perfectionism as unidimensional (Shafran et al., 2003), there appears to be sound theoretical basis for this measurement model.

In the present data set, the strivings subscale had acceptable internal consistency ($\alpha = 0.78$, $\omega = 0.78$), whereas the concerns subscale was marginal and lower than expected according to the existing literature ($\alpha = 0.66$, $\omega = .70$). The total scale score also had strong internal consistency ($\alpha = 0.81$, $\omega = 0.81$).

Data Analysis

Analyses were conducted in MPlus Version 8 (Muthén & Muthén, 2017) using maximum likelihood estimation with robust standard errors (MLR). MLR is robust to non-normality and handles missing data using full information maximum likelihood (Li, 2016). Model fit was assessed according to the Standardized Root Mean Square Residual (SRMR; close to 0.08 or below), Root Mean Square Error of Approximation (RMSEA; close to 0.08 or below), and a Comparative Fit Index (CFI; in the 0.90–0.95 range or higher) (Brown, 2015).

Measurement invariance was assessed through multiple groups confirmatory factor analysis (estimated with MLR). Given that the χ^2 statistic is sensitive to sample size, alternative fit indices were also considered to assess violations of measurement invariance (Meade et al., 2008). Configural (equal factor structure), full metric (equal factor loadings), full scalar (equal factor loadings and equal intercepts), and residual error (equal factor loadings, equal intercepts, and equal residual error variance) invariance were supported if the configural model showed acceptable model fit and each of the subsequent models showed at least two of: a nonsignificant change in χ^2 from the previous model, decreases in CFI less than or equal to 0.002 from the previous model, and differences in McDonald's non-centrality index (NCI) from the previous model below established cut-offs on the basis of the number of items and factors (Meade et al., 2008). If a violation of full measurement invariance was

detected, modification indices were consulted to examine if partial invariance could be established.

Results

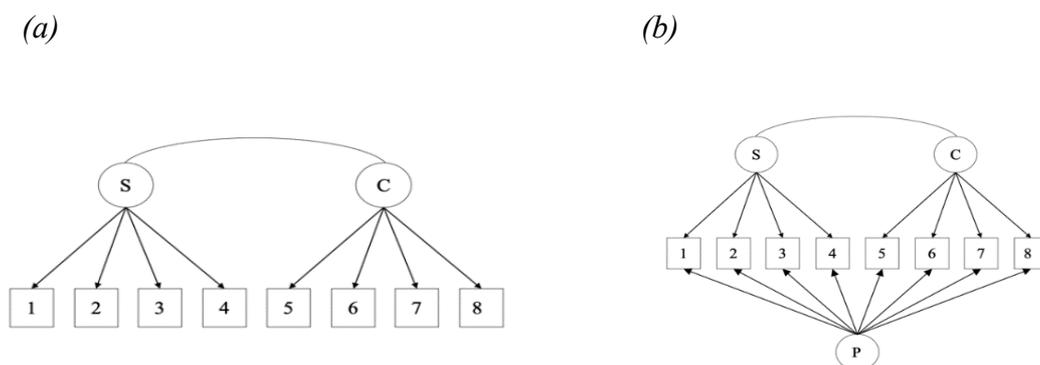
Frost Multidimensional Perfectionism Scale—Brief

The FMPS-Brief was completed by a total of 708 participants, of whom 299 (42.2%) had a history of self-injury. Of those with a history of self-injury, the most commonly reported methods of self-injury were cutting ($N = 212$, 70.9%), scratching ($N = 162$, 54.2%) and pinching ($N = 155$, 51.8%).

The baseline model fit was assessed for two possible factor structures of the measure: a traditional two-factor structure and a bifactor model (see Figure 3.1). Each of these models are reported below along with tests of measurement invariance where baseline fit was assessed as adequate.

Figure 3.1

Tested Factor Structures of the FMPS-Brief; (a) Two-factor FMPS-Brief; (b) Bifactor FMPS-Brief



Note: S = perfectionistic strivings, C = evaluative concerns, P = general perfectionism.

Two-Factor Solution

The two-factor solution of the FMPS-Brief has four items loading onto each subscale for a total of eight items. Baseline model fit was acceptable for the two-factor solution according to CFI and SRMR although the RMSEA was elevated (see Table 3.2). Configural (M1), metric (M2), scalar (M3), and full residual error (M4) invariance were supported in the two-factor solution according to all considered fit indices (p MLR $\Delta\chi^2$, Δ CFI, and Δ NCI; see Table 3.3).

Table 3.2

Baseline Model Fit Statistics

	X^2	df	RMSEA [90% CI]	CFI	SRMR	NCI
FMPS ($N = 708$)						
Two factor	140.52	19	0.095 [0.081, 0.110]	0.990	0.025	0.918
Bifactor	48.41	11	0.069 [0.050, 0.090]	0.997	0.016	0.974
CPQ ($N = 711$)						
Two factor	306.14	34	0.106 [0.095, 0.117]	0.837	0.069	0.826
Two factor allowing items 3 and 10 to covary	261.87	33	0.099 [0.088, 0.110]	0.863	0.065	0.876
Two factor (removing item 7 and allowing 3 and 10 to covary)	155.47	25	0.086 [0.073, 0.099]	0.899	0.059	0.894

Table 3.3

Evaluation of Measurement Invariance in Measures of Perfectionism Between Groups of Individuals With and Without a History of Self-Injury.

	X ²	Df	NCI	CFI	Model Comparison	ΔNCI ^a	ΔCFI ^b	<i>p</i> MLR Δχ ²
FMPS—two factor								
M1: Configural	159.69	38	0.918	0.959	-	-	-	-
M2: Full metric	162.69	44	0.919	0.960	M1–M2	0.0019 ⁺	0.001 ⁺	0.809 ⁺
M3: Full scalar	167.75	50	0.920	0.961	M2–M3	0.0006 ⁺	0.001 ⁺	0.536 ⁺
M4: Full residual error	181.29	58	0.916	0.959	M3–M4	0.0036 ⁺	0.002 ⁺	0.095 ⁺
FMPS—Bifactor								
M1: Configural	51.32	22	0.980	0.987	-	-	-	-
M2: Full metric	70.94	35	0.975	0.984	M1–M2	0.0046 ⁺	0.003 ⁻	0.105 ⁺
M3: Full scalar	77.73	40	0.974	0.983	M2–M3	0.0012 ⁺	0.001 ⁺	0.237 ⁺
M4: Full residual error	93.96	48	0.968	0.980	M3–M4	0.0057 ⁺	0.003 ⁻	0.039 ⁻
M4: Partial residual error ^c	80.26	47	0.977	0.985	M3–M4.1	0.0031 ⁺	0.002 ⁺	0.925 ⁺
CPQ								
M1: Configural	172.51	50	0.917	0.900	-	-	-	-
M2: Full metric	176.127	57	0.920	0.903	M1–M2	0.0022 ⁺	0.003 ⁻	0.823 ⁺
M3: Full scalar ^d	192.93	64	0.923	0.895	M2–M3	0.0063 ⁺	0.008 ⁻	0.019 ⁻

Notes. a cut-off value for ΔNCI > 0.0069 (FMPS) and ΔNCI > 0.0074 (CPQ) b cut-off value for ΔCFI > 0.002, c allowing residual error for item 8 to vary, d partial scalar was also not supported after consulting modification indices, + invariance was supported according to the relevant fit statistic, – invariance was not supported according to the relevant fit statistic.

Analysis of latent mean differences revealed that individuals with a history of self-injury scored higher on both perfectionistic strivings (unstandardized $M_{\text{NSSI}} = 0.76$, $Z = 9.80$, $p < 0.001$) and evaluative concerns (unstandardized $M_{\text{NSSI}} = 0.34$, $Z = 4.11$, $p < 0.001$) than individuals with no history of NSSI.

Bifactor Solution

We also assessed baseline model fit for the bifactor model of the FMPS (see Table 3.2). This model involves a general factor, and two specific factors (perfectionistic strivings

and evaluative concerns). The model fit was excellent according to CFI, RMSEA, and SRMR.

Full configural (M1), metric (M2), and scalar (M3) invariance were all supported. Full residual error was not supported (M4), as further analyses revealed higher residual error invariance in item 8 (“I expect higher performance in my daily tasks than most people”) for the group of individuals with a history of NSSI compared to those without a history of NSSI. Allowing this residual error to vary, partial residual error invariance (M4.1) was supported.

There were significant latent mean differences for perfectionistic strivings such that individuals with a history of self-injury scored higher than individuals without a history of NSSI (unstandardized $M_{\text{NSSI}} = 0.67$, $Z = 7.26$, $p < 0.001$). Regardless of whether the differential item functioning of item 8 on the general factor was considered (unstandardized $M_{\text{NSSI}} = 0.07$, $Z = 1.27$, $p = .203$) or ignored (unstandardized $M_{\text{NSSI}} = 0.07$, $Z = 1.19$, $p = .234$), there were no significant differences in the general factor. There was no significant difference in latent means for perfectionistic concerns between individuals with and without a history of NSSI (unstandardized $M_{\text{NSSI}} = 0.26$, $Z = 1.67$, $p = 0.095$). Importantly, if differential item functioning were ignored for item 8 on the perfectionistic concerns factor, it would be erroneously concluded that there were mean differences in perfectionistic concerns (unstandardized $M_{\text{NSSI}} = 0.06$, $Z = 1.98$, $p = 0.047$).

Clinical Perfectionism Questionnaire

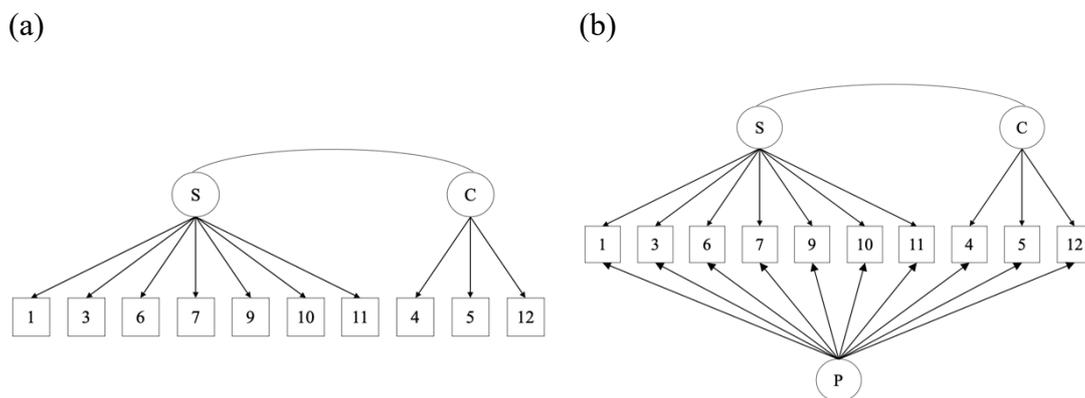
The CPQ was completed by a total of 711 participants, of whom 299 (42.1%) had a history of self-injury. Of those with a history of self-injury, the most commonly reported methods of self-injury were cutting ($N = 212$, 70.9%), scratching ($N = 161$, 53.8%) and pinching ($N = 155$, 51.8%).

The baseline model fit was assessed for two possible factor structures of the measure: a traditional two-factor structure and a bifactor model (see Figure 3.2). Baseline model fit

was also assessed for a unidimensional factor as reported by Howell et al., 2020 [17] but was a poor fit to the data (as in Howell et al., 2020) and so no further analysis was conducted using this factor structure. Each of the assessed models are reported below along with tests of measurement invariance where baseline fit was assessed as adequate.

Figure 3.2

Tested Factor Structures of the CPQ; (a) Two-factor CPQ; and (b) Bifactor CPQ;



Note: S = perfectionistic strivings, C = evaluative concerns, P = general perfectionism.

Two-Factor Solution

Using the two-factor solution, the initial model fit was satisfactory according to SRMR, but was unacceptable according to the CFI and RMSEA (see Table 3.2). Modification indices were reviewed and indicated that allowing item 3 (“Have you been told that your standards are too high?”) and item 10 (“Do you think that other people would have thought of you as a perfectionist?”; Modification index 48.44) to covary would significantly improve model fit. Following these modifications, the baseline model fit was closer to but still not acceptable according to CFI (.863) and RMSEA (0.099).

Item 7 had noticeable cross-loadings, and so we tested the model fit without this item. After removing item 7 and allowing items 3 and 10 to covary, model fit was improved such that SRMR was acceptable, although it did not quite reach traditional benchmarks for adequacy according to CFI (0.899) and RMSEA (0.086). Although these model fit statistics

were not ideal, we proceeded to evaluate this model for measurement invariance to assess if the measurement was consistent across the groups.

While configural (M1) and metric (M2) invariance were supported according to two of the three fit indices (Δ NCI and p MLR $\Delta\chi^2$), scalar (M3) invariance was not supported (See Table 3.3). Partial scalar invariance was also not found after consulting modification indices.

Bifactor Solution

A bifactor model failed to converge. To explore the source of this failure, the bifactor model was tested for the group with a history of NSSI ($N = 299$) and no history of NSSI ($N = 412$) separately; good fit was observed among participants with no history of NSSI (CFI = 0.930, RMSEA = 0.076 [0.058, 0.094], SRMR = 0.041, $\chi^2/df = 3.35$). The group with a history of NSSI however would not converge. It is unlikely that this is due to sample size, and we therefore conclude that the bifactor solution is variant across groups.

Discussion

Although non-suicidal by definition, NSSI is linked to future suicidal ideation and behaviour and is considered to be an important risk factor for suicide (Pompili & Baldessarini, 2015). Perfectionism, associated with suicide risk, also appears to be related to NSSI (Gyori & Balazs, 2021). However, the nature of cognitive processes which are linked to NSSI may affect how individuals respond to measures of perfectionism. It is critical to test whether current self-report measures of perfectionism are consistent across groups of individuals with and without a history of NSSI. The results of the current study suggest that for the FMPS-Brief, both the two-factor and bifactor structures can measure interpretable between-groups differences in perfectionism. This contributes to growing evidence for the vigour of the FMPS-Brief, with measurement invariance supported across cross-cultural groups (Burgess et al., 2016). It should be noted that although the bi-factor model

demonstrated full residual error invariance, there was differential item functioning which, if ignored, may lead researchers to erroneously conclude that there were significant differences in perfectionistic concerns.

However, findings were considerably less clear regarding the CPQ. This measure had unusually poor baseline model fit even after modification, and comparatively weak internal consistency, which was inconsistent with previous research indicating the measure is psychometrically sound (e.g., Howell et al., 2020; Prior et al., 2018). Importantly, there is no existing research on the measurement invariance of the CPQ across other groups (such as gender or culture). As such, it would be interesting to reproduce the present study in other samples. Nonetheless, measurement invariance was tested on the present data and the pattern of findings indicated that the CPQ was not invariant between groups. Given the poor baseline fit, it is difficult to have confidence in transferability of the CPQ's psychometric properties outside of the present sample.

The current findings have implications for future research and practice in the context of perfectionism and NSSI. Firstly, the FMPS-Brief appears to be an appropriate tool for use in measuring perfectionism among individuals with a history of self-injury. The decision to use the two factor or bifactor model should be guided by the clinical judgment of the researcher or clinician as well as previous literature (Howell et al., 2020). For clinical purposes, a time-effective and psychometrically sound way of measuring perfectionism may be to use the general factor of the FMPS-Brief. Researchers seeking to use the CPQ to make comparisons between individuals with and without a history of NSSI should carefully evaluate the psychometric properties in the samples being assessed.

There are some limitations which require careful consideration. Given the supporting literature for the CPQ (Egan et al., 2016; Howell et al., 2020; Prior et al., 2018; Shu et al., 2020; Stoeber & Damian, 2014), these disparate findings suggest these data used in the

present study may be anomalous. It is therefore strongly recommended that future research seek to evaluate the measurement invariance of the CPQ with further samples where baseline model fit and reliability are more in line with previously reported estimates. Additionally, we recruited an undergraduate university student sample. This is considered to be appropriate for the present study as NSSI is a comparatively common behaviour among university students (Kiekens et al., 2019). However, conclusions about the transferability of these findings to other non-student populations cannot be made. Notably, the sample was predominantly (75.3%) female, consistent with other findings that females are over-represented in research on NSSI. Despite this, evidence about gender differences in rates of NSSI is inconclusive. Although some studies have found that females are more likely to have a history of self-injury than males (Bresin & Schoenleber, 2015), others have found no significant difference in NSSI prevalence, methods, and severity across genders (Victor et al., 2018). This may be related to the over-representation of females in samples recruited using undergraduate participation pools. Finally, this research also only evaluated NSSI as a binary outcome (yes or no lifetime history of NSSI). It is worth considering that individuals with a recent history (typically conceptualised as NSSI in the past 12 months) may differ with respect to cognitions and emotional regulation in important ways to individuals with a lifetime history (i.e., has self-injured at least once in their lifetime; Dawkins et al., 2019). Although we were underpowered to explore this in the present study, future research may build upon these preliminary findings with larger samples to explore invariance of measurement across different frequencies of NSSI.

Given the associations between perfectionism, NSSI, and suicide (e.g., Gyori & Balazs, 2021; Pompili & Baldessarini, 2015), these findings may have implications for measurement in the context of NSSI, but also the literature exploring perfectionism, and

suicidal ideation and behaviour. However, further research is required to investigate measurement invariance in these contexts.

Conclusions

The findings from this study suggest that researchers can use the two-factor model or the general factor from the bi-factor model of the FMPS-Brief to assess differences in perfectionism between individuals with and without a history of self-injury. Where researchers are using the bi-factor model (and not the two-factor model), caution should be exercised when using the evaluative concerns subscale. Given the suitability of the general factor for understanding clinical perfectionism and the measurement invariance of this factor, clinicians seeking to assess perfectionism in populations with lived experience of NSSI are encouraged to use the general factor for simplicity and accuracy. Further research into the measurement of perfectionism using the CPQ is encouraged. Understanding the associations between perfectionism and NSSI is important to guide both our theoretical understanding of the behaviour as well as future prevention and intervention efforts, which may have significant flow on effects in reducing suicide ideation and behaviour.

Chapter Four: Measurement Invariance of Rumination Measures

Introduction to Chapter Four

In the previous chapter, I assessed the psychometric properties of perfectionism measures in the context of NSSI. Similarly, in this chapter I examined the psychometric properties of rumination measures for suitability in the context of NSSI. Specifically, I assessed the baseline model fit and measurement invariance of three commonly used measures of rumination, the Ruminative Responses Scale (Treyner et al., 2003), the Ruminative Thought Style Questionnaire (Brinker & Dozois, 2009), and the Repetitive Thinking Questionnaire (McEvoy et al., 2014).

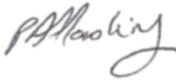
This chapter is published in a peer-reviewed journal. Ethical approvals, a copy of the survey packages, and permission to reproduce the paper in this thesis can be found in Appendices D, E, and F, respectively.

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Authorship

All signed authors acknowledge that this statement is an accurate representation of their contribution to the above research output.

Author	Contribution	Acknowledgement
Kate Tonta	Development of research question, data collection, data management, data analysis, interpretation of results and discussion, manuscript preparation, reviewing and editing of drafts.	
Penelope Hasking	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Mark Boyes	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Joel Howell	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Peter McEvoy	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Glenn Kiekens	Assisted with data analysis, interpretation of results, manuscript preparation, and reviewing and editing of drafts.	

Abstract

Rumination is central to understanding the onset and maintenance of non-suicidal self-injury. Yet, no study has evaluated whether reported differences in rumination between people with and without a history of self-injury represent genuine group differences. The present study reports an investigation of the measurement invariance of three common measures of rumination in university students with and without a history of self-injury (total $N = 1519$). Results revealed configural invariance for the Ruminative Responses Scale (RRS), the Ruminative Thought Style Questionnaire (RTSQ), and the Repetitive Thinking Questionnaire (RTQ). Additionally, the RTSQ and RTQ supported metric invariance, while the RRS supported partial metric invariance. Further, the RTQ demonstrated partial scalar invariance while the RTSQ demonstrated full scalar invariance. The current findings suggest that observed differences using the RTSQ and RTQ reflect genuine differences in rumination between people with and without a history of self-injury, while researchers using the RRS are advised to account for differential item functioning.

Introduction

Non-suicidal self-injury (NSSI) involves deliberate and self-inflicted damage to one's own body tissue in the absence of intent to die (International Society for the Study of Self-Injury, 2021). Common NSSI behaviours include cutting, burning, scratching, and interfering with wound healing. NSSI is reported by approximately 17% of adolescents, 13% of young adults, and 5% of adults (Swannell et al., 2014). Approximately 20% of university students have engaged in NSSI during their lifetime, which highlights that the university context may be of particular significance (Swannell et al., 2014). Furthermore, while peak age of onset is 14 years, there is a second peak in age of onset of NSSI at approximately 20 years old (Gandhi et al., 2018; Kiekens et al., 2019). The most commonly reported function of self-injury is emotion regulation (Taylor et al., 2018), and accordingly, most theoretical models of NSSI have predominantly focused on the function of self-injury as an emotion regulation behaviour (Arbuthnott et al., 2015; Hasking et al., 2017; Nock, 2009; Selby et al., 2013). When considering cognitive factors that may underlie NSSI, rumination appears particularly salient. According to the Emotional Cascade Model of NSSI (Selby et al., 2013), thinking repetitively about one's negative emotional state creates cascades of emotion by repeatedly reallocating attention to negative thoughts. NSSI serves to disrupt these cascades by diverting attention away from intense negative emotions and towards NSSI-related stimuli, such as the physical sensation of pain, the sight of blood, and attending to wounds. As a result, rumination has been proposed as a key mechanism in the onset and maintenance of NSSI.

This experience of emotional cascades also implies that people with a history of self-injury will endorse elevated trait rumination (Selby et al., 2013). Rumination has been positively related to NSSI in a range of studies (e.g., Dawkins et al., 2019; Nicolai et al., 2016), and there is self-report and experimental evidence that elevated rumination is associated with NSSI (Selby et al., 2010; Slabbert et al., 2018). However, rumination can be

measured with a variety of measures. It is important to note that measures of rumination and repetitive negative thinking are often used interchangeably in the context of NSSI research. Although there are conceptual differences in these constructs, visual observation of items in these measures and empirical evidence indicate that these constructs have considerable overlap (Ehring & Watkins, 2008). As such, for the purpose of this research, we will explore measures of rumination and repetitive negative thinking. Three commonly used self-report measures of rumination are the Ruminative Responses Scale (RRS; Treynor et al., 2003), the Ruminative Thought Style Questionnaire (RTSQ; Brinker & Dozois, 2009), and the Repetitive Thinking Questionnaire (RTQ; McEvoy et al., 2010).

The RRS (Treynor et al., 2003) is a 10-item measure loading onto two factors (reflecting and brooding). The RRS is one of the earlier measures of rumination, and measures rumination as a depressive process of focusing internally on one's thoughts and negative emotions. The focus on depressive symptoms limits the RRS's capacity to measure repetitive thinking for other principal and comorbid disorders, leading to the development of the RTSQ (Brinker & Dozois, 2009), a 20-item measure of rumination that assesses repetitive thinking in a range of contexts, including past and future events, in a valence-neutral way. Finally, the RTQ (McEvoy et al., 2014) is a 10-item unidimensional measure that assesses trait repetitive thinking about one's negative experiences. The RTQ was designed as a transdiagnostic tool for evaluating repetitive negative thinking across a range of psychopathologies.

It is clear that these three measures are similar but not equivalent in content, and so their use should be guided by contextual factors. For example, given it is explicitly transdiagnostic in nature, the RTQ may be more generalisable to a broader array of clinical concerns (including NSSI) than the RRS, with an exclusive focus on depression. Additionally, the RTSQ measures repetitive thinking in a valence-neutral way, rather than

focusing on negative emotional experiences. Researchers and clinicians working in the context of NSSI, therefore, need to make decisions about which tool is most appropriate for their purposes.

One consideration guiding this choice is the extent to which the measures perform psychometrically when administered to people with a history of NSSI and those without. Ensuring measurement invariance is necessary for drawing conclusions about genuine group differences based on differences in scores, rather than simply reflecting a difference in the way people have interpreted and responded to the items (Putnick & Bornstein, 2016). Notably, the biased attention towards negative affect which characterises NSSI may cloud an individual's ability to retrospectively recognise cognitive processes during periods of heightened distress, and may contribute to an inability to accurately reflect on their own ruminative processes. This could lead to apparent group differences in rumination based on self-report measures, which are a function of different interpretations of the items (i.e., a psychometric artefact), rather than reflecting true group differences in ruminative processes. To date, no published research has explored the measurement invariance of these rumination measures across groups of people with and without a history of self-injury. Establishing measurement invariance across groups would increase confidence in theoretical, empirical, and clinical work that highlights the role of rumination in initiating and maintaining NSSI.

Recent work on measurement invariance of emotion regulation measures in the context of NSSI has highlighted the importance of these evaluations (Kiekens, Hasking, & Boyes, 2018). Specifically, Kiekens and colleagues (2018) recently observed a potential lack of invariance in the commonly used Emotion Regulation Questionnaire (Gross & John, 2002), concluding that the reported association between expressive suppression and NSSI may merely be a measurement artefact, and not a genuine relationship, which has important implications for our understanding of factors underlying NSSI, as well as intervention. Given

the central role of rumination in NSSI, it is surprising that no one has investigated measurement invariance in measures of rumination between individuals with and without a history of NSSI.

The aim of this study was to test the measurement invariance of three commonly used measures of rumination across samples of people with and without a self-reported history of self-injury. The RRS, RTSQ, and RRS were subjected to a stepwise bottom-up evaluation of measurement invariance, testing configural (i.e., equal factor structure), metric (i.e., equal factor loadings), scalar (i.e., equal item intercepts), and residual error (i.e., equal residual errors) invariance. Each subsequent level of invariance required the previous levels to be at least partially supported.

Method

Participants and Procedure

Data for this study were combined from previous studies evaluating rumination in the context of emotion regulation and mental health. All studies were approved by the Curtin University Human Research Ethics Committee. In total, 1519 undergraduate psychology students participated. Participants were aged between 17 and 85 years of age ($M = 22.16$, $SD = 6.10$); 23.9% were male, 75.5% female and 0.4% identified as another gender. All were given course credit in exchange for participation. Where students had participated in more than one study, duplicate responses across datasets were deleted (the first response was retained). A total of 1222 individuals completed the RTQ, 733 completed the RTSQ, and 385 completed the RRS. See Table 4.1 for sample characteristics across the three measures.

Table 4.1*Demographic Information Across the Samples.*

	RRS		RTSQ		RTQ	
	<i>N</i> = 383		<i>N</i> = 735		<i>N</i> = 1222	
	<i>n/M</i>	%/ <i>SD</i>	<i>n/M</i>	%/ <i>SD</i>	<i>n/M</i>	%/ <i>SD</i>
Female gender	288	75.20%	544	73.90%	916	75.00%
Age	23.17	6.76	21.69	6.12	22.15	6.17
Full-time student	310	80.94%	648	88.40%	1085	88.80%
Lifetime history of NSSI	126	32.90%	237	32.22%	421	34.50%
Sample means						
RRS ^a						
Brooding	2.28	0.80				
Reflecting	2.21	0.75				
RTSQ ^b						
Problem-focused thinking			3.99	1.43		
Counter-factual thinking			5.20	1.39		
Repetitive thoughts			5.25	1.36		
Anticipatory thoughts			4.93	1.29		
RTQ ^c					3.29	0.89

Note. RRS = Ruminative Response Styles, RTSQ = Ruminative Thinking Styles Questionnaire, RTQ =

Repetitive Thinking Questionnaire. ^a 1-4 range, ^b 1-7 range, ^c 1-5 range.

Measures

Inventory of Statements About Self-Injury

The Inventory of Statements About Self-Injury (ISAS; Klonsky & Glenn, 2009) measures history of self-injury (defined to participants as intentionally harming oneself without intention to suicide). Participants who indicated they have a history of NSSI (i.e., “Have you ever engaged in non-suicidal self-injury?”) were presented with 12 common

methods of NSSI (e.g., cutting, burning) and provided a lifetime frequency of each behaviour. NSSI was operationalised as a binary variable (history of NSSI vs no history of NSSI), and the subsequent 12 items are used for descriptive purposes. The ISAS has been widely used in research and has established test-retest reliability (4-week, $r = .85$; 1-year, $r = .68$; Glenn & Klonsky, 2011)

Ruminative Responses Scale

The Ruminative Responses Scale (RRS; Treynor et al., 2003) originally contained 22 items, but has been refined to contain 10 items loading onto two factors; reflecting (e.g., Analyze recent events to try to understand why you are depressed) and brooding (e.g., Think “What am I doing to deserve this?”). These items assess the frequency with which participants engage in particular response styles to low moods, and responses are rated from 1 (almost never) to 4 (almost always). The reflecting and brooding subscales demonstrated satisfactory internal consistency in previous research ($\alpha = .72$ and $.79$ respectively; Treynor et al., 2003) and excellent internal consistency in the present sample ($\alpha = .81$ and $.85$ respectively).

Ruminative Thought Style Questionnaire

Although exploratory factor analyses originally yielded a single factor (Brinker & Dozois, 2009) a subsequent study developed a revised 15-item version comprising four factors (Tanner et al., 2012): problem-focused thoughts (e.g., Even if I think about a problem for hours, I still have a hard time coming to a clear understanding); counterfactual thinking (e.g., I tend to replay past events as I would have liked them to happen); repetitive thoughts (e.g., I can't stop thinking about some things); and anticipatory thoughts (e.g., If I have an important event coming up, I can't stop thinking about it). Having demonstrated reliability in subsequent studies (e.g., Voon et al., 2014), the four-factor solution was utilised in the present research. Participants rate each statement from 1 (not at all descriptive of me) to 7 (describes

me very well; Tanner et al., 2012). Similar to previous research, the reliability of three subscales (problem-focused thoughts, counterfactual thinking, and repetitive thoughts) in the present study were excellent ($\alpha = .90 - .93$) while the fourth subscale (anticipatory thoughts) demonstrated moderate reliability ($\alpha = .67$).

Repetitive Thinking Questionnaire

The RTQ requires individuals to consider the last time they felt particularly distressed and rate how true each item was of their experience after the distressing situation. An example item is “I have thoughts or images about all my shortcomings, failings, faults, mistakes”. The response rating scale was a 5-point scale from 1 (not true at all) to 5 (very true). This measure has demonstrated excellent internal consistency in community samples ($\alpha = .89$) and has demonstrated construct validity with measures of negative affect and psychological distress (McEvoy et al., 2010; McEvoy et al., 2014). In the current sample, the internal consistency was $\alpha = .93$.

Data analysis

A multiple group confirmatory factor analysis (MGCFA) was conducted in MPlus 8 (Muthén & Muthén, 2017) to evaluate measurement invariance using maximum likelihood estimation with robust standard errors (MLR). Given that the distributions for many of the items were skewed, MLR was chosen because it is robust to non-normality and handles missing data using full information maximum likelihood (Li, 2016). Model fit was evaluated against the following: Standardized Root Mean Square Residual (SRMR) values close to 0.08 or below, Root Mean Square Error of Approximation close to 0.08 or below, and a Comparative Fit Index in the 0.90–0.95 range or higher (Brown, 2015). Given that the χ^2 statistic is sensitive to sample size, alternative fit indices must also be considered in order to determine a violation of measurement invariance (Meade, Johnson, & Braddy, 2008). Fit will be supported if the configural model shows acceptable model fit and each of the subsequent

models shows at least two of the following: a nonsignificant change in χ^2 from the previous model, differences in CFI less than or equal to 0.002 from the previous model, and differences in McDonald's non-centrality index (NCI) from the previous model below established cut-offs on the basis of the number of items and factors (Meade, Johnson, & Braddy, 2008). If a violation of full measurement invariance is detected, modification indices are consulted to examine if partial invariance can be established.

Results

RRS

The RRS was completed by 383 participants, of whom 126 (32.9%) disclosed a history of self-injury. Of those participants, the most commonly reported behaviour was cutting (69.8%) followed by banging or hitting oneself (55.6%). A two-factor confirmatory model (brooding and reflection) was tested and demonstrated acceptable model fit according to the CFI and SRMR values, although the RMSEA value was above the cut-off for acceptable fit (see Table 4.2).

The RRS data demonstrated configural (M1) invariance (see Table 4.3), but full metric (M2) variance was not supported as indicated by Δ NCI and Δ CFI above the specified cut-offs and a significant change in χ^2 . When factor loadings of item 15 (*think "Why do I have problems other people don't have?"*) were freed to vary, model fit improved significantly and partial metric (M2.1) invariance was supported according to the Δ NCI and $\Delta\chi^2$ statistics. Taking into account partial metric invariance (M2.1), full scalar (M3) invariance was demonstrated according to all considered fit statistics. Full residual error (M4) invariance was not supported, as further analyses revealed higher residual error variance in item five (*think "What am I doing to deserve this?"*) for the group with a history of self-injury compared to the group with no history of self-injury. Allowing these residual errors to

vary in addition to the factor loadings of item 15, partial residual error (M4.1) invariance was supported.

There were significant latent mean differences, with individuals with a history of NSSI scoring higher than those with no history on the reflecting subscale (reflecting: unstandardized $M_{\text{NSSI}} = 0.21$, $Z = 3.81$, $p < .001$). Regardless of whether the differential item functioning of item 5 and 15 on the brooding subscale was considered (unstandardized $M_{\text{NSSI}} = 0.35$, $Z = 4.59$, $p < .001$) or ignored (unstandardized $M_{\text{NSSI}} = 0.36$, $Z = 4.52$, $p < .001$), individuals with a history of NSSI scored higher than those with no history.

RTSQ

The RTSQ was completed by 735 participants, of whom 237 (32.2%) disclosed a history of self-injury. Among these participants, the most commonly reported behaviour was cutting (78.4%) followed by banging or hitting oneself (33.9%). The baseline model fit was excellent according to the CFI, SRMR, and RMSEA values (see Table 4.2).

Configural (M1), full metric (M2), and full scalar (M3) invariance were supported according to all considered fit statistics (Table 4.3). Full residual error (M4) invariance was not supported, as further analyses revealed higher residual error variance in items one (*I find that my mind goes over things again and again*) and four (*I can't stop thinking about some things*) for the group with no history of self-injury compared to the group with a history of self-injury. Allowing these residual errors to vary, partial residual error (M4.1) invariance was supported.

There were significant latent mean differences for RTSQ, indicating that individuals with a history of NSSI scored higher than those with no history of self-injury on problem-focused thoughts (unstandardized $M_{\text{NSSI}} = 0.52$, $Z = 5.18$, $p < .001$), counterfactual thinking (unstandardized $M_{\text{NSSI}} = 0.56$, $Z = 5.59$, $p < .001$), and repetitive thoughts (unstandardized

$M_{\text{NSSI}} = 0.57, Z = 6.06, p < .001$). There were no mean differences on the latent factor for anticipatory thoughts (unstandardized $M_{\text{NSSI}} = 0.15, Z = 1.71, p = .087$).

RTQ

In the RTQ dataset, there were 1222 participants, of whom 421 (34.5%) disclosed a history of self-injury. Of those who had self-injured, the most commonly reported behaviour was cutting (64.4%) followed by banging or hitting oneself (49.2%). The baseline model had an acceptable fit to the data according to the CFI and SRMR values, however the model demonstrated an unsatisfactory RMSEA (Table 4.2). The two largest modification indices in the baseline model indicated that freeing the covariances between items one (*I have thoughts or images about all my shortcomings, failings, faults, mistakes*) and two (*I have thoughts or images about events that come into my head even when I do not wish to think about them again*; modification index 101.16), and between items eight (*I think about the situation all the time*) and nine (*I know I shouldn't think about the situation, but can't help it*; modification index 113.80) would improve model fit. After freeing these covariances, the revised model significantly improved model fit, $\Delta\chi^2(2) = 192.96, p < .001$ (Table 4.2). We then proceeded to evaluate configural, metric, and scalar invariance for this final model.¹

Configural (M1) and full metric (M2) invariance were supported, but full scalar (M3) invariance was not (Table 4.3). Modification indices suggested differential item-functioning for items 1 (*I have thoughts or images about all my shortcomings, failings, faults, mistakes*), 3 (*I have thoughts or images that "I won't be able to do my job/work because I feel so badly"*), and 6 (*I notice that I think about the situation*). After allowing these intercepts to vary freely, partial scalar (M3.1) invariance was supported. In a final step, residual error (M4) variances were fixed to be equal across groups. Further analyses also revealed higher residual

¹ The un-modified RTQ model was also evaluated for measurement invariance, and the pattern of findings did not differ from the modified RTQ model. Extended results are available upon request.

error variance in item 10 (*I have thoughts or images about the situation and wish it could go better*) for the group with no history of self-injury compared to the group with a history of self-injury. Allowing the residual error variance of item 10 to vary freely across groups, partial residual error (M4.1) invariance was supported.

There were significant latent mean differences for RTQ, indicating that individuals with a history of NSSI scored higher in repetitive negative thinking than those with no history of self-injury, regardless of whether differential item functioning was considered (unstandardized $M_{\text{NSSI}} = 0.45$, $Z = 9.52$, $p < .001$) or ignored (unstandardized $M_{\text{NSSI}} = 0.47$, $Z = 9.60$, $p < .001$).

Table 4.2

Model Fit of Baseline Models.

	X ²	df	RMSEA [90% CI]	CFI	TLI	SRMR	NCI
RRS ($N = 383$)	130.08	34	0.086 [0.071, 0.102]	.931	.909	.045	.882
RTSQ ($N = 735$)	304.32	84	0.060 [0.053, 0.067]	.963	.953	.047	.861
RTQ ($N = 1222$)	529.81	35	0.108 [0.100, 0.116]	.912	.887	.042	.817
RTQ – Modified ($N = 1222$)	336.85	33	0.087 [0.079, 0.095]	.946	.926	.034	.883

Note. RTQ = Repetitive Thinking Questionnaire, RTSQ = Ruminative Thinking Styles Questionnaire,

RRS = Ruminative Response Styles.

Table 4.3

Evaluation of Measurement Invariance in Measures of Rumination Between Groups of Individuals With and Without a History of Self-Injury.

	X ²	Df	TLI	NCI	CFI	Model comparison	ΔNCI ^a	ΔCFI ^b	<i>p</i> MLR Δχ ²
RRS									
M1: Configural invariance	159.90	68	.909	0.8867	0.931	-	-	-	-
M2: Full metric invariance	175.76	76	.912	0.8776	0.925	M1-M2	.0091 ⁻	.006 ⁻	.053 ⁺
M2.1: Partial metric invariance (freeing loading of item 15)	171.63	75	.913	0.8812	0.928	M1-M2.1	.0055 ⁺	-.003 ⁻	.133 ⁺
M3: Full scalar invariance ¹	178.32	83	.923	0.8827	0.929	M2.1-M3	-.0015 ⁺	-.001 ⁺	.647 ⁺
M4: Full residual error invariance ¹	195.38	93	.926	0.8746	0.924	M3-M4	.0081 ⁻	.005 ⁻	.710 ⁺
M4.1: Partial residual error invariance ¹ (freeing error variance for item 5)	189.33	92	.929	0.8804	0.927	M3-M4.1	.0023 ⁺	.002 ⁺	.945 ⁺
RTSQ									
M1: Configural invariance	404.18	168	.952	0.8514	0.961	-	-	-	-
M2: Full metric invariance	412.48	179	.955	0.8530	0.962	M1-M2	-.0016 ⁺	-.001 ⁺	.686 ⁺
M3: Full scalar invariance	424.58	190	.958	0.8523	0.962	M2-M3	.0007 ⁺	<.001 ⁺	.356 ⁺
M4: Full residual error invariance	487.11	205	.953	0.8251	0.954	M3-M4	.0272 ⁻	.008 ⁻	<.001 ⁻
M4.1: Partial residual error invariance (freeing error variance for items 1 and 4)	447.00	203	.959	0.8469	0.960	M3-M4.1	.0054 ⁺	.002 ⁺	.021 ⁻

	X ²	Df	TLI	NCI	CFI	Model comparison	ΔNCI ^a	ΔCFI ^b	<i>p</i> MLR Δχ ²
RTQ									
M1: Configural invariance	563.15	70	.879	0.8171	0.906	-	-	-	-
RTQ – Modified									
M1: Configural invariance	371.86	66	.920	0.8823	.941	-	-	-	-
M2: Full metric invariance	392.84	75	.927	0.8780	.939	M1-M2	.0043 ⁺	.002 ⁺	.013 ⁻
M3: Full scalar invariance	434.31	84	.928	0.8664	.933	M2-M3	.0116 ⁻	.006 ⁻	<.001 ⁻
M3.1: Partial scalar invariance (freeing intercepts for items 1, 3, & 6)	406.59	81	.931	0.8752	.938	M2-M3.1	.0028 ⁺	.001 ⁺	.033 ⁻
M4: Full residual error invariance ²	428.35	91	.936	0.8710	.935	M3.1-M4	.0042 ⁺	.003 ⁻	.016 ⁻
M4.1: Partial residual error invariance ² (freeing error variance for item 10)	420.23	90	.937	0.8735	.937	M3.1-M4.1	.0017 ⁺	.001 ⁺	.136 ⁺

Notes. ^acutoff value for ΔNCI > 0.0074 (RTQ); and ΔNCI > 0.0080 (RTSQ and RRS) ^bcutoff value for ΔCFI > 0.002, ⁺ invariance was supported according to the relevant fit statistic, ⁻ invariance was not supported according to the relevant fit statistic. ¹Accommodating partial metric invariance as in M2.1, ²Accommodating partial scalar invariance as in M3.1

Discussion

Rumination has been a core concept in understanding the onset and maintenance of NSSI (Selby et al., 2013). Previous research has explored group differences in rumination across samples of individuals with and without a history of self-injury, but none to date have tested the measurement variance of the self-report tools used to evaluate rumination. The results of the current study suggest that of the assessed measures the RTSQ may be the most reliable at assessing differences in rumination levels between individuals with and without a history of self-injury. However, although the RRS and RTQ did not meet full metric and full scalar invariance respectively, ignoring differential functioning did not significantly influence latent mean differences.

Upon closer inspection, there is some degree of difference between models in psychometric performance. The only measure to demonstrate full scalar invariance was the RTSQ. However, an evaluation of latent mean differences suggests that on the fourth subscale, anticipatory differences, there were no significant differences between individuals with and without a history of self-injury. This subscale contains only two items and demonstrated low internal consistency, and as such it should be used with caution. The RTQ demonstrated full metric invariance but only partial scalar invariance. Freeing the item intercepts for three items resulted in partial scalar invariance, and evaluation of latent mean differences indicated that the difference between groups is significant regardless of whether this differential item functioning was considered or not. Finally, the RRS did not demonstrate full metric invariance, suggesting that item loadings were not equivalent between groups. Although this would suggest that group comparisons may not be reliable, latent mean analysis indicated that there was a significant mean difference between groups in this sample, regardless of whether this differential item functioning was considered or not, and that those

mean differences were similar in magnitude. Future research using these measures should explore if this differential item functioning is consistent across samples.

Based on these findings, it seems although all three measures may be appropriate for use in research, the RRS in particular should be used with caution given the lack of metric invariance in this sample. The choice of which measure to use should be guided by the research question, decided upon by theoretical grounds. The RRS and RTSQ are longer than the RTQ, suggesting that if brevity is of concern, the RTQ may be used. Research seeking to evaluate valence-neutral repetitive thinking may consider the use of the RTSQ, while research which is seeking to evaluate depressive-specific rumination may consider the RRS with caution. Research looking at the broader clinical process of thinking repetitively about negative affect may consider the use of the RTQ. The RRS should be used with caution, however, given the concerns regarding metric variance, and future research using this measure should assess measurement invariance.

A number of limitations warrant consideration. The RTQ and RRS measure repetitive thinking more broadly, while the RTSQ attempts to distinguish types of repetitive thinking. A more targeted analysis of item content may be prudent to determine whether the difference in item content is responsible for differences in measurement invariance. The findings are based upon a university student sample, and so may not necessarily generalise to the general community or clinical samples. Given rumination is likely to be elevated in clinical populations, future research should consider evaluating the invariance of these measures across clinical and non-clinical samples, across a range of psychopathologies. On this note, the present research only considered group differences and did not investigate the role of rumination in NSSI. Additionally, the present research compared individuals with no history of self-injury to individuals with a lifetime history of self-injury (i.e., has self-injured at least once in their life). It is worth considering that individuals with a recent history of self-injury

may differ from individuals with a lifetime history of self-injury, in terms of emotional regulation and cognitive processes (e.g., Dawkins et al., 2019). As such, future research should explore measurement invariance across recent history and lifetime history of self-injury. In addition, the sample for the RRS was notably smaller than for the other measures ($N = 383$), and should be replicated in a larger sample.

Bearing these limitations in mind, the present study provides evidence that current measures of rumination can be considered as robust in the context of group comparisons in people with and without a history of NSSI. The three measures evaluated in this research demonstrated different levels of invariance. The RRS failed to demonstrate full metric invariance, while the RTQ and RTSQ both supported full metric invariance. Further, the RTQ only demonstrated partial scalar invariance while the RTSQ demonstrated full scalar invariance. Future research is needed to reproduce the structure of the measures as modified in the current findings, although these findings suggest the RTSQ can be used with confidence that true group differences will be reflected in scores.

Chapter Five: Modelling Pathways to Self-Injury

Introduction to Chapter Five

In the previous chapters, I established that there are suitable measures of both perfectionism and rumination that perform invariantly across groups of people with and without a history of self-injury. Studies one and two informed scale selection for the present chapter, using the FMPS to measure perfectionism and the RTQ for measuring rumination. This chapter was an initial test of the relationships between perfectionism, attentional control, rumination, negative affect, and NSSI. This path model evaluated a theoretical model that forms the basis of this thesis, integrating indirect paths between perfectionism and NSSI through rumination and negative affect, and the moderating effects of attentional control on the paths between perfectionism and rumination, and perfectionism and negative affect.

This chapter is published as an open-access article in a peer-reviewed journal. This study utilised the same data set as Chapter Three; ethical approval notice and a copy of the survey package can be found in Appendices A & B respectively. Permission to reproduce the paper in this chapter can be found in Appendix F.

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Authorship

All signed authors acknowledge that this statement is an accurate representation of their contribution to the above research output.

Author	Contribution	Acknowledgement
Kate Tonta	Development of research question, data collection, data management, data analysis, interpretation of results and discussion, manuscript preparation, reviewing and editing of drafts.	
Mark Boyes	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Joel Howell	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Peter McEvoy	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Andrew Johnson	Assisted with data analysis, interpretation of results, manuscript preparation, and reviewing and editing of drafts.	
Penelope Hasking	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	

Abstract

Objective: Using the Emotional Cascade Model as a theoretical framework, this study tested whether the relationship between perfectionism and non-suicidal self-injury (NSSI) operates through rumination and negative affect. Additionally, we tested whether the associations between perfectionism and both rumination and negative affect are moderated by attentional control.

Methods: Using a correlational cross-sectional design, adults aged 18-25 with ($N = 197$) and without ($N = 271$) a history of NSSI completed measures of perfectionism, rumination, negative affect, attention control, and NSSI.

Results: Perfectionism was directly associated with increased odds of NSSI, and indirectly associated with odds of NSSI through rumination and negative affect. The relationship between perfectionism and rumination was moderated by attention focusing, significant for individuals scoring higher than 2.3 standard deviations below the mean of attention focusing.

Conclusion: Integrating perfectionism and attention with existing models of NSSI may improve understanding of the factors contributing to NSSI, and offers insights into future clinical directions.

Keywords: non-suicidal self-injury; perfectionism; emotional cascade; attention

Introduction

Non-suicidal self-injury (NSSI) is the deliberate damage to one's body tissue in the absence of suicidal intent (NSSI; International Society for the Study of Self-Injury, 2021). NSSI can include cutting or scratching the skin, although the range of behaviours is diverse (Swannell et al., 2014). Individuals commonly report engaging in NSSI as a means of regulating particularly intense or unwanted emotions (Taylor et al., 2018). Theoretical models of NSSI, such as the Emotional Cascade Model (Selby et al., 2013), focus on the roles of emotion and rumination in the onset and maintenance of NSSI. Perfectionism is also associated with NSSI, although the nature of this relationship is not clear. Given links between perfectionism and negative emotion (Limburg et al., 2017), rumination (Xie et al., 2019), and biased attention (Tonta et al., 2019), the current study tested whether cascades of negative emotion, driven by poor attention control, may account for the link between perfectionism and NSSI.

Emotional Cascade Model

The Emotional Cascade Model is an emotional regulation model of NSSI and postulates that a positive feedback loop occurs between rumination and negative affect (Selby et al., 2013). Rumination is a cognitive process that involves the repetitive and persistent allocation of attention to one's negative experiences and emotions, and is consistently implicated in the onset and maintenance of adverse psychological outcomes and negative affect (Ehring & Watson, 2008). According to the Emotional Cascade Model, rumination can increase the strength and duration of negative emotions. This relationship is bi-directional and amplifying, where negative affect then increases the degree to which the individual ruminates about their emotional experiences (Selby et al., 2016). When these emotional cascades rapidly intensify, the result is a highly aversive state of distress. With an individual's attention captured by these emotional cascades, individuals who engage in NSSI do so as a

'distraction' to interrupt the cascades (Selby & Joiner, 2009). They interrupt these cascades by diverting their attention away from their aversive emotional experience towards elements of the experience of self-injury such as the pain of injury or the visual stimulus of injury or blood (Selby et al., 2013).

The Emotional Cascade Model, therefore, emphasises the critical role of attention: rumination involves the repeated allocation of attention to negative emotional experiences, and individuals engage in NSSI as a strategy to redirect their attention from and thereby exit emotional cascades. Given the central role of attention, people with greater control over their attention may be less likely to ruminate, and less likely to experience psychological distress. Weaker attention control has been suggested as one mechanism through which rumination is associated with psychological distress (Hsu et al., 2015; Koster et al., 2011).

NSSI and Perfectionism

Perfectionism is described as setting self-worth based on the pursuit of personally demanding high standards, despite adverse consequences (Shafran et al., 2002). One simple example may be where an individual believes they must achieve high grades to be accepted by others. This individual would likely set unachievable high standards for their academic performance ("I must get over 90% in all my assessments"), and this pursuit may come at the cost of other important domains in their life such as interpersonal relationships. Furthermore, the individual may engage in extensive self-criticism if those standards are not met (e.g., "I am a failure"). Elevated perfectionism is associated with the development and maintenance of a range of adverse psychological outcomes, including depression, anxiety, eating disorders, and obsessive-compulsive disorders (Limburg et al., 2017), and is consistently correlated with high negative affect and lower positive affect (Prud'homme et al., 2017; Stoeber et al., 2010; Zuroff et al., 2012).

A systematic review recently summarised the evidence that elevated perfectionism is associated with increased risk of NSSI (Gyori & Balazs, 2021). This association has been demonstrated in adolescents (Luyckx et al., 2015), adults (Claes et al., 2012), and in clinical (Claes et al., 2012) and non-clinical samples (Hoff & Muehlenkamp, 2009). In these cross-sectional studies, participants with a history of NSSI had significantly higher scores in perfectionism than those with no history of NSSI. However, there is limited evidence for mechanisms that may explain the relationship between perfectionism and NSSI. Investigating this relationship may provide important theoretical information about the mechanisms at play as well as provide new clinical directions for prevention and intervention for NSSI. To make predictions about how perfectionism and NSSI may be related, we must first consider the mechanisms that are known to drive perfectionism.

One transdiagnostic process proposed to explain the relationship between perfectionism and negative affect is rumination. Meta-analysis has confirmed a robust association between perfectionism and rumination ($r = .20 - .32$; Xie et al., 2019). Further, rumination on perfectionistic content explains variance in negative affect above and beyond the variance explained by trait perfectionism (Flett et al., 2002; O'Connor et al., 2007). The idea that individuals with elevated perfectionism ruminate on their perceived failures and flaws may offer an explanation for the common finding that perfectionism acts via rumination to increase negative affect (Xie et al., 2019).

Perfectionism has also been characterised by biased attention to negative information (Howell et al., 2016; Tonta et al., 2019), a pattern that may also contribute to the heightened psychological distress experienced by individuals with elevated perfectionism (Egan et al., 2011). There is evidence demonstrating that individuals with elevated perfectionism preferentially allocate attention to perfectionism-relevant negative information (e.g., information that signals failure; Howell et al., 2016) and that this bias is characterised

by impaired disengagement from negative stimuli (Tonta et al., 2019). It therefore appears that perfectionism, which may be driven by biased attention processes, is associated with some of the key variables in the Emotional Cascades which lead to NSSI.

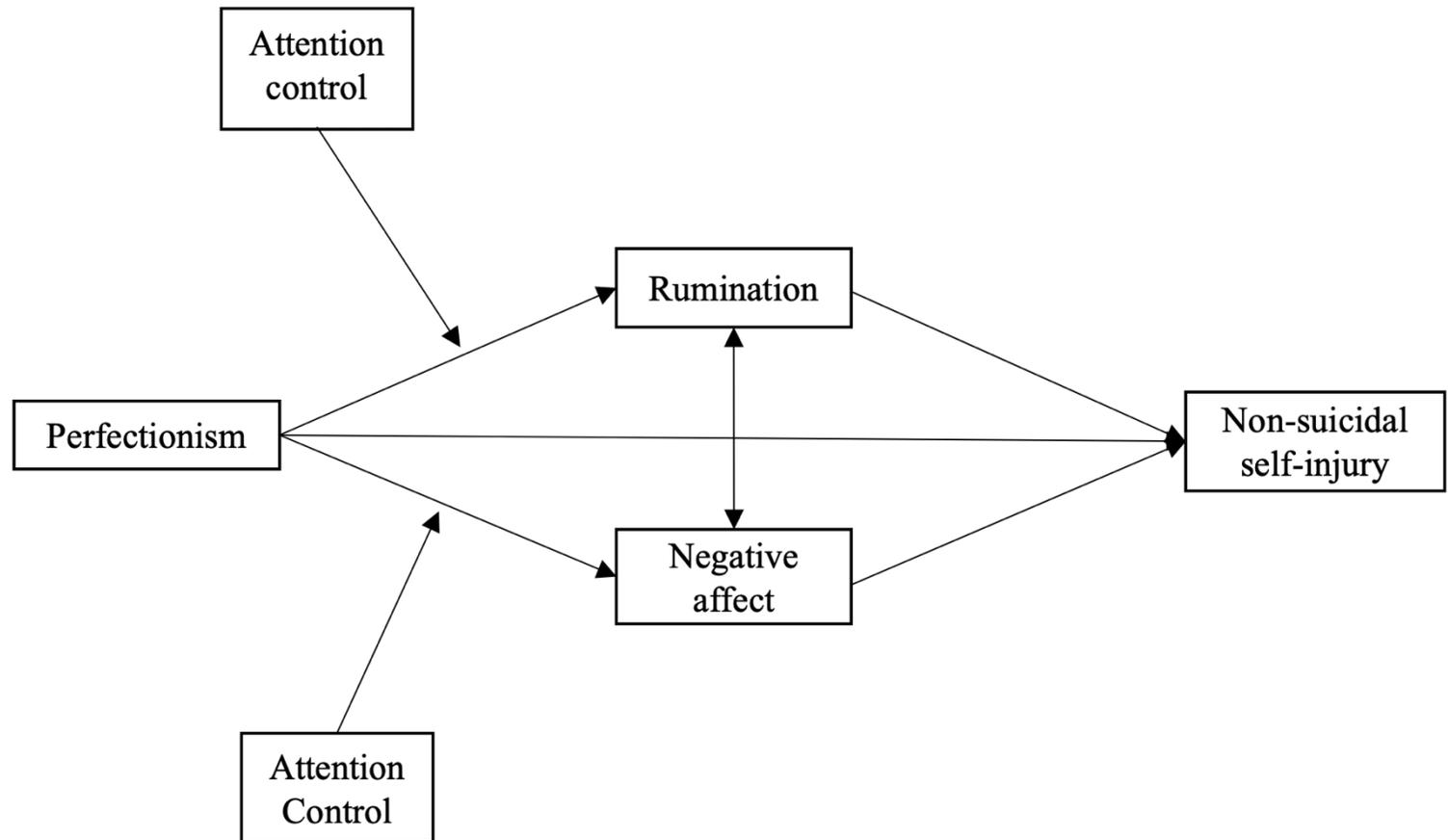
The Current Study

The Emotional Cascade Model includes two main components, rumination and negative affect, and points to the critical role of attention allocation. Perfectionism is associated with both these components (rumination and negative affect) of the Emotional Cascade Model, and may be maintained by biased attention processes. Given the overlap between these concepts of NSSI and perfectionism, two key ideas warrant exploration. First, the relationship between perfectionism and NSSI may be considered in the context of the Emotional Cascade Model such that perfectionism may act as a catalyst for the emotional cascades that lead to NSSI. We therefore propose that elevated perfectionism may be associated with greater rumination and negative affect and in turn, increased risk of NSSI. Second, the relationship between perfectionism and emotional cascades may be stronger for individuals with weaker attention control as they are less able to disengage from the emotional cascade than individuals with stronger attention control.

In the current study, we test a model that integrates perfectionism, attention control, and NSSI into the framework of the Emotional Cascade Model (Selby & Joiner, 2009) in order to understand the relationships between these key variables and NSSI. We therefore aim to test two hypotheses. First, we hypothesise that perfectionism is associated with NSSI, both directly as well as indirectly, through rumination and negative affect. Second, we hypothesise that the relationships between perfectionism and rumination, and perfectionism and negative affect, are moderated by attention control processes such that weaker attention control is associated with stronger relationships (see Figure 5.1).

Figure 5.1

Path Analysis Model Predicting Odds of NSSI



Methods

Participants

The study was approved by the Curtin University Human Research Ethics Committee. Data were collected as a part of a broader survey on emotion and cognition. The sample comprised 446 undergraduate university students aged between 18 and 23 years old ($M = 21.54$, $SD = 2.44$); 110 were male (24.7%) and 336 were female (75.3%). All participants were enrolled at Australian universities, with 354 participants (79.4%) born in Australia, 42 (9.4%) born in South and South-east Asia, and 19 (4.2%) born in Europe.

Measures

Non-Suicidal Self-Injury

The Inventory of Statements About Self-Injury (ISAS; Klonsky & Glenn, 2009) provides a measure of history, frequency, and type of NSSI behaviours. Participants were presented with a definition of NSSI, and reported if they have ever engaged in NSSI (a single item: no/yes). Individuals who indicated they have a history of self-injury were presented with 12 common methods of NSSI (e.g., cutting, burning) and were asked to estimate a lifetime frequency of each as well as to identify which, if any, was considered to be their main form. Participants were also asked at what age they first engaged in NSSI, and if they have engaged in NSSI in the past 12 months. The ISAS has been used extensively in research with acceptable psychometric properties (4-week test-retest reliability, $r = .85$; 1-year, $r = .68$; Glenn & Klonsky, 2011).

Perfectionism

The Frost Multidimensional Perfectionism Scale – Brief (FMPS-Brief; Burgess et al., 2016) is an 8-item measure of perfectionism. In its original form, this measure has two subscales (striving and evaluative concerns). However, emerging research suggests that a bi-factor model has superior fit to the two-factor model, and that the general factor accounts for

the majority of the shared variance in the bifactor model (Howell et al., 2020). For this reason, the total score was used in this study, which demonstrated strong internal consistency ($\alpha = .86$).

Rumination

Rumination was measured using the Repetitive Thinking Questionnaire (McEvoy et al., 2014), which assesses repetitive thinking about one's negative experiences. The RTQ requires individuals to consider how they tend to respond when they feel distressed or upset and then rate how true each of 10 items was of their experience when feeling distressed or upset. The rating scale was a 5-point scale from 1 (not true at all) to 5 (very true). This measure has demonstrated excellent internal consistency in community samples ($\alpha = .89$) and has demonstrated construct validity with measures of negative affect and psychological distress (McEvoy et al., 2010; McEvoy et al., 2014). The internal consistency in the present sample was $\alpha = .94$.

Negative Affect

Negative affect was measured by the Positive and Negative Affect Schedule (PANAS; Watson et al., 1988). The PANAS is a widely used measure of trait positive and negative affect. The PANAS requires participants to rate to what extent each of the 20 items describe how they generally feel, on a 5-point scale from 1 (not at all) to 5 (extremely). The measure has two subscales, positive affect (10 items, e.g., enthusiastic) and negative affect (10 items, e.g., distressed); the present study only uses the negative affect subscale. This measure has demonstrated excellent internal consistency in previous research for both the positive ($\alpha = .89$) and negative ($\alpha = .85$) subscales (Crawford & Henry, 2004). This measure also has demonstrated construct validity with a number of measures of affect, anxiety, and depression (Crawford & Henry, 2004; Watson et al., 1988). The internal consistency in the present sample for negative affect was $\alpha = .90$.

Attention Control

Attention control was measured using the self-reported Attentional Control Scale (ACS; Derryberry & Reed, 2002), which evaluates voluntary control over attention and consists of two subscales: attention focusing (7 items) and attention shifting (5 items). Attention focusing refers to the capacity to resist distraction when engaged with stimuli (e.g., “It’s very hard for me to concentrate on a difficult task when there are noises around”), while attention shifting refers to the flexibility to move attention away from one stimulus to engage with another (e.g., “It is easy for me to alternate between two tasks”). Participants respond on a 4-point scale from 1 (almost never) to 4 (almost always), with higher scores representing better attention control. This scale has previously demonstrated strong internal consistency ($\alpha = .82$ for Focusing and $\alpha = .71$ for shifting; Judah et al., 2014). Previous research has provided evidence of validity of this measure through significant correlations with other self-reported measures of attention as well as experimental measures (the anti-saccade task; Judah et al., 2014). Similarly, internal consistency in the present sample for focusing was $\alpha = .84$, and for shifting was $\alpha = .71$.

Procedure

Participants responded to online advertisements for undergraduate psychology students participating in research for course credit ($N = 318$). Additional recruitment was conducted via social media advertisements for Australian undergraduate university students interested in participating in research for entry into a prize pool to win an iPad ($N = 135$). Participants provided informed consent at the beginning of the online survey and completion took approximately 60 minutes for all questions. After completing the measures, participants were provided with resources about self-injury and stress.

Data Analysis Plan

Analyses were conducted using Mplus version 8.2 with maximum-likelihood (ML) estimation and a logit link function for the binary outcome (NSSI no/yes). A path model was tested with one predictor (perfectionism), two mediators (rumination and negative affect), two moderators (attention control – focusing and shifting) on the paths between the predictor and mediators, and one binary outcome (NSSI). The analyses were conducted with bootstrapping with 10,000 samples, and indirect effects were assessed using bias-corrected bootstrapped confidence intervals. ML was chosen as it is a ‘full-information’ procedure that uses all available observations to inform the estimation, compared to weighted least squares (i.e. the Mplus WLSMV estimator), which uses pairwise deletion to handle missing values (Asparouhov & Muthén, 2010). The ML procedure in Mplus also allows for the use of the logit link function, which can be used to produce odds-ratios as a measure of effect size. However, using ML with binary variables requires the use of numerical integration, which precludes the calculation of overall model fit statistics (e.g. chi-square, CFI, TLI; DeMars, 2012). Instead, unstandardised coefficients with 95% confidence intervals are used to assess direct and indirect pathways in the model.

Significant interactions are plotted where the y-axis depicts the relationship between predictor and outcome, and the x-axis is the value of the moderator in units of one standard deviation from the mean. The central line on these graph depicts the direct effect, while the upper and lower lines represent the upper and lower limits of the 95% confidence interval. Where the lower limit falls below 0 on the y-axis it demonstrates where the effect becomes non-significant (Bauer & Curran, 2005).

Results

Preliminary Analysis

Of the 446 participants, 190 (41.9%) indicated a history of NSSI. Of those with a lifetime history of NSSI, 104 (54.7%) indicated they had self-injured in the past 12 months. The three most commonly reported methods of NSSI were cutting (76.3%), banging or hitting oneself (55.3%), and pinching (55.3%). Further, 87 (45.8%) indicated that their main form of self-injury was cutting, followed by 22 (11.6%) who reported banging or hitting self, and 21 (11.1%) engaged in severe scratching. The mean age of onset of NSSI was 13.6 years ($SD = 3.14$). Descriptive statistics and correlations between variables in the model are presented in Table 5.1. The pattern of bivariate correlations was as expected, with NSSI being associated with all variables of interest, as well as gender (more common among women [47.0% of females vs 23.6% males] $\chi^2 = 18.70, p < .001$). Gender was subsequently controlled for in the path model.

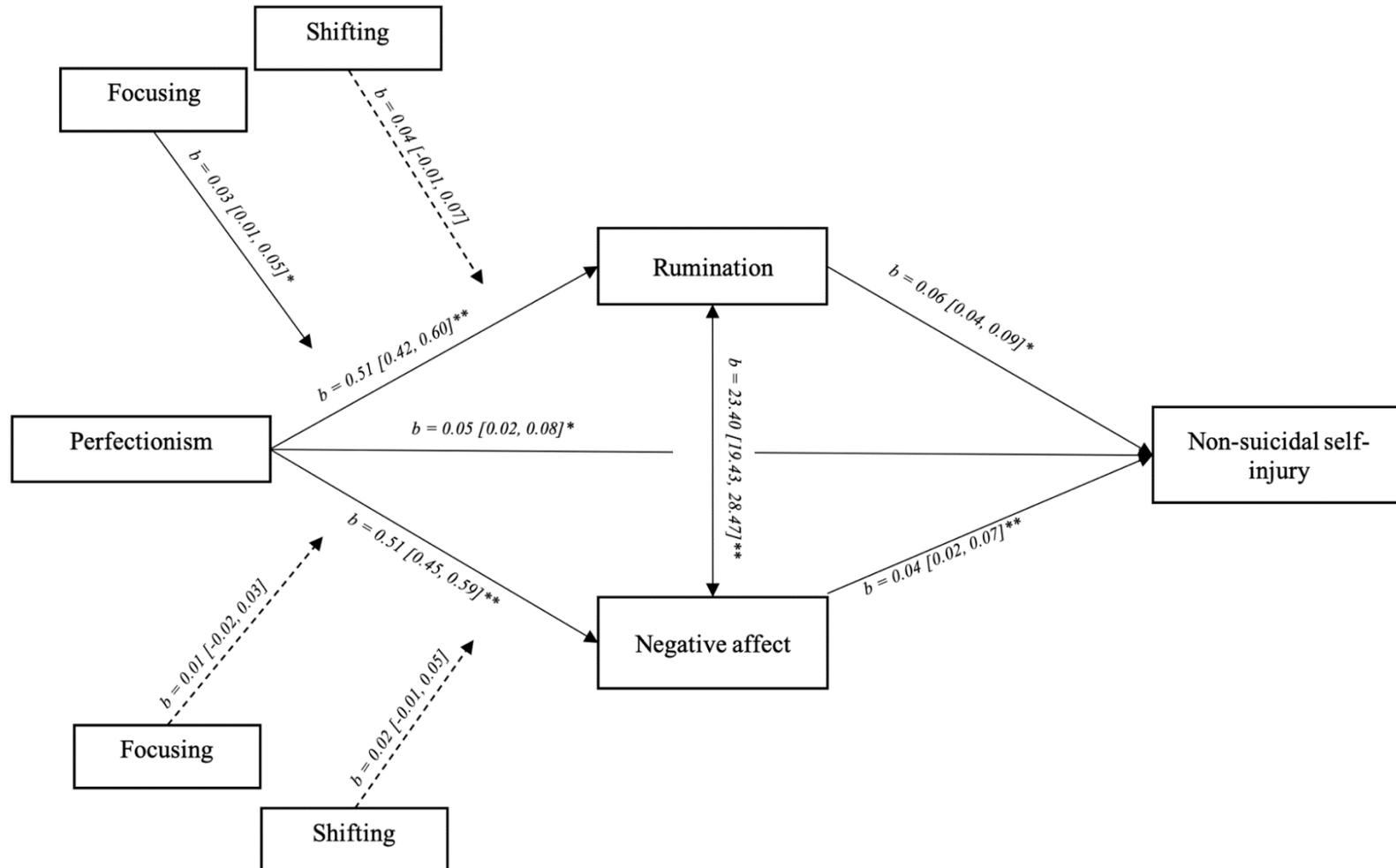
Table 5.1*Correlations Between Variables of Interest*

	Mean(SD)/n (%)		Range	NSSI	Focusing	Shifting	Perfectionism	Negative Affect	Rumination
	History of NSSI (No history of NSSI							
NSSI									
Focusing	16.33 (4.32)	18.00 (4.31)	0-21	-					
Shifting	11.55 (2.62)	12.27 (2.58)	0-15	.19**	.31**				
Perfectionism	27.25 (6.53)	22.81 (6.13)	8-40	-.14*	-.18**	-.03			
Negative Affect	29.35 (8.41)	22.83 (7.24)	10-50	.38**	-.36**	-.18**	.38**		
Rumination	38.76 (8.26)	31.09 (9.13)	10-50	.39**	-.40**	-.17**	.35**	.59**	
Age	21.73 (2.04)	21.40 (2.67)	18-23	.07	.01	-.01	.03	-.05	-.03
Gender	-	-		.21**	-.02	-.09	.17**	.18*	.11*

Note: Gender coding (male = 1, female = 2). NSSI coding (no = 0, yes = 1). * $p < .05$, ** $p < .001$. Correlations including binary variables are point-biserial.

Figure 5.2

Tested Path Model with Unstandardized b Coefficients and Associated 95% Confidence Intervals.



Note: Any coefficients with the NSSI as an outcome are in the logit scale. * $p < .05$, ** $p < .001$. Dashed lines represent non-significant paths.

Tests of Direct and Indirect Effects

Perfectionism had a direct relationship with odds of NSSI, $OR = 1.05$, 95% CI = [1.02, 1.09], $p = .005$ (Figure 5.2). There was no direct relationship between either attention focusing and NSSI ($B = -0.01$ [-0.05, 0.04], $p = .867$) or shifting and NSSI ($B = -0.05$ [-0.13, 0.04], $p = .380$). Overall, the model accounted for approximately 29.6% of the variance in NSSI, 26.0% of the variance in rumination, and 26.8% of the variance in negative affect.

Rumination

There was a significant direct relationship between perfectionism and rumination, and a direct relationship between rumination and NSSI. There was also an indirect relationship between perfectionism and odds of NSSI through rumination, $OR = 1.03$, 95% CI = [1.02, 1.05], $p < .001$. Additionally, there were significant direct effects of both focusing ($B = -0.66$ [-0.82, -0.50], $p < .001$) and shifting ($B = -0.36$ [-0.64, -0.07], $p = .039$) on rumination.

Negative Affect

There was a direct effect of perfectionism on negative affect, $B = 0.51$, 95% CI = [0.43, 0.59], $p < .001$, and a direct relationship between negative affect and NSSI, $OR = 1.04$, 95% CI = [1.02, 1.08], $p = .004$. There was an indirect relationship between perfectionism and odds of NSSI through negative affect, $OR = 1.02$, 95% CI = [1.01, 1.04], $p < .001$.

There were significant direct effects of both focusing ($B = -0.45$ [-0.58, -0.30], $p < .001$) and shifting ($B = -0.35$ [-0.57, -0.12], $p = .028$) on negative affect.

Tests of Moderating Effects

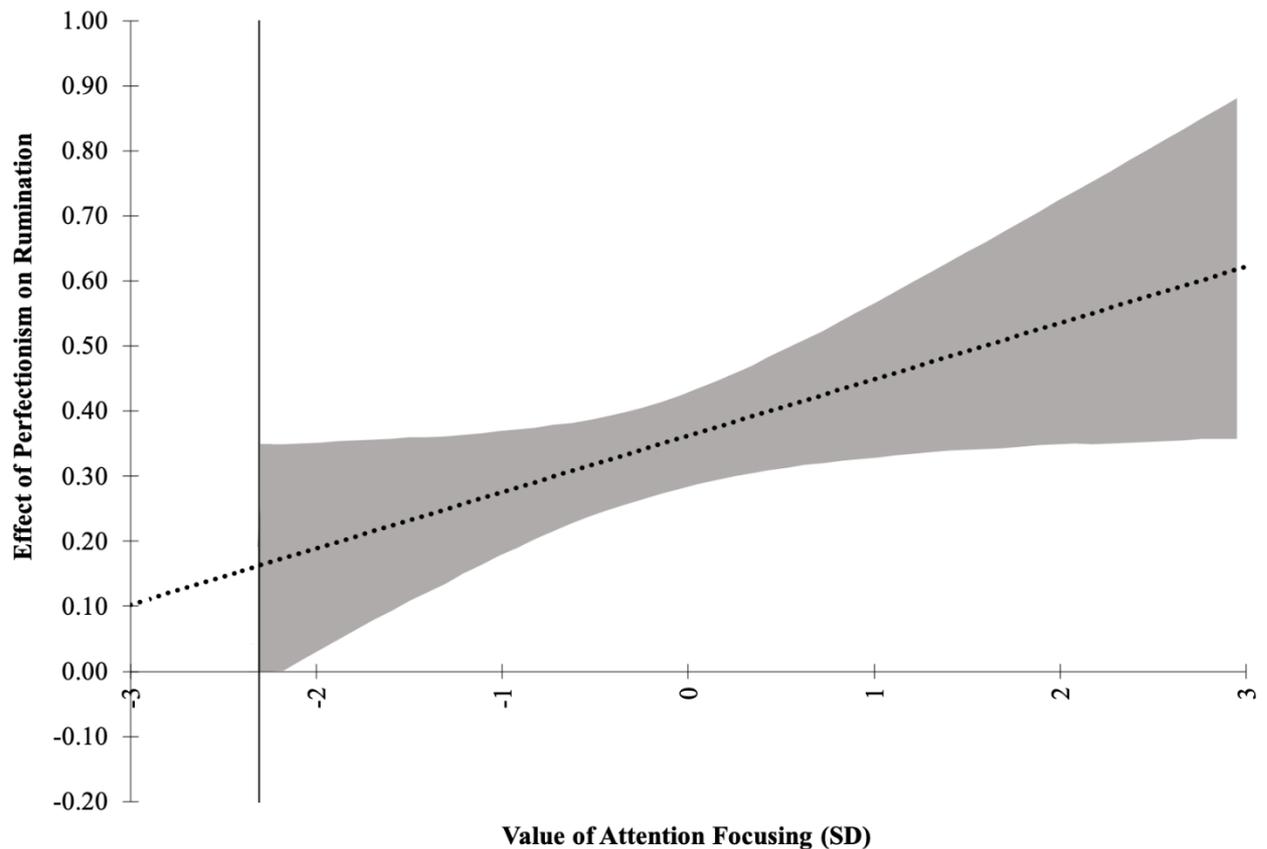
Rumination

The relationship between perfectionism and rumination was moderated by focusing ($B = 0.03$ [0.01, 0.05], $p = .034$; see Figure 5.3), but not shifting ($B = 0.04$ [-0.00, 0.07], $p = .134$; see Figure 5.4). Interestingly, this relationship was inverse to the direction we hypothesised. Specifically, for individuals scoring more than 2.3SD below the mean of

attention focusing, there was a direct effect of perfectionism on rumination that increased in strength as attention focusing increased (Figure 5.3).

Figure 5.3

Direct Effect of Perfectionism on Rumination at the Mean of Attention Shifting, Moderated by Attention Focusing (with 95% Confidence Intervals)

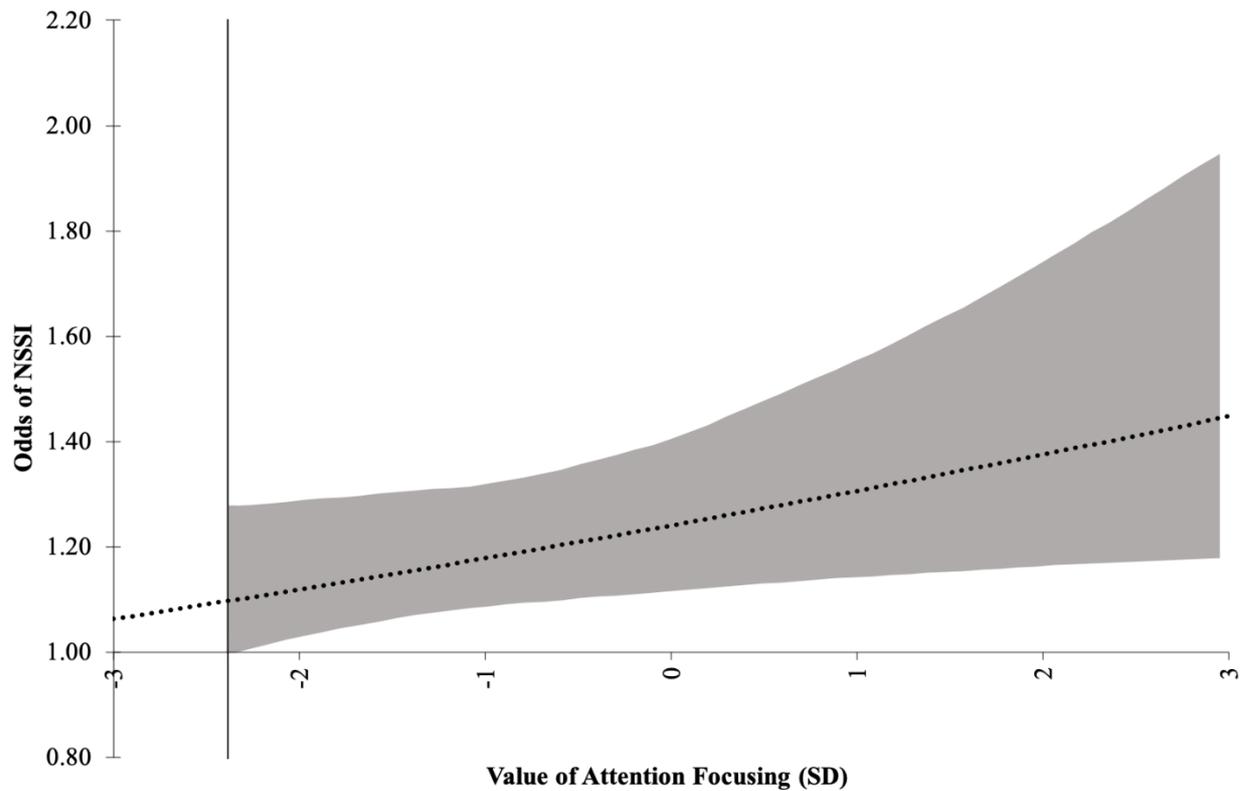


Note: Confidence intervals indicated in shading, and vertical marker line indicating bounds of region of significance (from 2.31 standard deviations below the mean).

The indirect effect of perfectionism on odds of NSSI through rumination was stronger among individuals with higher control over their attention focusing. Specifically, there was no indirect effect for individuals scoring 2.3SD or less below the mean of attention focusing, however there was an indirect effect for individuals scoring above this threshold (Figure 5.4).

Figure 5.4

Indirect Effect of Perfectionism on Odds of NSSI via Rumination, Moderated by Attention Focusing (with 95% Confidence Intervals)



Note: Confidence intervals indicated in shading, and vertical marker line indicating bounds of region of significance (from 2.38 standard deviations below the mean).

Negative Affect

The relationship between perfectionism and negative affect was not moderated by focusing ($B = 0.01 [-0.02, 0.03]$, $p = .644$), or shifting ($B = 0.02 [-0.01, 0.05]$, $p = .362$).

Discussion

The present study considered the complex relationships between perfectionism, attention control, rumination, and negative affect in relation to NSSI. Adopting the Emotional Cascade Model as a theoretical framework, we hypothesised that perfectionism would be

associated with NSSI indirectly through both rumination and negative affect. We further hypothesised that the relationships between perfectionism and rumination, and perfectionism and negative affect, would be moderated by attention control processes such that weaker attention control is associated with stronger relationships.

Consistent with previous research, perfectionism was directly associated with NSSI (e.g., Claes et al., 2012; Luyckx et al., 2015), as were rumination and negative affect (e.g., Selby et al., 2013; Selby et al., 2016). As predicted, attention focusing and shifting were also negatively associated with NSSI. Perfectionism was indirectly associated with odds of NSSI through rumination and negative affect, consistent with the hypothesis that perfectionism may predispose the emotional cascades which lead to NSSI.

Although attention focusing and shifting were both negatively associated with NSSI, the relationship between perfectionism and rumination was moderated by attention focusing such that this relationship was stronger for individuals with higher levels of attention focusing. This is the opposite of what we expected. It was expected that when an individual has better attention control, that this would be associated with a weaker relationship between perfectionism and rumination as the individual would be more able to volitionally move their attention away from distressing thoughts and feelings. In contrast, better attention control was associated with a *stronger* relationship between perfectionism and rumination. One possible explanation for this finding may be that individuals with elevated perfectionism are at risk of greater rumination and therefore greater risk of NSSI *when* their attention is reallocated preferentially towards perfectionistic stimuli such as perceived failures/flaws. We propose that this may be occurring because individuals with elevated perfectionism use their stronger attention control to intentionally focus on perceived failures or flaws, although further research is needed to test this possibility.

There are a number of possible explanations for our finding that the relationship between perfectionism and negative affect was not moderated by attention. There is a large amount of shared variance between rumination and negative affect, and this overlap may offer one explanation for the non-significant finding; see Juarascio et al. (2020) for recent work exploring the overlaps between emotion-related constructs. Another explanation which may account for this pattern of findings is that attention processes simply do not impact the relationship between perfectionism and negative affect. Previous research has indicated that attention control may drive rumination, and it is *through* rumination that attention control is associated with negative psychological outcomes (Hsu et al., 2015). Therefore, it is possible that attention control does not moderate the relationship between perfectionism and negative affect, but rather exerts influence through its association with rumination.

Theoretical and Clinical Implications

The findings of this study were consistent with the emotional cascades which may lead to NSSI. Specifically, rumination and negative affect were found to be strongly associated with one another, and there were direct effects from rumination and negative affect to odds of NSSI. These findings also suggest that perfectionism may be considered a risk factor for these emotional cascades, and attention processes may serve to heighten the effects of perfectionism on rumination. This study was an initial test of relationships between attention control and NSSI, demonstrating that as expected, poorer ability to focus one's attention is associated with increased risk of NSSI, as measured by self-reported attention control.

Perfectionism may therefore be one mechanism through which individuals are at heightened risk of NSSI by facilitating emotional cascades. Given these findings, one way to reduce risk of NSSI may be to reduce perfectionism. Cognitive-behavioural therapy (CBT) delivered online, face-to-face, individually, and in groups is effective for treating

perfectionism (Lloyd et al., 2015; Suh et al., 2019), in addition to other related symptoms of psychopathology such as rumination (Cook et al., 2019) and negative affect (Josephine et al., 2017; Linde et al., 2015). It is therefore plausible that these interventions may thus also reduce odds of NSSI. Future research may consider how such interventions impact NSSI.

Another target for intervention, given the current findings, may be changing attention processes, specifically increasing capacity to focus attention, to reduce risk of NSSI. Although for individuals with elevated perfectionism this should be implemented with caution and delivered alongside interventions to ensure that the focus of enhanced attention control is not perfectionistic content. Importantly, despite being statistically significant, the small effect size of the moderating effects of attention on the relationship between perfectionism and rumination is such that there may be little clinical significance with regards to odds of NSSI. Therefore, the direct association between attention control and odds of NSSI may be more clinically relevant. There is a range of techniques across theoretical orientations that may be used to achieve this, but one particularly pertinent example comes from cognitive-behavioural therapy for perfectionism (Shafran et al., 2018). CBT for perfectionism includes techniques specifically targeted at reducing selective attention by increasing the portfolio of information that an individual bases their self-esteem upon, and increasing flexibility around rules for performance/achievement of goals. In conjunction, several therapeutic techniques such as Socratic dialogues or attention control training may be used to increase attention flexibility and control (Harris & Hayes, 2019; McEvoy, 2019; Rochat et al., 2018). For example, in metacognitive therapy, individuals develop metacognitive awareness, which might help to increase ‘top down’ executive control over attention allocation and facilitate disengagement from unhelpful material (Wells & Papageorgiou, 2003).

Limitations and Future Research

We used cross-sectional data as a preliminary test of the relationships between perfectionism, attention processes, and the key variables of the Emotional Cascade Model of NSSI (Selby & Joiner, 2009). The Emotional Cascade Model proposed that associations between rumination, negative affect, and NSSI are a dynamic process, and the current research does not provide information about temporal ordering of these processes. Future work should therefore consider exploring how these relationships may develop and change over time, such as through the use of ecological momentary assessments. Importantly, this model is an application of one theoretical model (the Emotional Cascade Model; Selby & Joiner, 2009), but there are other important theoretical accounts which suggest other processes by which NSSI may regulate affect (e.g., Hasking et al., 2017; Nock, 2009). Future research should explore how perfectionism and attention control may be related to these processes. Additionally, attention control was self-reported. There are critiques that suggest despite these self-report measures being directly associated with psychological wellbeing and personality, experimental paradigms may provide a more valid assessment of attention processes (Williams et al., 2017). Our findings may therefore be extended by research using experimental paradigms to measure attention. Furthermore, the measurement of attention control reflects the degree to which an individual perceives their ability to control the allocation of their attention. This does not capture differences in attention processes with respect to emotional valence (positive vs neutral vs negative information). Future research may also like to look at how biased attention towards emotionally valenced stimuli may be related. The odds ratio for engagement in NSSI given perfectionism was relatively small (1.05) suggesting that although significant, these findings present a small effect size which must be noted. Finally, although not necessarily a limitation, it is important to bear in mind

the nature of the sample in this research; these findings are specific to university students aged 18-25. Future research may consider the pattern of findings in other samples.

Conclusion

The present study provided evidence that perfectionism is associated with NSSI both directly and indirectly through critical components of the Emotional Cascade Model (rumination and negative affect). Our findings suggest that perfectionism may be one factor that increases vulnerability to emotional cascades and, in turn, NSSI and therefore provides an additional potential avenue for intervention. Future prospective and experimental research is required to replicate and extend our findings with longitudinal designs and through the use of experimental measures of attention control and flexibility. We hope this study prompts further research into critically evaluating the precursors to emotional cascades that may lead to NSSI.

Chapter Six: Perfectionism and Attention Biases in NSSI

Introduction to Chapter Six

In the previous study, I assessed a theoretical model proposed to explain the relationship between perfectionism and NSSI in the context of the Emotional Cascade Model and assessed how self-reported attentional control (that is, one's ability to focus and shift attention between tasks or stimuli) moderated the relationship between perfectionism and rumination. Although the findings provided promising evidence that attention-related processes are implicated in these relationships, there are some concerns about the validity of self-reported measures of attentional control. Additionally, it may be that there are attentional processes at least partially beyond the individual's awareness at play that are not captured with self-report measures.

Attentional bias involves the preferential allocation of attention to personally relevant stimuli, such as to negative emotional information. An attentional bias may directly affect the processing of emotional information by selectively attending to information that is emotionally threatening. It may be that individuals who engage in NSSI have attentional biases that relate to emotional processing, such as being quicker to notice emotional threats or having difficulties disengaging attention from emotional stimuli once it has been captured.

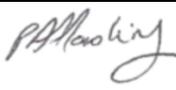
Perfectionism is associated with biases in attention such that individuals with elevated perfectionism demonstrate difficulty disengaging their attention from negative emotional stimuli. It is possible that these difficulties may exacerbate the emotional cascades that lead to NSSI, and so in this chapter, I aimed to test if a history of NSSI was associated with biases in attention to emotional stimuli, and if so, whether trait perfectionism was related to these attentional biases.

This chapter has been submitted and is currently under review for publication in a peer-reviewed journal. The ethical approval notice and a copy of the survey package relating to this chapter can be found in Appendices H & I respectively. Illustrated examples of the experimental task, and the stimulus word list utilised in this task can also be found in the appendices (Appendices J & K respectively). **Recruitment materials are in Appendix L.**

Citation: Tonta, K. E., Howell, J., Boyes, M., McEvoy, P., & Hasking, P. (under review). An experimental investigation of biased attention in non-suicidal self-injury: The effects of perfectionism and emotional valence on attentional engagement and disengagement. *Journal of Behavioural Therapy and Experimental Psychiatry*.

Authorship

All signed authors acknowledge that this statement is an accurate representation of their contribution to the above research output.

Author	Contribution	Acknowledgement
Kate Tonta	Development of research question, data collection, data management, data analysis, interpretation of results and discussion, manuscript preparation, reviewing and editing of drafts.	
Joel Howell	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Mark Boyes	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Peter McEvoy	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	
Penelope Hasking	Assisted with development of research question, interpretation, and reviewing and editing of drafts.	

Abstract

Background and Objectives: Theoretical models of non-suicidal self-injury (NSSI) propose that individuals who self-injure may find their attention more strongly captured by negative emotion, and that this intensifies distress which leads to episodes of NSSI. Elevated perfectionism is associated with NSSI, and when an individual is highly perfectionistic, a focus on perceived flaws/failures may increase risk of NSSI. We aimed to see how history of NSSI and trait perfectionism are associated with different types of attention bias (engagement vs. disengagement) to stimuli that differ in emotional valence (negative vs positive) and perfectionism relevance (relevant vs irrelevant).

Methods: Undergraduate university students ($N = 242$) completed measures of NSSI, perfectionism, psychological distress, and a modified dot-probe task to measure attentional engagement with and disengagement from both positive and negative stimuli.

Results: There were interactions between NSSI and perfectionism in attention biases. Amongst individuals who engage in NSSI, those with elevated trait perfectionism exhibit speeded responding to and disengagement from emotional stimuli (both positive and negative). Furthermore, individuals with a history of NSSI and elevated perfectionism were slower to respond to positive stimuli, and faster to negative stimuli.

Limitations: This experiment was cross-sectional in design so does not provide information about temporal ordering of these relationships, and given the use of a community sample, would benefit from replication in clinical samples.

Conclusions: These findings lend support to the emerging idea that biased attention plays a role in how perfectionism is associated with NSSI. Future studies should replicate these findings using other behavioural paradigms and diverse samples.

Introduction

Non-suicidal self-injury (NSSI) is a behaviour that involves deliberate damage to one's body tissue, in the absence of suicidal intent, and in ways that are not socially or culturally accepted (International Society for the Study of Self-Injury, 2021). Approximately 13.4% of young adults in community samples report having engaged in NSSI at least once in their life, a figure that is higher (20%) for young adults attending university (Swannell et al., 2014). Further, the incidence of first-episode NSSI in first-year university students is relatively common (10%; Kiekens et al., 2019). NSSI is associated with the experience of distress, and although NSSI is explicitly *non*-suicidal, the frequency of, and the number of, methods used to self-injure are important and reliable predictors of future suicidal ideation and behaviour (Huang et al., 2020; Kiekens et al., 2019; Victor & Klonsky, 2014). Individuals who engage in NSSI often indicate that the behaviour regulates intense or unwanted emotions (Taylor et al., 2018) and multiple theoretical accounts of NSSI point to an important role of cognitive processes that may predispose individuals to the emotional experiences that precede episodes of self-injury (Hasking et al., 2017). One such factor that warrants exploration is the role of perfectionism.

Perfectionism is a cognitive process defined as setting personally-demanding high standards, and engaging in self-evaluation based on attaining those standards (Shafran et al., 2002). Perfectionism is a transdiagnostic process associated with the onset and maintenance of various psychopathologies, including anxiety, depression, eating disorders, and obsessive-compulsive disorder (Egan et al., 2011). There is a growing field of research demonstrating associations between NSSI and perfectionism (Gyori & Balazs, 2021), yet little is known about the mechanisms that may underpin this relationship. Recent work has suggested that the Emotional Cascade Model of NSSI (Selby & Joiner, 2009) may help to explain the link between perfectionism and NSSI (Tonta et al., 2022).

The Emotional Cascade Model is an emotional regulation model of NSSI that proposes a positive feedback loop occurs between rumination (repetitive and persistent allocation of attention to one's negative experiences and emotion) and negative affect (Selby et al., 2016). Tonta et al. (2022) explored how self-reported control over attention (one's ability to focus on a concept or readily shift between concepts) moderated the relationship between perfectionism and rumination such that for individuals who were highly perfectionistic, stronger attentional control was associated with more rumination (Tonta et al., 2022). In this study, elevated perfectionism was directly associated with NSSI, and indirectly through rumination and negative affect. It may be that for individuals who are elevated in perfectionism, this focus on perceived flaws and failures increases the intensity of emotional cascades.

Although this study provided a new way of understanding these relationships, self-reported attention appears to be only weakly associated with experimental assessments of attention, which raises important questions about convergent validity (Todd et al., 2022). A further criticism is that self-report measures of attention may be limited by the fact that they require the individual to reflect on processes that may be, at least in part, outside of conscious awareness (Quigley et al., 2017). Individuals who engage in NSSI may differ from those who do not in the ways that their attention is allocated to emotional stimuli (Riquino et al., 2020; Tonta et al., 2022). Given that attentional processes have a significant impact on the experience of emotion (Wells & Matthews, 2014), it is worthwhile to consider how attentional processes may or may not be at play in the experience of emotion and engagement in NSSI. Behavioural assessments of biased allocation of attention to emotional stimuli may offer complementary insight into what is already known about the relationship between perfectionism and NSSI.

Attention biases

An attention bias is the preferential allocation of attention towards specific stimuli that are salient for an individual. Biased attention towards threatening information is an important factor in the maintenance of a range of psychological processes associated with distress, including depression (Peckham et al., 2013), anxiety (Cisler & Koster, 2010), and perfectionism (Shafran et al., 2002). However, there is also evidence that attentional bias to positive information is related to increased positive affect (Grafton et al., 2012) and resilience (Thoern et al., 2016).

Attention bias can manifest in two ways: facilitated engagement with and impaired disengagement from emotionally valenced stimuli. These processes may result in attending more rapidly to certain stimuli (facilitated engagement) and difficulty withdrawing attention from stimuli (impaired disengagement; Cisler & Koster, 2010). Facilitated engagement may be related to increased sensitivity to or heightened awareness of threat, while impaired disengagement may be related to the continued processing of threat stimuli once they are attended to (Koster et al., 2006). Given that the successful modification of biased attention for threat has been consistently linked to positive emotional effects (albeit not long-lasting) for other types of psychological difficulties (e.g., Clarke, Notebaert, et al., 2014; MacLeod & Clarke, 2015), discriminating the precise nature of attention biases that underpin NSSI can inform our understanding of this behaviour and suggest processes that may be targeted in interventions.

Attention biases in NSSI

Research involving assessments of attention biases in the context of NSSI are limited, with two studies to date (i.e., Claes et al., 2016; Riquino et al., 2020). Of these, only one study (Riquino et al., 2020) has considered attention biases concerning emotional processing, which involved an experimental assessment of biased attention towards negative stimuli and

NSSI-specific stimuli (such as injuries, bandages, and razors) compared to neutral stimuli. Riquino and colleagues found that individuals with a history of NSSI demonstrated attention bias towards negative stimuli, as well as towards NSSI-specific stimuli, over neutral stimuli when compared to individuals who had not self-injured. These biases were found in trials with shorter latencies (200ms) but not in trials with longer latencies (2000ms); they suggested that the reason for this discrepancy was due to biases in attentional engagement, but not in disengagement. However, the experimental paradigm used did not explicitly assess bias type (engagement vs disengagement) suggesting that this is an area for further research. One such method for assessing these could be the use of a modified dot-probe task; a behavioural task that differentiates engagement and disengagement biases into separate trials (Clarke et al., 2013).

Another limitation of Riquino and colleagues' (2020) study was that they evaluated attention bias to negative information, but did not consider positive information. Although there has been a strong focus on the role of negative emotionality in the context of NSSI, there is an emerging body of research which suggests that the experience and processing of positive emotion may also be important. Specifically, although high levels of positive affect may reduce odds of engaging in NSSI (Hasking et al., 2018), difficulties processing positive emotions may be related to increased engagement in NSSI (Greene, Boyes, et al., 2021; Greene, Hasking, et al., 2021). Consequently, it is important to understand how attention processes (such as biased attention) towards positive, as well as negative, stimuli may be related to engagement in NSSI.

Attention biases in perfectionism

A number of studies have demonstrated an attention bias towards threatening information for individuals with elevated perfectionism using experimental paradigms (e.g., Kobori & Tanno, 2012; Tonta et al., 2019). Across these studies, there was support for biased

attention in relation to perfectionism, such that individuals higher in perfectionistic concerns demonstrated an attention bias towards negatively valenced word stimuli (Tonta et al., 2019). Specifically, individuals higher in perfectionistic concerns demonstrated slower disengagement from stimuli that were negative in emotional tone. However, there was no effect for perfectionism relevance of the stimuli, in contrast with previous findings (Howell et al., 2016). This finding suggests that individuals who are higher in perfectionistic concerns, although no quicker in shifting their attention towards negative information, show a tendency for their attention to be held longer once it has been captured by information that is generally negative over information that is generally positive. Considering the association between perfectionism and NSSI in the context of the Emotional Cascade Model (Selby & Joiner, 2009; Tonta et al., 2022), it also may be that focusing on perfectionism-relevant information may be another way that attention is captured, increasing the emotional cascades that lead to NSSI.

The current study

In sum, attention processes may play an important role in understanding the cognitive processes that increase risk of NSSI. What is less clear is how biased attention towards emotional stimuli may be related to history of engagement in NSSI, and in particular if this bias is characterised by facilitated engagement and/or impaired disengagement. The present study therefore aimed to investigate how a history of NSSI is associated with different attention bias types (engagement vs. disengagement) to stimuli that differ in emotional valence (negative vs positive) and perfectionism relevance (relevant vs irrelevant). In line with the idea that perfectionistic individuals may focus on perceived flaws and failures, the study also sought to consider how trait perfectionism may be related to this attention bias in the context of NSSI.

Specifically, we sought to investigate if individuals with a history of NSSI, compared to individuals who have never engaged in NSSI, demonstrate an attention bias characterised by facilitated engagement with stimuli that are emotionally threatening. We also hypothesised that this bias may be stronger for stimuli that were salient in perfectionism threat (that is, stimuli that signal failure to achieve or flaws) compared to generally negative emotional threat. We also hypothesised that these attention biases will be stronger amongst those who are elevated in trait perfectionism. Finally, there was an exploratory aim to see if a history of NSSI was associated with an attention bias for positive emotional stimuli.

Methods

Participants

Two hundred and fifty-three participants were recruited through the Curtin University undergraduate participation pool. Students were able to self-register in an online portal where researchers posted a description of the study (see Appendix L). Students were given a brief title for the study (“Non-suicidal self-injury, perfectionism, and attention”) and a description of the study (“If you will be asked to answer a survey about perfectionism, non-suicidal self-injury, and attention. We are interested in participants who have and have not self-injured. This will take around 10-15 minutes to complete. If you have engaged in non-suicidal self-injury, you will be asked about your experience. You will then complete a computer-based task which measures your reaction times in responding to visual stimuli. This task will take no more than 30 minutes to complete.”) After data quality checks, a total of 241 participants (192 female, 48 male, and one who preferred not to disclose gender) were included in the study. The age of these participants ranged from 18 to 25 years ($M = 20.05$, $SD = 1.65$).

Measures

Inventory of Statements About Self-Injury (ISAS)

Section I of the Inventory of Statements About Self-Injury (ISAS; Klonsky & Glenn, 2009) is a measure of non-suicidal self-injury which is defined for participants as intentionally harming oneself without intention to suicide. Participants provide a binary response to the question “Have you ever engaged in non-suicidal self-injury?” (yes/no) and if they indicate a history of self-injury, participants are asked if they have engaged in the past 12 months. The ISAS is a widely-used measure of NSSI within the literature and has established test-retest validity (4-week, $r = 0.85$; 1-year, $r = 0.68$; Glenn & Klonsky, 2011a).

Frost Multidimensional Perfectionism Scale Brief (FMPS-Brief)

The FMPS-Brief (Burgess, Frost, & DiBartolo, 2016) is an eight-item measure that assesses experiences of perfectionistic strivings (4 items, e.g., “I have extremely high goals”; $\alpha = .81-.85$) and perfectionistic concerns (4 items, e.g., “The fewer mistakes I make, the more people will like me”; $\alpha = .83-.85$). Responses are made on a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). The measure has demonstrated strong convergent validity with common measures of depression, anxiety, worry, fear of negative evaluation, and perfectionism (Burgess et al., 2016). Research suggests that a bi-factor model has superior fit to the two-factor model, and that the general factor accounts for the majority of the shared variance in the bi-factor model (Howell et al., 2020). For this reason, the total score was used in this study, which demonstrated strong internal consistency ($\alpha = .86$, $\omega = .86$).

Depression, Anxiety and Stress Scale (DASS 21)

The DASS-21 (Lovibond & Lovibond, 1995) is a 21-item measure which assesses symptoms of depression (e.g., “I felt down-hearted and blue”), anxiety (e.g., “I felt I was close to panic”), and stress (e.g., “I found it hard to wind down”) in the past week. Previous

research has indicated that anxiety and depression are related to perfectionism and are both characterised by an attention bias in responding to emotional information (Koster et al., 2006). As such, the potential confounding effects of any symptoms of depression, anxiety, or stress related to attention bias scores were statistically controlled. Responses were given on a 4-point Likert scale of 0 (never) to 3 (almost always), and then totalled for each of the three subscales. The DASS-21 has demonstrated discriminant and convergent construct validity with other measures of depression and anxiety (Henry & Crawford, 2005). The depression, anxiety, and stress scales all have high internal consistency in non-clinical samples ($\alpha = .88, .82$ and $.90$ respectively; Henry & Crawford, 2005). The internal consistencies in the present study were strong; depression ($\alpha = .90, \omega = .91$), anxiety ($\alpha = .84, \omega = .84$), and stress ($\alpha = .83, \omega = .84$).

Experimental task

The attentional assessment task was presented using E-Prime v2.0. All participants completed the assessment using the same computer and monitor, sitting approximately 60cm from the monitor with the centre of the display at eye level. The task followed previous protocols for exploring biased attention engagement and disengagement as described by Clarke et al. (2013). In all trials of this task, a fixation cue (*****) appears in either a lower or upper position on screen for 1150ms. This is then briefly (150ms) followed by a fixation probe which is a small line that slopes either left or right (/ or \). This fixation cue directs the participant's focus to the subsequent probe. Participants are instructed to notice the orientation of the fixation probe (i.e., sloping left or right). Across trials, the fixation probe appears in the upper and lower positions of the screen an equal number of times.

After the initial fixation probe appears, a letter-string pair (one word and one non-word; see next section for more information about stimulus words) is presented in the centre of the screen (3cm apart vertically) for 500ms. In half of the trials, the word appears in the

same position as the initial probe (disengagement trial type), and in the other half of the trials, the word appears in the opposite position (engagement trial type). After the word/non-word pair disappears, a target probe (another sloped line) appears in either the upper or lower position (in an equal number of times across trials). Participants are then asked to indicate if the slope of the initial probe is in the same, or different, direction as the slope of the target probe. Reaction time to make this choice is recorded, and speeded reactions to discriminate probes that appeared in the location of the word, relative to probes in the location of the non-word, indicate increased attention to the word member pair. The engagement bias index reflects the degree to which attention moved towards the emotional stimuli compared to the neutral. High scores on the engagement index represent greater speeding to engage attention with that stimulus (i.e., higher scores = rapid engagement). The disengagement bias index reflects the degree to which attention moved away from the emotional stimuli compared to the neutral. High scores on the disengagement bias index represent greater difficulty disengaging attention from that stimulus (i.e., higher scores = delayed disengagement).

A total of 384 trials were presented to each participant across which each word category was exposed four times. Attention bias index scores are calculated based on the average reaction time to each stimulus condition. There were five stimulus categories across both engagement and disengagement trials. The stimulus categories were: emotionally positive and perfectionism relevant, emotionally negative and perfectionism relevant, emotionally positive and perfectionism irrelevant, emotionally negative and perfectionism irrelevant, and neutral. Engagement trials were those where the initial probe was in the opposite location to the stimulus word, while disengagement trials were those where the initial probe was in the same location as the stimulus word. Index scores were calculated in line with past studies using this modified dot-probe task (i.e., Grafton et al., 2012; Grafton et al., 2016; Tonta et al., 2019) and in accordance with recommendations by Clarke et al.

(2013); see Table 6.1. Index scores are calculated separately for each stimulus type (i.e. positive/negative and perfectionism relevant/irrelevant).

Table 6.1

Attention bias index score calculations

Bias Type	Calculation
Engagement bias index	[RT: target probe in opposite locus to stimulus word – RT: target probe in same locus as stimulus word] – [RT: target probe in opposite locus to neutral word – RT: target probe in same locus as neutral word]
Disengagement bias index	[RT: target probe in opposite locus to stimulus word – RT: target probe in same locus as stimulus word] – [RT: target probe in opposite locus to neutral word – RT: target probe in same locus as neutral word]

Given concerns about the reliability of cognitive bias tasks (Parsons, Kruijt, & Fox, 2018), it is important to consider the reliability of the assessment across each critical condition. Split-half internal consistencies were calculated across each trial type. The estimates were consistent with estimates in other studies, with low correlations for positive engagement trials ($r = .20$), negative engagement trials ($r = .08$), positive disengagement trials ($r = .05$), and negative disengagement trials ($r = .11$). It is also worth noting that it has been suggested that these estimates reflect inconsistency in the phenomenon of attention bias rather than measurement error and although the low split-half reliability precludes exploration of within-person differences, we may still use this data to consider between-group differences (MacLeod et al., 2019).

Stimulus words

The modified dot-probe task allows for assessment of attention with regards to word/non-word pairs. The present research used the word list generated and validated by Howell et al (2016). There are five categories of words: neutral (e.g., sock), positively valenced and perfectionism relevant (e.g., achievement), positively valenced and perfectionism irrelevant (e.g., kind), negatively valenced and perfectionism relevant (e.g.

unsuccessful) and negatively valenced and perfectionism irrelevant (e.g. attack). The non-word member of these pairs is a string of characters that form a meaningless word.

The original 200-word list was evaluated by six independent raters, who rated all words on emotional valence and perfectionism valence in accordance with the definition of perfectionism. The words were rated for perfectionism relevance from -3 (extremely perfectionism relevant) to +3 (extremely perfectionism irrelevant). Raters also scored the words for emotional valence from -3 (extremely negative) to +3 (extremely positive). These ratings informed the selection of 16 words in each category, with the final stimulus list containing 96 words. These words were evaluated for length and frequency of use in the English language, with no significant differences between the five categories. For more information about the development and validation of the word list, see Howell et al (2016).

Procedure

The research was approved by the Curtin University Human Research Ethics Committee. Participants were tested individually, and first given a link to the online questionnaire, which presented the information sheet. Participants read the information sheet and were given the opportunity to ask any questions, and then provided informed consent. After informed consent was obtained, participants completed the questionnaire package, taking approximately 15 minutes to complete. Following the questionnaire completion, participants completed the modified dot-probe assessment. Participants sat approximately 60cm away from the screen and were presented with verbal and written instructions. These instructions emphasised that participants should first note the orientation of the fixation probe, and then respond as quickly and accurately as possible in identifying if the target probe was oriented in the same or different direction to the fixation probe. Participants first completed 16 practice trials to adjust to the task before completing the main task, with the opportunity to receive feedback from the experimenter. The modified dot-probe task took

approximately 20-30 minutes per person. Upon completion of the task participants were thanked and debriefed about their participation and provided resources for local support services.

Data Analysis Plan

First, attention bias index scores will be computed following the procedure described above and in accordance with previous literature (see Clarke et al., 2013). Survey data will be cleaned and prepared for data analysis by identifying and managing missing data and calculating subscale and scale scores. Data will be analysed using a Generalised Linear Mixed Model (GLMM) including participants as a random factor, perfectionism as a continuous fixed effect, history of NSSI as a fixed between-groups factor (history of NSSI vs no history of NSSI), and the following three fixed within-groups factors: Stimulus Perfectionism Relevance (perfectionism irrelevant vs. perfectionism relevant words); Stimulus Emotional Valence (emotionally negative words vs. emotionally positive words); and Attention Bias Type (engagement bias conditions vs. disengagement bias conditions). Any significant interactions will be probed using post-hoc GLMMs.

Results

Preliminary Analyses

After removing data from participants with low accuracy ($n_{\text{removed}} = 12$), retained participants ($n = 241$) displayed a high level of accuracy on the probe task, averaging less than 7% errors. Only trials where the participant provided a correct response were included in subsequent analyses. Prior to computing the attentional bias indices, outlier probe discrimination latency scores (defined as those falling $> 1.96 SD$ from each participant's mean probe discrimination latency and those with response latencies greater than 2000ms) were removed (Howell et al., 2016). This resulted in exclusion of 6.21% of latencies.

There were positive correlations between all self-reported variables of interest (NSSI, perfectionism, and symptoms of depression, anxiety, and stress, as shown in Table 6.2). Note that the following analyses were conducted with and without controlling for age, gender, and symptoms of depression, anxiety, and stress. The pattern and significance of the findings did not differ between these analyses, and so the most parsimonious analysis – without control variables – was retained (as reported below).

Table 6.2

Pearson Correlation Matrix Among NSSI, Perfectionism, and DASS Subscales, with Mean Scores, Standard Deviation and Range

	NSSI	Perfectionism	Depression	Anxiety	Stress	Mean (SD)	Range
NSSI	1.00						
Perfectionism	.30	1.00				24.69 (6.64)	8-40
Depression	.33	.36	1.00			12.59 (4.83)	7-28
Anxiety	.33	.45	.63	1.00		12.19 (4.25)	7-28
Stress	.18	.37	.62	.73	1.00	14.85 (4.28)	7-28

Note: all correlations significant at $p \leq .001$

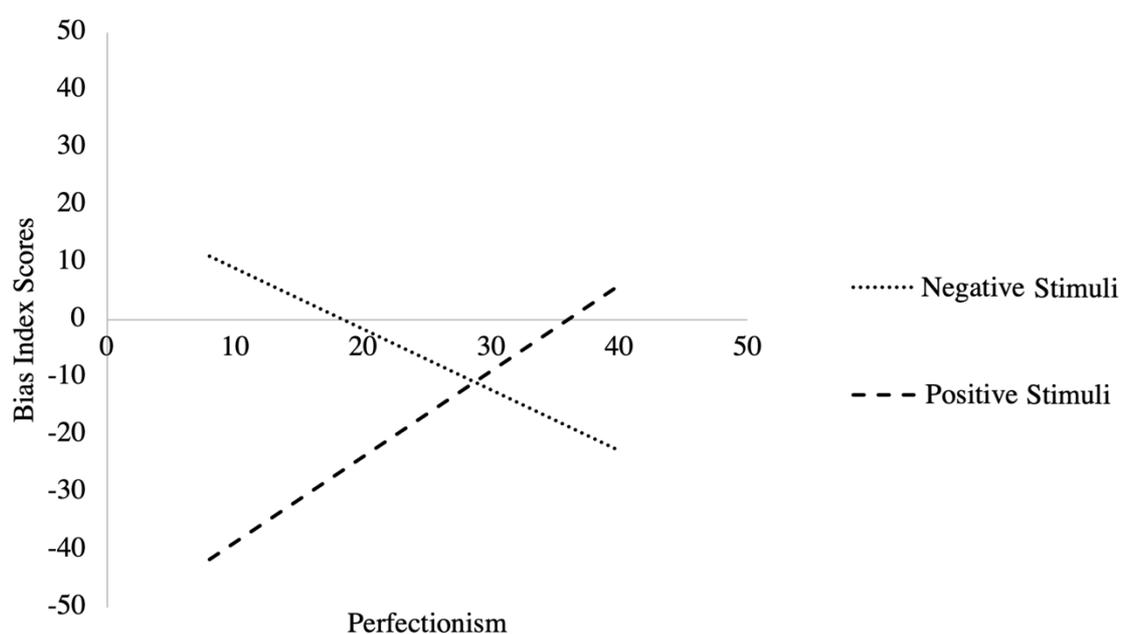
Generalised Linear Mixed Model

The GLMM revealed no significant main effects. However, there was a significant two-way interaction between NSSI History and Stimulus Emotional Valence, $F(1,1900) = 8.76$, $p = .003$, partial $\eta^2 = .005$. This two-way interaction was subsumed within a three-way interaction between perfectionism, NSSI History, and Stimulus Emotional Valence, $F(1,1900) = 6.61$, $p = .010$, partial $\eta^2 = .003$. To determine the source of this three-way interaction, two post-hoc GLMMs were conducted between perfectionism and Stimulus Emotional Valence at each level of NSSI History (no history vs history).

For individuals with no history of NSSI, there was no interaction between perfectionism and Stimulus Emotional Valence, $F(1,1204) = .770, p = .381$, but there was for individuals with a history of NSSI, $F(1,716) = 7.34, p = .007$, partial $\eta^2 = .006$. The relationship between perfectionism and attention bias index scores were therefore evaluated at each stimulus emotional valence level for individuals with a history of NSSI. Although neither individual slope was significant (negative trials, $r(360) = -.06, p = .273, b = -1.06$, 95% CI [-3.16, 1.04]; positive trials, $r(360) = .07, p = .167, b = 1.489$, 95% CI [-0.69, 3.67]), the effects were in different directions for positive and negative stimuli, resulting in a significant interaction (see Figure 6.1). Individuals with lower levels of perfectionism had less negative bias scores for negative stimuli, which suggested that there was delayed responding to negative stimuli. In contrast, individuals with lower perfectionism had more negative bias index scores for positive stimuli, which suggested that there was speeded responding to positive stimuli in both engagement and disengagement trials.

Figure 6.1

Relationship between perfectionism and attention bias index scores for individuals with a history of self-injury at each level of emotional valence (negative vs positive).

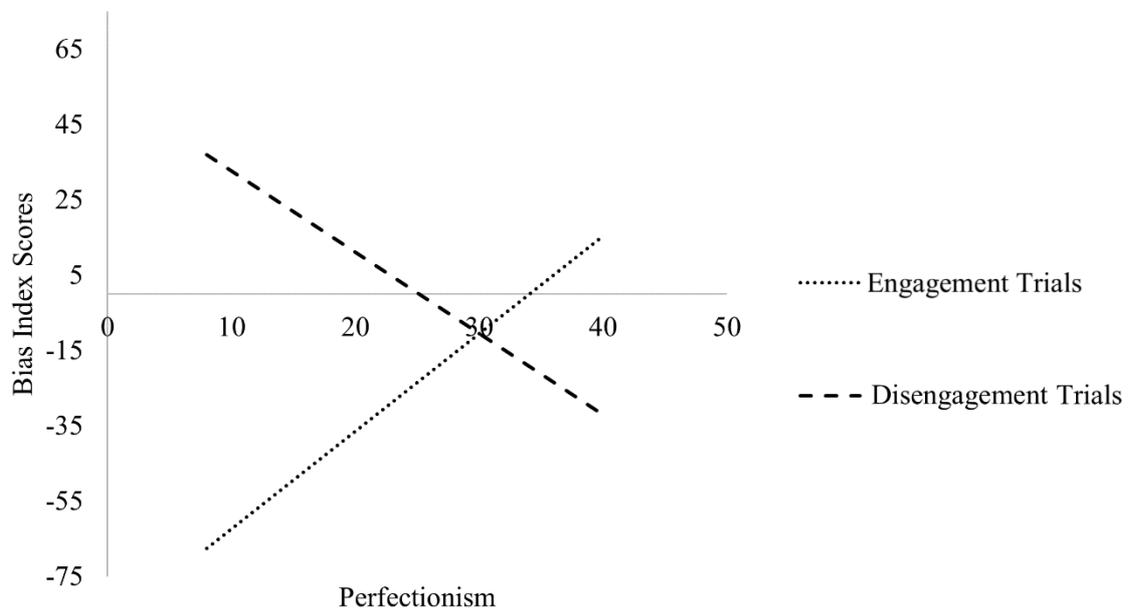


There was also a two-way interaction between NSSI History and Bias Type, $F(1,1900) = 6.26, p = .012, \text{partial } \eta^2 = .003$. This interaction was subsumed within a three-way interaction between perfectionism, NSSI History, and Bias Type, $F(1,1900) = 5.50, p = .019, \text{partial } \eta^2 = .003$. To determine the source of this three-way interaction, two post-hoc GLMMs were conducted between perfectionism and Bias type at each level of NSSI History (no history vs history).

For individuals with no history of NSSI, there was no interaction between perfectionism and Bias Type, $F(1,1204) = 1.45, p = .229$, but there was for individuals with a history of NSSI, $F(1,716) = 4.11, p = .043, \text{partial } \eta^2 = .002$. The relationship between perfectionism and attention bias index scores were therefore evaluated at each level of Bias Type for individuals with a history of NSSI. On engagement trials, there was a significant relationship between perfectionism and attention bias index scores, $r(360) = .12, p = .022, b = 2.59, 95\% \text{ CI } [-1.05, 6.23]$, indicating that higher levels of perfectionism were associated with facilitated engagement of attention regardless of the stimulus emotional valence or perfectionism relevance. On disengagement trials, there was also a significant relationship between perfectionism and attention bias index scores, $r(360) = -.13, p = .015, b = -2.16, 95\% \text{ CI } [-4.34, .02]$, indicating that higher levels of perfectionism were associated with more rapid disengagement of attention regardless of the stimulus emotional valence or perfectionism relevance, see Figure 6.2.

Figure 6.2

Relationship between perfectionism and attention bias index scores for individuals with a history of self-injury at each level of bias trial type (engagement vs disengagement).



The four-way interaction between perfectionism, NSSI History, Bias Type, and Stimulus Emotional Valence was not significant.

Discussion

The current study sought to explore the nature of attention biases in the context of NSSI and perfectionism. The observed relationships between NSSI, perfectionism and attentional biases are complex, and are not as simple as a direct relationship between a history of NSSI, perfectionism, and attention biases. Instead, the relationships between NSSI and attention biases were qualified by stimulus emotional valence and attention bias trial types. Specifically, for individuals with a history of NSSI there was an interaction between perfectionism and stimulus emotional valence, such that elevated perfectionism was associated with taking longer to respond to positive stimuli, and responding more rapidly to negative stimuli. It is worth noting that although neither of those slopes were significant, the

effects were in different directions for positive and negative stimuli, resulting in a significant interaction. In addition, there was an interaction between perfectionism and attention bias trial type such that individuals who had a history of NSSI and were elevated in perfectionism tended to notice emotional stimuli more quickly, and remove their attention away from those emotional stimuli.

The first hypothesis was supported, with individuals with a history of NSSI demonstrating an attention bias characterised by facilitated engagement. The second hypothesis was not supported, with perfectionism-relevance of the stimuli not related to attention bias in this study. Our third hypothesis was supported, where this bias is stronger amongst those who are elevated in trait perfectionism. Finally, the exploratory aim revealed that for people who had a history of NSSI, elevated perfectionism was associated with slower responding to positive emotional stimuli, suggesting that the role of positive emotions is important in the context of NSSI and warrants further exploration.

Our findings support and extend upon the previous work of Riquino and colleagues (2020) who found that there was an attention bias towards negative stimuli for individuals with a history of NSSI in trials where stimuli were exposed for 200ms, but that this bias did not occur when stimuli were exposed for 2000ms. The authors suggested that the reason for this discrepancy was due to biases in attentional engagement, but not in disengagement. Indeed, our study found that individuals with a history of NSSI experienced facilitated engagement and not delayed disengagement, although our findings were demonstrated for both emotionally positive and emotionally negative stimuli compared to neutral stimuli, and this effect was found for individuals with elevated perfectionism but not for those lower in perfectionism.

Contrary to our second hypothesis, perfectionism-relevance of the stimuli was not related to attention bias in this study. Given the associations between perfectionism and

NSSI, we hypothesised that there would be an attention bias towards stimuli that specifically signalled failure or flaws, but the bias was towards emotional information more broadly. Although this finding was not expected, individuals who are elevated in perfectionism have shown biased attention with respect to emotional stimuli regardless of perfectionism-relevance in previous studies (Tonta et al., 2019). For an individual who self-injures and who experiences elevated trait perfectionism, we speculatively suggest that they may have personal standards regarding their experience of emotions (e.g., experiencing sadness is unacceptable) and therefore their attention is captured by both positive and negative emotional stimuli regardless of whether these directly reference achievement or failure. For these individuals, being faster to notice emotional stimuli and then faster to direct their attention away may represent hypervigilance-avoidance to emotional information. Further research could specifically investigate the nature of perfectionistic standards in the context of NSSI, such as determining which domains may be most relevant (e.g., academic performance, physical appearance, social performance, etc.), and if there is perfectionism regarding the experience of emotion (e.g., “experiencing feelings of sadness means I have failed”).

Theoretical implications

These findings have some important theoretical implications. Firstly, this research is only the second empirical study to evaluate biased attention to emotional stimuli in the context of NSSI and is consistent with the implications of the Emotional Cascade Model of NSSI (Selby & Joiner, 2009). This theory predicts that individuals who self-injure may have an attentional focus on negative internal experiences but does not describe how this may manifest in terms of engagement versus disengagement biases. This study therefore extends upon this model by providing evidence that individuals who self-injure and are elevated in perfectionism may have both facilitated engagement with and speeded disengagement from

emotional stimuli. This may reflect that these individuals are hypervigilant to noticing emotional information, followed by ineffective attempts to direct their attention elsewhere. These attempts are short-lived as the individual continues to ruminate on their experience and experience more intense negative affect.

Secondly, these findings offer further support for the proposed links between perfectionism and NSSI suggested by Tonta et al. (2022), in that there do appear to be key differences in attention biases between individuals with and without a history of NSSI, and that these differences vary with respect to perfectionism. In the current study, attention biases were found to interact with trait perfectionism, suggesting that perfectionism may interact with cognitive biases that underpin NSSI. There is scope to extend upon this work by considering how biased attention may interact with the proposed associations between perfectionism, negative affect, rumination, and engagement in NSSI.

Thirdly, the finding that individuals who have engaged in NSSI demonstrate biased attention in the processing of positive emotional stimuli, along with recent work that also investigated the role of positive emotionality in the context of NSSI (e.g., Boyes et al., 2020; Greene, Boyes, et al., 2021; Greene, Hasking, et al., 2021; Hasking et al., 2018), can guide extensions to existing theoretical models that focus on negative emotional stimuli. Amongst those who self-injured, for those higher in perfectionism, there was slower responding to positive stimuli when compared to individuals who are lower in perfectionism. This can be understood in the context of existing research on perfectionism: individuals who have elevated perfectionism tend to disregard positive information and focus on negative or threatening information (Howell et al., 2016; Tonta et al., 2019). Future theoretical models should continue to explore the role of positive emotions as a protective factor in the context of NSSI including processes that may moderate these effects (such as perfectionism).

Clinical implications

The potential clinical implications of these findings also warrant consideration. Specifically, these findings suggest that perfectionism and attention are both important factors related to NSSI. There is evidence that cognitive-behaviour therapy successfully reduces perfectionism (Lloyd et al., 2015) and attentional focus on threatening information (Shafran et al., 2018), and our findings suggest that these interventions may, in turn, also reduce vulnerability to NSSI. CBT for perfectionism can be effectively implemented in a range of formats (individual or group) across a range of delivery modes (face-to-face, online, and self-help; Galloway et al., 2021). CBT techniques also include strategies that encourage the client to shift their attention away from perceived failures or imperfections (Shafran et al., 2018) and may assist individuals with disengaging attention from negative emotions.

Attention bias modification that targets biases associated with elevated perfectionism to facilitate therapeutic change in reducing NSSI may be an alternative direction for clinical intervention. Attention bias modification involves training implicit biases using a modified version of the dot-probe task where repeated exposure to the task leads to changes in attention bias scores, training attention away from negative emotional stimuli (MacLeod & Clarke, 2015), and may be supplemented with other interventions such as transcranial direct current stimulation (Clarke, Browning, et al., 2014). However, findings on the effects of targeting attention biases are mixed, with some researchers finding no evidence for the effectiveness of this intervention (Cristea et al., 2015). However, other studies have found that biases in attentional engagement and disengagement can be modified, with some previous studies suggesting that training attentional engagement (but not disengagement) can result in changes in emotional symptoms (Hirsch et al., 2011) while others have found that attention bias modification training can result in changes in disengagement biases (Basanovic et al., 2021). These mixed findings indicate that accurately identifying and precisely targeting

specific attention bias types, as we have done in this study, may contribute to more effective bias modification training, although more work is clearly needed.

Limitations and future research

There are a few limitations which must be held in mind when considering the results of this study. Firstly, although we explicitly sought a sample of university students given the prevalence of NSSI in this population, these findings may not necessarily generalise to other populations such as clinical groups. Future studies may consider specifically targeting recruitment in other populations to assess whether these findings generalise. Secondly, this research used an experimental assessment of biased attention that is not without criticism. Specifically, there are concerns about the reliability of dot-probe task. In this study, the reliability estimates were low, consistent with other studies using the same experimental task (i.e., Clarke et al., 2020; Price et al., 2015) and some suggest this reflects inconsistency in the phenomenon of attention bias rather than measurement error (MacLeod et al., 2019). Although these findings should be interpreted with caution, the findings were consistent with previous findings in similar studies (Riquino et al., 2020). In the absence of a more reliable measure of attention, the dot-probe task still provides important information to guide our theoretical understanding of attention processes in the context of NSSI. Importantly, although these tasks may be limited in their ability to provide reliable information at the individual level, they are far more suited to providing information about differences between groups in terms of attention bias, as was the case in the present study (MacLeod et al., 2019). There is a novel variant of the dot-probe task using dual probes that has only recently been developed and may address concerns about the reliability of the dot probe task (Grafton et al., 2021). This paradigm uses two probes in each trial to assess accuracy in responding to probes in both locations and demonstrates considerably better reliability than the single dot-probe task. Consequently, it may be useful to replicate the present study using this paradigm.

Future research should also utilise other behavioural tasks designed to assess attentional processes. One which may be particularly relevant in the context of NSSI is the anti-saccade task, which assesses the degree to which an individual can exert voluntary control over their attention when exposed to emotional stimuli (Myles et al., 2019). This may provide further information about the ability of individuals to control the allocation of their attention in the face of emotional stimuli. The current study assessed attentional biases, which capture attentional preferences for emotionally valenced stimuli. It is likely to be just as important to consider how effective an individual is at effortfully redirecting their attention once they have noticed the stimulus. Given that the Emotional Cascade Model suggests that these individuals have difficulty drawing attention away from their emotional experience, it would be interesting to assess how inhibitory control of one's attention (e.g., using an antisaccade task) is related to engagement in NSSI.

Conclusion

In sum, the present research provides a unique contribution to the sparse literature on attention biases in the context of NSSI. We found that amongst individuals who engage in NSSI, those with elevated trait perfectionism tended to notice emotional information more quickly, but also took their attention away more rapidly. Additionally, those individuals who engage in NSSI and are high in perfectionism may generally be more rapid to respond to negative stimuli, and slower to respond to positive stimuli, regardless of perfectionism relevance of these stimuli. These findings lend further support to the importance of understanding the experience and processing of positive as well as negative emotion. Future research should seek to replicate these findings and should consider the effects of attention biases towards NSSI-specific stimuli as well as generally emotional stimuli.

Research in context

Evidence before this study

Evidence on the relationship between perfectionism and non-suicidal self-injury before this thesis was relatively limited, with studies exploring the association between these variables. There was no available information about potential mechanisms or processes to explain the relationship between perfectionism and NSSI. The Emotional Cascade Model is one theoretical model of NSSI that has a strong evidence base. There is literature supporting causal associations between perfectionism, and some of the key variables of the Emotional Cascade Model (i.e., rumination and negative affect). There is also theoretical and empirical evidence for associations between both perfectionism and NSSI, and biased attention. There was also no previous evaluation of the measurement invariance of perfectionism or rumination in the context of NSSI.

Added value of this study

Firstly, I evaluated the measurement properties of common measures of perfectionism and rumination in the context of NSSI, demonstrating that some but not all measures were invariant between groups with and without a history of NSSI. I also proposed that the association between perfectionism and NSSI could be understood by integrating the roles of perfectionism and attention with the Emotional Cascade Model of NSSI. Through a range of research designs including a cross-sectional path model and an experimental assessment of biased attention, there is preliminary support for these proposed associations.

Implications of all the available evidence

Firstly, the findings regarding measurement of rumination in the context of NSSI suggest that the extant literature exploring rumination and NSSI must be considered with caution as one of the most common measures of rumination is not invariant between those with and without a history of self-injury. Secondly, these findings indicate that perfectionism may increase the emotional cascades that are known to precede NSSI, and that attentional processes may increase the relationship between perfectionism and NSSI. People who are more perfectionistic are more likely to engage in NSSI, and this doctoral thesis suggests that one reason for this may be that perfectionism is associated with a more intense vicious cycle of negative emotion and rumination, which lead to subsequent NSSI, and that this effect is stronger amongst those whose attention focuses on emotional stimuli.

Chapter Seven: General Discussion

Introduction to Chapter Seven

In this chapter, I first briefly review the primary aims of this thesis and associated findings, before describing the theoretical and clinical implications and making recommendations for future research directions.

Summary of Aims and Research Findings

In this PhD, the overarching aim was to propose and evaluate a theoretical model for understanding the association between perfectionism and NSSI using the Emotional Cascade Model as a foundation and incorporating the role of attention processes (both self-reported and behavioural). The first study in this thesis was an evaluation of the measurement invariance of two common measures of perfectionism in the context of non-suicidal self-injury. This study demonstrated that of the two most common brief measures of perfectionism, one was supported as a reliable measure of perfectionism in individuals with and without a history of NSSI (the brief form of the Frost Multidimensional Perfectionism Scale) suggesting that any observed group differences on this measure are genuine differences, rather than artefacts of measurement. This measure was robust in both its two-factor and bifactor configurations. The second measure (the Clinical Perfectionism Questionnaire) lacked adequate baseline model fit, and could not demonstrate measurement invariance between groups. These findings contribute to the body of knowledge about the measurement of perfectionism in the context of NSSI, and provide confidence in selection of a measurement tools for subsequent studies in the thesis. Similarly, the second study in this thesis sought to evaluate the measurement invariance of three common measures of rumination in the context of NSSI. Support for these measures were mixed; although two were invariant (the Ruminative Thought Style Questionnaire and the Repetitive Thinking

Questionnaire), one was not (the Ruminative Response Styles questionnaire). Again, this study contributes to the body of knowledge about the measurement of rumination in the context of NSSI and provided a degree of confidence in selecting appropriate measures when seeking to explore between-person differences in rumination in the context of NSSI.

Using the findings of studies one and two to inform research design, study three integrated existing theoretical understandings of NSSI and perfectionism to explore the mechanisms that may underpin this association. In this study, elevated perfectionism was associated with increasing odds of having engaged in self-injury both directly, and indirectly through rumination and negative affect. That is, perfectionism was associated with emotional cascades of rumination and negative affect, and thereby increased odds of NSSI, and the relationship between perfectionism and rumination was strengthened by attention focusing. People with a stronger ability to effortfully focus their attention and with elevated perfectionism were likely to report more rumination, which indirectly increased odds of NSSI.

Finally, study four was an experimental assessment of biased attention to emotional stimuli in the context of NSSI, and sought to explore if there were differences between these groups in attention bias types (engagement vs disengagement) with respect to stimulus emotional valence (positive vs negative) and stimulus perfectionism relevance (relevant vs irrelevant) and trait perfectionism. For individuals with a history of NSSI, there was an interaction between trait perfectionism and emotional valence such that elevated perfectionism was associated with being faster to respond to positive stimuli, and slower to respond to negative stimuli. Neither of those slopes were significant individually, but the effects were in different directions, resulting in a significant interaction. There was also an interaction between perfectionism and attention bias types such that for individuals with a history of NSSI, elevated perfectionism was associated with faster engagement and faster disengagement of attention

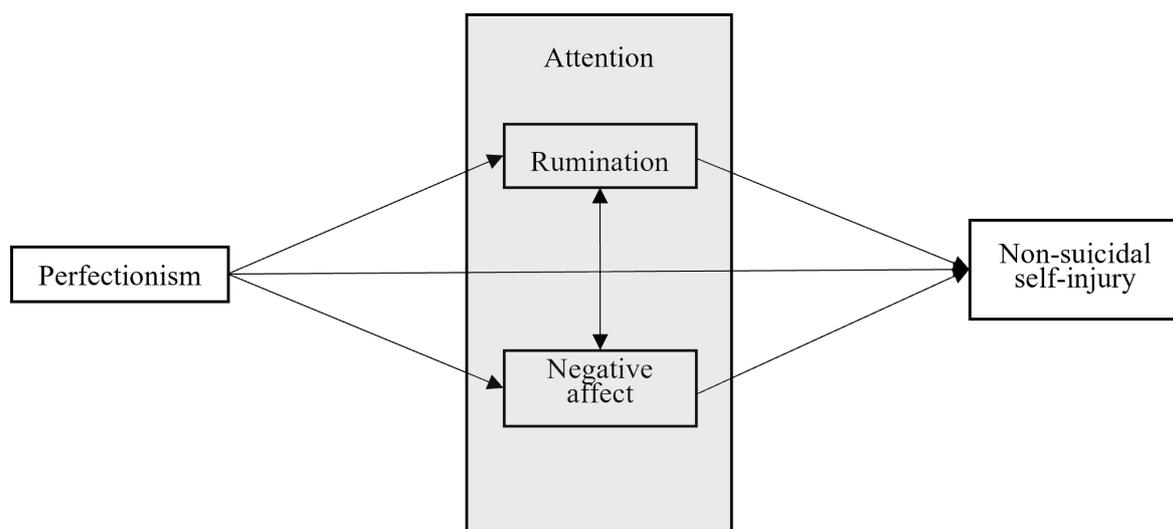
from emotional stimuli regardless of valence. There were no significant effects for attention bias with respect to the perfectionism-relevance of the stimuli.

Implications

This thesis contributes two key findings: firstly, there are measures that can accurately capture and reflect genuine group differences in perfectionism and rumination between individuals with and without a history of NSSI, and secondly, integrating perfectionism and attention with the Emotional Cascade Model offers insights into how perfectionism may be associated with NSSI (see Figure 7.1).

Figure 7.1

Integrating perfectionism and attention with the Emotional Cascade Model for understanding the relationship between perfectionism and NSSI



Measurement of Perfectionism and Rumination in NSSI

The implications of my findings regarding the measurement of perfectionism and rumination affect not only future research but also may affect how we view the extant literature on NSSI. Given the finding that the brief Frost Multidimensional Perfectionism Questionnaire (Burgess et al., 2016) was invariant, while the Clinical Perfectionism Questionnaire (Fairburn et al., 2003) was not, it is important to take which measure is used

into consideration in the context of NSSI. Given the baseline model of the Clinical Perfectionism Questionnaire failed to demonstrate acceptable model fit, it is clear further work is needed to determine the suitability of this measure in the context of NSSI; although the measure has strong empirical support in other contexts (e.g., eating disorder and community samples; Howell et al., 2020; Prior et al., 2018). It is not known if this poor model fit was an idiosyncratic feature of the specific sample used, or if this poor model fit will generalise to other samples in the context of NSSI. Bearing this in mind, there is relatively strong support for the use of the brief Frost Multidimensional Perfectionism Questionnaire in the context of NSSI. In the recent systematic review, seven of the 15 studies used the Frost Multidimensional Perfectionism Questionnaire (Gyori & Balazs, 2021). None of these studies used the Clinical Perfectionism Questionnaire, with the other studies using measures that form part of a larger measure of eating disorder inventory, or a child and adolescent specific measure. These measures are not necessarily appropriate for use with adult populations or for people who are not experiencing eating disorder symptoms. The existing literature on perfectionism and NSSI with adult populations (that predominantly uses the Frost Multidimensional Perfectionism Questionnaire) may therefore be considered a genuine reflection of the relationship between perfectionism and NSSI, and it is suggested that future studies continue using the brief Frost Multidimensional Perfectionism Questionnaire to measure perfectionism in the context of NSSI until, and unless, the Clinical Perfectionism Questionnaire can be further assessed.

Given the finding that one of the rumination measures (The Ruminative Response Styles scale) performed considerably differently across groups of individuals with and without a history of NSSI, we need to consider what this means for the existing field of knowledge. A recent meta-analysis found that there is a robust relationship between rumination and NSSI (Coleman et al., 2021). However, of the 46 studies included in this

meta-analysis, over half ($n = 24$) used the Ruminative Response Styles scale to measure rumination. My findings indicated that this measure did not achieve metric invariance between individuals with, versus without, a history of NSSI; that is, the factor loadings were unequal, and therefore it is unclear if reported group differences reflect measurement artefacts or accurately capture the relationship between rumination and NSSI. The implications for our theoretical knowledge therefore are considerable: the extant literature using the RRS to assess rumination among individuals with a history of NSSI may not allow for valid comparisons with individuals without a history of NSSI, and it is not clear whether observed associations are reflective of genuine group differences (NSSI vs no NSSI) or the result of measurement differences.

One of the items with differential item functioning at the metric level asked participants how often they think, “*why do I have problems other people don't have?*”. Thematically, this item is the only one across all three measures (RRS, RTSQ, and RTQ) that is capturing interpersonal characteristics, reflecting on why one has problems that others do not, while the other measures focus on intrapersonal characteristics of rumination (e.g., “I find that my mind often goes over things again and again”). Although taking this differential item functioning into account did not significantly change the mean score for individuals with and without a history of NSSI, it is important to acknowledge that this item behaves differentially. Without confirming that this measure was reflecting accurate group differences in each these studies, we may know little about how people who do and do not self-injure differ in rumination. The abundance of studies utilising the Ruminative Response Styles scale to measure rumination in the context of NSSI should therefore be interpreted with some degree of caution, while future research should make use of the more consistent measures: the Ruminative Thoughts Style Questionnaire or the Repetitive Thinking Questionnaire.

The Emotional Cascade Model

According to my findings integrating perfectionism and attention with the Emotional Cascade Model, it appears that individuals who are elevated in perfectionism may engage in more rumination and experience more negative affect, which increase their odds of engaging in NSSI. For individuals with stronger self-reported ability to focus their attention, the relationship between perfectionism and rumination was stronger. Amongst those who have a history of self-injury, elevated perfectionism was associated with faster responding to and disengagement from emotional information, as well as slower responding to positive information and faster responding to negative information. Both self-reported control over one's ability to focus attention, and behavioural measures of biased attention, indicated that there were differences in attentional processing associated with NSSI and that these differences are related to trait perfectionism. My findings therefore partially supported and extended upon the previous research about attention biases in NSSI (Riquino et al., 2020) that individuals who have a history of NSSI demonstrate biased attention in responding to emotional information.

The Emotional Cascade Model of NSSI is one of the most empirically supported theoretical models of NSSI (e.g., Hasking et al., 2018; Selby et al., 2008; Selby et al., 2013; Selby et al., 2016). Chapter Five of this thesis offers further support for the Emotional Cascade Model of NSSI and suggests that this model may offer a strong foundation for understanding relationships between NSSI and other variables of interest, such as perfectionism. In this thesis, I presented a theoretical model that integrates perfectionism, attention, rumination, and negative affect to offer a preliminary explanation of the relationships between perfectionism and NSSI, and to explain how an individual's attention allocation may affect these relationships and subsequent risk of NSSI.

According to this model, greater self-reported ability to maintain focused attention was associated with a stronger relationship between perfectionism and rumination. Integrating this finding with the finding that individuals who self-injured and have elevated perfectionism demonstrate faster responding to negative information and slower responding to positive information, we suggest that it may be that individuals who are elevated in perfectionism have a propensity to notice negative emotions that may be perceived as a threat, and then engage in rumination in attempts to understand or resolve this failure. However, this may have the effect of increasing distress, and escalating emotional cascades.

Further information is required about the nature of attentional focusing. In this thesis, attentional control was evaluated as a trait – asking individuals about how they generally concentrate or work. Future research could utilise qualitative methods to explore what content an individual reports focusing their attention upon; the individual may report differential capacity for focusing their attention on external demands or tasks when compared to internal cognitive-emotional states. Given the critique of self-reported attention control as being relatively unrelated to behavioural observations of attention control (Clarke & Todd, 2021), these findings should also be replicated using behavioural measures of attentional control (such as the anti-saccade task; Everling & Fischer, 1998). Similarly, our research did not assess the content of ruminative thought; an individual may ruminate on perceived failures, or they may ruminate on the emotional antecedents of this self-criticism. Understanding the content of these cognitive processes may help us to understand how these cognitions may develop or interact in the lead up to NSSI thoughts and behaviours.

For example, it may be that for individuals who are elevated in perfectionism, being stronger at focusing their attention may involve selectively focusing on specific perceived failures or more broadly unwanted emotions. Although not assessed in this thesis, if an individual has a strong capacity to focus their attention but selectively chooses to focus their

attention on perceived flaws or failures, this may reflect something of a perfectionistic cascade. The individual evaluates a perceived flaw or failure, and selectively allocates attention to, or ruminates on, the causes and characteristics of this failure. This perfectionistic cascade may operate alongside emotional cascades, leading to a more intense escalation in distress and heightening the likelihood of engaging in NSSI to escape these cascades. Clearly, future work is required to understand these complex interactions between cognitions and emotions.

Additionally, having a history of self-injury was associated with being quicker to notice emotional stimuli and quicker to disengage attention from those stimuli. It may be that individuals who engage in NSSI are hypervigilant to emotional information, but once this information is detected, the individuals rapidly disengage from the emotional stimuli. One potential explanation for this is that this disengagement could be a manifestation of cognitive avoidance or thought suppression. In this way, perhaps individuals engage with the emotional information but rapidly activate strategies to disengage or distract from those emotions to avoid the emotional experience (i.e., experiential avoidance; see Chapman et al., 2006). However, as in other clinical contexts, thought suppression has been demonstrated to be a rather ineffective strategy. Paradoxically, these attempts to suppress or avoid thoughts are known to lead to an increase in the occurrence of the suppressed thought (Wenzlaff & Wegner, 2000). That is, if attempts to disengage from emotional stimuli are unsuccessful, and the intensity of emotional cascades increases, an individual may then use NSSI as a stronger distraction to escape this cascade.

Clinical Implications

If the findings of this thesis are replicated in further studies including those with longitudinal designs, it may be valuable to consider the effects of an intervention informed by this theoretical model. Although the model investigated in this thesis only explained

approximately one third of the variance in NSSI, this is a meaningful proportion of variance and therefore worth consideration.

There is a need for interventions that help individuals who engage in NSSI. To date, the majority of evidence for interventions in the context of NSSI use emotion regulation techniques grounded in dialectical behaviour therapy (Cook & Gorraiz, 2016). These techniques were designed for use in populations with borderline personality disorder and focus heavily on developing alternative strategies of regulating intense emotions. This therapeutic approach is highly regarded and proven to be very effective, especially in individuals with BPD symptoms (Cook & Gorraiz, 2016). This approach emphasises managing emotions once they have reached a level of intensity the individual cannot tolerate. While these skills are invaluable for coping, it is also worth considering how interventions may act earlier in the process before distress reaches such an intensity. That is to say, can we help to reduce the cascades before they reach the level of intensity that typically leads to self-injury?

The findings of this thesis suggest that interventions for perfectionism, rumination, and attention may provide avenues for early intervention in the context of NSSI and emotional cascades. Treatment approaches that target these transdiagnostic processes are of significant clinical interest for a number of reasons including the idea that these interventions may result in therapeutic benefits across the spectrum of psychopathology given that comorbidity is considered to be the norm (Craske, 2012). Transdiagnostic treatments are associated with symptom improvement, high acceptability for clients, are associated with improvements across disorders, and may be considered as effective as treatment-specific protocols (McEvoy et al., 2009).

Specifically, it may be worth considering the effects of an intervention for perfectionism. Perfectionism is a modifiable trait, which can be effectively treated using

cognitive-behavioural techniques (Galloway et al., 2021). CBT for perfectionism can be delivered in a variety of formats, ranging from self-help (in books or online) to therapist-delivered. These interventions can be delivered at a group level or individually (Lloyd et al., 2015), and are equally effective online and face-to-face (Suh et al., 2019). CBT for perfectionism is a transdiagnostic intervention that combines cognitive techniques (such as cognitive restructuring) and behavioural techniques (such as behavioural experiments and behavioural activation; Shafran et al., 2018). These interventions are demonstrated to reduce perfectionism, as well as symptoms of depression, anxiety, and stress, eating disorders, and obsessive-compulsive disorders (Galloway et al., 2021). It may therefore be of interest to see how such an intervention may affect the frequency and/or severity of NSSI.

Similarly, interventions for rumination are considered transdiagnostic and can be across a range of therapeutic orientations including rumination-focused cognitive-behavioural therapy, metacognitive therapy, and mindfulness-based cognitive therapy (Watkins & Roberts, 2020). Although many of these interventions were designed with specific psychopathology in mind, such as depression (Cook et al., 2019) or generalised anxiety disorder (Covin et al., 2008), they were specifically targeting the mechanism of rumination and demonstrate significant treatment effects in reducing rumination or repetitive negative thinking. Rumination-focused CBT is based in standard cognitive-behavioural techniques (including cognitive restructuring) but with a stronger emphasis on functional analysis and behavioural activation to help clients recognise when they are engaging in rumination and to encourage more helpful thinking styles (Watkins, 2018). Part of rumination-focused CBT is cognitive bias modification (Hertel et al., 2014), which involves training away from a negative bias in attention or interpretation of ambiguous situations. Future research should consider how these transdiagnostic treatment approaches may be effective in modifying the

mechanisms in the extended Emotional Cascade Model proposed in this thesis and evaluating the impact on NSSI behaviours.

Limitations

Along with the limitations raised in each chapter, there are some important considerations with the program of research that warrant acknowledgement. Although not necessarily a limitation of this thesis, it is important to bear in mind that this thesis exclusively assessed the proposed relationships in samples of young adults who are university students. Given the salience of both perfectionism (Curran & Hill, 2019) and NSSI (Kiekens et al., 2019) among university students, this population is an important context for researching relationships between perfectionism and NSSI. Despite this, the constructs in this theoretical model were transdiagnostic in nature (perfectionism, attention, rumination, and negative affect) and so it is important to explore if the demonstrated relationships hold in other populations of interest, including adolescent samples, as well as clinically relevant samples such as treatment-seeking individuals and people with relevant psychiatric diagnoses (such as borderline personality disorder and eating disorders).

Another limitation is that the relationships assessed in this thesis were tested using cross-sectional data, which preclude inferences regarding temporal ordering (Kline, 2010). This model tested for *associations* or *relationships* between variables but did not assess how these relationships unfold over time so cannot draw temporal conclusions. These two limitations are separate but related, and may be addressed in future research. Although demonstrating causal inference is particularly challenging considering the ethical implications of randomisation in behaviours involving physical harm, future research can assess for temporal ordering. Researchers could explore how these dynamic and complex relationships unfold over time, such as through the use of ecological momentary assessment.

We know that not only is each person's experience of NSSI unique, but also that each episode of self-injury for a single person may be different in both function and form (Lloyd-Richardson et al., 2007; Saraff & Pepper, 2014; Taylor et al., 2018). Ecological momentary assessment involves collecting real-time data about participants' behaviours, cognitions, and emotions over a set period of time, which can increase our understanding of precedent and antecedent states associated with episodes of NSSI, and therefore the mechanisms that may lead to NSSI (Rodríguez-Blanco et al., 2018). Ecological momentary assessment has been used in NSSI research with increasing frequency, often to understand the behaviour in the context of emotion regulation. Typically, these designs involve either time-contingent or event (NSSI behaviour) contingent assessments of a range of factors across a period of 7-14 days, although other studies considered a longer duration of assessment (up to 12 weeks; Rodríguez-Blanco et al., 2018). The majority of these studies explored emotional, cognitive, and social factors related to the onset and maintenance of NSSI, while others assessed the emotional, cognitive, and social consequences of NSSI (Rodríguez-Blanco et al., 2018). These studies identified the emotional contexts for engagement in NSSI, suggesting that elevations in negative affect occur hours prior to episodes of NSSI behaviour, but that further work is required to understand the cognitive and situational contexts that are associated with self-injury. Little is known about the temporal dynamics in cognitions such as perfectionism, rumination, and negative affect and how these processes interact in the lead up to episodes of NSSI. Previous research in other clinical contexts has evaluated daily fluctuations in perfectionism (e.g., in the context of eating disorders; Boone et al., 2012), rumination (Selby et al., 2013), and biased attention (e.g., in the context of alcohol use; Emery & Simons, 2020). Ecological momentary assessment could be used therefore to explore if the interactions between perfectionism, attention, and rumination are indeed associated with episodes of NSSI.

Key Future Research Priorities

Given the limitations of this research, some of the key future research priorities have already been mentioned (including behavioural assessments of attention control; interventions for the transdiagnostic processes of perfectionism, rumination, and attention; the replication of the test of this proposed model in treatment-seeking and clinical samples; and longitudinal research designs). In addition, there are a number of other research questions that warrant consideration. Firstly, a qualitative exploration into the experience of perfectionism amongst those who have engaged in self-injury may serve both to provide us with important insight into lived experience, and to highlight areas for further research. Secondly, this research was grounded in the Emotional Cascade Model of NSSI. Although this provided us with a strong theoretical foundation for the relationships between perfectionism and NSSI, there are other theoretical models and associated constructs that warrant exploration in the context of perfectionism and NSSI. For example, the Experiential Avoidance Model frames NSSI as a behaviour that serves to help an individual avoid the experience of aversive cognition or emotion. An interesting direction for future research may therefore be to consider the role of avoidance in the relationship between perfectionism and NSSI.

Conclusion to the Thesis

This thesis provides a significant and unique contribution to the field of research on NSSI, including new knowledge about the utility of measures of both rumination and perfectionism for making group comparisons in the context of NSSI. This research also makes an important contribution to our understanding of how perfectionism may be associated with NSSI by integrating perfectionism and attention into the Emotional Cascade Model (Selby & Joiner, 2009). My findings indicate that perfectionism may increase the emotional cascades that are known to precede NSSI, and that attentional processes may

increase the relationship between perfectionism and NSSI. People who are more perfectionistic are more likely to engage in NSSI, and this doctoral thesis suggests that one reason for this may be that perfectionism is associated with a more intense vicious cycle of negative emotion and rumination, which lead to subsequent NSSI, and that this effect is stronger amongst those whose attention focuses on emotional stimuli.

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Appendix A: Ethics Approval Letter - Studies 1 and 3



Office of Research and Development

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Web research.curtin.edu.au

20-Aug-2018

Name: Penelope Hasking
Department/School: School of Psychology
Email: Penelope.Hasking@curtin.edu.au

Dear Penelope Hasking

RE: Ethics approval

Approval number: HRE2018-0536

Thank you for submitting your application to the Human Research Ethics Office for the project **Social, emotional, and cognitive factors associated with health risk behaviours**.

Your application was reviewed by the Curtin University Human Research Ethics Committee at their meeting on **07-Aug-2018**.

The review outcome is: **Approved**.

Your proposal meets the requirements described in National Health and Medical Research Council's (NHMRC) *National Statement on Ethical Conduct in Human Research (2007)*.

Approval is granted for a period of one year from **20-Aug-2018 to 20-Aug-2019**. Continuation of approval will be granted on an annual basis following submission of an annual report.

Personnel authorised to work on this project:

Name	Role
Dawkins, Jessica	Student
Hasking, Penelope	CI
Boyes, Mark	Co-Inv
Slabbert, Ashley	Student
Tonta, Kate	Student
Greene, Danyelle	Student
Howell, Joel	Co-Inv

Standard conditions of approval

1. Research must be conducted according to the approved proposal
2. Report in a timely manner anything that might warrant review of ethical approval of the project including:
 - proposed changes to the approved proposal or conduct of the study
 - unanticipated problems that might affect continued ethical acceptability of the project
 - major deviations from the approved proposal and/or regulatory guidelines
 - serious adverse events
3. Amendments to the proposal must be approved by the Human Research Ethics Office before they are implemented (except where an amendment is undertaken to eliminate an immediate risk to participants)
4. An annual progress report must be submitted to the Human Research Ethics Office on or before the anniversary of approval and a completion report submitted on completion of the project
5. Personnel working on this project must be adequately qualified by education, training and experience for their role, or supervised
6. Personnel must disclose any actual or potential conflicts of interest, including any financial or other interest or affiliation, that bears on this project
7. Changes to personnel working on this project must be reported to the Human Research Ethics Office
8. Data and primary materials must be retained and stored in accordance with the [Western Australian University Sector Disposal Authority \(WAUSDA\)](#) and the [Curtin University Research Data and Primary Materials policy](#)
9. Where practicable, results of the research should be made available to the research participants in a timely and clear manner
10. Unless prohibited by contractual obligations, results of the research should be disseminated in a manner that will allow public scrutiny; the Human Research Ethics Office must be informed of any constraints on publication
11. Ethics approval is dependent upon ongoing compliance of the research with the [Australian Code for the Responsible Conduct of Research](#), the [National Statement on Ethical Conduct in Human Research](#), applicable legal requirements, and with Curtin University policies, procedures and governance requirements
12. The Human Research Ethics Office may conduct audits on a portion of approved projects.

Special Conditions of Approval

This letter constitutes ethical approval only. This project may not proceed until you have met all of the Curtin University research governance requirements.

Should you have any queries regarding consideration of your project, please contact the Ethics Support Officer for your faculty or the Ethics Office at hrec@curtin.edu.au or on 9266 2784.

Yours sincerely



Professor Peter O'Leary
Chair, Human Research Ethics Committee

Appendix B: Information Sheet, Consent, & Questionnaire - Studies 1, 2, 3

Qualtrics Survey Software

13/12/21, 4:03 pm

Information sheet and consent

PARTICIPANT INFORMATION STATEMENT

HREC Project Number:	HRE2018-0536
Project Title:	Social, Cognitive, and Emotional Factors Associated with Health Risk Behaviours
Principal Investigator:	Associate Prof. Penelope Hasking
Co-investigators:	Dr. Mark Boyes, Dr. Joel Howell, Jessica Dawkins, Danyelle Greene, Ashley Slabbert, & Kate Tonta
Version Number:	1
Version Date:	21/05/2018

What is the Project About?

Health risk behaviours such as alcohol use and nonsuicidal self-injury (e.g. cutting, burning, punching walls, without suicidal intent) are prevalent in university populations. How people understand, express, and regulate their emotions can play a critical role in their psychological health outcomes including whether they engage in health risk behaviours such as drinking alcohol and engaging in self-injurious behaviours. In this study, we will explore how multiple social, cognitive, and emotional factors are related to these behaviours and how they might be used to regulate emotional experiences.

Please read this information sheet fully before consenting to participate in the study.

Who is doing the Research?

This study is being conducted by a group of researchers at Curtin, including several PhD students being supervised by A/Prof Penelope Hasking, Dr Mark Boyes and Dr Joel Howell. All PhD students are funded by the Australian Government through the Research Training Program. This project is funded by Curtin University.

Who can participate?

You can participate in this study if you are aged 18-25 and currently studying at an Australian University.

What does participation involve?

If you agree to participate, you will be asked to answer an online survey at a time and place convenient for you. The survey includes questions about your social connections as well as how you cope with and deal with emotions and your experience with alcohol. If you have ever engaged in self-injury you will be asked about these experiences.

The survey will take around 60 minutes to complete. You do not have to complete the study in one sitting. Once you begin the questionnaire you will have one week to complete the study. You can log back in as many times as you like within a week.

Are there any benefits to being in the research project?

There may be no direct benefit to you from participating in this research. However, the current study will add to scientific knowledge about factors related to self-injury and alcohol use in university students. This knowledge may also benefit people in the future by informing prevention and treatment.

If you are completing the study for course credits at Curtin University you will receive 4 SONA points. If you are not participating for credit points you will be placed in the draw to win an iPad or 1 of 10 \$25 Coles/Myer gift cards.

Are there any risks, side-effects, discomforts or inconveniences from being in the research project?

Participating in this survey is unlikely to have any risks beyond everyday living. However, it is possible that some questions in the survey may trigger upsetting thoughts and memories for some individuals. Remember that taking part in this study is voluntary and you are not obliged to participate. If you do consent to participate but change your mind at any point in the survey, you can withdraw by simply closing the survey. However, any questions you have answered prior to closing the survey may be used in the overall analysis.

We suggest taking a break or stopping the survey if you become upset whilst answering the questions. You will be provided with a list of counselling services and resources at the bottom of this information sheet and again upon completion of the questionnaire.

Confidentiality and data access

You will be asked for your name and student ID if you are participating for course credits at Curtin University. This will allow us to match your responses to your record on SONA, so we can award you points. However, at the end of the semester when your grades have been finalised all identifying information will be removed from the data, making the data anonymous from that point on.

For other participants, we will ask for your name and email address to contact you if you win a prize. Once the prizes are drawn all identifying information will be removed making your responses unidentifiable from that point on.

The following people will have access to the information we collect in this research: the research team and, in the event of an audit or investigation, staff from the Curtin University Office of Research and Development. The information in this research is electronic and will be stored on a password-protected computer. Anonymous data may be stored in an open access repository if required by a journal. The data we collect in this study will be kept under secure conditions at Curtin University for 7 years after the research has ended and then it will be destroyed.

Will you tell me the results of the research?

The results from this study may be presented at a conference or published in a journal but you will not be identifiable in any publications or presentations. If you wish to have a copy of the final results or have any questions, please contact us:

Penelope Hasking: Penelope.Hasking@curtin.edu.au
 Mark Boyes: Mark.Boyes@curtin.edu.au
 Joel Howell: Joel.Howell@curtin.edu.au
 Danyelle Greene: Danyelle.greene@postgrad.curtin.edu.au
 Jessica Dawkins: Jessica.C.Dawkins@postgrad.curtin.edu.au
 Ashley Slabbert: Ashley.Slabbert@postgrad.curtin.edu.au
 Kate Tonta: Kate.Tonta@postgrad.curtin.edu.au

Self injury fact sheet
 Alcohol fact sheet
 Useful resources

If you decide to take part in this research tick the consent box at the start of the Qualtrics survey.
 By doing this you indicate you have understood the information provided here in the information sheet.

Curtin University Human Research Ethics Committee (HREC) has approved this study (HRE2018-0536). Should you wish to discuss the study with someone not directly involved, in particular, any matters concerning the conduct of the study or your rights as a participant, or you wish to make a confidential complaint, you may contact the Ethics Officer on (08) 9266 9223 or the Manager, Research Integrity on (08) 9266 7093 or email hrec@curtin.edu.au.

I have received information regarding this research and had an opportunity to ask questions. I believe I understand the purpose, extent and possible risks of my involvement in this project and I voluntarily consent to take part.

- I agree
 I do not agree

Demographics

Are you a Curtin student participating for SONA points?

- Yes
 No

What is your date of birth? (dd/mm/yyyy)

What is your sex?

- Male
- Female
- Another gender, please specify?
- Prefer not to say

Do you consider yourself to be:

- Heterosexual
- Homosexual
- Bisexual
- Another orientation, please specify?
- Prefer not to say

What is your postcode?**What country were you born in?****Do you identify as Aboriginal or Torres Strait Islander?**

- Yes
- No

Which Australian university are you currently enrolled in?**What course are you currently studying?****At what level are you currently studying?**

- Associate Degree
- Bachelor Degree
- Graduate Certificate
- Graduate Diploma
- Master Degree
- Doctoral Degree

Have you ever been diagnosed with a mental disorder?

- Yes (please specify)

No

NSSI

Nonsuicidal Self-Injury

This questionnaire asks about a variety of nonsuicidal self-injury behaviours. Nonsuicidal self-injury is defined as the deliberate physical self-damage or self-harm that is not accompanied by suicidal intent or ideation. Although cutting is one of the most well-known nonsuicidal self-injury behaviours, it can take many forms including but not limited to biting, burning, scratching, self-bruising or swallowing dangerous substances if undertaken with intent to injure oneself.

Have you ever thought about engaging in self-injury?

- Yes
- No

Have you ever engaged in nonsuicidal self-injury?

- Yes
- No

How many times have you self-injured in the last year?

- None
- Once
- Twice
- Three times
- Four times
- 5 or more times

Please estimate the number of times in your life you have intentionally (i.e., on purpose) performed each type of non-suicidal self-injury (e.g., 0, 10, 100, 500):

	Click to write
Cutting	<input type="text"/>
Biting	<input type="text"/>
Burning	<input type="text"/>
Carving	<input type="text"/>
Pinching	<input type="text"/>
Pulling hair	<input type="text"/>
Severe scratching	<input type="text"/>
Banging or hitting yourself	<input type="text"/>
Interfering with wound healing	<input type="text"/>
Rubbing skin against rough surface	<input type="text"/>
Sticking yourself with needles	<input type="text"/>
Swallowing dangerous substances	<input type="text"/>
Other	<input type="text"/>

If you feel that you have a *main* form of self-injury, please indicate from the list below the behaviour you consider to be your main form of self-injury

- Cutting
- Biting
- Burning
- Carving
- Pinching
- Pulling hair
- Severe scratching
- Banging or hitting yourself
- Interfering with wound healing
- Rubbing skin against rough surface
- Sticking yourself with needles
- Swallowing dangerous substances
- Other

At what age did you (please write a number):

	Click to write
First injure yourself?	
Most recently injure yourself?	

Do you experience physical pain during self-injury?

Yes	Sometimes	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you self-injure are you alone?

Yes	Sometimes	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Typically, how much time elapses from the time you have the urge to self-injure until you act on the urge?

<1 hour	1-3 hours	3-6 hours	6-12 hours	12-24 hours	>1 day
<input type="radio"/>					

Do/did you want to stop self-injuring?

- Yes
- No

This inventory was written to help us better understand the experience of nonsuicidal self-injury. Below is a list of statements that may or may not be relevant to your experience of self-injury. Please identify the statements that are most relevant for you.

When I self-injure I am...

	Not relevant	Somewhat relevant	Very relevant
calming myself down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
creating a boundary between myself and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
punishing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
giving myself a way to care for myself (by attending to the wound)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

causing pain so I will stop feeling numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
avoiding the impulse to attempt suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
doing something to generate excitement or exhilaration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bonding with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
letting others know the extent of my emotional pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
seeing if I can stand the pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
creating a physical sign that I feel awful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting back at someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ensuring I am self-sufficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
releasing emotional pressure that has built up inside of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrating that I am separate from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
expressing anger towards myself for being worthless or stupid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
creating a physical injury is easier to care for than my emotional distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
trying to feel something (as opposed to nothing) even if it is physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
responding to suicidal thoughts without actually attempting suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
entertaining myself or others by doing something extreme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fitting in with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
seeking care or help from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrating I am tough or strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
proving to myself that emotional pain is real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting revenge against others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrating that I do not need to rely on others for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
reducing anxiety, frustration, anger, or other overwhelming emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
establishing a barrier between myself and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
reacting to feeling unhappy with myself or disgusted with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
allowing myself to focus on treating the injury, which can be gratifying or satisfying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
making sure I am alive when I don't feel real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
putting a stop to suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pushing my limits in a manner akin to skydiving or other extreme activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
creating a sign of friendship or kinship with friends or loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
keeping a loved one from leaving or abandoning me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
proving I can take the physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
signifying the emotional distress I'm experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
trying to hurt someone close to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
establishing that I am autonomous/independent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are interested in your thoughts about what might happen if someone engages in self-injury. If you personally have self-injured think about what you might expect the outcome to be when you self-injure. If you do not self-injure, think about what the outcome might be if you did.

How likely is it that after self-injuring:

	Extremely unlikely	Somewhat unlikely	Somewhat likely	Extremely likely
I would feel less frustrated with the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends would be disgusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could make people do things for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would feel physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel like a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel better about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends would not approve of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be easier to get what I want from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family would be disgusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people would notice and offer sympathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not be aware of my physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The future would seem more optimistic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents would be angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel that it would be easier to open up and express my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not feel any pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel emotionally drained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel relieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people would notice and think I was a freak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would get care from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pain would be intense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would hate myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer 3 to this question.

	1	2	3	4	5
	<input type="radio"/>				

Below is a list of contexts in which people may or may not find it difficult to resist engaging in NSSI. Please rate how confident you are that you could resist the urge to self-injure given the situation below. Some items are repetitive however please respond to all statements.

	Not at all confident	Somewhat confident	Moderately confident	Extremely confident
1. When I feel angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When I feel sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I feel depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When I feel worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I feel hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I feel ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I feel lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When I feel embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. When I feel guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. When I feel frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. When I feel like everything I do is pointless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I feel fed up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. When I feel in control of my situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. When I feel calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I feel relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When I feel nothing at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. When I feel alienated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When I feel different from everyone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. When I feel numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. When I feel disconnected from my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. When I feel connected to my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. After having an argument with a friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. After arguing with a family member/s	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. When someone reassures me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. When I know I can talk to a friend about my problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. When I feel abandoned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When a friend abandons me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. When someone I love is angry with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. When someone I love is there to support me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. When I am by myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. When I am at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. When I am in the shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. When I am in the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. When I am out with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. When I am in a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. When I know no one will find out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. When other people are around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. When it's the middle of the night and I can't sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. When I think I am not good enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. When I think I am a burden to someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. When I think I am not loveable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. When I have no control over a situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. When I have no other option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. When I feel powerless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. When other people don't understand me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. When I don't want to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. When I think I have no other options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. When I think I have a better way to cope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. When I keep busy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. When I have been crying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. When I have been drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. When I am drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. When I am motivated to resist self-injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. When I have been thinking about self-injury for a long time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. When I have been trying to resist the urge for a long time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. When I have been avoiding suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. When I have been taking drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. When I withdraw myself from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. When I have just engaged in self-injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. When I am feeling pressure from work/school/university	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. When I have hurt someone I care about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. When I cannot help someone I care about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. When I feel I have control over a situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. When I feel like others aren't listening to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. When others don't take my opinion seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. When I am worried other people will see my scars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. When I have seen someone else has self-injury scars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. When I have seen a post online about self-injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. When I am having trouble with my friends/parents/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. When I have no viable means to self-injure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. When I believe I can resist the urge to self-injure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. If I have other coping strategies I can use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. When I focus on my inner strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. When I reach out for support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. If I feel alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. When I have other coping strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. When I have someone I can talk to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. When I do not have the preferred means to do so	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. When I can't think of any other strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. When I have a strong urge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. When I am in a supportive environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. When I have a supportive person available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. When I want to feel a sense of belonging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. When I consider self-injury a part of who I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. When I am distracted by other things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. When I am watching T.V.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. When I can't stop going over and over things in my mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. When it has become a ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. When I am reminded of self-injury through a video or song	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. When I see images of self-injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. When I feel a sense of control over my self-injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. When I feel I have no control over my self-injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. When I want to distract myself from my emotional pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. If I started a new job/school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. When I want to show someone else that I am in pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. When I have no privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. When I need comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

98. When it seems like no one cares about me				
99. When I overthink a situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. When I am in my bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. When I am at work/school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. When I feel anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. When I feel scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. When I feel nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. When I am worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. After arguing with people at work/school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. After arguing with a romantic partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. When someone I love is disappointed in me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. When I am out in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. In the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. In the afternoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. In the evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. Late at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. When I feel bored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. When I am high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. When I am worried other people will see my injuries/wounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. When I see someone else has self-injury wounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. When I have access to means to self-injure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. When I hate myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. When I want to punish myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. When I see a reminder of a past time I self-injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. When I see my own scars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. Before social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. After social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. When I see my own injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please read each of the statements below carefully and select the answer which best fits how certain you are about how you would act in each of the following situations.

	Very uncertain					Very certain
How certain are you that you will not self-injure in the future?	<input type="radio"/>					
If at some point in the future you had self-injurious thoughts, how certain are you that you could resist self-injury?	<input type="radio"/>					
If at some point in the future you had self-injurious thoughts, how certain are you that you could resist self-injury if you were using alcohol or other drugs?	<input type="radio"/>					
How certain are you that you could control future thoughts of self-injury if you were experiencing physical pain?	<input type="radio"/>					
How certain are you that you could control future self-injurious thoughts if you lost an important relationship?	<input type="radio"/>					
How certain are you that you could control future self-injurious thoughts if you lost a job, could not find employment, or suffered a financial crisis?	<input type="radio"/>					

Are you aware of either of your parents having engaged in self-injury?

Yes

No

Which parent/s have engaged in self-injury?

Mother

Father

Both parents

At what age did your parent/s engage in self-injury?

If you were born at the time, what age were you when your parent/s engaged in self-injury?

Alcohol

The following questions are related to your use of alcohol.

Full Strength Beer 285ml 4.8% Alcohol	Low Strength Beer 425ml 2.7% Alcohol	Pre-mix Spirits 275ml 5% Alcohol	Wine 100ml 13.5% Alcohol	Spirits 30ml 40% Alcohol	Full Strength Beer Can or Stubbie 375ml 4.6% Alcohol
					

This guide contains examples of one standard drink. A full strength can or stubbie contains one and a half standard drinks.

Because alcohol use can affect health and interfere with certain medications and treatments, it is important that we ask you some questions about your use of alcohol. Your answers will remain confidential, so please be as accurate as possible. Try to answer the questions in terms of 'standard drinks'.

	never	monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
1. How often do you have a drink containing alcohol?	<input type="radio"/>				
	1-2	3-4	5-6	7-9	10 or more
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="radio"/>				
	never	less than monthly	monthly	weekly	daily or almost daily

3. How often do you have six or more drinks on one occasion?	<input type="radio"/>				
4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="radio"/>				
5. How often in the last year have you failed to do what was normally expected of you because of drinking?	<input type="radio"/>				
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="radio"/>				
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="radio"/>				
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	<input type="radio"/>				

	No	Yes, but not in the last year	Yes, during the last year
9. Have you or someone else been injured because of your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The purpose of these questions is to find out about YOUR thoughts, feelings and beliefs about drinking. Please select the most appropriate response.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I do not need alcohol to help me unwind after a hard day or week at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little things annoy me less when I'm drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking makes me feel outgoing and friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking alcohol makes me tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have more self-confidence when I am drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking makes me more sexually responsive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am anxious or tense I do not feel the need for alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking makes the future brighter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I drink alcohol because it's a habit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking makes me bad tempered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more aware of what I say and do if I am drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that drinking hinders me in getting along with other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel restless when drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more sullen and depressed when drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot always control my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am less concerned about my actions when I am drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I am drinking it is easier to express my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel sexier after I've been drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking does not help to relieve any tension I feel about recent concerns and interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drinking increases my aggressiveness	<input type="radio"/>				
Drinking makes me feel like a failure	<input type="radio"/>				
Drinking helps me to be more mentally alert	<input type="radio"/>				
Drinking alcohol removes most thoughts of sex from my mind	<input type="radio"/>				
I tend to adopt a "who cares" attitude when I'm drinking	<input type="radio"/>				
I am addicted to alcohol	<input type="radio"/>				
Drinking brings out the worst in me	<input type="radio"/>				
I feel less shy when I am drinking	<input type="radio"/>				
Drinking makes me feel more violent	<input type="radio"/>				
I am less discreet if I drink alcohol	<input type="radio"/>				
When I am drinking it's easier to open up and express my feelings	<input type="radio"/>				
I am powerless in the face of alcohol	<input type="radio"/>				
When I am drinking I avoid other people or situations for fear of embarrassment	<input type="radio"/>				
Drinking alcohol sharpens my mind	<input type="radio"/>				
I feel disappointed in myself when drinking	<input type="radio"/>				
I tend to avoid sex when drinking	<input type="radio"/>				
I lose most feelings of sexual interest after I have been drinking	<input type="radio"/>				
I am clumsier when drinking alcohol	<input type="radio"/>				

Listed below are 20 reasons people might be inclined to drink alcoholic beverages. Using the five-point scale below, decide how frequently your own drinking is motivated by each of the reasons listed.

	Almost Never/ Never	Some of the time	Half of the time	Most of the time	Almost Always/ Always
To forget your worries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because your friends pressure you to drink.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it helps you enjoy a party.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it helps you when you feel depressed or nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To be sociable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To cheer up when you are in a bad mood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because you like the feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Almost Never/ Never	Some of the time	Half of the time	Most of the time	Almost Always/ Always
So that others won't kid you about not drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it's exciting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To get high.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it makes social gatherings more fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To fit in with a group you like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it gives you a pleasant feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it improves parties and celebrations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Almost Never/ Never	Some of the time	Half of the time	Most of the time	Almost Always/ Always
Because you feel more self-confident and sure of yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To celebrate a special occasion with friends.	<input type="radio"/>				
To forget about your problems.	<input type="radio"/>				
Because it's fun.	<input type="radio"/>				
To be liked.	<input type="radio"/>				
So you won't feel left out.	<input type="radio"/>				

For the following situations please indicate how easy it would be for you to refuse a drink containing alcohol.

	I am very sure I would drink					I am very sure I would not drink
When I am out to dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When someone offers me a drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am at lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am on the way home from work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
when I feel sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my spouse or partner is drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am listening to music or reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my friends are drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am by myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have just finished playing sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am at a pub or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I first arrive home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emotion

Emotion

Everyone gets confronted with negative or unpleasant events now and then and everyone responds to them in his or her own way. By the following questions you are asked to indicate what you generally think, when you experience negative or unpleasant events.

	(almost) Never	Sometimes	About half the time	Most of the time	(almost) Always
I feel I am the one to blame for it	<input type="radio"/>				
I think of something nice instead of what has happened	<input type="radio"/>				
I think about the mistakes others have made in this matter	<input type="radio"/>				
I think that I must learn to live with it	<input type="radio"/>				
I want to understand why I feel the way I do about what I have experienced	<input type="radio"/>				
I continually think how horrible the situation has been	<input type="radio"/>				
I feel that am the only one who is responsible for what has happened	<input type="radio"/>				
I think that it all could have been much worse	<input type="radio"/>				

I look for the positive sides to the matter	<input type="radio"/>				
I think that other people go through much worse experiences	<input type="radio"/>				
I dwell upon the feelings the situation had evoked in me	<input type="radio"/>				
I think of what I can do best	<input type="radio"/>				
I feel that others are to blame for it	<input type="radio"/>				
I think that I cannot change anything about it	<input type="radio"/>				
I often think that what I have experienced is the worst that could happen to a person	<input type="radio"/>				
I think about the mistakes I have made in this matter	<input type="radio"/>				
I think that it hasn't been too bad compared to other things	<input type="radio"/>				
I think about pleasant experiences	<input type="radio"/>				
I think that basically the cause must lie within myself	<input type="radio"/>				
I keep thinking about how terrible it is what I have experienced	<input type="radio"/>				
I think that I can learn something from the situation	<input type="radio"/>				
I feel that basically the cause lies with others	<input type="radio"/>				
I tell myself that there are worse things in life	<input type="radio"/>				
I feel that others are responsible for what has happened	<input type="radio"/>				
I think that I have to accept that this has happened	<input type="radio"/>				
I think of pleasant things that have nothing to do with it	<input type="radio"/>				
I think about how I can best cope with the situation	<input type="radio"/>				
I often think about how I feel about what I have experienced	<input type="radio"/>				
I think that I can become a stronger person as a result of what has happened	<input type="radio"/>				
I think about how to change the situation	<input type="radio"/>				
I often think that what I have experienced is much worse than what others have experienced	<input type="radio"/>				
I think that I have to accept the situation	<input type="radio"/>				
I think of nicer things than what I have experienced	<input type="radio"/>				
I think about a plan of what I can do best	<input type="radio"/>				
I think that the situation also has it's positive sides	<input type="radio"/>				
I am preoccupied with what I think and feel about what I have experienced	<input type="radio"/>				

In the last 30 days how often...

	none of the time	a little of the time	some of the time	most of the time	all of the time
Did you feel tired out for no good reason.	<input type="radio"/>				
Did you feel nervous.	<input type="radio"/>				
Did you feel so nervous that nothing could calm you down.	<input type="radio"/>				
Did you feel hopeless.	<input type="radio"/>				
Did you feel restless or fidgety.	<input type="radio"/>				
Did you feel so restless that you could not sit still.	<input type="radio"/>				
Did you feel depressed.	<input type="radio"/>				
Did you feel that everything is an effort.	<input type="radio"/>				
Did you feel so sad that nothing could cheer you up.	<input type="radio"/>				
Did you feel worthless.	<input type="radio"/>				

These items deal with ways you've been coping with stress and problems in your life. There are many ways to try to deal with problems. These items ask what you've been doing to cope in general with problems in your life. Try to rate each item separately in your mind from others. Make your answers as true FOR YOU as you can.

	I haven't been doing this at all	I've been doing this a little bit	I've been doing this a medium amount	I've been doing this a lot
I've been turning to work or other activities to take my mind off things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I've been concentrating my efforts on doing something about the situation I'm in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been saying to myself "this isn't real"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been using alcohol or other drugs to make myself feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been getting emotional support from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been giving up trying to deal with it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been taking action to try and make the situation better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been refusing to believe that it has happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been saying things to let my unpleasant feelings escape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been getting help and advice from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been using alcohol or drugs to get me through it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been trying to see it in a different light, to make it seem more positive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been criticizing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been trying to come up with a strategy about what to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been getting comfort and understanding from someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been giving up the attempt to cope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been looking for something good in what is happening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been making jokes about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been doing something to think about it less, such as going to the movies, watching TV, reading, daydreaming, sleeping, or shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been accepting the reality of the fact that it has happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been expressing my negative feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been trying to find comfort in my religion or spiritual beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been trying to get advice or help from other people about what to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been learning to live with it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking hard about what steps to take	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been blaming myself for the things that happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been praying or meditating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been making fun of the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please read each statement carefully and indicate how closely it resembles you.

	Not at all like me				Completely like me
When something happens that upsets me, it's all I can think about it for a long time.	<input type="radio"/>				
My feelings get hurt easily.	<input type="radio"/>				
When I experience emotions, I feel them very strongly/intensely.	<input type="radio"/>				
When I'm emotionally upset, my whole body gets physically upset as well.	<input type="radio"/>				

I tend to get very emotional very easily.	<input type="radio"/>				
I experience emotions very strongly.	<input type="radio"/>				
I often feel extremely anxious.	<input type="radio"/>				
When I feel emotional, it's hard for me to imagine feeling any other way.	<input type="radio"/>				
Even the littlest things make me feel emotional.	<input type="radio"/>				
If I have a disagreement with someone, it takes a long time for me to get over it.	<input type="radio"/>				
When I am angry/upset, it takes me much longer than most people to calm down.	<input type="radio"/>				
I get angry at people very easily.	<input type="radio"/>				
I am often bothered by things that other people don't react to.	<input type="radio"/>				
I am easily agitated.	<input type="radio"/>				
My emotions go from neutral to extreme in an instant.	<input type="radio"/>				
When something bad happens, my mood changes very quickly. People tell me I have a very short fuse.	<input type="radio"/>				
People tell me that my emotions are too intense for the situation.	<input type="radio"/>				
I am a very sensitive person.	<input type="radio"/>				
My moods are very strong and powerful.	<input type="radio"/>				
I often get so upset it's hard for me to think straight.	<input type="radio"/>				
Other people tell me I'm overreacting.	<input type="radio"/>				

Please answer 3 to this question.

Next we are interested in how you manage your emotions and how you cope with stress

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
When I want to feel more positive emotion (such as joy or amusement), I change what I am thinking about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep my emotions to myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to feel less negative emotion (such as sadness or anger), I change what I think about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am feeling positive emotions I am careful not to express them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am faced with a stressful situation, I make myself think about it in a way that helps me stay calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I control my emotions by not expressing them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to feel more positive emotion I change the way I am thinking about the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I control my emotions by changing the way I think about the situation I am in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am feeling negative emotions, I make sure not to express them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to feel less negative emotion, I change the way I am thinking about the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate below how often the following statements apply to you.

almost never (0- sometimes (11- about half the most of the almost always

	10%)	35%)	time (30-65%)	time (60-90%)	(91-100%)
I am clear about my feelings	<input type="radio"/>				
I pay attention to how I feel	<input type="radio"/>				
I experience my emotions as overwhelming and out of control	<input type="radio"/>				
I have no idea how I am feeling	<input type="radio"/>				
I have difficulty making sense out of my feelings	<input type="radio"/>				
I am attentive to my feelings	<input type="radio"/>				
I know exactly how I am feeling	<input type="radio"/>				
I care about what I am feeling	<input type="radio"/>				
I am confused about how I feel	<input type="radio"/>				
When I'm upset, I acknowledge my emotions	<input type="radio"/>				
When I'm upset, I become angry at myself for feeling that way	<input type="radio"/>				
When I'm upset, I become embarrassed for feeling that way	<input type="radio"/>				
When I'm upset, I have difficulty getting work done	<input type="radio"/>				
When I'm upset, I become out of control	<input type="radio"/>				
When I'm upset, I believe that I will remain that way for a long time	<input type="radio"/>				
When I'm upset, I believe that I will end up feeling very depressed	<input type="radio"/>				
When I'm upset, I believe that my feelings are valid and important	<input type="radio"/>				
When I'm upset, I have difficulty focusing on other things	<input type="radio"/>				
When I'm upset, I feel out of control	<input type="radio"/>				
When I'm upset, I can still get things done	<input type="radio"/>				
When I'm upset, I feel ashamed of myself for feeling that way	<input type="radio"/>				
When I'm upset, I know that I can find a way to eventually feel better	<input type="radio"/>				
When I'm upset, I feel like I am weak	<input type="radio"/>				
When I'm upset, I feel like I can remain in control of my behaviours	<input type="radio"/>				
When I'm upset, I feel guilty for feeling that way	<input type="radio"/>				
When I'm upset, I have difficulty concentrating	<input type="radio"/>				
When I'm upset, I have difficulty controlling my behaviours	<input type="radio"/>				
When I'm upset, I believe there is nothing I can do to make myself feel better	<input type="radio"/>				
When I'm upset, I become irritated at myself for feeling that way	<input type="radio"/>				
When I'm upset, I start to feel very bad about myself	<input type="radio"/>				
When I'm upset, I believe that wallowing in it is all I can do	<input type="radio"/>				
When I'm upset, I lose control over my behaviour	<input type="radio"/>				
When I'm upset, I have difficulty thinking about anything else	<input type="radio"/>				
When I'm upset, I take time to figure out what I'm really feeling	<input type="radio"/>				
When I'm upset, it takes me a long time to feel better	<input type="radio"/>				
When I'm upset, my emotions feel overwhelming	<input type="radio"/>				

This scale consists of a number of words that describe different feelings and emotions. Read each item and then indicate to what

extent you **generally** feel this way, that is, how you feel on the average

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Interested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinterested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Hostile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jittery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You have just completed a questionnaire which indicated how often you tend to have certain feelings or emotional experiences. In the following questionnaire you will be shown a list of the same feelings, but you are asked to make the following judgment:

When exposed to a situation that would make the "average" person experience this feeling, **how likely is it that you will experience this particular feeling?** Please rate this using the five options provided.

	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				
Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				
Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				

Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

You have just completed a questionnaire which indicated how likely you are to have certain feelings or emotional experiences. In the following questionnaire you will be shown a list of the same feelings, but you are asked to make the following judgment:

When you are experiencing a situation that does make you feel this way, **how intense** is the feeling compared to how other people feel?

	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				
Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				
Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				
Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

You have just completed a questionnaire which indicated how likely you are to have certain feelings or emotional experiences. In the following questionnaire you will be shown a list of the same feelings, but you are asked to make the following judgment:

When you are experiencing a situation that does make you feel this way, **how long is this feeling likely to persist?** The longer a feeling lasts the more persistent it is. Please rate this using the five options provided.

	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
	<input type="radio"/>				

Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				
Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				
Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				
Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

In this section we are interested in your emotional well being

Read each statement tick which response best indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

	Never	Sometimes	Often	Almost Always
I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware of dryness of my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't seem to experience any positive feelings at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced breathing difficulties (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced trembling (e.g. in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I wasn't worth much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think of times that you feel distressed or upset. Select the item from the options (strongly agree to strongly disagree) that best describes your beliefs about feeling distressed or upset

	Strongly agree	Mildly agree	Agree and disagree equally	Mildly disagree	Strongly Disagree
Feeling distressed or upset is unbearable to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel distressed or upset, all I can think about is how bad I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't handle feeling distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My feelings of distress are so intense that they completely take over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There's nothing worse than feeling distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly agree	Mildly agree	Agree and disagree equally	Mildly disagree	Strongly Disagree
I can tolerate being distressed or upset as well as most people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My feelings of distress or being upset are not acceptable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'll do anything to avoid feeling distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people seem to be able to tolerate feeling distressed or upset better than I can.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being distressed or upset is always a major ordeal for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly agree	Mildly agree	Agree and disagree equally	Mildly disagree	Strongly Disagree
I am ashamed of myself when I feel distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My feelings of distress or being upset scare me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'll do anything to stop feeling distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel distressed or upset, I must do something about it immediately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel distressed or upset, I cannot help but concentrate on how bad the distress actually feels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Using the scale provided as a guide, indicate how much you agree or disagree with each of the following statements. Give only one answer for each statement.

	Strongly disagree	Moderately disagree	Neither disagree nor agree	Moderately agree	Strongly agree
I am often confused about what emotion I am feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is difficult for me to find the right words for my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have physical sensations that even doctors don't understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to describe my feelings easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to analyze problems rather than just describe them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am upset, I don't know if I am sad, frightened, or angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often puzzled by sensations in my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to just let things happen rather than to understand why	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

they turned out that way.	<input type="radio"/>				
I have feelings that I can't quite identify.	<input type="radio"/>				
Being in touch with emotions is essential.	<input type="radio"/>				
I find it hard to describe how I feel about people.	<input type="radio"/>				
People tell me to describe my feelings more.	<input type="radio"/>				
I don't know what's going on inside me.	<input type="radio"/>				
I often don't know why I am angry.	<input type="radio"/>				
I prefer talking to people about their daily activities rather than their feelings.	<input type="radio"/>				
I prefer to watch "light" entertainment shows rather than psychological dramas.	<input type="radio"/>				
It is difficult for me to reveal my innermost feelings, even to close friends	<input type="radio"/>				
I can feel close to someone, even in moments of silence.	<input type="radio"/>				
I find examination of my feelings useful in solving personal problems.	<input type="radio"/>				
Looking for hidden meanings in movies or plays distracts from their enjoyment.	<input type="radio"/>				

This questionnaire asks about how you perceive and experience your emotions. Please score the following statements according to how much you agree or disagree that the statement is true of you.

Some questions mention bad or unpleasant emotions, this means emotions like sadness, anger, or fear. Some questions mention good or pleasant emotions, this means emotions like happiness, amusement, or excitement.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
1. When I'm feeling bad (feeling an unpleasant emotion), I can't find the right words to describe those feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When I'm feeling bad, I can't tell whether I'm sad, angry, or scared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I tend to ignore how I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When I'm feeling good (feeling a pleasant emotion), I can't find the right words to describe those feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I'm feeling good, I can't tell whether I'm happy, excited, or amused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I prefer to just let my feelings happen in the background, rather than focus on them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I'm feeling bad, I can't talk about those feelings in much depth or detail.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When I'm feeling bad, I can't make sense of those feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I don't pay attention to my emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. When I'm feeling good, I can't talk about those feelings in much depth of detail.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When I'm feeling good, I can't make sense of those feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Usually, I try to avoid thinking about what I'm feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. When something bad happens, it's hard for me to put into words how I'm feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. When I'm feeling bad, I get confused about what emotion it is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I prefer to focus on things I can actually see or touch, rather than my emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When something good happens, it's hard for me to put into words how I'm feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. When I'm feeling good, I get confused about what emotion it is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. I don't try to be 'in touch' with my emotions.	<input type="radio"/>						
19. When I'm feeling bad, if I try to describe how I'm feeling I don't know what to say.	<input type="radio"/>						
20. When I'm feeling bad, I'm puzzled by those feelings	<input type="radio"/>						
21. It's not important for me to know what I'm feeling.	<input type="radio"/>						
22. When I'm feeling good, if I try to describe how I'm feeling I don't know what to say.	<input type="radio"/>						
23. When I'm feeling good, I'm puzzled by those feelings.	<input type="radio"/>						
24. It's strange for me to think about my emotions.	<input type="radio"/>						

Please indicate the extent to which you agree or disagree with each of the following statements

	Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
The key to a good life is never feeling any pain.	<input type="radio"/>					
I'm quick to leave any situation that makes me feel uneasy.	<input type="radio"/>					
When unpleasant memories come to me, I try to put them out of my mind.	<input type="radio"/>					
I feel disconnected from my emotions.	<input type="radio"/>					
I won't do something until I absolutely have to.	<input type="radio"/>					
Fear or anxiety won't stop me from doing something important.	<input type="radio"/>					
I would give up a lot not to feel bad.	<input type="radio"/>					
I rarely do something if there is a chance that it will upset me.	<input type="radio"/>					
It's hard for me to know what I'm feeling.	<input type="radio"/>					
I try to put off unpleasant tasks for as long as possible.	<input type="radio"/>					
I go out of my way to avoid uncomfortable situations.	<input type="radio"/>					
One of my goals is to be free from painful emotions.	<input type="radio"/>					
I work hard to keep out upsetting feelings.	<input type="radio"/>					
If I have any doubts about doing something, I just won't do it.	<input type="radio"/>					
Pain always leads to suffering.	<input type="radio"/>					

The following questions refer to emotional reactions to typical life events. Please indicate how YOU react to these events. Please base your answers on how YOU react, not on how you think others react or how you think a person should react

	Never	Almost never	Occasionally	Usually	Almost always	Always
When I feel happiness, it is a quiet type of contentment.	<input type="radio"/>					
When a person in a wheelchair can't get through a door, I have strong feelings of pity.	<input type="radio"/>					
I get upset easily.	<input type="radio"/>					
When I succeed at something, my reaction is calm contentment.	<input type="radio"/>					
I get really happy or really unhappy.	<input type="radio"/>					
I'm a fairly quiet person.	<input type="radio"/>					
When I'm happy, I feel energetic.	<input type="radio"/>					
Seeing a picture of some violent car accident in a newspaper makes me feel sick to my stomach.	<input type="radio"/>					
When I'm happy, I feel like I'm bursting with joy.	<input type="radio"/>					
I would be very upset if I got a traffic ticket.	<input type="radio"/>					

Looking at beautiful scenery really doesn't affect me much.	<input type="radio"/>					
The weather doesn't affect my mood.	<input type="radio"/>					
Others tend to get more excited about things than I do.	<input type="radio"/>					
I am not an extremely enthusiastic person.	<input type="radio"/>					
'Calm and cool' could easily describe me.	<input type="radio"/>					
When I'm feeling well it's easy for me to go from being in a good mood to being really joyful.	<input type="radio"/>					
When I worry, it is so mild that I hardly notice it.	<input type="radio"/>					
I get overly enthusiastic.	<input type="radio"/>					
My happy moods are so strong that I feel like I'm 'in heaven'.	<input type="radio"/>					
When something bad happens, others tend to be more unhappy than I.	<input type="radio"/>					

Cognitions

Indicate how true each of the following statements are of you.

	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone opposes me, I can find the means and ways to get what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for me to stick to my aims and accomplish my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I could deal efficiently with unexpected events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thanks to my resourcefulness, I know how to handle unforeseen situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can solve most problems if I invest the necessary effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can remain calm when facing difficulties because I can rely on my coping abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am confronted with a problem, I can usually find several solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I am in trouble, I can usually think of a solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can handle whatever comes my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In this section we are interested in understanding how you respond to distressing situations. Please recall how you tend to respond when you feel distressed or upset.

How true are each of these statements with respect to your experience when you are distressed or upset?

	Not at all true	Somewhat true	Very true
I have thoughts or images about all my shortcomings, failings, faults, mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thoughts or images about events that come into my head even when I do not wish to think about them again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thoughts or images that "I won't be able to do my job/work because I feel so badly."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thoughts or images that are difficult to forget.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once I start thinking about the situation, I can't stop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at all true	Somewhat true	Very true
I notice that I think about the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thoughts or images of the situation that I try to resist thinking about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about the situation all the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I know I shouldn't think about the situation, but can't help it	<input type="radio"/>				
I have thoughts or images about the situation and wish it would go better.	<input type="radio"/>				

How well can you?

	Not at all well					Very well
Express joy when good things happen to you?	<input type="radio"/>					
Feel gratified over achieving what you set out to do?	<input type="radio"/>					
Rejoice over your successes?	<input type="radio"/>					
Express enjoyment freely at parties?	<input type="radio"/>					
Keep from getting dejected when you are lonely?	<input type="radio"/>					
Keep from getting discouraged by strong criticism?	<input type="radio"/>					
Reduce your upset when you don't get the appreciation you feel you deserve?	<input type="radio"/>					
Keep from getting discouraged in the face of difficulties?	<input type="radio"/>					
Manage negative feelings when reprimanded by your parents or significant others?	<input type="radio"/>					
Avoid getting upset when others keep giving you a hard time?	<input type="radio"/>					
Get over irritation quickly for wrongs you have experienced?	<input type="radio"/>					
Avoid flying off the handle when you get angry?	<input type="radio"/>					
	Not at all well					Very well

For each of the items below rate how accurately it describes you.

	Very inaccurate	Mostly inaccurate	Somewhat inaccurate	Neither accurate nor inaccurate	Somewhat accurate	Mostly accurate	Very accurate
I find that my mind often goes over things again and again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have a problem, it will gnaw on my mind for a long time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find that some thoughts come to mind over and over throughout the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't stop thinking about some things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am anticipating an interaction, I will imagine every possible scenario and conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to replay past events as I would have liked them to happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find myself daydreaming about things I wish I had done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very inaccurate	Mostly inaccurate	Somewhat inaccurate	Neither accurate nor inaccurate	Somewhat accurate	Mostly accurate	Very accurate
When I feel I have had a bad interaction with someone, I tend to imagine various scenarios where I would have acted differently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When trying to solve a complicated problem, I find that I just keep coming back to the beginning without ever finding a solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there is an important event coming up, I think about it so much that I work myself up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have never been able to distract myself from unwanted thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even if I think about a problem for hours, I still have a hard time coming to a clear understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is very difficult for me to come to a clear conclusion about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

some problems, no matter how much I think about it							
Sometimes I realize I have been sitting and thinking about something for hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				Neither accurate nor inaccurate			
	Very inaccurate	Mostly inaccurate	Somewhat inaccurate		Somewhat accurate	Mostly accurate	Very accurate
When I am trying to work out a problem, it is like I have a long debate in my mind where I keep going over different points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to sit and reminisce about pleasant events from the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am looking forward to an exciting event, thoughts of it interfere with what I am working on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes even during a conversation, I find unrelated thoughts popping into my head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have an important conversation coming up, I tend to go over it in my mind again and again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I have an important event coming up, I can't stop thinking about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each of the items below, rate how often you experience the corresponding statement.

	Almost never	Sometimes	Often	Always
It's very hard for me to concentrate on a difficult task when there are noises around.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I need to concentrate and solve a problem, I have trouble focusing my attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am working hard on something, I still get distracted by events around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My concentration is good even if there is music in the room around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When concentrating, I can focus my attention so that I become unaware of what's going on in the room around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am reading or studying, I am easily distracted if there are people talking in the same room.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When trying to focus my attention on something, I have difficulty blocking out distracting thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time concentrating when I'm excited about something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When concentrating I ignore feelings of hunger or thirst.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can quickly switch from one task to another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It takes me a while to get really involved in a new task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is difficult for me to coordinate my attention between the listening and writing required when taking notes during lectures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can become interested in a new topic very quickly when I need to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for me to read or write while I'm also talking on the phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble carrying on two conversations at once.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time coming up with new ideas quickly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After being interrupted or distracted, I can easily shift my attention back to what I was doing before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When a distracting thought comes to mind, it is easy for me to shift my attention away from it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for me to alternate between two different tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to break from one way of thinking about something and look at it from another point of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please read each statement carefully before answering. Indicate how often you behave in the stated manner, using the following scale.

	Almost never	Occasionally	About half of the time	Fairly often	Almost always
I try to be understanding and patient towards those aspects of my personality I don't like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm kind to myself when I'm experiencing suffering.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm going through a very hard time, I give myself the caring and tenderness I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm tolerant of my own flaws and inadequacies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to be loving towards myself when I'm feeling emotional pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see aspects of myself that I don't like, I get down on myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When times are really difficult, I tend to be tough on myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can be a bit cold-hearted towards myself when I'm experiencing suffering.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm disapproving and judgmental about my own flaws and inadequacies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm intolerant and impatient towards those aspects of my personality I don't like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to see my failings as part of the human condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When things are going badly for me, I see the difficulties as part of life that everyone goes through.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I fail at something that's important to me I tend to feel alone in my failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm feeling down I tend to feel like most other people are probably happier than I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm really struggling I tend to feel like other people must be having an easier time of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When something upsets me I try to keep my emotions in balance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm feeling down I try to approach my feelings with curiosity and openness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When something painful happens I try to take a balanced view of the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I fail at something important to me I try to keep things in perspective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When something upsets me I get carried away with my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm feeling down I tend to obsess and fixate on everything that's wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When something painful happens I tend to blow the incident out of proportion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I fail at something important to me I become consumed by feelings of inadequacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You will find below a series of statements which describe how people may react to the uncertainties of life. Please use the scale below to describe to what extent each item is characteristic of you.

	Not at all characteristic of me	Somewhat characteristic of me	Entirely characteristic of me
Uncertainty stops me from having a firm opinion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Being uncertain means that a person is disorganised.	<input type="radio"/>				
Uncertainty makes life intolerable.	<input type="radio"/>				
It's unfair having no guarantees in life.	<input type="radio"/>				
My mind can't be relaxed if I don't know what will happen tomorrow.	<input type="radio"/>				
Uncertainty makes me uneasy, anxious, or stressed.	<input type="radio"/>				
Unforeseen events upset me greatly.	<input type="radio"/>				
It frustrates me not having all the information I need.	<input type="radio"/>				
Uncertainty keeps me from living a full life.	<input type="radio"/>				
One should always look ahead so as to avoid surprises.	<input type="radio"/>				
A small unforeseen event can spoil everything, even with the best planning.	<input type="radio"/>				
When it's time to act, uncertainty paralyzes me.	<input type="radio"/>				
Being uncertain means that I am not first rate.	<input type="radio"/>				
When I am uncertain, I can't go forward.	<input type="radio"/>				
When I am uncertain, I can't function very well.	<input type="radio"/>				
Unlike me, others seem to know where they are going with their lives.	<input type="radio"/>				
Uncertainty makes me vulnerable, unhappy, or sad.	<input type="radio"/>				
I always want to know what the future has in store for me.	<input type="radio"/>				
I can't stand being taken by surprise.	<input type="radio"/>				
The smallest doubt can stop me from acting.	<input type="radio"/>				
I should be able to organize everything in advance.	<input type="radio"/>				
Being uncertain means that I lack confidence.	<input type="radio"/>				
I think it's unfair that other people seem to be sure about their future.	<input type="radio"/>				
Uncertainty keeps me from sleeping soundly.	<input type="radio"/>				
I must get away from all uncertain situations.	<input type="radio"/>				
The ambiguities in life stress me.	<input type="radio"/>				
I can't stand being undecided about my future.	<input type="radio"/>				

When things go wrong for me...

	Not at all like me				Extremely like me
I am easily disappointed with myself	<input type="radio"/>				
There is a part of me that puts me down	<input type="radio"/>				
I am able to remind myself of positive things about myself	<input type="radio"/>				
I find it difficult to control my anger and frustration at myself	<input type="radio"/>				
I find it easy to forgive myself	<input type="radio"/>				
There is a part of me that feels I am not good enough	<input type="radio"/>				
I feel beaten down by my own self-critical thoughts	<input type="radio"/>				
I still like being me	<input type="radio"/>				
I have become so angry with myself that I want to hurt or injure myself	<input type="radio"/>				
I have a sense of disgust with myself	<input type="radio"/>				
I can feel lovable and acceptable	<input type="radio"/>				
I stop caring about myself	<input type="radio"/>				

I find it easy to like myself	<input type="radio"/>				
I remember and dwell on my failings	<input type="radio"/>				
I call myself names	<input type="radio"/>				
I am gentle and supportive with myself	<input type="radio"/>				
I can't accept failures and setbacks without feeling inadequate	<input type="radio"/>				
I think I deserve my self-criticism	<input type="radio"/>				
I am able to care and look after myself	<input type="radio"/>				
There is a part of me that wants to get rid of the bits I don't like	<input type="radio"/>				
I encourage myself for the future	<input type="radio"/>				
I do not like being me	<input type="radio"/>				

I get critical and angry at myself...

	not at all like me				Extremely like me
To make sure I keep up my standards	<input type="radio"/>				
To stop myself being happy	<input type="radio"/>				
To show I care about my mistakes	<input type="radio"/>				
Because if I punish myself I feel better	<input type="radio"/>				
To stop me being lazy	<input type="radio"/>				
To harm part of myself	<input type="radio"/>				
To keep myself in check	<input type="radio"/>				
To punish myself for my mistakes	<input type="radio"/>				
To cope with feelings of disgust with myself	<input type="radio"/>				
To take revenge on part of myself	<input type="radio"/>				
To stop me getting over confident	<input type="radio"/>				
To stop me being angry with others	<input type="radio"/>				
To destroy a part of me	<input type="radio"/>				
To make me concentrate	<input type="radio"/>				
To gain reassurance from others	<input type="radio"/>				
To stop me becoming arrogant	<input type="radio"/>				
To prevent future embarrassments	<input type="radio"/>				
To remind me of my past failures	<input type="radio"/>				
To keep me from making minor mistakes	<input type="radio"/>				
To remind me of my responsibilities	<input type="radio"/>				
To get at the things I hate in myself	<input type="radio"/>				

Social/Personality

Social/Personality

Rate yourself on each item, on a scale from 1 (almost never true) to 7 (almost always true).

	Almost never true	Rarely true	Less than half the time true	Neutral	More than half the time true	Often true	Almost always true
Defends own beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assertive	<input type="radio"/>						
Strong personality	<input type="radio"/>						
Forceful	<input type="radio"/>						
Have leadership abilities	<input type="radio"/>						
Willing to take risks	<input type="radio"/>						
Dominant	<input type="radio"/>						
Willing to take a stand	<input type="radio"/>						
Aggressive	<input type="radio"/>						

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
There is a special person who is around when I am in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person with whom I can share joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family really tries to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a special person who is a real source of comfort to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends really try to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on my friends when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person in my life who cares about my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is willing to help me make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree
On the whole I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a good number of qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as most other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I'm a person of worth, at least on equal plane with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could have more respect for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take a positive attitude towards myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below are a number of statements about how various topics affect your personal beliefs. There are no right or wrong answers. For every item there are a large number of people who agree and disagree. Could you please put in the appropriate bracket the choice you believe to be true? Answer all the questions.

	Strongly disagree	Generally disagree	Somewhat disagree	Somewhat agree	Generally agree	Strongly agree
I can anticipate difficulties and take action to avoid them.	<input type="radio"/>					
A great deal of what happens to me is probably just a matter of chance.	<input type="radio"/>					
Everyone knows that luck or chance determines one's future.	<input type="radio"/>					
I can control my problem(s) only if I have outside support.	<input type="radio"/>					
When I make plans, I am almost certain that I can make them work.	<input type="radio"/>					
My problem(s) will dominate me all my life.	<input type="radio"/>					
My mistakes and problems are my responsibility to deal with.	<input type="radio"/>					
Becoming a success is a matter of hard work, luck has little or nothing to do with it.	<input type="radio"/>					
My life is controlled by outside actions and events.	<input type="radio"/>					
People are victims of circumstance beyond their control.	<input type="radio"/>					
To continually manage my problems I need professional help.	<input type="radio"/>					
When I am under stress, the tightness in my muscles is due to things outside my control.	<input type="radio"/>					
I believe a person can really be the master of his fate.	<input type="radio"/>					
It is impossible to control my irregular fast breathing when I am having difficulties.	<input type="radio"/>					
I understand why my problem(s) varies so much from one occasion to the next.	<input type="radio"/>					
I am confident of being able to deal successfully with future problems.	<input type="radio"/>					
In my case maintaining control over my problem(s) is mostly due to luck.	<input type="radio"/>					

Please consider each statement and select the corresponding number which bests reflects your agreement with the statement. Please be sure to read each statement carefully.

Over the past month...

	Not at all	Some of the time	Most of the time	All of the time
Have you pushed yourself really hard to meet your goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you tended to focus on what you have achieved, rather than on what you have not achieved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been told your standards are too high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt a failure as a person because you have not succeeded in meeting your goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been afraid that you might not reach your standards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you raised your standards because you thought they were too easy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you judged yourself on the basis of your ability to achieve high standards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you done just enough to get by?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you repeatedly checked how well you are doing at meeting your standards (for example, by comparing your performance with that of others)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think that other people would have thought of you as a "perfectionist"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you kept trying to meet your standards, even if this has meant that you have missed out on things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you avoided any tests of your performance (at meeting your goals) in case you failed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following statements, please indicate to what extent you agree or disagree with the statement. Please be sure to read each statement carefully.

	Strongly disagree	Disagree	Neither agree not disagree	Agree	Strongly agree
If I fail at work/school, I am a failure as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone does a task at work/school better than me, then I feel like I failed at the whole task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I do not do well all the time, people will not respect me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The fewer mistakes I make, the more people will like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I set higher goals for myself than most people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have extremely high goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people seem to accept lower standards from themselves than I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect higher performance in my daily tasks than most people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Read each of the following statements carefully and indicate how characteristic it is of you according to the scale.

	Not at all characteristic of me	Slightly characteristic of me	Moderately characteristic of me	Very characteristic of me	Extremely characteristic of me
I worry about what other people will think of me even when I know it doesn't make any difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unconcerned even if I know people are forming an unfavourable impression of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am frequently afraid of other people noticing my shortcomings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rarely worry about what kind of impression I am making on someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid others will not approve of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid that people will find fault with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people's opinions of me do not bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am talking to someone, I worry about what they may be thinking about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually worried about what kind of impression I make.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I know someone is judging me, it has little effect on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I think I am too concerned with what other people think of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often worry that I will say or do the wrong things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IPIP-short

How much do you agree with each statement about you as you generally are now, not as yo wish to be in the future?

	Strongly agree	Neither agree nor disagree	Strongly disagree
Am the life of the party.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sympathize with others' feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Get chores done right away.	<input type="radio"/>				
Have frequent mood swings.	<input type="radio"/>				
Have a vivid imagination.	<input type="radio"/>				
Don't talk a lot.	<input type="radio"/>				
Am not interested in other people's problems.	<input type="radio"/>				
Often forget to put things back in their proper place.	<input type="radio"/>				
Am relaxed most of the time.	<input type="radio"/>				
Am not interested in abstract ideas.	<input type="radio"/>				
Talk to a lot of different people at parties.	<input type="radio"/>				
Feel others' emotions.	<input type="radio"/>				
Like order.	<input type="radio"/>				
Get upset easily.	<input type="radio"/>				
Have difficulty understanding abstract ideas.	<input type="radio"/>				
Keep in the background.	<input type="radio"/>				
Am not really interested in others.	<input type="radio"/>				
Make a mess of things.	<input type="radio"/>				
Seldom feel blue.	<input type="radio"/>				
Do not have a good imagination.	<input type="radio"/>				

It is important for research that only valid responses are used. Would you recommend that your responses be used for this research? There will be no consequence for answering no to this question, because it is most important the data is valid

- Yes
- No

Contact details

Please enter your name and student ID so we can award you points in SONA. These details will be removed from the data set after grades are ratified at the end of semester, at which point your responses to this survey will be anonymous.

Name:

Student ID

Please enter your name and email address so we can contact you if you win a prize. These details will be removed from the data set after prizes are drawn.

Name:

Email:

Thank you for taking the time to complete this survey. We realize some of the questions might have raised some uncomfortable memories for some people. You might find the following resources helpful.

- [Self injury fact sheet](#)
- [Alcohol fact sheet](#)
- [Stress management](#)

Appendix C: Permission to Reproduce Published Article – Study 1

Paper published in European Journal of Psychological Assessment (Hogrefe Publishing).

Retrieved from: <https://www.hogrefe.com/us/service/for-journal-authors>

Sharing guidelines for articles in Hogrefe scientific journals*				
Sharing location	Author's use of their own articles			Use by anyone
	Submitted manuscript version (before peer review)	Accepted manuscript version (after peer review)	Final published article (version of record): Subscription articles	Final published article (version of record): Hogrefe OpenMind articles (gold open access)
Author's personal website, company or institutional repository, and not-for-profit subject-based repositories	Can share at any time	Can share at any time	Not permitted except with the express written permission of the publisher	Can share at any time subject to CC license terms
Scholarly Collaboration Networks (SCNs)				
Sharing with individuals upon request for personal use			Can share at any time	
As part of grant application or submission of thesis or doctorate				
Use in teaching and training			Can be used by faculty as long as reasonable measures are taken to not allow open sharing of final published article (version of record) on the internet	

*Other guidelines apply for the following periodicals, which for the most part publish commissioned or other types of edited articles: Angewandte GERONTOLOGIE Appliquée, Lernen und Lernstörungen, NOVAcure, PADUA, pharmaJournal, Psychiatrische Pflege, Schmerz und Schmerzmanagement, Therapeutische Umschau, Zeitschrift für Psychiatrie, Psychologie und Psychotherapie.

Appendix D: Ethics Approval Letters – Study 2

Note: Study 2 was conducted using data aggregated from four previous studies, the information sheets for each of these are included in this appendix.

Emotion Regulation and Self-Injury



Office of Research and Development

GPO Box U1987
Perth Western Australia 6845

Telephone +61 8 9266 7863
Facsimile +61 8 9266 3793
Web research.curtin.edu.au

02-Nov-2016

Name: Penelope Hasking
Department/School: School of Psychology and Speech Pathology
Email: Penelope.Hasking@curtin.edu.au

Dear Penelope Hasking

RE: Annual report acknowledgment
Approval number: HR178/2015

Thank you for submitting an annual report to the Human Research Ethics Office for the project **Emotion regulation and self-injury**.

The Human Research Ethics Office acknowledges the project is ongoing and approval will remain current until 01-Nov-2017.

Any special conditions noted in the original approval letter still apply.

Standard conditions of approval

1. Research must be conducted according to the approved proposal
2. Report in a timely manner anything that might warrant review of ethical approval of the project including:
 - proposed changes to the approved proposal or conduct of the study
 - unanticipated problems that might affect continued ethical acceptability of the project
 - major deviations from the HREC approved protocol procedures and/or regulatory guidelines
 - serious adverse events
3. Amendments to the proposal must be approved by the Human Research Ethics Office before they are implemented (except where an amendment is undertaken to eliminate an immediate risk to participants)
4. An annual progress report must be submitted to the Human Research Ethics Office on or before the anniversary of approval and a completion report submitted on completion of the project
5. Personnel working on this project must be adequately qualified by education, training and experience for their role, or supervised
6. Personnel must disclose any actual or potential conflicts of interest, including any financial or other interest or affiliation, that bears on this project
7. Changes to personnel working on this project must be reported to the Human Research Ethics Office
8. Data and primary materials must be retained and stored in accordance with the [Western Australian University Sector Disposal Authority \(WAUSDA\)](#) and the [Curtin University Research Data and Primary Materials policy](#)
9. Where practicable, results of the research should be made available to the research participants in a timely and clear manner
10. Unless prohibited by contractual obligations, results of the research should be disseminated in a manner that will allow public scrutiny; the Human Research Ethics Office must be informed of any constraints on publication
11. Ethics approval is dependent upon ongoing compliance of the research with the [Australian Code for the Responsible Conduct of Research](#), the [National Statement on Ethical Conduct in Human Research](#), applicable legal requirements, and with Curtin University policies, procedures and governance requirements
12. The Human Research Ethics Office may conduct audits on a portion of approved projects.

Should you have any queries regarding consideration of your project, please contact the Ethics Support Officer for your faculty or the Ethics Office at hrec@curtin.edu.au or on 9266 2784.

Yours sincerely

Professor Peter O'Leary
Chair, Human Research Ethics Committee

Self-control, emotion, and regulation of behaviour in young people

Office of Research and Development

GPO Box U1987
Perth Western Australia 6845Telephone +61 8 9266 7883
Facsimile +61 8 9266 3793
Web research.curtin.edu.au

27-Mar-2017

Name: Penelope Hasking
Department/School: School of Psychology and Speech Pathology
Email: Penelope.Hasking@curtin.edu.au

Dear Penelope Hasking

RE: Annual report acknowledgment
Approval number: HR62/2016Thank you for submitting an annual report to the Human Research Ethics Office for the project **Self-control, emotion and regulation of behaviour in young people**.

The Human Research Ethics Office acknowledges the project is ongoing and approval will remain current until 26-Mar-2018.

Any special conditions noted in the original approval letter still apply.

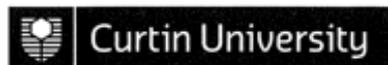
Standard conditions of approval

1. Research must be conducted according to the approved proposal
2. Report in a timely manner anything that might warrant review of ethical approval of the project including:
 - proposed changes to the approved proposal or conduct of the study
 - unanticipated problems that might affect continued ethical acceptability of the project
 - major deviations from the HREC approved protocol procedures and/or regulatory guidelines
 - serious adverse events
3. Amendments to the proposal must be approved by the Human Research Ethics Office before they are implemented (except where an amendment is undertaken to eliminate an immediate risk to participants)
4. An annual progress report must be submitted to the Human Research Ethics Office on or before the anniversary of approval and a completion report submitted on completion of the project
5. Personnel working on this project must be adequately qualified by education, training and experience for their role, or supervised
6. Personnel must disclose any actual or potential conflicts of interest, including any financial or other interest or affiliation, that bears on this project
7. Changes to personnel working on this project must be reported to the Human Research Ethics Office
8. Data and primary materials must be retained and stored in accordance with the [Western Australian University Sector Disposal Authority \(WAUSDA\)](#) and the [Curtin University Research Data and Primary Materials policy](#)
9. Where practicable, results of the research should be made available to the research participants in a timely and clear manner
10. Unless prohibited by contractual obligations, results of the research should be disseminated in a manner that will allow public scrutiny; the Human Research Ethics Office must be informed of any constraints on publication
11. Ethics approval is dependent upon ongoing compliance of the research with the [Australian Code for the Responsible Conduct of Research](#), the [National Statement on Ethical Conduct in Human Research](#), applicable legal requirements, and with Curtin University policies, procedures and governance requirements
12. The Human Research Ethics Office may conduct audits on a portion of approved projects.

Should you have any queries regarding consideration of your project, please contact the Ethics Support Officer for your faculty or the Ethics Office at hrec@curtin.edu.au or on 9266 2784.

Yours sincerely

Dr Catherine Gangell
Manager, Research Integrity

*The experience and regulation of emotion***MEMORANDUM**

To:	Penelope Hasking School of Psychology and Speech Pathology
CC:	
From:	Dr Catherine Gangell, Manager Research Integrity
Subject:	Ethics approval Approval number: RDHS-236-15
Date:	13-Oct-15

Office of Research and
Development
Human Research Ethics Office

TELEPHONE 9266 2784
FACSIMILE 9266 3793
EMAIL hrec@curtin.edu.au

Thank you for your application submitted to the Human Research Ethics Office for the project: 6455
The experience and regulation of emotion

Your application has been approved through the low risk ethics approvals process at Curtin University.

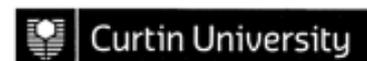
Please note the following conditions of approval:

1. Approval is granted for a period of four years from **13-Oct-15** to **13-Oct-19**
2. Research must be conducted as stated in the approved protocol.
3. Any amendments to the approved protocol must be approved by the Ethics Office.
4. An annual progress report must be submitted to the Ethics Office annually, on the anniversary of approval.
5. All adverse events must be reported to the Ethics Office.
6. A completion report must be submitted to the Ethics Office on completion of the project.
7. Data must be stored in accordance with WAUSDA and Curtin University policy.
8. The Ethics Office may conduct a randomly identified audit of a proportion of research projects approved by the HREC.

Should you have any queries about the consideration of your project please contact the Ethics Support Officer for your faculty, or the Ethics Office at hrec@curtin.edu.au or on 9266 2784. All human research ethics forms and guidelines are available on the ethics website.

Yours sincerely

Dr Catherine Gangell
Manager, Research Integrity

Imagery, mindfulness, music, and psychological wellbeing**Memorandum**

To	Associate Professor Penelope Hasking, Psychology and Speech Pathology
From	Professor Peter O'Leary, Chair Human Research Ethics Committee
Subject	Protocol Approval HR 133/2014
Date	10 July 2014
Copy	Associate Professor Clare Rees Psychology and Speech Pathology Associate Professor Peter McEvoy Psychology and Speech Pathology Professor Adrian North Psychology and Speech Pathology

Office of Research and Development
Human Research Ethics Committee

TELEPHONE 9266 2784

FACSIMILE 9266 3793

EMAIL hrec@curtin.edu.au

Thank you for providing the additional information for the project titled "*Imagery, mindfulness, music and psychological wellbeing*". The information you have provided has satisfactorily addressed the queries raised by the Committee. Your application is now **approved**.

- You have ethics clearance to undertake the research as stated in your proposal.
- The approval number for your project is **HR 133/2014**. *Please quote this number in any future correspondence.*
- Approval of this project is for a period of four years **10-07-2014 to 10-07-2018**.
- Your approval has the following conditions:
 - i) Annual progress reports on the project must be submitted to the Ethics Office.
- **It is your responsibility, as the researcher, to meet the conditions outlined above and to retain the necessary records demonstrating that these have been completed.**

Applicants should note the following:

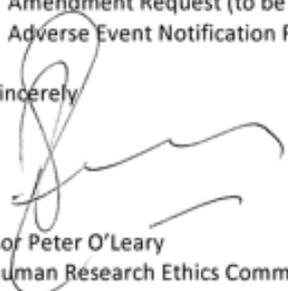
It is the policy of the HREC to conduct random audits on a percentage of approved projects. These audits may be conducted at any time after the project starts. In cases where the HREC considers that there may be a risk of adverse events, or where participants may be especially vulnerable, the HREC may request the chief investigator to provide an outcomes report, including information on follow-up of participants.

The attached **Progress Report** should be completed and returned to the Secretary, HREC, C/- Office of Research & Development annually.

Our website https://research.curtin.edu.au/guides/ethics/non_low_risk_hrec_forms.cfm contains all other relevant forms including:

- Completion Report (to be completed when a project has ceased)
- Amendment Request (to be completed at any time changes/amendments occur)
- Adverse Event Notification Form (If a serious or unexpected adverse event occurs)

Yours sincerely


Professor Peter O'Leary
Chair Human Research Ethics Committee

Appendix E: Information Sheets, Consent, & Questionnaires – Study 2

Note: Study 2 was conducted using data aggregated from four previous studies, the information sheets for each of these are included in this appendix.

Emotion Regulation and Self-Injury

Emotion regulation and self-injury

Emotion Regulation and Self-Injury Participant Information Sheet

HREC Project Number: **HR178/2015**
 Project Title: Emotion regulation and self-injury
 Principal Investigator: Associate Professor Penelope Hasking
 Co-Investigators: Erika Rutherford
 Version Number: v1.0
 Version Date: 13 July 2015

Up to one third of university students engage in NSSI (the deliberate destruction of bodily tissue without intent to die), which is associated with a range of social, emotional and psychological outcomes. How we experience and regulate emotion is thought to be an important factor in why some people self-injure, but less research has focused on how emotion regulation and thoughts about self-injury work together. Through this survey we will ask lots of questions about how you experience, think about, and change emotions with a view to gaining a deeper understanding of how emotion is related to NSSI. You are invited to take part in this study. Please read this Information Sheet in full before making a decision. If you have any questions you would like to ask before participating please contact the Principal Investigator.

You can come back and finish the survey any time within one week. After one week your responses will be deleted and you will need to start again if you wish to participate in the study.

Why were you chosen for this research? All undergraduate students enrolled in the Curtin University Psychology and Speech Pathology Undergraduate Participant Pool are eligible to participate. To answer our research questions we need both people who self-injure and people who do not self-injure to participate.

What does the research involve? You are invited to complete a questionnaire online that can be completed whenever you like. If you agree to participate, you will be asked questions about any experiences you have had with self-injury, and your beliefs about what people might expect to happen when they self-injure. You will also be asked about how you experience, think about, and change emotions. Finally we will ask some questions about your emotional health and levels of distress. The questionnaire will take approximately 60-75 minutes to complete.

Possible benefits While you may not personally benefit from participating in this study the results will help us better understand the factors that initiate and maintain self-injury. Furthering our understanding of this complex behaviour will help us develop more effective prevention and early intervention initiatives to help those who want to stop self-injuring. **You will be awarded 4 credit points if you answer at least 80% of the questions in the survey.**

Possible risks It is unlikely that participating in this study will incur any risks beyond normal day-to-day living. However some of the questions asked could trigger upsetting thoughts and memories for some people. Being in this study is voluntary and you are under no obligation to consent to participate. If you do consent to participate but later change your mind, you may withdraw from further participation by simply closing your browser. Note that any responses you have already made will automatically be recorded. If you do become upset at any stage while completing the questionnaire we suggest you take a break or stop the questionnaire. A list of useful resources is provided at the bottom of this information sheet, and at the end of the questionnaire.

Confidentiality We will ask for your name and student ID number to allow us to match your responses to your record in SONA, allowing us to award you course credit. However after the grades have been ratified at the end of semester all identifying information will be removed from the data and we will no longer be able to identify any individual responses. From this point all data will be anonymous. No information that could identify any participant will ever be released to a third party or made public in any way. If you are interested, we can mail

you an information booklet about self-injury. If you wish to receive this booklet, you will be asked to provide your name and address at the end of the questionnaire. These details will not be linked to your questionnaire responses and all recorded names and addresses will be destroyed once the booklet has been mailed to you.

Storage of data Data collected will be stored in accordance with Curtin University regulations, kept on University premises, in a password protected file for 7 years. A report of the study may be submitted for publication, and data may be used to support student research projects (e.g. theses), but individual participants will not be identifiable in any report or student thesis.

Results If you would like to be informed of the aggregate research finding, please contact Penelope.Hasking@curtin.edu.au in December 2015. Thank you! A/Prof Penelope Hasking Ph: 9266 3437 E: Penelope.Hasking@curtin.edu.au All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the Curtin University HREC. This project will be carried out according to the National Statement on Ethical Conduct in Human Research (2007). If you have any concerns and/or complaints about the project, the way it is being conducted or your rights as a research participant, and would like to speak to someone independent of the project, please contact: The Curtin University Ethics Committee by telephoning 9266 2784 or by emailing hrec@curtin.edu.au.

[Useful resources](#)

[Self injury fact sheet](#)

[Seeking solutions to self injury parents and families second edition v2](#)

Q2

I have received information regarding this research and had an opportunity to ask questions. I believe I understand the purpose, extent and possible risks of my involvement in this project and I voluntarily consent to take part.

- I agree (1)
- I do not agree (2)

Q3 Before we get started we just need some background information about you.

What is your gender?

- Male (1)
- Female (2)
- Trans-gender/ Inter-sex/ Unspecified (3)



Q4 Date of birth? (dd/mm/yyyy)



Q5 What is your postcode?

Q6 What country were you born in?

Q7 Do you identify as Aboriginal or Torres Strait Islander?

- Yes (1)
- No (2)
-

Q8 What year are you in at university?

- 1st (1)
- 2nd (2)
- 3rd (3)
- 4th (4)
- other (5)
-

Q9 Are you studying full time or part time?

- Full time (1)
- Part time (2)

Q10 Where are you living?

- At home with parents/family (1)
- In university accommodation (2)
- With flatmates (3)
- On your own (4)

With a partner (5)

Other (please specify) (6) _____

Q53 This section of the questionnaire is about how you cope with emotions, distressing situations and generally how you cope with life's struggles. Some questions might seem similar but they all ask about slightly different things. Please answer all questions as best you can.

Emotional reactivity

This questionnaire asks different questions about how you experience emotions **on a regular basis (for example, each day)**. When you are asked about being “emotional,” this may refer to being angry, sad, excited, or some other emotion. Please rate the following statements.

	Not at all like me (1)	A little like me (2)	Somewhat like me (3)	A lot like me (4)	Completely like me (5)
1. When something happens that upsets me, it's all I can think about it for a long time. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My feelings get hurt easily. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I experience emotions, I feel them very strongly/intensely. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When I'm emotionally upset, my whole body gets physically upset as well. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I tend to get very emotional very easily. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I experience emotions very strongly. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I often feel extremely anxious. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When I feel emotional, it's hard for me to imagine feeling any other way. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 9. Even the
littlest things
make me
emotional. (12) | <input type="radio"/> |
| 10. If I have a
disagreement
with someone, it
takes a long
time for me to
get over it. (13) | <input type="radio"/> |
| 11. When I am
angry/upset, it
takes me much
longer than most
people to calm
down. (14) | <input type="radio"/> |
| 12. I get angry
at people very
easily. (15) | <input type="radio"/> |
| 13. I am often
bothered by
things that other
people don't
react to. (16) | <input type="radio"/> |
| 14. I am easily
agitated. (17) | <input type="radio"/> |
| 15. My
emotions go
from neutral to
extreme in an
instant. (18) | <input type="radio"/> |
| 16. When
something bad
happens, my
mood changes
very quickly.
People tell me I
have a very
short fuse. (19) | <input type="radio"/> |
| 17. People tell
me that my
emotions are
often too intense
for the situation.
(20) | <input type="radio"/> |
| 18. I am a very
sensitive person.
(21) | <input type="radio"/> |
| 19. My moods
are very strong
and powerful.
(22) | <input type="radio"/> |

20. I often get so upset it's hard for me to think straight. (23)	<input type="radio"/>				
21. Other people tell me I'm overreacting. (24)	<input type="radio"/>				

Q58 DERS

Please indicate how often each of the following statements apply to you when you are upset:

	Never (13)	Rarely (14)	Sometimes (15)	Most of the Time (16)	Always (17)
1. I am clear about my feelings (1)	<input type="radio"/>				
2. I pay attention to how I feel (2)	<input type="radio"/>				
3. I experience my emotions as overwhelming and out of control (3)	<input type="radio"/>				
4. I have no idea how I am feeling (4)	<input type="radio"/>				
5. I have difficulty making sense out of my feelings (5)	<input type="radio"/>				
6. I am attentive to my feelings (6)	<input type="radio"/>				
7. I know exactly how I am feeling (7)	<input type="radio"/>				
8. I care about what I am feeling (8)	<input type="radio"/>				
9. I am confused about how I feel (9)	<input type="radio"/>				
10. When I'm upset, I acknowledge my emotions	<input type="radio"/>				

(10)					
11. When I'm upset, I become angry at myself for feeling that way (11)	<input type="radio"/>				
12. When I'm upset, I become embarrassed (12)	<input type="radio"/>				
13. When I'm upset, I have difficulty getting work done (13)	<input type="radio"/>				
14. When I'm upset, I become out of control (14)	<input type="radio"/>				
15. When I'm upset, I believe I will remain that way for a long time (15)	<input type="radio"/>				
16. When I'm upset, I believe that I'll end up feeling very depressed (16)	<input type="radio"/>				
17. When I'm upset, I believe my emotions are valid and important (17)	<input type="radio"/>				
18. When I'm upset, I have difficulty focusing on other things (18)	<input type="radio"/>				
19. When I'm upset, I feel out of control (19)	<input type="radio"/>				
20. When I'm upset, I can still get things done (20)	<input type="radio"/>				
21. When I'm upset, I feel ashamed with myself (21)	<input type="radio"/>				

22. When I'm upset, I know that I can find a way to feel better (22)	<input type="radio"/>				
23. When I'm upset, I feel like I am weak (23)	<input type="radio"/>				
24. When I'm upset, I feel I can remain in control over my behaviors (24)	<input type="radio"/>				
25. When I'm upset, I feel guilty (25)	<input type="radio"/>				
26. When I'm upset, I have difficulty concentrating (26)	<input type="radio"/>				
27. When I'm upset, I have difficulty controlling my behavior (27)	<input type="radio"/>				
28. When I'm upset, I believe there is nothing I can do to feel better (28)	<input type="radio"/>				
29. When I'm upset, I become irritated with myself (29)	<input type="radio"/>				
30. When I'm upset, I start to feel very bad about myself (30)	<input type="radio"/>				
31. When I'm upset, I believe that wallowing in it is all I can do (31)	<input type="radio"/>				
32. When I'm upset, I lose control over my behavior (32)	<input type="radio"/>				
33. When I'm upset, I have difficulty	<input type="radio"/>				

thinking about
anything else
(33)

34. I take time
to figure out
what I am really
feeling (34)

35. When I'm
upset, it takes
me a long time
to feel better
(35)

36. When I'm
upset, my
emotions feel
overwhelming
(36)

<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

Q87 Now think about when you are feeling happy:

	Never (13)	Rarely (14)	Sometimes (15)	Most of the Time (16)	Always (17)
1. I am clear about my feelings (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I pay attention to how I feel (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I experience my emotions as overwhelming and out of control (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have no idea how I am feeling (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have difficulty making sense out of my feelings (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am attentive to my feelings (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I know exactly how I am feeling (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I care about what I am feeling (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 9. I am confused about how I feel (9) | <input type="radio"/> |
| 10. When I'm happy, I acknowledge my emotions (10) | <input type="radio"/> |
| 11. When I'm happy, I become angry at myself for feeling that way (11) | <input type="radio"/> |
| 12. When I'm happy, I become embarrassed (12) | <input type="radio"/> |
| 13. When I'm happy, I have difficulty getting work done (13) | <input type="radio"/> |
| 14. When I'm happy, I become out of control (14) | <input type="radio"/> |
| 15. When I'm happy, I believe I will remain that way for a long time (15) | <input type="radio"/> |
| 16. When I'm happy, I believe that I'll end up feeling very depressed (16) | <input type="radio"/> |
| 17. When I'm happy, I believe my emotions are valid and important (17) | <input type="radio"/> |
| 18. When I'm happy, I have difficulty focusing on other things (18) | <input type="radio"/> |
| 19. When I'm happy, I feel out of control (19) | <input type="radio"/> |
| 20. When I'm happy, I can still get things done (20) | <input type="radio"/> |

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 21. When I'm happy, I feel ashamed with myself (21) | <input type="radio"/> |
| 22. When I'm happy, I know that I can find a way to feel even better (22) | <input type="radio"/> |
| 23. When I'm happy, I feel like I am weak (23) | <input type="radio"/> |
| 24. When I'm happy, I feel I can remain in control over my behaviors (24) | <input type="radio"/> |
| 25. When I'm upset, I feel guilty (25) | <input type="radio"/> |
| 26. When I'm upset, I have difficulty concentrating (26) | <input type="radio"/> |
| 27. When I'm upset, I have difficulty controlling my behavior (27) | <input type="radio"/> |
| 28. When I'm upset, I believe there is nothing I can do to feel better (28) | <input type="radio"/> |
| 29. When I'm upset, I become irritated with myself (29) | <input type="radio"/> |
| 30. When I'm upset, I start to feel very bad about myself (30) | <input type="radio"/> |
| 31. When I'm upset, I believe that wallowing in it is all I can do (31) | <input type="radio"/> |
| 32. When I'm upset, I lose control over my | <input type="radio"/> |

15. Pain always leads to suffering (15)

Q66 PANAS

This scale consists of a number of words that describe different feelings and emotions. Read each item and then indicate to what extent you **generally** feel this way, that is, how you feel on the average

	Very slightly or not at all (1)	A little (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
Interested (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinterested (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excited (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upset (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guilty (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostile (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiastic (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proud (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alert (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashamed (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspired (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determined (16)	<input type="radio"/>				
Attentive (17)	<input type="radio"/>				
Jittery (18)	<input type="radio"/>				
Active (19)	<input type="radio"/>				
Afraid (20)	<input type="radio"/>				

Q59 DTS

Think of times that you feel distressed or upset. Select the item from the options (strongly agree to strongly disagree) that best describes your beliefs about feeling distressed or upset

	Strongly agree (1)	Mildly agree (2)	Agree and disagree equally (3)	Mildly disagree (4)	Strongly Disagree (5)
1. Feeling distressed or upset is unbearable to me. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When I feel distressed or upset, all I can think about is how bad I feel. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can't handle feeling distressed or upset. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My feelings of distress are so intense that they completely take over. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. There's nothing worse than feeling distressed or upset. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can tolerate being distressed or upset as well as most people. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. My feelings of distress or being upset are not acceptable. (7)	<input type="radio"/>				
8. I'll do anything to avoid feeling distressed or upset. (8)	<input type="radio"/>				
9. Other people seem to be able to tolerate feeling distressed or upset better than I can. (9)	<input type="radio"/>				
10. Being distressed or upset is always a major ordeal for me. (10)	<input type="radio"/>				
11. I am ashamed of myself when I feel distressed or upset. (11)	<input type="radio"/>				
12. My feelings of distress or being upset scare me. (12)	<input type="radio"/>				
13. I'll do anything to stop feeling distressed or upset. (13)	<input type="radio"/>				
14. When I feel distressed or upset, I must do something about it immediately. (14)	<input type="radio"/>				
15. When I feel distressed or upset, I cannot help but concentrate on how bad the distress actually feels. (15)	<input type="radio"/>				

RTQ

In this section we are interested in understanding how you respond to distressing situations. Please recall how you tend to respond when you feel distressed or upset.

How true are each of these statements with respect to your experience **when you are distressed or upset?**

	Not at all true (1)	(2)	Somewhat true (3)	(4)	Very true (5)
1. I have thoughts or images about all my shortcomings, failings, faults, mistakes (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have thoughts or images about events that come into my head even when I do not wish to think about them again (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have thoughts or images that "I won't be able to do my job/work because I feel so badly." (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have thoughts or images that are difficult to forget. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Once I start thinking about the situation, I can't stop (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I notice that I think about the situation. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have thoughts or images of the situation that I try to resist thinking about. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I think about the situation all the time. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I know I shouldn't think about the situation, but can't help it (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have thoughts or images about the situation and wish it would go better. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q44 CERQ **How do you cope with stressful events?** Everyone gets confronted with negative or unpleasant events now and then and everyone responds to them in his or her own way. In the following questions you are asked to indicate what you generally think when you experience negative or unpleasant events.

	(Almost) always (1)	Often (2)	Regularly (3)	Occasiona lly (4)	(Almost) never (5)
1) I think that I have to accept that this has happened (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2)	I often think about how I feel about what I have experienced (2)	<input type="radio"/>				
3)	I think I can learn something from the situation (3)	<input type="radio"/>				
4)	I feel that I am the one who is responsible for what has happened (4)	<input type="radio"/>				
5)	I think that I have to accept the situation (5)	<input type="radio"/>				
6)	I am preoccupied with what I think and feel about what I have experienced (6)	<input type="radio"/>				
7)	I think of pleasant things that have nothing to do with it (7)	<input type="radio"/>				
8)	I think that I can become a stronger person as a result of what has happened (8)	<input type="radio"/>				
9)	I keep thinking about how terrible it is what I have experienced (9)	<input type="radio"/>				
10)	I feel that others are responsible for what has happened (10)	<input type="radio"/>				
11)	I think of something nice instead of what has happened (11)	<input type="radio"/>				
12)	I think about how to change the situation (12)	<input type="radio"/>				
13)	I think that it hasn't been too bad compared to other things (13)	<input type="radio"/>				
14)	I think that basically the cause must lie within myself (14)	<input type="radio"/>				
15)	I think about a plan of what I can do best (15)	<input type="radio"/>				
16)	I tell myself that there are worse things in life (16)	<input type="radio"/>				
17)	I continually think how horrible the situation has been (17)	<input type="radio"/>				
18)	I feel that basically the cause lies with others (18)	<input type="radio"/>				

Q89 Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

	I agree a lot (1)	I agree a little (2)	I neither agree nor disagree (3)	I disagree a little (4)	I disagree a lot (5)
1. In uncertain times I usually expect the best (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It's easy for me to relax (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If something can go wrong for me it will (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I'm always optimistic about my future (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I enjoy my friends a lot (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It's important for me to keep busy (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I hardly ever expect things to go my way (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I don't get upset too easily (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I rarely count on good things happening to me (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Overall, I expect more good things to happen to me than bad (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q68

In this section you will be asked a number of questions about your mental health.

At the end of this questionnaire we have provided some useful contacts and tips for dealing with stress that you can print or download. These might help you if these questions raise any uncomfortable feelings for you.

K10 Please read each statement and indicate how much the statement applied to you **over the past 4 weeks**. There are no right or wrong answers. Do not spend too much time on any statement.

	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)

1. About how often did you feel tired out for no good reason? (1)	<input type="radio"/>				
2. About how often did you feel nervous? (2)	<input type="radio"/>				
3. About how often did you feel so nervous that nothing could calm you down? (3)	<input type="radio"/>				
4. About how often did you feel hopeless? (4)	<input type="radio"/>				
5. About how often did you feel restless or fidgety? (5)	<input type="radio"/>				
6. About how often did you feel so restless you could not sit still? (6)	<input type="radio"/>				
7. About how often did you feel depressed? (7)	<input type="radio"/>				
8. About how often did you feel that everything was an effort? (8)	<input type="radio"/>				
9. About how often did you feel so sad that nothing could cheer you up? (9)	<input type="radio"/>				
10. About how often did you feel worthless? (10)	<input type="radio"/>				

Q32 Attitudes towards self-injury The following section regards attitudes to self-injury. Please click the answer that best reflects your attitude.

	Strongly Disagree (1)	Disagree (2)	Neither Agree or Disagree (3)	Agree (4)	Strongly Agree (5)
1. I do/would demonstrate warmth and understanding to people who self-injure (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Those who self-injure often do so to manipulate other people (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have the appropriate knowledge and counselling skills to help people who self-injure (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel concern for people who self-injure (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. People who self-injure are usually trying to get sympathy from others (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. I have the appropriate knowledge and communication skills to help people who self-injure (6)	<input type="radio"/>				
7. If a friend/family member, who self-injures, told me about their problems and experiences I would listen fully (7)	<input type="radio"/>				
8. Those who engage in self-injury are trying to get attention (8)	<input type="radio"/>				
9. I believe I would know how to identify self-injurious behaviour (9)	<input type="radio"/>				
10. I am/would be highly supportive of friends/family members who self-injure (10)	<input type="radio"/>				
11. People who self-injure are just attention seekers (11)	<input type="radio"/>				
12. I would feel comfortable if someone spoke to me about self-injury (12)	<input type="radio"/>				
13. I do/would help friends/family members, who self injure, feel positive about themselves (13)	<input type="radio"/>				
14. People who self-injure are typically trying to get even with someone (14)	<input type="radio"/>				
15. I do/ would deal effectively with friends family members who self-injure (15)	<input type="radio"/>				
16. I do/would acknowledge the qualities of friends and family members who self-injured (16)	<input type="radio"/>				
17. Dealing with self-injuring clients is a waste of health professionals' time (17)	<input type="radio"/>				
18. I feel knowledgeable about the area of self-injury (18)	<input type="radio"/>				
19. I can really help people who self-injure (19)	<input type="radio"/>				
20. I feel confident that I would know how to respond if a friend or family member appeared to be engaging in self-injury (20)	<input type="radio"/>				

Q33 In this section we are interested in your thoughts about what might happen if someone engages in self-injury. **If you personally have self-injured think about what you might expect the outcome to be when you self-injure. If you do not self-injure think about what the outcome might be if you did.**

How likely is it that after self-injuring:

Extremely unlikely	Somewhat Unlikely	Somewhat Likely (3)	Extremely likely (4)
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	(1)	(2)		
1. I would feel better about myself (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I would feel less frustrated with the world (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The pain would be intense (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I would feel calm (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The future would seem more optimistic (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I would feel closer to my friends (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I would hate myself (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I would not be aware of any emotional pain (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I would feel alone (29)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My family would be disgusted (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I would feel depressed (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I would feel happy (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Other people would notice and offer sympathy (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I would feel numb (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My friends would accept me (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Other people would notice and think I was a freak (47)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I would feel ashamed (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 18. I would be able to handle what comes my way (16) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I would feel physical pain (17) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I would be more attune to my surroundings (18) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. My friends would be disgusted (19) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I would feel exhilarated (21) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. I would feel anxious (22) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. It would hurt (46) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. I would have communicated my distress to others (43) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. I would feel different from other people (23) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. I would not feel any pain (49) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. I would have more confidence (24) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. Other people would notice and be scared of me (25) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. I would feel restless (26) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. It would be easier to get what I want from others (27) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I would feel relieved (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. I would feel angry (28) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. I would feel I deserved the pain (30) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. I would have punished someone else (44) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

36. I would feel like a failure (31)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I would feel I have successfully achieved something (32)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I could make other people do things for me (48)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I would feel it would be easier to open up and express my feelings (33)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. My parents would be angry (34)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I would enjoy taking care of the injury (35)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I would resent having to cover my injuries (36)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. I would not be aware of any physical pain (37)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. I would feel I could manage stressful events in the future (38)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. I would feel disappointed (39)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. My friends would not approve of me (40)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. I would have to conceal my injuries (41)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. I would get care from others (45)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. I would feel emotionally drained (42)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q34 Is there anything else you would expect to happen if you self-injured that you would like to tell us about?

Q35 Please read each of the statements below carefully and click the option which best fits how certain you are about how you would act in each of the following situations. Even if you have never self-injured we are interested in how confident you are you could resist doing so in future.

Very	(2)	(3)	(4)	(5)	Very
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	uncertain (1)					certainty (6)
1. How certain are you that you will not self-injure in the future? (1)	<input type="radio"/>	((((<input type="radio"/>
2. If at some point in the future you had thoughts of self-injury, how certain are you that you could resist self-injuring? (2)	<input type="radio"/>	((((<input type="radio"/>
3. If at some point in the future you had thoughts of self-injury, how certain are you that you could resist self-injuring if you were using alcohol or other drugs (3)	<input type="radio"/>	((((<input type="radio"/>
4. How certain are you that you could control future thoughts of self-injury if you were experiencing physical pain? (4)	<input type="radio"/>	((((<input type="radio"/>
5. How certain are you that you could control future thoughts of self-injury if you lost an important relationship? (5)	<input type="radio"/>	((((<input type="radio"/>
6. How certain are you that you could control future thoughts of self-injury if you lost a job, could not find employment, or suffered a financial crisis? (6)	<input type="radio"/>	((((<input type="radio"/>

Q57 In this section we will ask some more questions about how you manage emotions and cope with stress.

ERQ

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:

	1 Strongly disagree (1)	2 (2)	3 (3)	4 Neutral (4)	5 (5)	6 (6)	7 Strongly agree (7)
1. When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about. (1)	<input type="radio"/>		(<input type="radio"/>		(<input type="radio"/>
2. I keep my emotions to myself. (2)	<input type="radio"/>		(<input type="radio"/>		(<input type="radio"/>
3. When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about. (3)	<input type="radio"/>		(<input type="radio"/>		(<input type="radio"/>
4. When I am feeling positive emotions, I am careful not to express them. (4)	<input type="radio"/>		(<input type="radio"/>		(<input type="radio"/>
5. When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm. (5)	<input type="radio"/>		(<input type="radio"/>		(<input type="radio"/>
6. I control my emotions by not expressing them. (6)	<input type="radio"/>		(<input type="radio"/>		(<input type="radio"/>

5. I enjoy being able to influence the actions of others (5)

6. I am careful to check everything on an automobile before I leave for a long trip (6)

7. Others usually know what is best for me (7)

8. I enjoy making my own decisions (8)

9. I enjoy having control over my own destiny (9)

10. I would rather someone else take over the leadership role when I'm involved in a group project (10)

11. I consider myself to be generally more capable of handling situations than others are (11)

12. I'd rather run my own business and make my own

mistakes
than listen
to someone
else's orders
(12)

13. I like to
get a good
idea of what
a job is all
about before
I begin (13)

14. When I
see a
problem I
prefer to do
something
about it
rather than
sit by and
let it
continue
(14)

15. When it
comes to
orders, I
would
rather give
them than
receive
them (15)

16. I wish I
could push
many of
life's
decisions
off on
someone
else (16)

17. When
driving, I
try to avoid
putting
myself in a
situation
where I
could be
hurt by
another
person's
mistake (17)

18. I prefer
to avoid
situations
where
someone

else has to tell me what it is I should be doing (18)

19. There are many situations in which I would prefer only one choice rather than having to make a decision (19)

20. I like to wait and see if someone else is going to solve a problem so that I don't have to be bothered with it (20)

End of Block: Block 17

Start of Block: Block 16

Q102 <u>DAS-SF</u>	Totally agree (1)	Agree (2)	Disagree (3)	Totally disagree (4)
1. If I don't set high standards for myself, I am likely to end up a second-rate person (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My value as a person depends greatly on what others think of me (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. People will probably think less of me if I make a mistake (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am nothing if a person I love doesn't love me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(13)				
5. If other people know what you are really like, they will think less of you (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If I fail at my work, then I am a failure as a person (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My happiness depends more on other people than it does me (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I cannot be happy unless most people I know admire me (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. It is best to give up your own interests in order to please other people (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q72 How well can you.....					
	Not well at all (1)	(2)	(3)	(4)	Very well (5)
1. Express joy when good things happen to you? (1)	<input type="radio"/>				
2. Feel gratified over achieving what you do? (2)	<input type="radio"/>				
3. Rejoice over your successes? (3)	<input type="radio"/>				
4. Express enjoyment freely at parties? (4)	<input type="radio"/>				
5. Keep from getting dejected when you are lonely? (5)	<input type="radio"/>				
6. Keep from getting discouraged by	<input type="radio"/>				

<p>strong criticism? (6)</p> <p>7. Reduce your upset by when you don't get the appreciation you feel you deserve? (7)</p> <p>8. Keep from getting discouraged in the face of difficulties? (8)</p> <p>9. Manage negative feelings when reprimanded by your parents or significant others? (9)</p> <p>10. Avoid getting upset when others keep giving you a hard time? (10)</p> <p>11. Get over irritation quickly for wrongs you have experienced? (11)</p> <p>12. Avoid flying off the handle when you get angry? (12)</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
---	---	---	---	---	---

End of Block: Block 14

Start of Block: Block 15

Q73 **LOC**

For each item select the statement you agree with the most

Q1.

- Children get into trouble because their parents punish them too much. (1)
- The trouble with most children nowadays is that their parents are too easy with them. (4)

Q74 Q2.

- Many of the unhappy things in people's lives are partly due to bad luck. (1)
 - People's misfortunes result from the mistakes they make. (2)
-

Q75 Q3.

- One of the major reasons why we have wars is because people don't take enough interest in politics. (4)
 - There will always be wars, no matter how hard people try to prevent them. (5)
-

Q76 Q4.

- In the long run people get the respect they deserve in this world. (1)
 - Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries. (4)
-

Q77 Q5.

- The idea that teachers are unfair to students is nonsense. (1)
 - Most students don't realize the extent to which their grades are influenced by accidental happenings. (2)
-

Q78 Q6.

- Without the right breaks one cannot be an effective leader. (1)
 - Capable people who fail to become leaders have not taken advantage of their opportunities. (2)
-

Q79 Q7.

- No matter how hard you try some people just don't like you. (1)

- People who can't get others to like them don't understand how to get along with others. (2)
-

Q80 Q8.

- Heredity plays the major role in determining one's personality. (1)
- It is one's experiences in life which determine what they're like. (2)
-

Q81 Q9.

- I have often found that what is going to happen will happen. (1)
- Trusting to fate has never turned out as well for me as making a decision to take a definite course of action. (2)
-

Q82 Q10.

- In the case of the well prepared student there is rarely if ever such a thing as an unfair test. (4)
- Many times exam questions tend to be so unrelated to course work that studying is really useless. (5)
-

Q83 Q11.

- Becoming a success is a matter of hard work, luck has little or nothing to do with it. (1)
- Getting a good job depends mainly on being in the right place at the right time. (2)
-

Q84 Q12.

- The average citizen can have an influence in government decisions. (1)
- This world is run by the few people in power, and there is not much the little guy can do about it. (2)
-

Q85 Q13.

- When I make plans, I am almost certain that I can make them work. (1)
- It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow. (2)
-

Q86 Q14.

- There are certain people who are just no good. (1)
- There is some good in everybody. (2)
-

Q87 Q15.

- In my case getting what I want has little or nothing to do with luck. (1)
- Many times we might just as well decide what to do by flipping a coin. (2)
-

Q88 Q16.

- Who gets to be the boss often depends on who was lucky enough to be in the right place first. (1)
- Getting people to do the right thing depends upon ability, luck has little or nothing to do with it. (2)
-

Q89 Q17.

- As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control. (1)
- By taking an active part in political and social affairs the people can control world events. (2)
-

Q90 Q18.

- Most people don't realize the extent to which their lives are controlled by accidental happenings. (1)
- There really is no such thing as "luck." (2)

Q91 Q19.

- One should always be willing to admit mistakes. (1)
 - It is usually best to cover up one's mistakes. (2)
-

Q92 Q20.

- It is hard to know whether or not a person really likes you. (1)
 - How many friends you have depends upon how nice a person you are. (2)
-

Q93 Q21.

- In the long run the bad things that happen to us are balanced by the good ones. (1)
 - Most misfortunes are the result of lack of ability, ignorance, laziness, or all three. (2)
-

Q94 Q22.

- With enough effort we can wipe out political corruption. (1)
 - It is difficult for people to have much control over the things politicians do in office. (2)
-

Q95 Q23.

- Sometimes I can't understand how teachers arrive at the grades they give. (1)
 - There is a direct connection between how hard I study and the grades I get. (2)
-

Q96 Q24.

- A good leader expects people to decide for themselves what they should do. (1)
- A good leader makes it clear to everybody what their jobs are. (2)

Q97 Q25.

- Many times I feel that I have little influence over the things that happen to me. (1)
 - It is impossible for me to believe that chance or luck plays an important role in my life. (2)
-

Q98 Q26.

- People are lonely because they don't try to be friendly. (1)
 - There's not much use in trying too hard to please people, if they like you, they like you (2)
-

Q99 Q27.

- There is too much emphasis on athletics in high school. (1)
 - Team sports are an excellent way to build character. (2)
-

Q100 Q28.

- What happens to me is my own doing. (1)
 - Sometimes I feel that I don't have enough control over the direction my life is taking. (2)
-

Q101 Q29.

- Most of the time I can't understand why politicians behave the way they do. (1)
- In the long run the people are responsible for bad government on a national as well as on a local level. (2)

End of Block: Block 15

Start of Block: Block 14

Q45

GSE

Now we are interested in how confident you are in dealing with situations that might pop up in everyday life.

	Not at all true (1)	Hardly true (2)	Moderately true (3)	Exactly true (4)
1. I can always manage to solve difficult problems if I try hard enough (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If someone opposes me, I can find the means and ways to get what I want (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. It is easy for me to stick to my aims and accomplish my goals (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am confident that I could deal efficiently with unexpected events (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Thanks to my resourcefulness, I know how to handle unforeseen situations (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can solve most problems if I invest the necessary effort (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I can remain calm when facing difficulties because I can rely on my coping abilities (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When I am confronted with a problem, I can usually find several solutions (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. If I am in trouble, I can usually think of a solution (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I can usually handle whatever comes my way (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q46 Please indicate the extent to which you agree with each of the following statements:

	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
1. I tend to bounce back quickly after hard times (1)	<input type="radio"/>				
2. I have a hard time making it through stressful events (2)	<input type="radio"/>				
3. It does not take me long to recover from stressful events (3)	<input type="radio"/>				
4. It is hard for me to snap back when something bad happens (4)	<input type="radio"/>				
5. I usually come through life with little trouble (5)	<input type="radio"/>				
6. I tend to take a long time to get over set backs in life (6)	<input type="radio"/>				

End of Block: Block 14

Start of Block: Block 2

Q11 Self-injury

In this next section we will ask you questions about your experience with self-injury. We will ask about your personal experience of self-injury, whether your friends self-injure and whether you have noticed self-injury in popular media.

If you become upset at any stage we suggest taking a break or completely stopping the questionnaire. Remember there are some resources you might find useful that are free to download at end of this questionnaire.

Self-injury refers to directly and intentionally hurting yourself (such as by cutting, burning, excessively scratching, etc.) *without* the intention of killing yourself.

Have you ever seriously considered self-injuring but not acted on those thoughts?

Yes (1)

No (2)

Q12 Have you ever engaged in self-injury?

- Yes (1)
- No (2)

Skip To: End of Block If Have you ever engaged in self-injury? = No

Q14 How many times have you self-injured **in the last year?**

- None (1)
- Once (2)
- Twice (3)
- Three times (4)
- Four times (5)
- 5 or more times (6)



Q13 What age did you start to self-injure?

Q15 Please only endorse a behaviour if you have done it intentionally (i.e., on purpose) and without suicidal intent (i.e., not for suicidal reasons).
Please estimate the **number of times in your life** you have intentionally (i.e., on purpose) performed each type of non-suicidal self-injury (Please write a number)

- Cutting (1) _____
- Biting (2) _____
- Burning (3) _____
- Carving (4) _____
- Pinching (5) _____

- Pulling hair (6) _____
- Severe scratching (7) _____
- Banging or hitting yourself (8) _____
- Interfering with wound healing (9) _____
- Rubbing skin against rough surface (10) _____
- Sticking yourself with needles (11) _____
- Swallowing dangerous substances (12) _____
- Other (13) _____

Q16 If you feel that you have a **main form of self-injury**, please indicate from the list below the behaviour(s) that you consider to be your main form/s of self-injury

- Cutting (1)
- Biting (2)
- Burning (3)
- Carving (4)
- Pinching (5)
- Pulling hair (6)
- Severe scratching (7)
- Banging or hitting yourself (8)
- Interfering with wounds healing (9)
- Rubbing skin against rough surface (10)
- Sticking yourself with needles (11)
- Swallowing dangerous substances (12)
- Other (13)

Q17 Do you experience physical pain when you self-injure?

Yes (1)

No (2)

Q18 When you self-injure are you alone?

Yes (1)

No (2)

Q19 Typically how much time elapses from the time you have the urge to self-injure until you act on the urge?

< 1 hour (1)

1-3 hours (2)

3-6 hours (3)

6-12 hours (4)

12-24 hours (5)

> 1 day (6)

Q20 Do/did you want to stop self-injuring?

Yes (1)

No (2)

Q21 This inventory was written to help us better understand the experience of non-suicidal self-injury. Below is a list of statements that may or may not be relevant to your experience of self-injury. Please identify the statements that are most relevant for you.

When I self-injure I am.....

	Not relevant (1)	Somewhat relevant (2)	Very relevant (3)
...calming myself down (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... creating a boundary between myself and others (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... punishing myself (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... giving myself a way to care for myself (by attending to the wound) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... causing pain so I will stop feeling numb (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... avoiding the impulse to attempt suicide (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... doing something to generate excitement or exhilaration (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... bonding with peers (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... letting others know the extent of my emotional pain (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... seeing if I can stand the pain (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... creating a physical sign that I feel awful (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... getting back at someone (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... ensuring that I am self-sufficient (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... releasing emotional pressure that has built up inside of me (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... demonstrating that I am separate from other people (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... expressing anger towards myself for being worthless or stupid (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... creating a physical injury that is easier to care for than my emotional distress (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

...trying to feel something (as opposed to nothing) even if it is physical pain (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... responding to suicidal thoughts without actually attempting suicide (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... entertaining myself or others by doing something extreme (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... fitting in with others (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... seeking care or help from others (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... demonstrating I am tough or strong (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... proving to myself that my emotional pain is real (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... getting revenge against others (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... demonstrating that I do not need to rely on others for help (26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... reducing anxiety, frustration, anger, or other overwhelming emotions (27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... establishing a barrier between myself and others (28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... reacting to feeling unhappy with myself or disgusted with myself (29)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... allowing myself to focus on treating the injury, which can be gratifying or satisfying (30)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... making sure I am still alive when I don't feel real (31)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... putting a stop to suicidal thoughts (32)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... pushing my limits in a manner akin to skydiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

or other extreme activities
(33)

... creating a sign of
friendship or kinship with
friends or loved ones (34)

... keeping a loved one
from leaving or
abandoning me (35)

... proving I can take the
physical pain (36)

... signifying the
emotional distress I'm
experiencing (37)

... trying to hurt someone
close to me (38)

... establishing that I am
autonomous/independent
(39)

Q48 Thank you for taking the time to complete this questionnaire.

So we can award you credit in SONA please enter you full name and student ID. Identifying information will be permanently removed from the data set as soon as grades are ratified at the end of semester.

The following pages provide some resources you may find useful.

Full name (1) _____

Student ID (2) _____

Q49 We are currently conducting a group program for 18-24 year olds who self-injure. Please feel free to pass this [NSSI group flyer](#) on to anyone you know who may be interested in participating.

Below you will find some resources you might find helpful in managing stress or learning more about self-injury.

[Useful resources](#)

[Stress management](#)

[Self injury fact sheet](#)

[A guide for young people](#)

Q50 If you would like a hard copy of the Guide for Young People please enter your name and mailing address here. Your identifying details will be destroyed as soon as we mail you the booklet.

Name (1) _____

Address (2) _____

Address 2 (3) _____

City (4) _____

State (5) _____

Postal Code (6) _____

Country (7) _____

Self-control, emotion, and regulation of behaviour in young people

Qualtrics Survey Software

<https://curtin.asia.qualtrics.com/ControlPanel/Ajax.php?action=GetSu...>

Default Question Block

PARTICIPANT INFORMATION SHEET

HREC Project Number:	XXXX
Project Title:	Self-control, emotion and regulation of behaviour in young people
Principal Investigator:	Associate Professor Penelope Hasking
Co-Investigators:	Dr Mark Boyes
Version Number:	V1.0
Version Date:	15 February 2016

How we experience and regulate emotions is thought to play a crucial role in both mental health and behaviours such as drinking and eating. Yet how people regulate or control emotions, or indeed behaviour is still unclear. Further, factors that serve to inhibit behaviours that are emotionally-driven (e.g. drinking or eating to cope with stress) are unknown.

We will explore multiple aspects of self-control, cognition, emotion regulation and dysregulated behaviours to better understand how emotional experiences might lead to undesirable behaviours. In the current study we will explore these relationships to better understand how people experience and regulate emotion.

You are invited to take part in this study. Please read this Information Sheet in full before making a decision.

Why were you chosen for this research?

All undergraduate students enrolled in the Curtin University Psychology and Speech Pathology Undergraduate Participant Pool are eligible to participate.

What does the research involve?

You are invited to complete a questionnaire online that can be completed whenever you like. If you agree to participate, you will be asked questions about any experiences you have had with self-injury, your experiences drinking alcohol, your eating habits and your general psychological wellbeing. You will also be asked about your belief in your ability to cope with stress and how you experience and regulate emotions.

Most people complete the questionnaire in between 45-60 minutes. It does not all need to be completed at once. You may come back to finish the questionnaire anytime within a 2 week period. After 2 weeks your responses will be lost and you will need to start the questionnaire again.

Possible benefits

While you may not personally benefit from participating in this study the results will help us further the theoretical understanding of emotion and emotion regulation, as well as emotion-related outcomes such as alcohol use and self-injury. This knowledge may identify potential targets for future intervention efforts.

You will be awarded 4 credit points if you answer at least 80% of the questions in the survey.

Possible risks

It is unlikely that participating in this study will incur any risks beyond normal day-to-day living. However some of the questions asked could trigger upsetting thoughts and memories for some people. Being in this study is voluntary and you are under no obligation to consent to participate. If you do consent to participate but later change your mind, you may withdraw from further participation by simply closing your browser. However data you have entered prior to closing the browser may still be used in the overall analyses.

If you do become upset at any stage while completing the questionnaire we suggest you take a break or stop the questionnaire. A list of useful resources is provided at the bottom of this information sheet, and at the end of the questionnaire.

Confidentiality

We will ask for your name and student ID number to allow us to match your responses to your record in SONA, allowing us to award you course credit. However after the grades have been ratified at the end of semester all identifying information will be removed from the data and we will no longer be able to identify any individual responses. From this point all data will be anonymous.

Deidentified data may be placed in a public repository in future, made available to other researchers, or included as material supplementary to published reports. No information that could identify any participant will ever be released to a third party or made public in any way.

Storage of data

Data collected will be stored in accordance with Curtin University regulations, kept on University premises, in a password protected file for 7 years. A report of the study may be submitted for publication, and data may be used to support student research projects (e.g. theses), but individual participants will not be identifiable in any report or student thesis.

Results

If you would like to be informed of the aggregate research finding, please contact Penelope.Hasking@curtin.edu.au in December 2016.

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the Curtin University HREC. This project will be carried out according to the National Statement on Ethical Conduct in Human Research (2007). If you have any concerns and/or complaints about the project, the way it is being conducted or your rights as a research participant, and would like to speak to someone independent of the project, please contact: The Curtin University Ethics Committee by telephoning 9266 2784 or by emailing hrec@curtin.edu.au.

Below you will find some resources you might find helpful in managing stress or learning more about alcohol use and self-injury.

[Useful resources](#)
[Stress management](#)
[Alcohol fact sheet](#)
[Self injury fact sheet](#)

I have received information regarding this research and had an opportunity to ask questions. I believe I understand the purpose, extent and possible risks of my involvement in this project and I voluntarily consent to take part.

- I agree
- I do not agree

Demographics

What is your gender?

- Male
- Female
- Other

How old are you?

What is your postcode?

What country were you born in?

Do you identify as Aboriginal or Torres Strait Islander?

- Yes
- No

What year are you in at university?

- 1st
- 2nd
- 3rd
- 4th
- other

Are you studying full time or part time?

- Full time
- Part time

Where are you living?

- At home with parents/family
- In university accommodation
- With flatmates
- On your own
- With a partner
- Other (please specify)

Have you ever been diagnosed with a mental illness?

- Yes (Please list diagnoses)
- No

Self-injury

ISAS

In this next section we will ask you questions about your experience with self-injury.

If you become upset at any stage we suggest taking a break or completely stopping the questionnaire. Remember there are some resources you might find useful that are free to download at end of this questionnaire.

Self-injury refers to directly and intentionally hurting yourself (such as by cutting, burning, excessively scratching, etc.) *without* the intention of killing yourself.

Have you ever engaged in self-injury?

- Yes
- No

What age did you start to self-injure?

How many times have you self-injured in the last year?

- None
- Once
- Twice
- Three times
- Four times
- 5 or more times

Please only endorse a behaviour if you have done it intentionally (i.e., on purpose) and without suicidal intent (i.e., not for suicidal reasons).

Please estimate the number of times **in your life** you have intentionally (i.e., on purpose) performed each type of non-suicidal self-injury (Please write a number)

Cutting
Biting
Burning
Carving
Pinching
Pulling hair
Severe scratching
Banging or hitting yourself
Interfering with wound healing
Rubbing skin against rough surface
Sticking yourself with needles
Swallowing dangerous substances
Other

If you feel that you have a **main** form of self-injury, please indicate from the list below the behaviour(s) that you consider to be your main form/s of self-injury

- Cutting
- Biting
- Burning
- Carving
- Pinching
- Pulling hair
- Severe scratching
- Banging or hitting yourself
- Interfering with wounds healing
- Rubbing skin against rough surface
- Sticking yourself with needles
- Swallowing dangerous substances
- Other

Do you experience physical pain when you self-injure?

- Yes
- No

When you self-injure are you alone?

- Yes
- No

Typically how much time elapses from the time you have the urge to self-injure until you act on the urge?

- < 1 hour
- 1-3 hours
- 3-6 hours
- 6-12 hours
- 12-24 hours
- > 1 day

Do/did you want to stop self-injuring?

- Yes
- No

Expectancies

In this section we are interested in your thoughts about what might happen if someone engages in self-injury.

If you personally have self-injured think about what you might expect the outcome to be when you self-injure. If you do not self-injure think about what the outcome might be if you did.

How likely is it that after self-injuring:

	Extremely unlikely	Somewhat Unlikely	Somewhat Likely	Extremely likely
1. I would feel better about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I would feel less frustrated with the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The pain would be intense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I would feel calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The future would seem more optimistic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I would feel closer to my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I would hate myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I would not be aware of any emotional pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I would feel alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Extremely unlikely	Somewhat Unlikely	Somewhat Likely	Extremely likely
10. My family would be disgusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I would feel depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I would feel happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Other people would notice and offer sympathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I would feel numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My friends would accept me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Other people would notice and think I was a freak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I would feel ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I would be able to handle what comes my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Extremely unlikely	Somewhat Unlikely	Somewhat Likely	Extremely likely
19. I would feel physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I would be more attune to my surroundings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. My friends would be disgusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I would feel exhilarated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I would feel anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. It would hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I would have communicated my distress to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I would feel different from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I would not feel any pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Extremely unlikely	Somewhat Unlikely	Somewhat Likely	Extremely likely
28. I would have more confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Other people would notice and be scared of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I would feel restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. It would be easier to get what I want from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I would feel relieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I would feel angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I would feel I deserved the pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I would have punished someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I would feel like a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Extremely unlikely	Somewhat Unlikely	Somewhat Likely	Extremely likely
37. I would feel I have successfully achieved something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I could make other people do things for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SEAS

Please read each of the statements below carefully and click the option which best fits how certain you are about how you would act in each of the following situations.

Even if you have never self-injured we are interested in how confident you are you could resist doing so in future.

	Very uncertain					Very certain
1. How certain are you that you will not self-injure in the future?	<input type="radio"/>					
2. If at some point in the future you had thoughts of self-injury, how certain are you that you could resist self-injuring?	<input type="radio"/>					
3. If at some point in the future you had thoughts of self-injury, how certain are you that you could resist self-injuring if you were using alcohol or other drugs?	<input type="radio"/>					
4. How certain are you that you could control future thoughts of self-injury if you were experiencing physical pain?	<input type="radio"/>					
5. How certain are you that you could control future thoughts of self-injury if you lost an important relationship?	<input type="radio"/>					
6. How certain are you that you could control future thoughts of self-injury if you lost a job, could not find employment, or suffered a financial crisis?	<input type="radio"/>					

Alcohol

AUDIT

Now we are interested in your drinking patterns

How often do you have a drink containing alcohol?

Never	Monthly or Less	2-4 Times a Month	2-3 Times a Week	4 or More Times a Week
<input type="radio"/>				

How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2	3 or 4	5 or 6	7 to 9	10 or More
<input type="radio"/>				

How often do you have six or more drinks on one occasion?

Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
<input type="radio"/>				

How often during the last year have you found that you were not able to stop drinking once you had started?

Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
<input type="radio"/>				

How often during the last year have you failed to do what was normally expected from you because of drinking?

Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
<input type="radio"/>				

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
<input type="radio"/>				

How often during the last year have you had a feeling of guilt or remorse after drinking?

Never Less than Monthly Monthly Weekly Daily or Almost Daily

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never Less than Monthly Monthly Weekly Daily or Almost Daily

Have you or someone else been injured as a result of your drinking?

No

Yes, but not in the last year

Yes, during the last year

Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No

Yes, but not in the last year

Yes, during the last year

DRSEQ

The following items ask you to describe your ability to handle drinking situations. Most people find it easier to resist drinking in some of these situations than others.

	I am very sure I would drink	I would most likely drink	I probably would drink	I probably would NOT drink	I most likely would NOT drink	I am sure I would NOT drink
1. When I feel nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When I am by myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I am out to dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When I am angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I am at lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When someone offers me a drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I feel frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When I am listening to music or reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. When my spouse or partner is drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. When I am worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When I am watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I feel sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. When I have just finished playing sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. When my friends are drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I feel upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When I am on my way home from work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. When I am at a pub or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When I feel down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. When I first arrive home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DEQ-R

The purpose of these questions is to find out about YOUR thoughts, feelings and beliefs about drinking.

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I do not drink alcohol to help me unwind after a hard day or week's work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Little things annoy me less when I'm drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Drinking makes me feel outgoing and friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Drinking alcohol makes me tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have more self confidence when drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Drinking makes me more sexually responsive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I am anxious or tense I do not feel a need for alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Drinking makes the future brighter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I drink alcohol because it's a habit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Drinking makes me bad tempered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am more aware of what I say and do if I'm drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I feel that drinking hinders me in getting along with other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel restless when drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I am more sullen and depressed when I'm drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I cannot always control my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am less concerned about my actions when I'm drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. If I'm drinking it's easier to express my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I often feel sexier after I've been drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Drinking does not help to relieve any tension I feel about recent concerns and interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Drinking increases my aggressiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Drinking makes me feel like a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Drinking helps me be more mentally alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Drinking alcohol removes most thoughts of sex from my mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I tend to adopt a "who cares" attitude when drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am addicted to alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Drinking brings about the worst in me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I feel less shy when drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Drinking makes me feel more violent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I am less discreet if I drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. When I am drinking it's easier to open up and express my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am powerless in the face of alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. When I am drinking I avoid people or situations for fear of embarrassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Drinking alcohol sharpens my mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I feel disappointed in myself when drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I tend to avoid sex if I've been drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I lose most feelings of sexual interest after I've been drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I am clumsier when drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRI

The following questions ask for additional information about your experience with alcohol. For each of these questions, you will click one number from 1 to 9 to indicate how frequently the statement is true for you.

	Never	1	2	3	4	5	6	7	8	9	Always
1. When you feel anxious, are you more likely to drink?	<input type="radio"/>										
2. When you feel lonely, are you more likely to drink?	<input type="radio"/>										
3. How often do you attempt to cut down the amount you drink?	<input type="radio"/>										
4. At times, do you find yourself unable to stop thinking about drinking?	<input type="radio"/>										
5. Does seeing other people drink remind you of your efforts to control your alcohol consumption?	<input type="radio"/>										
6. Do you ever feel so nervous that you really need a drink?	<input type="radio"/>										
7. Do thoughts about drinking intrude into your daily activities?	<input type="radio"/>										
8. Does seeing alcohol-related commercials, magazine ads, and/or signs for liquor stores stimulate concerns about the need to limit your drinking?	<input type="radio"/>										
9. Do you ever find that once you start drinking it is difficult for you to stop?	<input type="radio"/>										
10. Do feelings of guilt about drinking too much help you to control your alcohol intake?	<input type="radio"/>										
11. Is it hard to distract yourself from thinking about drinking?	<input type="radio"/>										
12. Does the sight and smell of alcohol make you think about limiting your drinking?	<input type="radio"/>										
13. How much difficulty do you have controlling your drinking?	<input type="radio"/>										
14. Do you ever cut back on your drinking in an attempt to change your drinking habits?	<input type="radio"/>										
15. How much effort does it take for you to keep your drinking under control?	<input type="radio"/>										

Eating

EAT

Check a response for each of the following statements:

	Always	Usually	Often	Sometimes	Rarely	Never
I am terrified about being overweight	<input type="radio"/>					
I avoid eating when I'm hungry	<input type="radio"/>					
I find myself preoccupied with food	<input type="radio"/>					
I have gone on eating binges where I feel that I may not be able to stop	<input type="radio"/>					
I cut my food into small pieces	<input type="radio"/>					
I am aware of the calorie content of foods that I eat	<input type="radio"/>					
I particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes etc)	<input type="radio"/>					
I feel that others would prefer if I ate more	<input type="radio"/>					
I vomit after I eating	<input type="radio"/>					
I feel extremely guilty after eating	<input type="radio"/>					
I am occupied with a desire to be thinner	<input type="radio"/>					
i think about burning up calories when I exercise	<input type="radio"/>					
Other people think that I am too thin	<input type="radio"/>					
I am preoccupied with the thought of having fat on my body	<input type="radio"/>					
I take longer than others to eat my meals	<input type="radio"/>					
I avoid foods with sugar in them	<input type="radio"/>					
I eat diet foods	<input type="radio"/>					
I feel that food controls my life	<input type="radio"/>					
I display self-control around food	<input type="radio"/>					
I feel that others pressure me to eat	<input type="radio"/>					
I give too much time and thought to food	<input type="radio"/>					
I feel uncomfortable after eating sweets	<input type="radio"/>					
I engage in dieting behaviour	<input type="radio"/>					
I like my stomach to be empty	<input type="radio"/>					
I have the impulse to vomit after meals	<input type="radio"/>					
I enjoy trying new rich foods	<input type="radio"/>					

Eating self-efficacy

- Click to write Choice 1
- Click to write Choice 2
- Click to write Choice 3

Eating expectancies

- Click to write Choice 1
- Click to write Choice 2
- Click to write Choice 3

Psych distress

DASS

Please read each statement and click the response which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

	Never	Sometimes	Often	Almost Always
1. I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I was aware of dryness of my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I couldn't seem to experience any positive feelings at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I experienced breathing difficulties (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I found it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I experienced trembling (e.g. in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I felt down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I felt I wasn't worth much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Sometimes	Often	Almost Always

K-10

In the last four weeks:

	None of the time	A little of the time	Some of the time	Most of the time	All of the Time
1. About how often did you feel tired out for no reason?	<input type="radio"/>				
2. About how often did you feel nervous?	<input type="radio"/>				
3. About how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>				
4. About how often did you feel hopeless?	<input type="radio"/>				
5. About how often did you feel restless or fidgety?	<input type="radio"/>				
6. About how often do you feel so restless you could not sit still?	<input type="radio"/>				
7. About how often did you feel depressed?	<input type="radio"/>				
8. About how often did you feel that everything was an effort?	<input type="radio"/>				
9. About how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>				
10. About how often did you feel worthless?	<input type="radio"/>				

BAL

Please indicate how often you experience each of these states:

	Applies never	Applies rarely	Applies occasionally	Applies frequently	Applies most of the time
1. I find that even when I try to control my laughter I am often unable to do so	<input type="radio"/>				
2. I find that I am easily overcome by laughter	<input type="radio"/>				
3. There are times when I won't be thinking of anything happy or funny at all, but then I'll suddenly be overcome by funny or happy thoughts	<input type="radio"/>				
4. Others have told me that I seem to become amused very easily or that I seem to become amused about things that really aren't funny	<input type="radio"/>				
5. I find myself crying very easily	<input type="radio"/>				
6. There are times when I feel fine one minute, and then I'll become tearful the next over something small or for no reason	<input type="radio"/>				
7. I find that even when I try to control my crying I am often unable to do so	<input type="radio"/>				

Regulatory SE

How well can you?

	Not at all well				Very well
1. Express joy when good things happen to you?	<input type="radio"/>				
2. Feel gratified over achieving what you set out to do?	<input type="radio"/>				
3. Rejoice over your successes?	<input type="radio"/>				
4. Express enjoyment freely at parties?	<input type="radio"/>				
5. Keep from getting dejected when you are lonely?	<input type="radio"/>				
6. Keep from getting discouraged by strong criticism?	<input type="radio"/>				
7. Reduce your upset when you don't get the appreciation you feel you deserve?	<input type="radio"/>				
8. Keep from getting discouraged in the face of difficulties?	<input type="radio"/>				
9. Manage negative feelings when reprimanded by your parents or significant others?	<input type="radio"/>				
10. Avoid getting upset when others keep giving you a hard time?	<input type="radio"/>				
11. Get over irritation quickly for wrongs you have experienced?	<input type="radio"/>				
12. Avoid flying off the handle when you get angry?	<input type="radio"/>				

Emotional control

Below are listed some of the reactions people have to certain feelings or emotions. Read each one and indicate how far it describes the way you *generally* react. Indicate your answer by clicking the appropriate number on the scale.

When I feel ANGRY:

	Almost never		Almost always	
1. I keep quiet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I refuse to argue or say anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I bottle it up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I say what I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I avoid making a scene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I smother my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I hide my annoyance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When I feel UNHAPPY:

	Almost never		Almost always	
1. I refuse to say anything about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I hide my unhappiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I put on a bold face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I keep quiet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I let others see how I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I smother my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I bottle it up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When I feel WORRIED:

	Almost never		Almost always	
1. I let others see how I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I keep quiet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I refuse to say anything about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I tell others all about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I say what I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I bottle it up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I smother my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NMR

When I'm upset I believe that....

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
1. I can usually find a way to cheer myself up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can do something to feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Wallowing in it is all I can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I'll feel OK if I think about more pleasant times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. being with other people will be a drag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can feel better by treating myself to something I like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I'll feel better when I understand why I feel bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I won't be able to get myself to do anything about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I won't feel much better by trying to find some good in the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. It won't be long before I can calm myself down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. It will be hard to find someone who really understands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Telling myself it will pass will help me calm down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Doing something nice for someone else will cheer me up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I'll end up feeling really depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Planning how I'll deal with things will help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I can forget about what's upsetting me pretty easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Catching up with my work will help me calm down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The advice friends give me won't help me feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I won't be able to enjoy the things I usually enjoy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I can find a way to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Trying to work the problem out in my head will only make it seem worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Seeing a movie won't help me feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Going out to dinner with friends will help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I'll be upset for a long time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I won't be able to get it out of my mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I can feel better by doing something creative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I'll start to feel really down about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Thinking that things will eventually be better won't help me feel any better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I can find some humour in the situation and feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. If I'm with a group of people, I'll feel "alone in a crowd"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emotional experience

PANAS

This scale consists of a number of words that describe different feelings and emotions. Read each item and then indicate **to what extent** you have felt this way **over the past week**

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Interested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinterested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Hostile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jittery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PANAS - Intensity

You have just completed a questionnaire which indicated how likely you are to have certain feelings or emotional experiences. In the following questionnaire you will be shown a list of the same feelings, but you are asked to make the following judgment:

When you are experiencing a situation that does make you feel this way, **how intense** is the feeling compared to how other people feel?

	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				
Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				
Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				
Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

PANAS - Reactivity

You have just completed a questionnaire which indicated how often you tend to have certain feelings or emotional experiences. In the following questionnaire you will be shown a list of the same feelings, but you are asked to make the following judgment:

When exposed to a situation that would make the "average" person experience this feeling, **how likely is it that you will experience this particular feeling?** Please rate this using the five options provided.

	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				
Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				
Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				
Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

PANAS - Perseveration

You have just completed a questionnaire which indicated how likely you are to have certain feelings or emotional experiences. In the following questionnaire you will be shown a list of the same feelings, but you are asked to make the following judgment:

When you experience a situation that does make you feel this way, **how long is this feeling likely to persist?** The longer a feeling lasts the more persistent it is. Please rate this using the five options provided.

	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				
Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				
Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				
Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

AIM

This questionnaire asks different questions about how you experience emotions on a regular basis (for example, each day). When you are asked about being "emotional," this may refer to being angry, sad, excited, or some other emotion. Please rate the following statements.

	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
1. When something happens that upsets me, it's all I can think about it for a long time.	<input type="radio"/>				
2. My feelings get hurt easily.	<input type="radio"/>				
3. When I experience emotions, I feel them very strongly/intensely.	<input type="radio"/>				
4. When I'm emotionally upset, my whole body gets physically upset as well.	<input type="radio"/>				
5. I tend to get very emotional very easily.	<input type="radio"/>				
6. I experience emotions very strongly.	<input type="radio"/>				
	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
7. I often feel extremely anxious.	<input type="radio"/>				
8. When I feel emotional, it's hard for me to imagine feeling any other way.	<input type="radio"/>				
9. Even the slightest things make me emotional.	<input type="radio"/>				
10. If I have a disagreement with someone, it takes a long time for me to get over it.	<input type="radio"/>				
11. When I am angry/upset, it takes me much longer than most people to calm down.	<input type="radio"/>				
12. I get angry at people very easily.	<input type="radio"/>				
	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
13. I am often bothered by things that other people don't react to.	<input type="radio"/>				
14. I am easily agitated.	<input type="radio"/>				
15. My emotions go from neutral to extreme in an instant.	<input type="radio"/>				
16. When something bad happens, my mood changes very quickly. People tell me I have a very short fuse.	<input type="radio"/>				
17. People tell me that my emotions are often too intense for the situation.	<input type="radio"/>				
18. I am a very sensitive person.	<input type="radio"/>				
	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
19. My moods are very strong and powerful.	<input type="radio"/>				
20. I often get so upset it's hard for me to think straight.	<input type="radio"/>				
21. Other people tell me I'm overreacting.	<input type="radio"/>				

ERS

This questionnaire asks different questions about how you experience emotions on a regular basis. When you are asked about being emotional, this may refer to being angry, sad, excited, or some other emotion. Please rate the following statements:

	Not at all like me				Completely like me
1. I tend to get very emotional very easily	<input type="radio"/>				
2. Even the littlest things make me emotional	<input type="radio"/>				
3. When I experience emotions I feel them very strongly/intensely	<input type="radio"/>				
4. When something happens that upsets me, it's all I can think about for a very long time	<input type="radio"/>				
5. I experience emotions very strongly	<input type="radio"/>				
6. My moods are very strong and powerful	<input type="radio"/>				
7. My emotions go from neutral to extreme in an instant	<input type="radio"/>				
8. When I feel emotional, it's hard for me to imagine feeling any other way	<input type="radio"/>				
9. I often get so upset it's hard for me to think straight	<input type="radio"/>				
10. My feelings get hurt easily	<input type="radio"/>				
11. When I'm emotionally upset, my whole body gets physically upset as well	<input type="radio"/>				
12. When I am angry/upset, it takes me much longer than most people to calm down	<input type="radio"/>				
13. People tell me that my emotions are often too intense for the situation	<input type="radio"/>				
14. I often feel extremely anxious	<input type="radio"/>				
15. I am often bothered by things that other people don't react to	<input type="radio"/>				
16. I am easily agitated	<input type="radio"/>				
17. I am a very sensitive person	<input type="radio"/>				
18. Other people tell me I'm overreacting	<input type="radio"/>				
19. When something bad happens, my mood changes very quickly. People tell me I have a very short fuse.	<input type="radio"/>				
20. If I have a disagreement with someone, it takes a long time for me to get over it	<input type="radio"/>				
21. I get angry at people very easily	<input type="radio"/>				

Emotion regulation

ERQ

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
1. When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I keep my emotions to myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When I am feeling positive emotions, I am careful not to express them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I control my emotions by not expressing them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I want to feel more positive emotion, I change the way I'm thinking about the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I control my emotions by changing the way I think about the situation I'm in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. When I am feeling negative emotions, I make sure not to express them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. When I want to feel less negative emotion, I change the way I'm thinking about the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

UPPS-P

We are interested in your general well being, how you cope with stress and reasons you embrace life.

	Strongly Agree	Agree	Disagree	Strongly Disagree
When I feel bad, I will often do things I later regret in order to make myself feel better now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes when I feel bad, I can't seem to stop what I am doing even though it is making me feel worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am upset I often act without thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel rejected, I will often say things that I later regret.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I generally like to see things through to the end.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfinished tasks really bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once I get going on something I hate to stop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Agree	Agree	Disagree	Strongly Disagree
I finish what I start.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My thinking is usually careful and purposeful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to stop and think things over before I do them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to value and follow a rational, "sensible" approach to things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually think carefully before doing anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I quite enjoy taking risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I welcome new and exciting experiences and sensations, even if they are a little frightening and unconventional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Agree	Agree	Disagree	Strongly Disagree
I would like to learn to fly an airplane.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would enjoy the sensation of skiing very fast down a high mountain slope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am in great mood, I tend to get into situations that could cause me problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to lose control when I am in a great mood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others are shocked or worried about the things I do when I am feeling very excited.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to act without thinking when I am really excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GSE

Now we are interested in how confident you are in dealing with situations that might pop up in everyday life.

	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If someone opposes me, I can find the means and ways to get what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. It is easy for me to stick to my aims and accomplish my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am confident that I could deal efficiently with unexpected events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Thanks to my resourcefulness, I know how to handle unforeseen situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at all true	Hardly true	Moderately true	Exactly true
6. I can solve most problems if I invest the necessary effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I can remain calm when facing difficulties because I can rely on my coping abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When I am confronted with a problem, I can usually find several solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. If I am in trouble, I can usually think of a solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I can usually handle whatever comes my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section of the questionnaire is about how you cope with emotions, distressing situations and generally how you cope with life's struggles. Some questions might seem similar but they all ask about slightly different things. Please answer all questions as best you can.

Emotional reactivity

This questionnaire asks different questions about how you experience emotions on a regular basis (for example, each day). When you are asked about being "emotional," this may refer to being angry, sad, excited, or some other emotion. Please rate the following statements.

	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
1. When something happens that upsets me, it's all I can think about it for a long time.	<input type="radio"/>				
2. My feelings get hurt easily.	<input type="radio"/>				
3. When I experience emotions, I feel them very strongly/intensely.	<input type="radio"/>				
4. When I'm emotionally upset, my whole body gets physically upset as well.	<input type="radio"/>				
5. I tend to get very emotional very easily.	<input type="radio"/>				
6. I experience emotions very strongly.	<input type="radio"/>				
	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
7. I often feel extremely anxious.	<input type="radio"/>				
8. When I feel emotional, it's hard for me to imagine feeling any other way.	<input type="radio"/>				
9. Even the littlest things make me emotional.	<input type="radio"/>				
10. If I have a disagreement with someone, it takes a long time for me to get over it.	<input type="radio"/>				
11. When I am angry/upset, it takes me much longer than most people to calm down.	<input type="radio"/>				
12. I get angry at people very easily.	<input type="radio"/>				
	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
13. I am often bothered by things that other people don't react to.	<input type="radio"/>				
14. I am easily agitated.	<input type="radio"/>				
15. My emotions go from neutral to extreme in an instant.	<input type="radio"/>				
16. When something bad happens, my mood changes very quickly. People tell me I have a very short fuse.	<input type="radio"/>				
17. People tell me that my emotions are often too intense for the situation.	<input type="radio"/>				
18. I am a very sensitive person.	<input type="radio"/>				
	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
19. My moods are very strong and powerful.	<input type="radio"/>				
20. I often get so upset it's hard for me to think straight.	<input type="radio"/>				
21. Other people tell me I'm overreacting.	<input type="radio"/>				

RNT

In this section we are interested in understanding how you respond to distressing situations. Please recall how you tend to respond when you feel distressed or upset.

How true are each of these statements with respect to your experience when you are distressed or upset?

	Not at all true		Somewhat true		Very true
1. I have thoughts or images about all my shortcomings, failings, faults, mistakes	<input type="radio"/>				
2. I have thoughts or images about events that come into my head even when I do not wish to think about them again	<input type="radio"/>				
3. I have thoughts or images that "I won't be able to do my job/work because I feel so badly."	<input type="radio"/>				
4. I have thoughts or images that are difficult to forget.	<input type="radio"/>				
5. Once I start thinking about the situation, I can't stop	<input type="radio"/>				
	Not at all true		Somewhat true		Very true
6. I notice that I think about the situation.	<input type="radio"/>				
7. I have thoughts or images of the situation that I try to resist thinking about.	<input type="radio"/>				
8. I think about the situation all the time.	<input type="radio"/>				
9. I know I shouldn't think about the situation, but can't help it	<input type="radio"/>				
10. I have thoughts or images about the situation and wish it would go better.	<input type="radio"/>				

Block 9

Resilience

How well can you.....

	Not well at all				Very well
1. Express joy when good things happen to you?	<input type="radio"/>				
2. Feel gratified over achieving what you do?	<input type="radio"/>				
3. Rejoice over your successes?	<input type="radio"/>				
4. Express enjoyment freely at parties?	<input type="radio"/>				
	Not well at all				Very well
5. Keep from getting dejected when you are lonely?	<input type="radio"/>				
6. Keep from getting discouraged by strong criticism?	<input type="radio"/>				
7. Reduce your upset by when you don't get the appreciation you feel you deserve?	<input type="radio"/>				
8. Keep from getting discouraged in the face of difficulties?	<input type="radio"/>				
	Not well at all				Very well
9. Manage negative feelings when reprimanded by your parents or significant others?	<input type="radio"/>				
10. Avoid getting upset when others keep giving you a hard time?	<input type="radio"/>				
11. Get over irritation quickly for wrongs you have experienced?	<input type="radio"/>				
12. Avoid flying off the handle when you get angry?	<input type="radio"/>				

Block 8

Thank you for taking the time to complete this questionnaire.

So we can award you credit in SONA please enter you full name and student ID. Identifying information will be permanently removed from the data set as soon as grades are ratified at the end of semester.

The following pages provide some resources you may find useful.

Full name

Student ID

We are currently conducting a group program for 18-30 year olds who self-injure. Please feel free to pass this [Nssi group flyer](#) on to anyone you know who may be interested in participating.

Below you will find some resources you might find helpful in managing stress or learning more about self-injury.

[Useful resources](#)

[Stress management](#)

[Self injury fact sheet](#)

[A guide for young people](#)

The experience and regulation of emotion

7/28/2017

Qualtrics Survey Software

Info sheet & consent

PARTICIPANT INFORMATION SHEET

HREC Project Number:	RDHS-236-15
Project Title:	The experience and regulation of emotion
Principal Investigator:	Associate Professor Penelope Hasking Dr Mark Boyes
Version Number:	V2.0
Version Date:	August 2017

How we experience and regulate emotions is thought to play a crucial role in both psychological distress and mental health. The experience of emotion depends on the probability that an emotion is elicited in any given situation (reactivity), the intensity with which an emotion is felt (intensity) and how long the emotion is felt (perseveration). However there are no published studies exploring these different aspects of emotion in relation to outcomes such as self-injury or general psychological distress. In the current study we will explore these relationships to better understand how people experience and regulate emotion.

You are invited to take part in this study. Please read this Information Sheet in full before making a decision.

Why were you chosen for this research?

All undergraduate students enrolled in the Curtin University Psychology and Speech Pathology Undergraduate Participant Pool are eligible to participate.

What does the research involve?

You are invited to complete a questionnaire online that can be completed whenever you like. If you agree to participate, you will be asked questions about any experiences you have had with self-injury, and your general psychological wellbeing. You will also be asked about your belief in your ability to cope with stress and how you experience and regulate emotions.

Most people complete the questionnaire in between 45-60 minutes. It does not all need to be completed at once. You may come back to finish the questionnaire anytime within a 1 week period. After 1 week your responses will be lost and you will need to start the questionnaire again.

Possible benefits

While you may not personally benefit from participating in this study the results will help us further the theoretical understanding of emotion and emotion regulation, as well as emotion-related outcomes such as self-injury. This knowledge may identify potential targets for future intervention efforts.

You will be awarded 4 credit points if you answer at least 80% of the questions in the survey.

Possible risks

It is unlikely that participating in this study will incur any risks beyond normal day-to-day living. However some of the questions asked could trigger upsetting thoughts and memories for some people. Being in this study is voluntary and you are under no obligation to consent to participate. If you do consent to participate but later change your mind, you may withdraw from further participation by simply closing your browser. However data you have entered prior to closing the browser may still be used in the overall analyses.

If you do become upset at any stage while completing the questionnaire we suggest you take a break or stop the questionnaire. A list of useful resources is provided at the bottom of this information sheet, and at the end of the questionnaire.

Confidentiality

We will ask for your name and student ID number to allow us to match your responses to your record in SONA, allowing us to award you course credit. However after the grades have been ratified at the end of semester all identifying information will be removed from the data and we will no longer be able to identify any individual responses. From this point all data will be anonymous.

De-identified data may be placed in a public repository in future, made available to other researchers, or included as material supplementary to published reports. No information that could identify any participant will ever be released to a third party or made public in any way.

Storage of data

Data collected will be stored in accordance with Curtin University regulations, kept on University premises, in a password protected file for 7 years. A report of the study may be submitted for publication, and data may be used to support student research projects (e.g. theses), but individual participants will not be identifiable in any report or student thesis.

Results

If you would like to be informed of the aggregate research finding, please contact Penelope.Hasking@curtin.edu.au in December 2018.

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the Curtin University HREC. This project will be carried out according to the National Statement on Ethical Conduct in Human Research (2007). If you have any concerns and/or complaints about the project, the way it is being conducted or your rights as a research participant, and would like to speak to someone independent of the project, please contact: The Curtin University Ethics Committee by telephoning 9266 2784 or by emailing hrec@curtin.edu.au.

Below you will find some resources you might find helpful in managing stress or learning more about alcohol use and self-injury.

[Useful resources](#)
[Stress management](#)
[Alcohol fact sheet](#)
[Self injury fact sheet](#)
[A guide for young people](#)

I have received information regarding this research and had an opportunity to ask questions. I believe I understand the purpose, extent and possible risks of my involvement in this project and I voluntarily consent to take part.

- I agree
 I do not agree

Demographic information

What is your gender?

- Male
 Female
 Other/unspecified

How old are you?

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What is your postcode?

What country were you born in?

Do you identify as Aboriginal or Torres Strait Islander?

- Yes
 No

What year are you in at university?

- 1st
 2nd
 3rd
 4th
 other

Are you studying full time or part time?

- Full time
 Part time

Where are you living?

- At home with parents/family
 In university accommodation
 With flatmates
 On your own
 With a partner
 Other (please specify)

Have you ever been diagnosed with a mental illness?

- Yes (Please list diagnoses)

 No

PANAS instruction

In this first section you will be asked about your experience of different emotions. You will be asked 4 different things about how you experience emotion, including whether you have felt the emotion, how intensely you feel emotion, how likely it is you feel emotion and how long the emotion lasts.

PANAS

This scale consists of a number of words that describe different feelings and emotions. Read each item and then indicate to what extent you generally feel this way, that is, how you feel on the average

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Interested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Hostile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jittery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You have just completed a questionnaire which indicated how often you tend to have certain feelings or emotional experiences. In the following questionnaire you will be shown a list of the same feelings, but you are asked to make the following judgment:

When exposed to a situation that would make the "average" person experience this feeling, how likely is it that you will experience this particular feeling? Please rate this using the five options provided.

	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				
Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				

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	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				
Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

You have just completed a questionnaire which indicated how likely you are to have certain feelings or emotional experiences. In the following questionnaire you will be shown a list of the same feelings, but you are asked to make the following judgment:

When you are experiencing a situation that does make you feel this way, **how intense** is the feeling compared to how other people feel?

	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				
Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				
Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				
Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

You have just completed a questionnaire which indicated how likely you are to have certain feelings or emotional experiences. In the following questionnaire you will be shown a list of the same feelings, but you are asked to make

the following judgment:

When you are experience a situation that does make you feel this way, **how long is this feeling likely to persist?**
The longer a feeling lasts the more persistent it is. Please rate this using the five options provided.

	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				
Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				
Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				
Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

K10

In the last four weeks:

	None of the time	A little of the time	Some of the time	Most of the time	All of the Time
1. About how often did you feel tired out for no reason?	<input type="radio"/>				
2. About how often did you feel nervous?	<input type="radio"/>				
3. About how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>				
4. About how often did you feel hopeless?	<input type="radio"/>				
5. About how often did you feel restless or fidgety?	<input type="radio"/>				
6. About how often do you feel so restless you could not sit still?	<input type="radio"/>				
7. About how often did you feel depressed?	<input type="radio"/>				
8. About how often did you feel that everything was an effort?	<input type="radio"/>				
9. About how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>				

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	None of the time	A little of the time	Some of the time	Most of the time	All of the Time
10. About how often did you feel worthless?	<input type="radio"/>				

DASS

Please read each statement and click the response which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

	Never	Sometimes	Often	Almost Always
1. I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I was aware of dryness of my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I couldn't seem to experience any positive feelings at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I experienced breathing difficulties (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I found it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I experienced trembling (e.g. in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I felt down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I felt I wasn't worth much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Sometimes	Often	Almost Always

ISAS

In this next section we will ask you questions about your experience with self-injury.

If you become upset at any stage we suggest taking a break or completely stopping the questionnaire. Remember there are some resources you might find useful that are free to download at end of this questionnaire.

Self-injury refers to directly and intentionally hurting yourself (such as by cutting, burning, excessively scratching, etc.) without the intention of killing yourself.

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Have you ever seriously considered self-injuring but not acted on those thoughts?

- Yes
 No

Have you ever engaged in non-suicidal self-injury?

- Yes
 No

What age did you start to self-injure?

How many times have you self-injured **in the last year**?

- None
 Once
 Twice
 Three times
 Four times
 5 or more times

Please only endorse a behaviour if you have done it intentionally (i.e., on purpose) and without suicidal intent (i.e., not for suicidal reasons).

Please estimate the number of times **in your life** you have intentionally (i.e., on purpose) performed each type of non-suicidal self-injury (Please write a number)

Cutting	<input type="text"/>
Biting	<input type="text"/>
Burning	<input type="text"/>
Carving	<input type="text"/>
Pinching	<input type="text"/>
Pulling hair	<input type="text"/>
Severe scratching	<input type="text"/>
Banging or hitting yourself	<input type="text"/>
Interfering with wound healing	<input type="text"/>
Rubbing skin against rough surface	<input type="text"/>
Sticking yourself with needles	<input type="text"/>
Swallowing dangerous substances	<input type="text"/>
Other	<input type="text"/>

If you feel that you have a **main** form of self-injury, please indicate from the list below the behaviour(s) that you consider to be your main form/s of self-injury

- Cutting

- Biting
- Burning
- Carving
- Pinching
- Pulling hair
- Severe scratching
- Banging or hitting yourself
- Interfering with wounds healing
- Rubbing skin against rough surface
- Sticking yourself with needles
- Swallowing dangerous substances
- Other

Do you experience physical pain when you self-injure?

- Yes
- No

When you self-injure are you alone?

- Yes
- No

Typically how much time elapses from the time you have the urge to self-injure until you act on the urge?

- < 1 hour
- 1-3 hours
- 3-6 hours
- 6-12 hours
- 12-24 hours
- > 1 day

Do/did you want to stop self-injuring?

- Yes
- No

This inventory was written to help us better understand the experience of non-suicidal self-injury. Below is a list of statements that may or may not be relevant to your experience of self-injury. Please identify the statements that are most relevant for you.

When I self-injure I am.....

	Not relevant	Somewhat relevant	Very relevant
...calming myself down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not relevant	Somewhat relevant	Very relevant
... creating a boundary between myself and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... punishing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... giving myself a way to care for myself (by attending to the wound)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... causing pain so I will stop feeling numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... avoiding the impulse to attempt suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... doing something to generate excitement or exhilaration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... bonding with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... letting others know the extent of my emotional pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...seeing if I can stand the pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... creating a physical sign that I feel awful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... getting back at someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...ensuring that I am self-sufficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... releasing emotional pressure that has built up inside of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... demonstrating that I am separate from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... expressing anger towards myself for being worthless or stupid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... creating a physical injury that is easier to care for than my emotional distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...trying to feel something (as opposed to nothing) even if it is physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... responding to suicidal thoughts without actually attempting suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... entertaining myself or others by doing something extreme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... fitting in with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... seeking care or help from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... demonstrating I am tough or strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... proving to myself that my emotional pain is real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... getting revenge against others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... demonstrating that I do not need to rely on others for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... reducing anxiety, frustration, anger, or other overwhelming emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... establishing a barrier between myself and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... reacting to feeling unhappy with myself or disgusted with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... allowing myself to focus on treating the injury, which can be gratifying or satisfying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... making sure I am still alive when I don't feel real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... putting a stop to suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... pushing my limits in a manner akin to skydiving or other extreme activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... creating a sign of friendship or kinship with friends or loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... keeping a loved one from leaving or abandoning me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... proving I can take the physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... signifying the emotional distress I'm experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... trying to hurt someone close to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... establishing that I am autonomous/independent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AIM

AIM

The following questions refer to emotional reactions to typical life events. Please indicate how you react to these events. Please base your responses on how YOU react, not how you think others react or how you think a person should react.

	Never	Almost never	Occasionally	Usually	Almost always	Always
1. When I feel happiness, it is a quiet type of contentment	<input type="radio"/>					
2. When a person in a wheelchair can't get through a door, I have strong feelings of pity	<input type="radio"/>					
3. I get upset easily	<input type="radio"/>					
4. When I succeed at something, my reaction is calm contentment	<input type="radio"/>					
5. I get really happy or really unhappy	<input type="radio"/>					
6. I'm a fairly quiet person	<input type="radio"/>					
7. When I'm happy I feel very energetic	<input type="radio"/>					
	Never	Almost never	Occasionally	Usually	Almost always	Always
8. Seeing a picture of some violent car accident in a newspaper makes me feel sick to my stomach	<input type="radio"/>					
9. When I'm happy, I feel like I'm bursting with joy.	<input type="radio"/>					
10. I would be very upset if I got a traffic ticket	<input type="radio"/>					
11. Looking at beautiful scenery really doesn't affect me much	<input type="radio"/>					
12. The weather doesn't affect my mood	<input type="radio"/>					
13. Others tend to get more excited about things than I do	<input type="radio"/>					
14. I am not an extremely enthusiastic individual	<input type="radio"/>					
	Never	Almost never	Occasionally	Usually	Almost always	Always
15. "Calm and cool" could easily describe me	<input type="radio"/>					
16. When I'm feeling well it's easy for me to go from being in a good mood to being really joyful	<input type="radio"/>					
17. When I worry, it is so mild that I hardly notice it	<input type="radio"/>					
18. I get overly enthusiastic	<input type="radio"/>					
19. My happy moods are so strong that I feel like I'm 'in heaven'	<input type="radio"/>					
20. When something bad happens, others tend to be more unhappy than I	<input type="radio"/>					

DTS

Think of times that you feel distressed or upset. Select the item from the options (strongly agree to strongly disagree) that best describes your beliefs about feeling distressed or upset

	Strongly agree	Mildly agree	Agree and disagree equally	Mildly disagree	Strongly Disagree
1. Feeling distressed or upset is unbearable to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Mildly agree	Agree and disagree equally	Mildly disagree	Strongly Disagree
2. When I feel distressed or upset, all I can think about is how bad I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can't handle feeling distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My feelings of distress are so intense that they completely take over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. There's nothing worse than feeling distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly agree	Mildly agree	Agree and disagree equally	Mildly disagree	Strongly Disagree
6. I can tolerate being distressed or upset as well as most people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My feelings of distress or being upset are not acceptable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I'll do anything to avoid feeling distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Other people seem to be able to tolerate feeling distressed or upset better than I can.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Being distressed or upset is always a major ordeal for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly agree	Mildly agree	Agree and disagree equally	Mildly disagree	Strongly Disagree
11. I am ashamed of myself when I feel distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My feelings of distress or being upset scare me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I'll do anything to stop feeling distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. When I feel distressed or upset, I must do something about it immediately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I feel distressed or upset, I cannot help but concentrate on how bad the distress actually feels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Coping

COPE

These items deal with ways you've been coping with stress and problems in your life. There are many ways to try to deal with problems. These items ask what you've been doing to cope in general with problems in your life. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

	I don't do this at all	I do this a little bit	I do this a medium amount	I do this a lot
1. I've been turning to work or other activities to take my mind off things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I've been concentrating my efforts on doing something about the situation I'm in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I've been saying to myself "this isn't real."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I've been using alcohol or other drugs to make myself feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I've been getting emotional support from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I've been giving up trying to deal with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I've been taking action to try to make the situation better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I've been refusing to believe that it has happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	I don't do this at all	I do this a little bit	I do this a medium amount	I do this a lot
9. I've been saying things to let my unpleasant feelings escape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I've been getting help and advice from other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Using alcohol or other drugs to help me get through it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I've been trying to see it in a different light, to make it seem more positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I've been criticizing myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I've been trying to come up with a strategy about what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I've been getting comfort and understanding from someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I've been giving up the attempt to cope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I've been looking for something good in what is happening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I've been making jokes about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I've been accepting the reality of the fact that it has happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I've been expressing my negative feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I've been trying to find comfort in my religion or spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I've been trying to get advice or help from other people about what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I've been learning to live with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I've been thinking hard about what steps to take	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I've been blaming myself for things that happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I've been praying or meditating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I've been making fun of the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emotional Reactivity

This questionnaire asks different questions about how you experience emotions **on a regular basis (for example, each day)**. When you are asked about being "emotional," this may refer to being angry, sad, excited, or some other emotion. Please rate the following statements.

	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
1. When something happens that upsets me, it's all I can think about it for a long time.	<input type="radio"/>				
2. My feelings get hurt easily.	<input type="radio"/>				
3. When I experience emotions, I feel them very strongly/intensely.	<input type="radio"/>				
4. When I'm emotionally upset, my whole body gets physically upset as well.	<input type="radio"/>				

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	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
5. I tend to get very emotional very easily.	<input type="radio"/>				
6. I experience emotions very strongly.	<input type="radio"/>				
	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
7. I often feel extremely anxious.	<input type="radio"/>				
8. When I feel emotional, it's hard for me to imagine feeling any other way.	<input type="radio"/>				
9. Even the littlest things make me emotional.	<input type="radio"/>				
10. If I have a disagreement with someone, it takes a long time for me to get over it.	<input type="radio"/>				
11. When I am angry/upset, it takes me much longer than most people to calm down.	<input type="radio"/>				
12. I get angry at people very easily.	<input type="radio"/>				
	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
13. I am often bothered by things that other people don't react to.	<input type="radio"/>				
14. I am easily agitated.	<input type="radio"/>				
15. My emotions go from neutral to extreme in an instant.	<input type="radio"/>				
16. When something bad happens, my mood changes very quickly. People tell me I have a very short fuse.	<input type="radio"/>				
17. People tell me that my emotions are often too intense for the situation.	<input type="radio"/>				
18. I am a very sensitive person.	<input type="radio"/>				
	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
19. My moods are very strong and powerful.	<input type="radio"/>				
20. I often get so upset it's hard for me to think straight.	<input type="radio"/>				
21. Other people tell me I'm overreacting.	<input type="radio"/>				

DEERS

Please indicate how often each of the following statements apply to you when you are upset:

	Never	Rarely	Sometimes	Most of the Time	Always
1. I am clear about my feelings	<input type="radio"/>				
2. I pay attention to how I feel	<input type="radio"/>				
3. I experience my emotions as overwhelming and out of control	<input type="radio"/>				
4. I have no idea how I am feeling	<input type="radio"/>				
5. I have difficulty making sense out of my feelings	<input type="radio"/>				
6. I am attentive to my feelings	<input type="radio"/>				
7. I know exactly how I am feeling	<input type="radio"/>				

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	Never	Rarely	Sometimes	Most of the Time	Always
8. I care about what I am feeling	<input type="radio"/>				
9. I am confused about how I feel	<input type="radio"/>				
10. When I'm upset, I acknowledge my emotions	<input type="radio"/>				
11. When I'm upset, I become angry at myself for feeling that way	<input type="radio"/>				
12. When I'm upset, I become embarrassed	<input type="radio"/>				
13. When I'm upset, I have difficulty getting work done	<input type="radio"/>				
14. When I'm upset, I become out of control	<input type="radio"/>				
15. When I'm upset, I believe I will remain that way for a long time	<input type="radio"/>				
16. When I'm upset, I believe that I'll end up feeling very depressed	<input type="radio"/>				
17. When I'm upset, I believe my emotions are valid and important	<input type="radio"/>				
18. When I'm upset, I have difficulty focusing on other things	<input type="radio"/>				
19. When I'm upset, I feel out of control	<input type="radio"/>				
20. When I'm upset, I can still get things done	<input type="radio"/>				
21. When I'm upset, I feel ashamed with myself	<input type="radio"/>				
22. When I'm upset, I know that I can find a way to feel better	<input type="radio"/>				
23. When I'm upset, I feel like I am weak	<input type="radio"/>				
24. When I'm upset, I feel I can remain in control over my behaviors	<input type="radio"/>				
25. When I'm upset, I feel guilty	<input type="radio"/>				
26. When I'm upset, I have difficulty concentrating	<input type="radio"/>				
27. When I'm upset, I have difficulty controlling my behavior	<input type="radio"/>				
28. When I'm upset, I believe there is nothing I can do to feel better	<input type="radio"/>				
29. When I'm upset, I become irritated with myself	<input type="radio"/>				
30. When I'm upset, I start to feel very bad about myself	<input type="radio"/>				
31. When I'm upset, I believe that wallowing in it is all I can do	<input type="radio"/>				
32. When I'm upset, I lose control over my behavior	<input type="radio"/>				
33. When I'm upset, I have difficulty thinking about anything else	<input type="radio"/>				

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	Never	Rarely	Sometimes	Most of the Time	Always
34. I take time to figure out what I am really feeling	<input type="radio"/>				
35. When I'm upset, it takes me a long time to feel better	<input type="radio"/>				
36. When I'm upset, my emotions feel overwhelming	<input type="radio"/>				
Now think about when you are feeling happy:					
	Never	Rarely	Sometimes	Most of the Time	Always
1. I am clear about my feelings	<input type="radio"/>				
2. I pay attention to how I feel	<input type="radio"/>				
3. I experience my emotions as overwhelming and out of control	<input type="radio"/>				
4. I have no idea how I am feeling	<input type="radio"/>				
5. I have difficulty making sense out of my feelings	<input type="radio"/>				
6. I am attentive to my feelings	<input type="radio"/>				
7. I know exactly how I am feeling	<input type="radio"/>				
8. I care about what I am feeling	<input type="radio"/>				
	Never	Rarely	Sometimes	Most of the Time	Always
9. I am confused about how I feel	<input type="radio"/>				
10. When I'm happy, I acknowledge my emotions	<input type="radio"/>				
11. When I'm happy, I become angry at myself for feeling that way	<input type="radio"/>				
12. When I'm happy, I become embarrassed	<input type="radio"/>				
13. When I'm happy, I have difficulty getting work done	<input type="radio"/>				
14. When I'm happy, I become out of control	<input type="radio"/>				
15. When I'm happy, I believe I will remain that way for a long time	<input type="radio"/>				
16. When I'm happy, I believe that I'll end up feeling very depressed	<input type="radio"/>				
	Never	Rarely	Sometimes	Most of the Time	Always
17. When I'm happy, I believe my emotions are valid and important	<input type="radio"/>				
18. When I'm happy, I have difficulty focusing on other things	<input type="radio"/>				
19. When I'm happy, I feel out of control	<input type="radio"/>				
20. When I'm happy, I can still get things done	<input type="radio"/>				
21. When I'm happy, I feel ashamed with myself	<input type="radio"/>				
22. When I'm happy, I know that I can find a way to feel even better	<input type="radio"/>				
23. When I'm happy, I feel like I am weak	<input type="radio"/>				
24. When I'm happy, I feel I can remain in control over my behaviors	<input type="radio"/>				

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	Never	Rarely	Sometimes	Most of the Time	Always
25. When I'm happy, I feel guilty	<input type="radio"/>				
26. When I'm happy, I have difficulty concentrating	<input type="radio"/>				
27. When I'm happy, I have difficulty controlling my behavior	<input type="radio"/>				
28. When I'm happy, I believe there is nothing I can do to feel bad	<input type="radio"/>				
29. When I'm happy, I become irritated with myself	<input type="radio"/>				
30. When I'm happy, I start to feel very bad about myself	<input type="radio"/>				
31. When I'm happy, I believe that revelling in it is all I can do	<input type="radio"/>				
32. When I'm happy, I lose control over my behavior	<input type="radio"/>				
	Never	Rarely	Sometimes	Most of the Time	Always
33. When I'm happy, I have difficulty thinking about anything else	<input type="radio"/>				
34. I take time to figure out what I am really feeling	<input type="radio"/>				
35. When I'm happy, it takes me a long time to feel worse	<input type="radio"/>				
36. When I'm happy, my emotions feel overwhelming	<input type="radio"/>				

RTSQ

For each of the items bellow rate how accurately it describes you.

	very inaccurate 1.	mostly inaccurate 2.	somewhat inaccurate 3.	neither accurate nor inaccurate 4.	somewhat accurate 5.	mostly accurate 6.	very accurate 7.
1. I find that my mind often goes over things again and again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When I have a problem, it will gnaw on my mind for a long time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I find that some thoughts come to mind over and over throughout the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can't stop thinking about some things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I am anticipating an interaction, I will imagine every possible scenario and conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I tend to replay past events as I would have liked them to happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I find myself daydreaming about things I wish I had done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>1. I have thoughts or images about all my shortcomings, failings, faults, mistakes</p> <p>2. I have thoughts or images about events that come into my head even when I do not wish to think about them again</p> <p>3. I have thoughts or images that "I won't be able to do my job/work because I feel so badly."</p> <p>4. I have thoughts or images that are difficult to forget.</p> <p>5. Once I start thinking about the situation, I can't stop</p> <p>6. I notice that I think about the situation.</p> <p>7. I have thoughts or images of the situation that I try to resist thinking about.</p> <p>8. I think about the situation all the time.</p> <p>9. I know I shouldn't think about the situation, but can't help it</p> <p>10. I have thoughts or images about the situation and wish it would go better.</p>	<table border="0"> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	<input type="radio"/>																																																	
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Not at all true
Somewhat true
Very true

Regulatory SE

How well can you?

	Not at all well				Very well
1. Express joy when good things happen to you?	<input type="radio"/>				
2. Feel gratified over achieving what you set out to do?	<input type="radio"/>				
3. Rejoice over your successes?	<input type="radio"/>				
4. Express enjoyment freely at parties?	<input type="radio"/>				
5. Keep from getting dejected when you are lonely?	<input type="radio"/>				
6. Keep from getting discouraged by strong criticism?	<input type="radio"/>				
7. Reduce your upset when you don't get the appreciation you feel you deserve?	<input type="radio"/>				
8. Keep from getting discouraged in the face of difficulties?	<input type="radio"/>				
9. Manage negative feelings when reprimanded by your parents or significant others?	<input type="radio"/>				
10. Avoid getting upset when others keep giving you a hard time?	<input type="radio"/>				
11. Get over irritation quickly for wrongs you have experienced?	<input type="radio"/>				
12. Avoid flying off the handle when you get angry?	<input type="radio"/>				
	Not at all well				Very well

Emotional control

Below are listed some of the reactions people have to certain feelings or emotions. Read each one and indicate how far it describes the way you *generally* react. Indicate your answer by clicking the appropriate number on the

scale.

When I feel ANGRY:

	Almost never			Almost always		
1. I keep quiet	<input type="radio"/>					
2. I refuse to argue or say anything	<input type="radio"/>					
3. I bottle it up	<input type="radio"/>					
4. I say what I feel	<input type="radio"/>					
5. I avoid making a scene	<input type="radio"/>					
6. I smother my feelings	<input type="radio"/>					
7. I hide my annoyance	<input type="radio"/>					

When I feel UNHAPPY:

	Almost never			Almost always		
1. I refuse to say anything about it	<input type="radio"/>					
2. I hide my unhappiness	<input type="radio"/>					
3. I put on a bold face	<input type="radio"/>					
4. I keep quiet	<input type="radio"/>					
5. I let others see how I feel	<input type="radio"/>					
6. I smother my feelings	<input type="radio"/>					
7. I bottle it up	<input type="radio"/>					

When I feel WORRIED:

	Almost never			Almost always		
1. I let others see how I feel	<input type="radio"/>					
2. I keep quiet	<input type="radio"/>					
3. I refuse to say anything about it	<input type="radio"/>					
4. I tell others all about it	<input type="radio"/>					
5. I say what I feel	<input type="radio"/>					
6. I bottle it up	<input type="radio"/>					
7. I smother my feelings	<input type="radio"/>					

CERQ

CERQ

How do you cope with stressful events? Everyone gets confronted with negative or unpleasant events now and then and everyone responds to them in his or her own way. In the following questions you are asked to indicate what you generally think when you experience negative or unpleasant events.

	(Almost) always	Often	Regularly	Occasionally	(Almost) never
1. I think that I have to accept that this has happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I often think about how I feel about what I have experienced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I think I can learn something from the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel that I am the one who is responsible for what has happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I think that I have to accept the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	(Almost) always	Often	Regularly	Occasionally	(Almost) never
6. I am preoccupied with what I think and feel about what I have experienced	<input type="radio"/>				
7. I think of pleasant things that have nothing to do with it	<input type="radio"/>				
8. I think that I can become a stronger person as a result of what has happened	<input type="radio"/>				
9. I keep thinking about how terrible it is what I have experienced	<input type="radio"/>				
10. I feel that others are responsible for what has happened	<input type="radio"/>				
11. I think of something nice instead of what has happened	<input type="radio"/>				
12. I think about how to change the situation	<input type="radio"/>				
13. I think that it hasn't been too bad compared to other things	<input type="radio"/>				
14. I think that basically the cause must lie within myself	<input type="radio"/>				
15. I think about a plan of what I can do best	<input type="radio"/>				
16. I tell myself that there are worse things in life	<input type="radio"/>				
17. I continually think how horrible the situation has been	<input type="radio"/>				
18. I feel that basically the cause lies with others	<input type="radio"/>				

ERQ

ERQ

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
1. When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I keep my emotions to myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When I am feeling positive emotions, I am careful not to express them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I control my emotions by not expressing them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I want to feel more positive emotion, I change the way I'm thinking about the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
8. I control my emotions by changing the way I think about the situation I'm in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. When I am feeling negative emotions, I make sure not to express them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. When I want to feel less negative emotion, I change the way I'm thinking about the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ruminative responses scale

People think and do many different things when they feel depressed. Please read each of the items below and indicate whether you almost never, sometimes, often, or almost always think or do each one when you feel down, sad, or depressed. Please indicate what you generally do, not what you think you should do.

	Almost never	Sometimes	Often	Almost always
1. think about how alone you feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. think "I won't be able to do my job if I don't snap out of this"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. think about your feelings of fatigue and sadness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. think about how hard it is to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. think "What am I doing to deserve this?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. think about how passive and unmotivated you are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. analyse recent events to try to understand why you are depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. think about how you don't seem to feel anything anymore	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. think "Why can't I get going?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. think "Why do I always react this way?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. go away by yourself and think about why you feel this way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. write down what you are thinking about and analyse it later	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. think about a recent situation, wishing it had gone better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. think "I won't be able to concentrate if I keep feeling this way."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. think "Why do I have problems other people don't have?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Almost never	Sometimes	Often	Almost always
16. think "Why can't I handle things better?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. think about how sad you feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. think about all your shortcomings, failings, faults, mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. think about how you don't feel up to doing anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. analyse your personality to try to understand why you are depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. go someplace alone to think about your feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. think about how angry you are with yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rumination on sadness

"When I am sad, down, or feel blue...."

	Not at all	Click to write Scale point 2	Click to write Scale point 3	Click to write Scale point 4	Very much
1. I have difficulty getting myself to stop thinking about how sad I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I repeatedly analyse and keep thinking about the reasons for my sadness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I search my mind many times to try and figure out if there is anything about my personality that may have led me to feel this way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I get absorbed in thinking about why I am sad and find it difficult to think about other things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I search my mind repeatedly for events or experiences in my childhood that may help me understand my sad feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I keep wondering about how I was able to be happy at other points in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I lie in bed and keep thinking about my lack of motivation and wonder about whether it will ever return	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Not at all	Click to write Scale point 2	Click to write Scale point 3	Click to write Scale point 4	Very much
8. If people try to talk to me or ask me a question it feels as though they are interrupting an ongoing silent conversation I am having with myself about my sadness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I question and keep wondering about the meaning of life and to find clues that may help me understand my sadness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I repeatedly think about what sadness really is by concentrating on my feelings and trying to understand them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I get the feeling that if I think long enough about my sadness I will find that it has some deeper meaning and that I will be able to understand myself better because of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I keep thinking about my problems to try and examine where things went wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I exhaust myself by thinking so much about myself and the reasons for my sadness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CITS

Think about how you usually react to potentially difficult, stressful or upsetting situations where you have to carry out some task that requires mental effort, concentration or intensive thought. Think especially about activities you have to do, rather than those you enjoy doing. These might include studying, taking tests and examinations, driving/cycling, working with other people and managing your financial affairs. Below are listed some options for dealing with problems that may occur in mentally demanding situations of these kinds. Please circle a number from 0 to 5 for each item, to indicate how much you TYPICALLY engage in each type of activity when you encounter a stressful situation that requires a high level of mental effort, specifically as a deliberately chosen way of dealing with problems.

I....

	Not at all	A little bit	Somewhat	Very much	Extremely
1. work out a strategy for successful performance	<input type="radio"/>				
2. worry about what I will do next	<input type="radio"/>				
3. stay detached or distanced from the situation	<input type="radio"/>				
4. decide to save my efforts for something more worthwhile	<input type="radio"/>				
5. blame myself for not doing better	<input type="radio"/>				

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	Not at all	A little bit	Somewhat	Very much	Extremely
6. become preoccupied with my problems	<input type="radio"/>				
7. concentrate hard on doing well	<input type="radio"/>				
8. focus my attention on the most important parts of the task	<input type="radio"/>				
9. act as though the task wan't important	<input type="radio"/>				
10. don't take the task too seriously	<input type="radio"/>				
11. wish that I could change what was happening	<input type="radio"/>				
12. blame myself for not knowing what to do	<input type="radio"/>				
13. worry about my inadequacies	<input type="radio"/>				
14. make every effort to achieve my goals	<input type="radio"/>				
15. blame myself for becoming too emotional	<input type="radio"/>				
16. am single-minded and determined in my efforts to overcome any problems	<input type="radio"/>				
17. give up the attempt to do well	<input type="radio"/>				
18. tell myself it isn't worth getting upset	<input type="radio"/>				
19. am careful to avoid mistakes	<input type="radio"/>				
20. do my best to follow the instructions for the task	<input type="radio"/>				
21. decide there is no point in trying to do well	<input type="radio"/>				

BEAQ

BEAQ

Please indicate the extent to which you agree or disagree with each of the following statements

	Strongly Disagree	Moderately Disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
1. They key to a good life is never feeling any pain	<input type="radio"/>					
2. I'm quick to leave any situation that makes me feel uneasy	<input type="radio"/>					
3. When unpleasant memories come to me, I try to put them out of my mind	<input type="radio"/>					
4. I feel disconnected from my emotions	<input type="radio"/>					
5. I won't do something until I absolutely have to	<input type="radio"/>					

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	Strongly Disagree	Moderately Disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
6. Fear or anxiety won't stop me from doing something important	<input type="radio"/>					
7. I would give up a lot not to feel bad	<input type="radio"/>					
8. I rarely do something if there is a chance that it will upset me	<input type="radio"/>					
9. It's hard for me to know what I'm feeling	<input type="radio"/>					
10. I try to put off unpleasant tasks for as long as possible	<input type="radio"/>					
	Strongly Disagree	Moderately Disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
11. I go out of my way to avoid uncomfortable situations	<input type="radio"/>					
12. One of my big goals is to be free from painful emotions	<input type="radio"/>					
13. I work hard to keep out upsetting feelings	<input type="radio"/>					
14. If I have any doubts about doing something I just won't do it	<input type="radio"/>					
15. Pain always leads to suffering	<input type="radio"/>					

TAS

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I am often confused about what emotion I am feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It is difficult for me to find the right words for my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have physical sensations that even doctors don't understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am able to describe my feelings easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I prefer to analyse problems than just describe them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I am upset I don't know if I am sad, frightened or angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am often puzzled by sensations in my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I prefer to just let things happen rather than to understand why they turned out that way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have feelings that I can't quite identify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Being in touch with emotions is essential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I find it hard to describe how I feel about people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. People tell me to describe my feelings more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I don't know what's going on inside me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I often don't know why I am angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I prefer talking to people about their daily activities rather than their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I prefer to watch 'light' entertainment shows rather than psychological dramas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. It is difficult for me to reveal my innermost feelings, even to close friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I can feel close to someone, even in moments of silence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
19. I find examination of my feelings useful in solving personal problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Looking for hidden meaning in movies or plays distracts from their enjoyment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Expectancy & SE

We are interested in your thoughts about what might happen if someone engages in self-injury. If you personally have self-injured think about what you might expect the outcome to be when you self-injure. If you do not self-injure, think about what the outcome might be if you did.

How likely is it that after self-injuring:

	Extremely likely	Somewhat likely	Somewhat unlikely	Extremely unlikely
I would feel less frustrated with the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends would be disgusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could make people do things for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel like a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel better about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends would not approve of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be easier to get what I want from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family would be disgusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people would notice and offer sympathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not be aware of my physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The future would seem more optimistic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents would be angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel that it would be easier to open up and express my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not feel any pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel emotionally drained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel relieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people would notice and think I was a freak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would get care from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pain would be intense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would hate myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please read each of the statements below carefully and click the option which best fits how certain you are about how you would act in each of the following situations.

Even if you have never self-injured we are interested in how confident you are you could resist doing so in future.

	Very uncertain					Very certain
1. How certain are you that you will not self-injure in the future?	<input type="radio"/>					
2. If at some point in the future you had thoughts of self-injury, how certain are you that you could resist self-injuring?	<input type="radio"/>					
3. If at some point in the future you had thoughts of self-injury, how certain are you that you could resist self-injuring if you were using alcohol or other drugs	<input type="radio"/>					
4. How certain are you that you could control future thoughts of self-injury if you were experiencing physical pain?	<input type="radio"/>					
5. How certain are you that you could control future thoughts of self-injury if you lost an important relationship?	<input type="radio"/>					
6. How certain are you that you could control future thoughts of self-injury if you lost a job, could not find employment, or suffered a financial crisis?	<input type="radio"/>					

LOT-R

Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

	I agree a lot	I agree a little	I neither agree nor disagree	I disagree a little	I disagree a lot
1. In uncertain times I usually expect the best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It's easy for me to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If something can go wrong for me it will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I'm always optimistic about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I enjoy my friends a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It's important for me to keep busy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I hardly ever expect things to go my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I don't get upset too easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I rarely count on good things happening to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Overall, I expect more good things to happen to me than bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Resilience

Resilience

How well can you.....

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	Not well at all					Very well
1. Express joy when good things happen to you?	<input type="radio"/>					
2. Feel gratified over achieving what you do?	<input type="radio"/>					
3. Rejoice over your successes?	<input type="radio"/>					
4. Express enjoyment freely at parties?	<input type="radio"/>					
	Not well at all					Very well
5. Keep from getting dejected when you are lonely?	<input type="radio"/>					
6. Keep from getting discouraged by strong criticism?	<input type="radio"/>					
7. Reduce your upset by when you don't get the appreciation you feel you deserve?	<input type="radio"/>					
8. Keep from getting discouraged in the face of difficulties?	<input type="radio"/>					
	Not well at all					Very well
9. Manage negative feelings when reprimanded by your parents or significant others?	<input type="radio"/>					
10. Avoid getting upset when others keep giving you a hard time?	<input type="radio"/>					
11. Get over irritation quickly for wrongs you have experienced?	<input type="radio"/>					
12. Avoid flying off the handle when you get angry?	<input type="radio"/>					

ID

Thank you for taking the time to complete this questionnaire.

So we can award you credit in SONA please enter your full name and student ID. Identifying information will be permanently removed from the data set as soon as grades are ratified at the end of semester.

The following pages provide some resources you may find useful.

Full name

Student ID

We are currently conducting a group mindfulness course for 18-30 year olds who self-injure. Please feel free to pass this [Flyer](#) on to anyone you know who may be interested in participating.

Below you will find some resources you might find helpful in managing stress or learning more about self-injury.

[Useful resources](#)
[Stress management](#)
[Alcohol fact sheet](#)
[Self injury fact sheet](#)
[A guide for young people](#)

Imagery, mindfulness, music, and psychological wellbeing

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<https://curtin.qualtrics.com/ControlPanel/Ajax.php?action=GetSurveyP...>

Participant Information Sheet

Imagery, non-suicidal self-injury, and psychological well-being
 Researchers: A/Prof Peter McEvoy, A/Prof Penny Hasking, A/Prof Clare Rees
 School of Psychology and Speech Pathology, Curtin University

The aim of the research

Imagery-based interventions are increasingly being used in a therapeutic context to help people with emotional problems. One behaviour that could be a symptom of emotional distress is self-injury – the deliberate destruction of body tissue without suicidal intent and for purposes not socially sanctioned. It is possible that imagery-based interventions could be useful in reducing the frequency and severity of self-injury, and associated distress, among those who want to change this behaviour. However before we can test if this is the case we first need to understand the thoughts and images people experience before, during and after self-injury, and how imagery could contribute to self-injury.

Who can participate?

If you have ever engaged in non-suicidal self-injury, but not attempted suicide within the last 6 months, then we would be very keen to hear from you.

What does participation involve?

The study will involve you completing a number of online surveys, which should take around 40-60 minutes. The survey includes questions about your use of imagery in daily life, your general level of psychological distress, your history of self-injury, the thoughts and feelings you experience during self-injury, the functions of your self-injury, and any strategies you have found to be helpful alternatives.

Possible benefits

Although you may not directly benefit from participating in this study your participation will be greatly appreciated because it will contribute to scientific knowledge about how certain types of cognitive and emotional processes lead to or possibly prevent self-injury. First and second year Curtin University Psychology students who are eligible to receive course credit in exchange for participation will be awarded 4 points if they complete the questionnaire.

Potential risks

Although unlikely, it is possible that some people might find some of the survey questions distressing. Upon completion of the study all participants will be provided a list of counselling services and some helpful strategies for dealing with stress. These resources might come in handy if you ever feel the need to talk to someone about any issues you may face in your personal life.

Can I withdraw from the research?

Being in this study is entirely voluntary and you are under no obligation to consent to participation. Declining to participate will have no impact on academic progress or on any relationship students have with Curtin University. You are able to discontinue your participation at any time during the research by simply closing your browser. However, because your data are anonymous, once you have completed the research your data cannot be removed.

Confidentiality

Students who are eligible for course credit will be required to provide their Student ID to the researchers at the end of the questionnaire. This information will only be used to award credit. You will not be personally identified in any part of the data you provide to this study. Results of the study will be used as the basis of grant applications, presented at national and international conferences, and prepared for publication in academic journals. However at no stage will any information that could identify you be included in any form of publication.

Storage of data

Storage of the data collected will adhere to the University regulations be stored on a password protected computer, accessible only to the researchers for a period of 7 years. If you would like to contact the researchers about any aspect of this study, or receive a copy of the aggregate findings, please contact:

A/Prof Peter McEvoy Ph: 9266 5110 Peter.McEvoy@curtin.edu.au	A/Prof Penelope Hasking Ph: 9266 3437 Penelope.Hasking@curtin.edu.au	A/Prof Clare Rees Ph: 9266 3442 Clare.Rees@curtin.edu.au
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This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR XX/2014). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth, 6845 or by telephoning 9266 2784 or by emailing hrec@curtin.edu.au

I have read the Participant Information Sheet and agree to participate in this research study (Students under 18 years of age are agreeing as consenting minors)

- I agree
 I do not agree

Thank you for considering this survey.

Standard Questionnaires

To start, we are going to ask for some information about you.

What is your gender?

- Male
- Female

How old are you? (please write a number)

What is your postcode?

What year are you in at university?

- 1st
- 2nd
- 3rd
- 4th
- Other

Are you studying full-time or part-time?

- Full-time
- Part-time

Where are you living?

- At home with parents/family
- In university accommodation
- With flatmates
- On your own
- With a partner
- Other (please specify)

Now we are interested in your ability to imagine events and situations.

SUIS

Please read each of the following descriptions and indicate the degree to which each is appropriate for you. Do not spend a lot of time thinking about each one, but respond based on your thoughts about how you do or do not perform each activity.

	Never appropriate	Appropriate about half of the time	Always completely appropriate
When going to a new place, I prefer directions that include detailed descriptions of landmarks (such as the size, shape and colour of a gas station) in addition to their names.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I catch a glance of a car that is partially hidden behind bushes, I automatically "complete it," seeing the entire car in my mind's eye.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I am looking for new furniture in a store, I always visualize what the furniture would look like in particular places in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to read novels that lead me easily to visualize where the characters are and what they are doing instead of novels that are difficult to visualize.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about visiting a relative, I almost always have a clear mental picture of him or her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When relatively easy technical material is described clearly in a text, I find illustrations distracting because they interfere with my ability to visualize the material.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone were to tell me two-digit numbers to add (e.g., 24 and 31), I would visualize them in order to add them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before I get dressed to go out, I first visualize what I will look like if I wear different combinations of clothes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about a series of errands I must do, I visualize the stores I will visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I first hear a friend's voice, a visual image of him or her almost always springs to mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I hear a radio announcer or DJ I've never actually seen, I usually find myself picturing what they might look like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I saw a car accident, I would visualize what had happened when later trying to recall the details.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VVIQ

For the visualisation task below consider carefully the picture that comes before your mind's eye. Please visualise a rising sun and then rate how clearly and vividly you imagine the following

	Perfectly clear and as vivid as normal vision	Clear and reasonably vivid	Moderately clear and vivid	Vague and dim	No image at all, you only "know" that you are thinking of the object
The sun is rising above the horizon into a hazy sky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sky clears and surrounds the sun with blueness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clouds. A storm blows up, with flashes of lightning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A rainbow appears.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We will now ask you some questions about your emotions

K10

Please read each statement and indicate how much the statement applied to you over the past 4 weeks. There are no right or wrong answers. Do not spend too much time on any statement.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
About how often did you feel tired out for no good reason?	<input type="radio"/>				
About how often did you feel nervous?	<input type="radio"/>				
About how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>				
About how often did you feel hopeless?	<input type="radio"/>				
About how often did you feel restless or fidgety?	<input type="radio"/>				
About how often did you feel so restless you could not sit still?	<input type="radio"/>				
About how often did you feel depressed?	<input type="radio"/>				
About how often did you feel that everything was an effort?	<input type="radio"/>				
About how often did you feel so sad that nothing could cheer you up	<input type="radio"/>				
About how often did you feel worthless?	<input type="radio"/>				

RTQ-10

For this questionnaire we are interested in understanding how you respond to distressing situations. Please recall how you tend to respond when you feel distressed or upset.

How true are each of these statements with respect to your experience **when you are distressed or upset:**

	Not at all true	Somewhat true	Very true
I have thoughts or images about all my shortcomings, failings, faults, mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thoughts or images about events that come into my head even when I do not wish to think about them again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thoughts or images that "I won't be able to do my job/work because I feel so badly."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thoughts or images that are difficult to forget.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once I start thinking about the situation, I can't stop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I notice that I think about the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thoughts or images of the situation that I try to resist thinking about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about the situation all the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know I shouldn't think about the situation, but can't help it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thoughts or images about the situation and wish it would go better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ISAS

This questionnaire asks about a variety of non-suicidal self-injury behaviours.

Non-suicidal self-injury is defined as deliberate physical self-damage or self-harm that is not accompanied by suicidal intent or ideation. Although cutting is one of the most well-known non-suicidal self-injury behaviours, it can take many forms including but not limited to biting, burning, scratching, self-bruising or swallowing dangerous substances if undertaken with intent to injure oneself.

At the end of this questionnaire we have provided some useful contacts and tips for dealing with stress that you can print or download. These might help you if these questions raise any uncomfortable feelings for you.

Have you ever engaged in non-suicidal self-injury?

- Yes
- No

How many times have you self-injured in the last year?

- Not at all in the last year
- Once
- Twice
- Three times
- Four times
- 5 or more times

Has your self-injury ever required medical attention?

- No
- Yes, minor medical assistance only (e.g., bandaging), but not in hospital
- Yes, moderate medical assistance only (e.g., suturing by GP), but not in hospital
- Yes, medical assistance in hospital (e.g., suturing) but no overnight admission
- Yes, medical assistance in hospital including an overnight admission

Have you attempted suicide in the past?

- No
- Yes, but not in the last 6 months
- Yes, within the last 6 months

Please only endorse a behaviour if you have done it intentionally (i.e., on purpose) and without suicidal intent (i.e., not for suicidal reasons).

Please estimate the number of times in your life you have intentionally (i.e., on purpose) performed each type of nonsuicidal self-injury (Please write a number)

- Cutting
- Biting
- Burning
- Carving
- Pinching
- Pulling hair
- Severe scratching
- Banging or hitting yourself
- Interfering with wound healing
- Rubbing skin against rough surface
- Sticking yourself with needles
- Swallowing dangerous substances
- Other

If you feel that you have a main form of self-injury, please indicate from the list below the behaviour(s) that you consider to be your main form/s of self-injury

- Cutting
- Biting
- Burning
- Carving
- Pinching
- Pulling hair
- Severe scratching
- Banging or hitting yourself
- Interfering with wounds healing
- Rubbing skin against rough surface
- Sticking yourself with needles
- Swallowing dangerous substances
- Other (please specify)

At what age did you:

First injure yourself? _____

Most recently injure yourself? _____

Do you experience physical pain during self-injury?

- Yes
- No
- Sometimes

When you self-injure are you alone?

- Yes
- No
- Sometimes

Typically, how much time elapses from the time you have the urge to self-injure until you act on the urge?

- < 1 hour
- 1-3 hours
- 3-8 hours
- 8-12 hours
- 12-24 hours
- > 1 day

This inventory was written to help us better understand the experience of non-suicidal self-injury.

Below is a list of statements that may or may not be relevant to your experience of self-injury. Please identify the statements that are most relevant for you.

When I self-injure I am.....

	Not relevant	Somewhat relevant	Very relevant
Calming myself down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating a boundary between myself and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punishing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving myself a way to care for myself (by attending to the wound)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Causing pain so I will stop feeling numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding the impulse to attempt suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing something to generate excitement or exhilaration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bonding with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letting others know the extent of my emotional pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing if I can stand the pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating a physical sign that I feel awful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting back at someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring that I am self-sufficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Releasing emotional pressure that has built up inside of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrating that I am separate from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressing anger towards myself for being worthless or stupid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating a physical injury that is easier to care for than my emotional distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trying to feel something (as opposed to nothing) even if it is physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responding to suicidal thoughts without actually attempting suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entertaining myself or others by doing something extreme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitting in with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking care or help from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrating I am tough or strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proving to myself that my emotional pain is real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting revenge against others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrating that I do not need to rely on others for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing anxiety, frustration, anger, or other overwhelming emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing a barrier between myself and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reacting to feeling unhappy with myself or disgusted with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowing myself to focus on treating the injury, which can be gratifying or satisfying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making sure I am still alive when I don't feel real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Putting a stop to suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushing my limits in a manner akin to skydiving or other extreme activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating a sign of friendship or kinship with friends or loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping a loved one from leaving or abandoning me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proving I can take the physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signifying the emotional distress I'm experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trying to hurt someone close to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing that I am autonomous/independent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you very much for completing the survey. We appreciate your willingness to provide this information. If you have found any of these questions upsetting, please feel free to contact the researchers (see contact details on information sheet). We have also provided a list of services and strategies that you might find helpful below.

[Click here](#) for useful contact numbers and tips for managing stress. You may find these useful if any part of this questionnaire has upset you.

[Click here](#) here for a fact sheet from Beyondblue regarding suicide.

Description of verbal thoughts and images

We are interested in the *different types* of thoughts that can run through our minds and the *form* that these thoughts can take.

Sometimes we think in the form of *words and phrases* ('verbal thoughts'). Sometimes we think more in 'mental images'.

What is a verbal thought?

When we think in verbal thoughts, we think using verbal language of the sort we would use when we speak. A verbal thought about this interview might be, "there are so many questions!". This thought would run through your mind as words. In the case of self-injury, the thoughts might be about yourself, other people, self-injury itself, or the consequences from self-injury (e.g., "I can't cope, I can't stand it").

What is a mental image?

When we think in mental images, we imagine pictures in our mind's eye. A mental image about this interview might be picturing in your mind's eye what the room looks like with you sitting in it.

Although mental images often take the form of pictures they can actually include any of the five senses (sight, sound, taste, touch, smell). For example, you could hear the sound of someone saying these words to you in your imagination. Images can be clear or fleeting, weak and unclear, more like a felt sense. When we talk about 'mental images' we are referring to all of these types of 'imagining'.

In the case of self-injury, the images might be about yourself, other people, the injury itself, or the consequences from self-injury (e.g., "visual image of the planned injury including how it feels physically, and how I feel emotionally in my body"). You might see this image from your own perspective (as if looking out from your own eyes), or from a different perspective (e.g., observing yourself from a different perspective in the room, as if you were watching a movie of yourself).

Based on this description, can you give an example of a 'mental image' about going for a walk?

Based on this description, can you give an example of a 'verbal thought' you might have about going for a walk?

How long has it been since you last self-injured (with no suicidal intent)?

- Within the last 24 hours
- Within the last 2 days
- Within the last 7 days
- Within the last month
- Within the last 6 months
- Within the last year
- More than a year ago

Answer these questions with reference to the **last time you self-injured**.

Provide your best guess for each question and don't think about it for too long.

	1 Not at all	2	3	4	5 moderately	6	7	8	9 extremely
Before you thought about injuring yourself, how distressed were you feeling?	<input type="radio"/>								
Once you had thought about injuring yourself (but before you did), how strong was the urge to injure yourself?	<input type="radio"/>								
While you injured yourself, how distressed were you feeling?	<input type="radio"/>								
While you injured yourself, how strong was the urge to injure yourself?	<input type="radio"/>								
After you injured yourself, how distressed were you feeling?	<input type="radio"/>								
After you injured yourself, how strong was the urge to injure yourself again?	<input type="radio"/>								

Images first

We will now ask you some questions about the way you think (in images and thoughts) **before, during and after** self-injury.

We will start with **IMAGES** just **BEFORE** the **last time** you injured yourself.

When you had the urge to injure yourself (but **before** you did), **how often** did you find yourself thinking in **images** (mental pictures, sound images, images of sensations, tastes or smells)?

1 (not at all)	2	3	4	5 (half the time)	6	7	8	9 (all the time)
<input type="radio"/>								

How strongly do you believe the following statements about the **images** you had **before** self-injury?

	Not at all	A little	Moderately	Strongly	Very strongly
I must act on the images	<input type="radio"/>				
I cannot move on until I act on the images	<input type="radio"/>				
If I do not act on the images my distress will continue indefinitely	<input type="radio"/>				
The images are uncontrollable	<input type="radio"/>				
Having the images increases the likelihood that I will injure myself	<input type="radio"/>				
Having the images is helpful to me	<input type="radio"/>				
My emotions will be overwhelming until I act on the images	<input type="radio"/>				
Having the images makes it easier to self-injure	<input type="radio"/>				
Having the images reassures me that I can self-injure if I need to	<input type="radio"/>				
Having the images reminds me how unhelpful self-injury is in the end	<input type="radio"/>				
Just having the images must mean that I want to self-injure	<input type="radio"/>				
Having the images is comforting	<input type="radio"/>				
Having the images is helpful for planning how I will self-injure	<input type="radio"/>				
Having the images turns me off self-injury	<input type="radio"/>				
Having the images means that I need to take steps so that I do not self-injure	<input type="radio"/>				
Having the images means I need to find support.	<input type="radio"/>				

Please describe the **most significant mental image** you had just **before** you self-injured (please describe below)?

From what perspective did you view this **image**?

-3 (entirely looking out through my own eyes) -2 -1 0 (both perspectives equally) 1 2 3 (entirely observing myself from an external point of view)

How **real** did your **image(s)** feel?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you had **this image** before injuring yourself, how emotional was the image?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **image** you described in your mind, **what type of emotion** is associated with **the image**?

1 (extremely negative) 2 3 4 5 (neutral) 6 7 8 9 (extremely positive)

How did you feel about the **image**?

	1 Not at all	2	3	4	5	6	7	8	9 Extremely
How distressing was the image ?	<input type="radio"/>								
How comforting was the image ?	<input type="radio"/>								

When you had **this image** how strongly did the **image** increase the **urge** to self-injure?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

How **compelling** (powerful, irresistible, making you want to act on them) were your **image(s)** at this time?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **image** you described in your mind, how far away from the **present** does the image feel?

1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

We will now ask about any VERBAL THOUGHTS (rather than images) you had just BEFORE you last self-injured.

When you had the urge to injure yourself (but **before** you did), **how often** did you find yourself thinking in **verbal thoughts**?

1 (not at all) 2 3 4 5 (half the time) 6 7 8 9 (all the time)

How strongly do you believe the following statements about the **verbal thoughts** you had **before** self-injury?

	Not at all	A little	Moderately	Strongly	Very strongly
I must act on the thoughts	<input type="radio"/>				
I cannot move on until I act on the thoughts	<input type="radio"/>				
If I do not act on the thoughts my distress will continue indefinitely	<input type="radio"/>				
The thoughts are uncontrollable	<input type="radio"/>				
Having the thoughts increases the likelihood that I will injure myself	<input type="radio"/>				
Having the thoughts is helpful to me	<input type="radio"/>				
My emotions will be overwhelming until I act on the thoughts	<input type="radio"/>				
Having the thoughts makes it easier to self-injure	<input type="radio"/>				
Having the thoughts reassures me that I can self-injure if I need to	<input type="radio"/>				
Having the thoughts reminds me how unhelpful self-injury is in the end	<input type="radio"/>				
Just having the thoughts must mean that I want to self-injure	<input type="radio"/>				
Having the thoughts is comforting	<input type="radio"/>				
Having the thoughts is helpful for planning how I will self-injure	<input type="radio"/>				
Having the thoughts turns me off self-injury	<input type="radio"/>				
Having the thoughts means that I need to take steps so that I do not self-injure	<input type="radio"/>				
Having the thoughts means I need to find support.	<input type="radio"/>				

Please describe the **most significant verbal thought** you had **just before** you last self-injured (please write below)?

From what perspective did you experience these **thoughts**? Were they clearly your own thoughts (thoughts you developed on your own), or were they thoughts you recognise that you have picked up from someone else's perspective (thoughts you have heard others say about you in the past)?

-3 (entirely my own thoughts) -2 -1 0 (both other's thoughts and my thoughts) 1 2 3 (entirely someone else's thoughts)

How **real** did your **verbal thought(s)** feel?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you had **this thought before** injuring yourself, how emotional was the thought?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you have the **thought** you described in your mind, what **type of emotion** is associated with **the thought**?

1 (extremely negative) 2 3 4 5 (neutral) 6 7 8 9 (extremely positive)

How did you feel about the **thought**?

	1 Not at all	2	3	4	5	6	7	8	9 Extremely
How distressing was the thought ?	<input type="radio"/>								
How comforting was the thought ?	<input type="radio"/>								

When you had **this thought** how strongly did the **thought increase the urge** to self-injure?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

How **compelling** (powerful, irresistible, making you want to act on them) were your **verbal thoughts** at this time?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you hold the **verbal thought** you described in your mind, how far away from the **present** does the **thought** feel?

1 (very far in the past)	2	3 (recent past)	4	5 (now)	6	7 (near future)	8	9 (very far in the future)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You have just answered questions about before you self-injured.

We will now ask about any IMAGES you had WHILE you last self-injured.

While you were injuring yourself, **how often** did you find yourself thinking in **images** (mental pictures, sound images, images of sensations, tastes or smells)?

1 (not at all)	2	3	4	5 (half the time)	6	7	8	9 (all the time)
<input type="radio"/>								

Please describe the **most significant mental image** you had while you self-injured (please write below)?

From what perspective did you view this **image**?

-3 (entirely looking out through my own eyes)	-2	-1	0 (both perspectives equally)	+1	+2	+3 (entirely observing myself from an external point of view)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How **real** did your **image(s)** feel?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you had **this image while** injuring yourself, how emotional was the **image**?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you hold the **image** you described in your mind, **what type of emotion** is associated with **the image**?

1 (extremely negative)	2	3	4	5 (neutral)	6	7	8	9 (extremely positive)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you had **this image** how strongly did the **image** increase the urge to continue self-injuring?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

How **compelling** (powerful, irresistible, making you want to act on them) were your **image(s)** while you were self-injuring?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **image** you described in your mind, how far away from the **present** does the **image** feel?

1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

We will now ask about any **VERBAL THOUGHTS** you had **WHILE** you self-injured.

While you were injuring yourself, **how often** did you find yourself thinking in **verbal thoughts**?

1 (not at all) 2 3 4 5 (half the time) 6 7 8 9 (all the time)

Please describe the **most significant verbal thought** you had while you last self-injured (please write below).

From what perspective did you experience these **thoughts**? Were they clearly your own thoughts (thoughts you developed on your own), or were they thoughts you recognise that you have picked up from someone else's perspective (thoughts you have heard others say about you in the past)?

-3 (entirely my own thoughts) -2 -1 0 (both other's thoughts and my thoughts) 1 2 3 (entirely someone else's thoughts)

How **real** did your **verbal thought(s)** feel?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you had **this thought** while injuring yourself, how emotional was the thought?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you have the **thought** you described in your mind, what **type of emotion** is associated with the **thought**?

1 (extremely negative) 2 3 4 5 (neutral) 6 7 8 9 (extremely positive)

When you had **this thought** how strongly did the **thought** increase the urge to continue self-injuring?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

How **compelling** (powerful, irresistible, making you want to act on them) were your **verbal thoughts** at this time?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **verbal thought** you described in your mind, how far away from the **present** does the **thought** feel?

1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

You just answer questions about while you last self-injured.

We will now ask you about IMAGES you had AFTER you last injured yourself.

After you had injured yourself, **how often** did you find yourself thinking in **images** (mental pictures, sound images, images of sensations, tastes or smells)?

1 (not at all) 2 3 4 5 (half the time) 6 7 8 9 (all the time)

Please describe the **most significant mental image** you had after you self-injured (please describe below)?

From what perspective did you view this **image**?

-3 (entirely looking out through my own eyes) -2 -1 0 (both perspectives equally) +1 +2 +3 (entirely observing myself from an external point of view)

How **real** did your **image(s)** feel?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you had **this image after** injuring yourself, how emotional was the image?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **image** you described in your mind, **what type of emotion** is associated with **the image**?

1 (extremely negative) 2 3 4 5 (neutral) 6 7 8 9 (extremely positive)

When you had **this image** how strongly did the **image** increase the **urge** to self-injure in the future?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

How **compelling** (powerful, irresistible, making you want to act on them) were your **image(s) after** you self-injured?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **image** you described in your mind, how far away from the **present** does the **image** feel?

1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

Now we are interested in any **VERBAL THOUGHTS** you had **AFTER** the last time you self-injured.

After you injured yourself, **how often** did you find yourself thinking in **verbal thoughts**?

1 (not at all) 2 3 4 5 (half the time) 6 7 8 9 (all the time)

Please describe the **most significant verbal thought** you had **after** your last self-injured (please write below)?

From what perspective did you experience these **thoughts**? Were they clearly your own thoughts (thoughts you developed on your own), or were they thoughts you recognise that you have picked up from someone else's perspective (thoughts you have heard others say about you in the past)?

-3 (entirely my own thoughts) -2 -1 0 (both other's thoughts and my thoughts) 1 2 3 (entirely someone else's thoughts)

How **real** did your **verbal thought(s)** feel?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you had **this thought after** injuring yourself, how emotional was **the thought**?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you have **the thought** you described in your mind, what **type of emotion** is associated with **the thought**?

1 (extremely negative) 2 3 4 5 (neutral) 6 7 8 9 (extremely positive)

When you had **this thought** how strongly did the **thought increase the urge to self-injure in the future**?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

How **compelling** (powerful, irresistible, making you want to act on them) were your **verbal thoughts** at this time?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **verbal thought** you described in your mind, how far away from the **present** does the thought feel?

1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

We are interested in comparing the thoughts and images people have when they DO versus DO NOT self-injure.

In the final series of questions about self-injury, we are interested in **IMAGES** you had the last time you **had the URGE to self-injure but you DID NOT actually self-injure**.

Provide your best guess for each question and don't think about it for too long.

	1 Not at all	2	3	4	5 moderately	6	7	8	9 extremely
On this occasion, how distressed were you feeling before you had thoughts about injuring yourself?	<input type="radio"/>								
How strong was the urge to injure yourself after you had thoughts about injuring yourself?	<input type="radio"/>								

When you had the urge to self-injure (but did not), **how often** did you find yourself thinking in **images** (mental pictures, sound images, images of sensations, tastes or smells)?

1 (not at all)	2	3	4	5 (half the time)	6	7	8	9 (all the time)
<input type="radio"/>								

How strongly did you believe the following statements about the **images** when you had the urge to self-injure but **did not** actually self-injure?

	Not at all	A little	Moderately	Strongly	Very strongly
I must act on the images	<input type="radio"/>				
I cannot move on until I act on the images	<input type="radio"/>				
If I do not act on the images my distress will continue indefinitely	<input type="radio"/>				
The images are uncontrollable	<input type="radio"/>				
Having the images increases the likelihood that I will injure myself	<input type="radio"/>				
Having the images is helpful to me	<input type="radio"/>				
My emotions will be overwhelming until I act on the images	<input type="radio"/>				
Having the images makes it easier to self-injure	<input type="radio"/>				
Having the images reassures me that I can self-injure if I need to	<input type="radio"/>				
Having the images reminds me how unhelpful self-injury is in the end	<input type="radio"/>				
Just having the images must mean that I want to self-injure	<input type="radio"/>				
Having the images is comforting	<input type="radio"/>				
Having the images is helpful for planning how I will self-injure	<input type="radio"/>				
Having the images turns me off self-injury	<input type="radio"/>				
Having the images means that I need to take steps so that I do not self-injure	<input type="radio"/>				
Having the images means I need to find support.	<input type="radio"/>				

Please describe the **most significant mental image** you had when you had the urge to (but did not) self-injure (please describe below)?

From what perspective did you view this **image**?

-3 (entirely looking out through my own eyes)	-2	-1	0 (both perspectives equally)	+1	+2	+3 (entirely observing myself from an external point of view)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How real did your **image(s)** feel?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you had **this image**, how emotional was the **image**?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold **the image** you described in your mind, **what type of emotion** is associated with **the image**?

1 (extremely negative) 2 3 4 5 (neutral) 6 7 8 9 (extremely positive)

When you had **this image** how strongly did the **image decrease or increase the urge** to self-injure?

-4 (decreased the urge to nil) -3 -2 (moderately decreased the urge) -1 0 (no effect on the urge) 1 2 (moderately increased the urge) 3 4 (increased the urge to maximum intensity)

How **compelling** (powerful, irresistible, making you want to act on them) were your **image(s)** after you self-injured?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **image** you described in your mind, how far away from the **present** does the **image** feel?

1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

Now we are interested in asking you about any VERBAL THOUGHTS you had the last time you had THE URGE to self-injure but DID NOT self-injure.

When you had the urge to self-injure (but did not), **how often** did you find yourself thinking in **verbal thoughts**?

1 (not at all) 2 3 4 5 (half the time) 6 7 8 9 (all the time)

How strongly do you believe the following statements about the **verbal thoughts** you had when you had the urge to self-injure but you **did not** actually self-injure?

	Not at all	A little	Moderately	Strongly	Very strongly
I must act on the thoughts	<input type="radio"/>				
I cannot move until I act on the thoughts	<input type="radio"/>				
If I do not act on the thoughts my distress will continue indefinitely	<input type="radio"/>				
The thoughts are uncontrollable	<input type="radio"/>				
Having the thoughts increases the likelihood that I will injure myself	<input type="radio"/>				
Having the thoughts is helpful to me	<input type="radio"/>				
My emotions will be overwhelming until I act on the thoughts	<input type="radio"/>				
Having the thoughts makes it easier to self-injure	<input type="radio"/>				
Having the thoughts reassures me that I can self-injure if I need to	<input type="radio"/>				
Having the thoughts reminds me how unhelpful self-injury is in the end	<input type="radio"/>				
Just having the thoughts must mean that I want to self-injure	<input type="radio"/>				
Having the thoughts is comforting	<input type="radio"/>				
Having the thoughts is helpful for planning how I will self-injure	<input type="radio"/>				
Having the thoughts turns me off self-injury	<input type="radio"/>				
Having the thoughts means that I need to take steps so that I do not self-injure	<input type="radio"/>				
Having the thoughts means I need to find support.	<input type="radio"/>				

Please describe the **most significant verbal thought** you experienced when you had the urge to (but did not) self-injure (please write below)?

From what perspective did you experience these **thoughts**? Were they clearly your own thoughts (thoughts you developed on your own), or were they thoughts you recognise that you have picked up from someone else's perspective (thoughts you have heard others say about you in the past)?

-3 (entirely my own thoughts)	-2	-1	0 (both other's thoughts and my thoughts)	1	2	3 (entirely someone else's thoughts)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How **real** did your **verbal thought(s)** feel?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you had **this thought**, how emotional was the thought?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you have the **thought** you described in your mind, what **type of emotion** is associated with the **thought**?

1 (extremely negative)	2	3	4	5 (neutral)	6	7	8	9 (extremely positive)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you had **this thought** how strongly did the **thought decrease or increase the urge** to self-injure?

-4 (decreased the urge to nil) -3 -2 (moderately decreased the urge) -1 0 (no effect on the urge) 1 2 (moderately increased the urge) 3 4 (increased the urge to maximum intensity)

How **compelling** (powerful, irresistible, making you want to act on them) were your **verbal thoughts** at this time?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **verbal thought** you described in your mind, how far away from the **present** does the thought feel?

1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

Verbal thoughts first

We will now ask you some questions about the way you think (in images and thoughts) **before, during and after** self-injury.

We will start with **VERBAL THOUGHTS** just **BEFORE** the **last time** you injured yourself.

When you had the urge to injure yourself (but **before** you did), **how often** did you find yourself thinking in **verbal thoughts**?

1 (not at all) 2 3 4 5 (half the time) 6 7 8 9 (all the time)

How strongly do you believe the following statements about the **verbal thoughts** you had **before** self-injury?

	Not at all	A little	Moderately	Strongly	Very strongly
I must act on the thoughts	<input type="radio"/>				
I cannot move on until I act on the thoughts	<input type="radio"/>				
If I do not act on the thoughts my distress will continue indefinitely	<input type="radio"/>				
The thoughts are uncontrollable	<input type="radio"/>				
Having the thoughts increases the likelihood that I will injure myself	<input type="radio"/>				
Having the thoughts is helpful to me	<input type="radio"/>				
My emotions will be overwhelming until I act on the thoughts	<input type="radio"/>				
Having the thoughts makes it easier to self-injure	<input type="radio"/>				
Having the thoughts reassures me that I can self-injure if I need to	<input type="radio"/>				
Having the thoughts reminds me how unhelpful self-injury is in the end	<input type="radio"/>				
Just having the thoughts must mean that I want to self-injure	<input type="radio"/>				
Having the thoughts is comforting	<input type="radio"/>				
Having the thoughts is helpful for planning how I will self-injure	<input type="radio"/>				
Having the thoughts turns me off self-injury	<input type="radio"/>				
Having the thoughts means that I need to take steps so that I do not self-injure	<input type="radio"/>				
Having the thoughts means I need to find support.	<input type="radio"/>				

Please describe the **most significant verbal thought** you had **just before** you last self-injured (please write below)?

From what perspective did you experience these **thoughts**? Were they clearly your own thoughts (thoughts you developed on your own), or were they thoughts you recognise that you have picked up from someone else's perspective (thoughts you have heard others say about you in the past)?

-3 (entirely my own thoughts)	-2	-1	0 (both other's thoughts and my thoughts)	1	2	3 (entirely someone else's thoughts)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How real did your **verbal thought(s)** feel?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you had **this thought before** injuring yourself, how emotional was the thought?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you have the **thought** you described in your mind, what **type of emotion** is associated with **the thought**?

1 (extremely negative)	2	3	4	5 (neutral)	6	7	8	9 (extremely positive)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How did you feel about the **thought**?

	1 Not at all	2	3	4	5	6	7	8	9 Extremely
How distressing was the thought ?	<input type="radio"/>								
How comforting was the thought ?	<input type="radio"/>								

When you had **this thought** how strongly did the **thought increase the urge** to self-injure?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

How **compelling** (powerful, irresistible, making you want to act on them) were your **verbal thoughts** at this time?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you hold the **verbal thought** you described in your mind, how far away from the **present** does the **thought** feel?

1 (very far in the past)	2	3 (recent past)	4	5 (now)	6	7 (near future)	8	9 (very far in the future)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We will now ask about any **IMAGES** (rather than verbal thoughts) you had just **BEFORE** you last self-injured.

When you had the urge to injure yourself (but **before** you did), **how often** did you find yourself thinking in **images** (mental pictures, sound images, images of sensations, tastes or smells)?

1 (not at all)	2	3	4	5 (half the time)	6	7	8	9 (all the time)
<input type="radio"/>								

How strongly do you believe the following statements about the **images** you had **before** self-injury?

	Not at all	A little	Moderately	Strongly	Very strongly
I must act on the images	<input type="radio"/>				
I cannot move on until I act on the images	<input type="radio"/>				
If I do not act on the images my distress will continue indefinitely	<input type="radio"/>				
The images are uncontrollable	<input type="radio"/>				
Having the images increases the likelihood that I will injure myself	<input type="radio"/>				
Having the images is helpful to me	<input type="radio"/>				
My emotions will be overwhelming until I act on the images	<input type="radio"/>				
Having the images makes it easier to self-injure	<input type="radio"/>				
Having the images reassures me that I can self-injure if I need to	<input type="radio"/>				
Having the images reminds me how unhelpful self-injury is in the end	<input type="radio"/>				
Just having the images must mean that I want to self-injure	<input type="radio"/>				
Having the images is comforting	<input type="radio"/>				
Having the images is helpful for planning how I will self-injure	<input type="radio"/>				
Having the images turns me off self-injury	<input type="radio"/>				
Having the images means that I need to take steps so that I do not self-injure	<input type="radio"/>				
Having the images means I need to find support.	<input type="radio"/>				

Please describe the **most significant mental image** you had just **before** you self-injured (please describe below)?

From what perspective did you view this **image**?

-3 (entirely looking out through my own eyes)	-2	-1	0 (both perspectives equally)	1	2	3 (entirely observing myself from an external point of view)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How real did your **image(s)** feel?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you had this **image** before injuring yourself, how emotional was the image?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you hold the **image** you described in your mind, what type of emotion is associated with the **image**?

1 (extremely negative)	2	3	4	5 (neutral)	6	7	8	9 (extremely positive)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How did you feel about the **image**?

	1 Not at all	2	3	4	5	6	7	8	9 Extremely
How distressing was the image ?	<input type="radio"/>								
How comforting was the image ?	<input type="radio"/>								

When you had **this image** how strongly did the **image** increase the **urge** to self-injure?
 1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

How **compelling** (powerful, irresistible, making you want to act on them) were your **image(s)** at this time?
 1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **image** you described in your mind, how far away from the **present** does the image feel?
 1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

You have just answered questions about before you self-injured.
We will now ask about any VERBAL THOUGHTS you had WHILE you self-injured.

While you were injuring yourself, **how often** did you find yourself thinking in **verbal thoughts**?
 1 (not at all) 2 3 4 5 (half the time) 6 7 8 9 (all the time)

Please describe **the most significant verbal thought** you had while you last self-injured (please write below).

From what perspective did you experience these **thoughts**? Were they clearly your own thoughts (thoughts you developed on your own), or were they thoughts you recognise that you have picked up from someone else's perspective (thoughts you have heard others say about you in the past)?

-3 (entirely my own thoughts) -2 -1 0 (both other's thoughts and my thoughts) 1 2 3 (entirely someone else's thoughts)

How **real** did your **verbal thought(s)** feel?
 1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you had **this thought** while injuring yourself, how emotional was the thought?
 1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you have the **thought** you described in your mind, **what type of emotion** is associated with **the thought**?
 1 (extremely negative) 2 3 4 5 (neutral) 6 7 8 9 (extremely positive)

When you had **this thought** how strongly did the **thought** increase the **urge to continue** self-injuring?
 1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

How **compelling** (powerful, irresistible, making you want to act on them) were your **verbal thoughts** at this time?
 1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **verbal thought** you described in your mind, how far away from the **present** does the **thought** feel?

1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

We will now ask about any **IMAGES** you had **WHILE** you last self-injured.

While you were injuring yourself, **how often** did you find yourself thinking in **images** (mental pictures, sound images, images of sensations, tastes or smells)?

1 (not at all) 2 3 4 5 (half the time) 6 7 8 9 (all the time)

Please describe the **most significant mental image** you had while you self-injured (please write below)?

From what perspective did you view this **image**?

-3 (entirely looking out through my own eyes) -2 -1 0 (both perspectives equally) +1 +2 +3 (entirely observing myself from an external point of view)

How **real** did your **image(s)** feel?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you had **this image** **while** injuring yourself, how **emotional** was the **image**?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **image** you described in your mind, **what type of emotion** is associated with **the image**?

1 (extremely negative) 2 3 4 5 (neutral) 6 7 8 9 (extremely positive)

When you had **this image** how strongly did the **image** **increase the urge to continue** self-injuring?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

How **compelling** (powerful, irresistible, making you want to act on them) were your **image(s)** **while** you were self-injuring?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **image** you described in your mind, how far away from the **present** does the **image** feel?

1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

You just answer questions about **while you last self-injured.**

Now we are interested in any **VERBAL THOUGHTS you had **AFTER** the last time you self-injured.**

After you injured yourself, **how often** did you find yourself thinking in **verbal thoughts**?

1 (not at all) 2 3 4 5 (half the time) 6 7 8 9 (all the time)

Please describe the most significant **verbal thought** you had **after** you last self-injured (please write below)?

From what perspective did you experience these **thoughts**? Were they clearly your own thoughts (thoughts you developed on your own), or were they thoughts you recognise that you have picked up from someone else's perspective (thoughts you have heard others say about you in the past)?

-3 (entirely my own thoughts) -2 -1 0 (both other's thoughts and my thoughts) 1 2 3 (entirely someone else's thoughts)

How **real** did your **verbal thought(s)** feel?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you had **this thought** **after** injuring yourself, how emotional was **the thought**?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you have **the thought** you described in your mind, **what type of emotion** is associated with **the thought**?

1 (extremely negative) 2 3 4 5 (neutral) 6 7 8 9 (extremely positive)

When you had **this thought** how strongly did **the thought** increase the urge to self-injure in the future?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

How **compelling** (powerful, irresistible, making you want to act on them) were your **verbal thoughts** at this time?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **verbal thought** you described in your mind, how far away from the **present** does the thought feel?

1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

We will now ask you about **IMAGES you had **AFTER** you last injured yourself.**

After you had injured yourself, **how often** did you find yourself thinking in **images** (mental pictures, sound images, images of sensations, tastes or smells)?

1 (not at all) 2 3 4 5 (half the time) 6 7 8 9 (all the time)

Please describe the most significant mental image you had after you self-injured (please describe below)?

From what perspective did you view this image?

-3 (entirely looking out through my own eyes)	-2	-1	0 (both perspectives equally)	+1	+2	+3 (entirely observing myself from an external point of view)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How real did your image(s) feel?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you had this image after injuring yourself, how emotional was the image?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you hold the image you described in your mind, what type of emotion is associated with the image?

1 (extremely negative)	2	3	4	5 (neutral)	6	7	8	9 (extremely positive)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you had this image how strongly did the image increase the urge to self-injure in the future?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

How compelling (powerful, irresistible, making you want to act on them) were your image(s) after you self-injured?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you hold the image you described in your mind, how far away from the present does the image feel?

1 (very far in the past)	2	3 (recent past)	4	5 (now)	6	7 (near future)	8	9 (very far in the future)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are interested in comparing the thoughts and images people have when they DO versus DO NOT self-injure.

In the final series of questions about self-injury, we are interested in VERBAL THOUGHTS you had the last time you had the URGE to self-injure but you DID NOT actually self-injure.

Provide your best guess for each question and don't think about it for too long.

	1 Not at all	2	3	4	5 moderately	6	7	8	9 extremely
On this occasion, how distressed were you feeling before you had thoughts about injuring yourself?	<input type="radio"/>								
How strong was the urge to injure yourself after you had thoughts about injuring yourself?	<input type="radio"/>								

When you had the urge to self-injure (but did not), how often did you find yourself thinking in verbal thoughts?

1 (not at all)	2	3	4	5 (half the time)	6	7	8	9 (all the time)
<input type="radio"/>								

How strongly do you believe the following statements about the **verbal thoughts** you had when you had the urge to self-injure but you **did not** actually self-injure?

	Not at all	A little	Moderately	Strongly	Very strongly
I must act on the thoughts	<input type="radio"/>				
I cannot move until I act on the thoughts	<input type="radio"/>				
If I do not act on the thoughts my distress will continue indefinitely	<input type="radio"/>				
The thoughts are uncontrollable	<input type="radio"/>				
Having the thoughts increases the likelihood that I will injure myself	<input type="radio"/>				
Having the thoughts is helpful to me	<input type="radio"/>				
My emotions will be overwhelming until I act on the thoughts	<input type="radio"/>				
Having the thoughts makes it easier to self-injure	<input type="radio"/>				
Having the thoughts reassures me that I can self-injure if I need to	<input type="radio"/>				
Having the thoughts reminds me how unhelpful self-injury is in the end	<input type="radio"/>				
Just having the thoughts must mean that I want to self-injure	<input type="radio"/>				
Having the thoughts is comforting	<input type="radio"/>				
Having the thoughts is helpful for planning how I will self-injure	<input type="radio"/>				
Having the thoughts turns me off self-injury	<input type="radio"/>				
Having the thoughts means that I need to take steps so that I do not self-injure	<input type="radio"/>				
Having the thoughts means I need to find support.	<input type="radio"/>				

Please describe the **most significant verbal thought** you experienced when you had the urge to (but did not) self-injure (please write below)?

From what perspective did you experience these **thoughts**? Were they clearly your own thoughts (thoughts you developed on your own), or were they thoughts you recognise that you have picked up from someone else's perspective (thoughts you have heard others say about you in the past)?

-3 (entirely my own thoughts)	-2	-1	0 (both other's thoughts and my thoughts)	1	2	3 (entirely someone else's thoughts)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How **real** did your **verbal thought(s)** feel?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you had **this thought**, how emotional was the thought?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you have the **thought** you described in your mind, what **type of emotion** is associated with the **thought**?

1 (extremely negative)	2	3	4	5 (neutral)	6	7	8	9 (extremely positive)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you had **this thought** how strongly did the **thought decrease or increase the urge** to self-injure?

-4 (decreased the urge to nil)	-3	-2 (moderately decreased the urge)	-1	0 (no effect on the urge)	1	2 (moderately increased the urge)	3	4 (increased the urge to maximum intensity)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How **compelling** (powerful, irresistible, making you want to act on them) were your **verbal thoughts** at this time?

1 (not at all)	2	3	4	5 (moderately)	6	7	8	9 (extremely)
<input type="radio"/>								

When you hold the **verbal thought** you described in your mind, how far away from the **present** does the thought feel?

1 (very far in the past)	2	3 (recent past)	4	5 (now)	6	7 (near future)	8	9 (very far in the future)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now we are interested in asking you about any **IMAGES you had the last time you had **THE URGE** to self-injure but **DID NOT** self-injure.**

When you had the urge to self-injure (but did not), **how often** did you find yourself thinking in **images** (mental pictures, sound images, images of sensations, tastes or smells)?

1 (not at all)	2	3	4	5 (half the time)	6	7	8	9 (all the time)
<input type="radio"/>								

How strongly did you believe the following statements about the **images** when you had the urge to self-injure but **did not** actually self-injure?

	Not at all	A little	Moderately	Strongly	Very strongly
I must act on the images	<input type="radio"/>				
I cannot move on until I act on the images	<input type="radio"/>				
If I do not act on the images my distress will continue indefinitely	<input type="radio"/>				
The images are uncontrollable	<input type="radio"/>				
Having the images increases the likelihood that I will injure myself	<input type="radio"/>				
Having the images is helpful to me	<input type="radio"/>				
My emotions will be overwhelming until I act on the images	<input type="radio"/>				
Having the images makes it easier to self-injure	<input type="radio"/>				
Having the images reassures me that I can self-injure if I need to	<input type="radio"/>				
Having the images reminds me how unhelpful self-injury is in the end	<input type="radio"/>				
Just having the images must mean that I want to self-injure	<input type="radio"/>				
Having the images is comforting	<input type="radio"/>				
Having the images is helpful for planning how I will self-injure	<input type="radio"/>				
Having the images turns me off self-injury	<input type="radio"/>				
Having the images means that I need to take steps so that I do not self-injure	<input type="radio"/>				
Having the images means I need to find support.	<input type="radio"/>				

Please describe the **most significant mental image** you had when you had the urge to (but did not) self-injure (please describe below)?

From what perspective did you view this **image**?

-3 (entirely looking out through my own eyes) -2 -1 0 (both perspectives equally) +1 +2 +3 (entirely observing myself from an external point of view)

How real did your **image(s)** feel?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you had this **image**, how emotional was the **image**?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **image** you described in your mind, what type of emotion is associated with the **image**?

1 (extremely negative) 2 3 4 5 (neutral) 6 7 8 9 (extremely positive)

When you had this **image** how strongly did the **image** decrease or increase the urge to self-injure?

-4 (decreased the urge to nil) -3 -2 (moderately decreased the urge) -1 0 (no effect on the urge) 1 2 (moderately increased the urge) 3 4 (increased the urge to maximum intensity)

How **compelling** (powerful, irresistible, making you want to act on them) were your **image(s)** after you self-injured?

1 (not at all) 2 3 4 5 (moderately) 6 7 8 9 (extremely)

When you hold the **image** you described in your mind, how far away from the **present** does the **image** feel?

1 (very far in the past) 2 3 (recent past) 4 5 (now) 6 7 (near future) 8 9 (very far in the future)

Achievement, pleasure, resources, thank you, end

Thank you for answering our questions about thoughts and images. We are now interested in what (if anything) you have found helpful to interrupt the urge to self-injure in the past. We will use this information to guide future questionnaires and to help others who self-injure. Please feel free to list as many useful strategies as you like.

Thank you for answering those questions. You have now finished all the questions on self-injury. We have two final questions for you before the survey is complete.

We are interested in understanding how people gain a sense of achievement and pleasure in their lives.

Please list some activities that you are involved in that give you a sense of achievement or fulfillment. What activities do you find meaningful?

And finally, please list at least 5 activities that you have found helpful for lifting your mood and/or giving you a sense of pleasure. These may be activities that involve little 'achievement' but nonetheless are very pleasurable.

Thank you, end

Thank you very much for completing the survey. We appreciate your willingness to provide this information. If you have found any of these questions upsetting, please feel free to contact the researchers (see contact details on information sheet). We have also provided a list of services and strategies that you might find helpful below.

You might want to consider engaging in some of the activities you listed in the previous question to lift your mood as you move through your day! Thanks again!

[Click here](#) for useful contact numbers and tips for managing stress. You may find these useful if any part of this questionnaire has upset you.

[Click here](#) for a fact sheet from Beyondblue regarding suicide.

Thank you very much for completing the survey. We appreciate your willingness to provide this information. If you have found any of these questions upsetting, please feel free to contact the researchers (see contact details on information sheet). We have also provided a list of services and strategies that you might find helpful below.

[Click here](#) for useful contact numbers and tips for managing stress. You may find these useful if any part of this questionnaire has upset you.

[Click here](#) here for a fact sheet from Beyondblue regarding suicide.

Appendix F: Permission to Reproduce Published Article - Study 2

Paper published in International Journal of Environmental Research and Public Health

(MDPI Publishing). Retrieved from: <https://www.mdpi.com/openaccess>

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Appendix G: Permission to Reproduce Published Article - Study 3

Paper published in Journal of Clinical Psychology (Wiley) as an Open Access article.

Retrieved from: <https://www.wiley.com/network/researchers/latest-content/how-to-clear-permissions-for-a-thesis-or-dissertation>

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Appendix H: Ethics Approval Letter - Study 4



Research Office at Curtin

GPO Box U1987
Perth Western Australia 6845

Telephone +61 8 9266 7863
Facsimile +61 8 9266 3793
Web research.curtin.edu.au

18-Feb-2019

Name: Penelope Hasking
Department/School: School of Psychology
Email: Penelope.Hasking@curtin.edu.au

Dear Penelope Hasking

RE: Ethics approval

Approval number: HRE2019-0065

Thank you for submitting your application to the Human Research Ethics Office for the project **Perfectionism-Linked Attention Bias in NSSI**.

Your application was reviewed by the Curtin University Human Research Ethics Committee at their meeting on **05-Feb-2019**.

The review outcome is: **Approved**.

Your proposal meets the requirements described in National Health and Medical Research Council's (NHMRC) *National Statement on Ethical Conduct in Human Research (2007)*.

Approval is granted for a period of one year from **18-Feb-2019** to **18-Feb-2020**. Continuation of approval will be granted on an annual basis following submission of an annual report.

Personnel authorised to work on this project:

Name	Role
Tonta, Kate	Student
Hasking, Penelope	CI
Howell, Joel	Co-Inv
Boyes, Mark	Co-Inv
McEvoy, Peter	Co-Inv

Standard conditions of approval

1. Research must be conducted according to the approved proposal
2. Report in a timely manner anything that might warrant review of ethical approval of the project including:
 - proposed changes to the approved proposal or conduct of the study

- unanticipated problems that might affect continued ethical acceptability of the project
 - major deviations from the approved proposal and/or regulatory guidelines
 - serious adverse events
3. Amendments to the proposal must be approved by the Human Research Ethics Office before they are implemented (except where an amendment is undertaken to eliminate an immediate risk to participants)
 4. An annual progress report must be submitted to the Human Research Ethics Office on or before the anniversary of approval and a completion report submitted on completion of the project
 5. Personnel working on this project must be adequately qualified by education, training and experience for their role, or supervised
 6. Personnel must disclose any actual or potential conflicts of interest, including any financial or other interest or affiliation, that bears on this project
 7. Changes to personnel working on this project must be reported to the Human Research Ethics Office
 8. Data and primary materials must be retained and stored in accordance with the [Western Australian University Sector Disposal Authority \(WAUSDA\)](#) and the [Curtin University Research Data and Primary Materials policy](#)
 9. Where practicable, results of the research should be made available to the research participants in a timely and clear manner
 10. Unless prohibited by contractual obligations, results of the research should be disseminated in a manner that will allow public scrutiny; the Human Research Ethics Office must be informed of any constraints on publication
 11. Ethics approval is dependent upon ongoing compliance of the research with the [Australian Code for the Responsible Conduct of Research](#), the [National Statement on Ethical Conduct in Human Research](#), applicable legal requirements, and with Curtin University policies, procedures and governance requirements
 12. The Human Research Ethics Office may conduct audits on a portion of approved projects.

Special Conditions of Approval

This letter constitutes ethical approval only. This project may not proceed until you have met all of the Curtin University research governance requirements.

Should you have any queries regarding consideration of your project, please contact the Ethics Support Officer for your faculty or the Ethics Office at hrec@curtin.edu.au or on 9266 2784.

Yours sincerely



Associate Professor Sharyn Burns
Chair, Human Research Ethics Committee

Appendix I: Information Sheet, Consent, and Questionnaire - Study 4

Qualtrics Survey Software

13/12/21, 4:23 pm

ID number

ID number

Note: this is NOT your student ID.

Information sheet and consent

PARTICIPANT INFORMATION STATEMENT

HREC Project Number:	HRE2019-0065
Project Title:	<i>Non-Suicidal Self-Injury, Perfectionism, and Attention</i>
Chief Investigator:	<i>Associate Professor Penelope Hasking</i>
Co-investigators:	<i>Dr Mark Boyes, Dr Joel Howell, Professor Peter McEvoy & Kate Tonta</i>
Student Investigators:	<i>Kirsty Hird & Samara Davidson</i>
Version Number:	1.0
Version Date:	19/11/2018

COVID-19 Information

It is very important you feel safe and secure in the labs while participating in this study. Several protocols are in place to ensure this. All computer and lab equipment has been disinfected prior to you arriving. Upon arrival, you should have had your temperature taken and been offered a mask to wear while completing this study. We ask that you please adhere to the 1.5m social distancing protocols at all times. This may involve following the directions of the researcher at different points throughout the study. Finally, we would like to remind you that participation in this study is voluntary and you are able to withdraw at any time.

What is the Project About?

Non-suicidal self-injury involves deliberate damage to the self, without suicidal intent. This includes behaviours such as cutting, burning, and punching walls. Self-injury is a behaviour that occurs across ages but is particularly prevalent in university students. Perfectionism is related to an increased risk of NSSI, and we are interested in exploring why that may be. One reason might be that people high in perfectionism are more likely to have their attention captured by stimuli that are related to perfectionism. This might mean they reflect more on their failings and self-injure to help cope with this unpleasant feeling.

This project will explore how individuals who do and do not have a history of self-injury, across varying levels of perfectionism, respond to different types of information. We will focus on the different ways attention may be captured. Our findings will contribute to our understanding of the factors that may maintain NSSI, and will help to guide future research as well as inform possible interventions. We are seeking to recruit approximately 240 people for this study.

Who is doing the Research?

This research is being conducted by Kate Tonta, a PhD candidate in the School of Psychology at Curtin University. The research will be supervised by Associate Professor Penelope Hasking, Dr Mark Boyes, Dr Joel Howell, and Professor Peter McEvoy. Kirsty Hird and Samara Davidson are also contributing as student researchers. This research will be used to obtain a Doctor of Philosophy (Clinical Psychology) at Curtin University, and is funded by the university. There will be no costs involved in participating, and you will not be paid.

Why am I being asked to take part and what will I have to do?

You have been asked to take part in this study because you are an Australian university student aged between 17 and 25 years. Your participation will involve completing a brief survey that will take approximately 10-15 minutes to complete and participating in a computer-based task that will take 20-30 minutes. This study requires you to attend the PERL-C laboratory at Curtin University. The survey questions will ask you about your thoughts over the past month, regarding perfectionism, anxiety, and stress. If you have ever engaged in self-injury, you will be asked about these experiences. Once you have completed the survey, you will participate in a computer-based task that measures reaction time in responding to visual stimuli. If you have signed up for the study through the SONA participant pool, you will be awarded 3 points for your time.

Are there any benefits' to being in the research project?

There may be no direct benefits to you from participating in this research. Although, sometimes, people appreciate the opportunity to discuss their feelings and experiences. We hope that the results of this research will allow us to add to the

knowledge we have about non-suicidal self-injury.

Are there any risks, side-effects, discomforts or inconveniences from being in the research project?

Participating in this study is unlikely to have any risks beyond everyday living. However, it is possible that some questions in the survey may trigger upsetting thoughts and memories for some individuals. Remember that taking part in this study is voluntary and you are not obliged to participate.

We suggest taking a break or stopping the survey if you become upset whilst answering the questions. While completing the computer task, there is a break half way through where you may take a rest before continuing. You will be provided with a list of counselling services and resources at the bottom of this information sheet and again upon completion of the questionnaire.

Who will have access to my information?

You will be asked for your name and student ID if you are participating for course credits at Curtin University. This will allow us to match your responses to your record on SONA, so we can award you points. However, at the end of the semester when your grades have been finalised all identifying information will be removed from the data, making the data anonymous from that point on.

The following people will have access to the information we collect in this research: the research team and, in the event of an audit or investigation, staff from the Research Office at Curtin. The information in this research is electronic and will be stored on a password-protected computer. Anonymous data may be stored in an open access repository if required by a journal. The data we collect in this study will be kept under secure conditions at Curtin University for 7 years after the research has ended and then it will be destroyed.

Will you tell me the results of the research?

The results from this study may be presented at a conference or published in a journal but you will not be identifiable in any publications or presentations. If you wish to have a copy of the final results or have any questions, please contact us:

Penelope Hasking: Penelope.Hasking@curtin.edu.au

Mark Boyes: Mark.Boyes@curtin.edu.au

Joel Howell: Joel.Howell@curtin.edu.au

Peter McEvoy: Peter.McEvoy@curtin.edu.au

Kate Tonta: Kate.Tonta@postgrad.curtin.edu.au

Do I have to take part in the research project?

Taking part in a research project is voluntary. It is your choice to take part or not. You do not have to agree if you do not want to. If you decide to take part and then change your mind, that is okay, you can withdraw from the project. If you choose not to take part or start and then stop the study, it will not affect your relationship with the University, staff or colleagues.

If you have participated for SONA points and wish to withdraw, you may request that your data be deleted up until the end of semester when your identifying information will be removed. After that point, we will be unable to destroy your information as it will be anonymous and unidentifiable.

If you have not participated for SONA points and wish to withdraw your information, you may do so until the survey has been submitted. Once you have submitted your survey, we will be unable to destroy your information as it has been collected in an anonymous way. Your experimental data will not contain any identifying information, and so cannot be destroyed once you have completed the task.

What happens next and who can I contact about the research?

If you decide to take part in this research, we will ask you to provide your consent. By providing your consent, you are telling us that you understand what you have read and what has been discussed. Checking the consent box below indicates that you agree to be in the research project, and have your information used as described. Please take your time and ask any questions you have before you decide what to do.

At the start of the questionnaire, there is a checkbox to indicate you have understood the information provided here in the information sheet. If you have any further questions, please contact Kate Tonta by email at kate.tonta@postgrad.curtin.edu.au. Alternatively, you may also contact any of the research supervisors using the contact details provided above.

Curtin University Human Research Ethics Committee (HREC) has approved this study (HRE2019-0065). Should you wish to discuss the study with someone not directly involved, in particular, any matters concerning the conduct of the study or your rights as a participant, or you wish to make a confidential complaint, you may contact the Ethics Officer on (08) 9266 9223 or the Manager, Research Integrity on (08) 9266 7093 or email hrec@curtin.edu.au.

I have received information regarding this research and had an opportunity to ask questions. I believe I understand the purpose, extent and possible risks of my involvement in this project and I voluntarily consent to take part.

- I agree
- I do not agree

Demographics

Are you a Curtin student participating for SONA points?

- Yes
- No

What is your date of birth? (dd/mm/yyyy)

What is your sex?

- Male
- Female
- Another gender, please specify?
- _____
- Prefer not to say

What country were you born in?

Do you identify as Aboriginal or Torres Strait Islander?

- Yes
- No

What course are you currently studying?

Have you ever been diagnosed with a mental disorder?

- Yes (please specify)
- _____
- No

NSSI

Nonsuicidal Self-Injury

This questionnaire asks about a variety of nonsuicidal self-injury behaviours.

Nonsuicidal self-injury is defined as the deliberate physical self-damage or self-harm that is not accompanied by suicidal intent or ideation. Although cutting is one of the most well-known nonsuicidal self-injury behaviours, it can take many forms including but not limited to biting, burning, scratching, self-bruising or swallowing dangerous substances if undertaken with intent to injure oneself.

Have you ever thought about engaging in self-injury?

- Yes
- No

Have you ever engaged in nonsuicidal self-injury?

- Yes
- No

How many times have you self-injured in the last year?

- None
- Once
- Twice
- Three times
- Four times
- 5 or more times

Please estimate the number of times in your life you have intentionally (i.e., on purpose) performed each type of non-suicidal self-injury (e.g., 0, 10, 100, 500):

	Click to write
Cutting	<input type="text"/>
Biting	<input type="text"/>
Burning	<input type="text"/>
Carving	<input type="text"/>
Pinching	<input type="text"/>
Pulling hair	<input type="text"/>
Severe scratching	<input type="text"/>
Banging or hitting self	<input type="text"/>
Interfering with wound healing	<input type="text"/>
Rubbing skin against rough surface	<input type="text"/>
Sticking self with needles	<input type="text"/>
Swallowing dangerous substances	<input type="text"/>
Other	<input type="text"/>

If you feel that you have a *main* form of self-injury, please indicate from the list below the behaviour you consider to be your main form of self-injury

- Cutting
- Biting
- Burning
- Carving
- Pinching
- Pulling hair
- Severe scratching
- Banging or hitting yourself
- Interfering with wound healing
-

- Rubbing skin against rough surface
- Sticking yourself with needles
- Swallowing dangerous substances
- Other

At what age did you (please write a number):

	Click to write
First injure yourself?	<input type="text"/>
Most recently injure yourself?	<input type="text"/>

Do you experience physical pain during self-injury?

Yes	Sometimes	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you self-injure are you alone?

Yes	Sometimes	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Typically, how much time elapses from the time you have the urge to self-injure until you act on the urge?

<1 hour	1-3 hours	3-6 hours	6-12 hours	12-24 hours	>1 day
<input type="radio"/>					

Do/did you want to stop self-injuring?

- Yes
- No

This inventory was written to help us better understand the experience of nonsuicidal self-injury. Below is a list of statements that may or may not be relevant to your experience of self-injury. Please identify the statements that are most relevant for you.

When I self-injure I am...

	Not relevant	Somewhat relevant	Very relevant
calming myself down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
creating a boundary between myself and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
punishing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
giving myself a way to care for myself (by attending to the wound)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
causing pain so I will stop feeling numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
avoiding the impulse to attempt suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
doing something to generate excitement or exhilaration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bonding with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
letting others know the extent of my emotional pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
seeing if I can stand the pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
creating a physical sign that I feel awful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting back at someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ensuring I am self-sufficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

releasing emotional pressure that has built up inside of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrating that I am separate from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
expressing anger towards myself for being worthless or stupid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
creating a physical injury is easier to care for than my emotional distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
trying to feel something (as opposed to nothing) even if it is physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
responding to suicidal thoughts without actually attempting suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
entertaining myself or others by doing something extreme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fitting in with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
seeking care or help from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrating I am tough or strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
proving to myself that emotional pain is real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting revenge against others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrating that I do not need to rely on others for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
reducing anxiety, frustration, anger, or other overwhelming emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
establishing a barrier between myself and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
reacting to feeling unhappy with myself or disgusted with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
allowing myself to focus on treating the injury, which can be gratifying or satisfying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
making sure I am alive when I don't feel real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
putting a stop to suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pushing my limits in a manner akin to skydiving or other extreme activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
creating a sign of friendship or kinship with friends or loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
keeping a loved one from leaving or abandoning me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
proving I can take the physical pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
signifying the emotional distress I'm experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
trying to hurt someone close to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
establishing that I am autonomous/independent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emotion

In the following questionnaire you will be shown a list of feelings or emotions, and you are asked to make the following judgment:

When exposed to a situation that would make the "average" person experience this feeling, **how likely is it that you will experience this particular feeling?** Please rate this using the five options provided.

	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				
Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				

Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				
Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

When you are experiencing a situation that does make you feel this way, **how intense** is the feeling compared to how other people feel?

	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				
Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				
Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				
Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all intense	Slightly intense	Moderately intense	Very intense	Extremely intense
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

When you are experiencing a situation that does make you feel this way, **how long is this feeling likely to persist?** The longer a feeling lasts the more persistent it is. Please rate this using the five options provided.

	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
Interested	<input type="radio"/>				
Distressed	<input type="radio"/>				
Excited	<input type="radio"/>				

Upset	<input type="radio"/>				
Strong	<input type="radio"/>				
Guilty	<input type="radio"/>				
Scared	<input type="radio"/>				
	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
Hostile	<input type="radio"/>				
Enthusiastic	<input type="radio"/>				
Proud	<input type="radio"/>				
Irritable	<input type="radio"/>				
Alert	<input type="radio"/>				
Ashamed	<input type="radio"/>				
Inspired	<input type="radio"/>				
	Not at all persistent	Slightly persistent	Moderately persistent	Very persistent	Extremely persistent
Nervous	<input type="radio"/>				
Determined	<input type="radio"/>				
Attentive	<input type="radio"/>				
Jittery	<input type="radio"/>				
Active	<input type="radio"/>				
Afraid	<input type="radio"/>				

In this section we are interested in your emotional well being

Read each statement tick which response best indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

	Never	Sometimes	Often	Almost Always
I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware of dryness of my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't seem to experience any positive feelings at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced breathing difficulties (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced trembling (e.g. in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I wasn't worth much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Social/Personality

Please consider each statement and select the corresponding response which best reflects your agreement with the statement. Please be sure to read each statement carefully.

Over the past month...

	Not at all	Some of the time	Most of the time	All of the time
Have you pushed yourself really hard to meet your goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you tended to focus on what you have achieved, rather than on what you have not achieved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been told your standards are too high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt a failure as a person because you have not succeeded in meeting your goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been afraid that you might not reach your standards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you raised your standards because you thought they were too easy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you judged yourself on the basis of your ability to achieve high standards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you done just enough to get by?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you repeatedly checked how well you are doing at meeting your standards (for example, by comparing your performance with that of others)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think that other people would have thought of you as a "perfectionist"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you kept trying to meet your standards, even if this has meant that you have missed out on things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you avoided any tests of your performance (at meeting your goals) in case you failed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following statements, please indicate to what extent you agree or disagree with the statement. Please be sure to read each statement carefully.

	Strongly disagree	Disagree	Neither agree not disagree	Agree	Strongly agree
If I fail at work/school, I am a failure as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone does a task at work/school better than me, then I feel like I failed at the whole task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I do not do well all the time, people will not respect me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The fewer mistakes I make, the more people will like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I set higher goals for myself than most people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have extremely high goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people seem to accept lower standards from themselves than I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect higher performance in my daily tasks than most people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In this section we are interested in understanding how you respond to distressing situations. Please recall how you tend

to respond when you feel distressed or upset.

How true are each of these statements with respect to your experience when you are distressed or upset?

	Not at all true		Somewhat true		Very true
I have thoughts or images about all my shortcomings, failings, faults, mistakes	<input type="radio"/>				
I have thoughts or images about events that come into my head even when I do not wish to think about them again	<input type="radio"/>				
I have thoughts or images that "I won't be able to do my job/work because I feel so badly"	<input type="radio"/>				
I have thoughts or images that are difficult to forget	<input type="radio"/>				
Once I start thinking about the situation, I can't stop	<input type="radio"/>				
	Not at all true		Somewhat true		Very true
I notice that I think about the situation	<input type="radio"/>				
I have thoughts or images of the situation that I try to resist thinking about	<input type="radio"/>				
I think about the situation all the time	<input type="radio"/>				
I know I shouldn't think about the situation	<input type="radio"/>				
I have thoughts or images about the situation and wish it would go better	<input type="radio"/>				

Contact details

Please enter your name and student ID so we can award you points in SONA. These details will be removed from the data set after grades are ratified at the end of semester, at which point your responses to this survey will be anonymous.

Name:

Student ID

Thank you for taking the time to complete this survey. We realize some of the questions might have raised some uncomfortable memories for some people. You might find the following resources helpful.

[Self injury fact sheet](#)

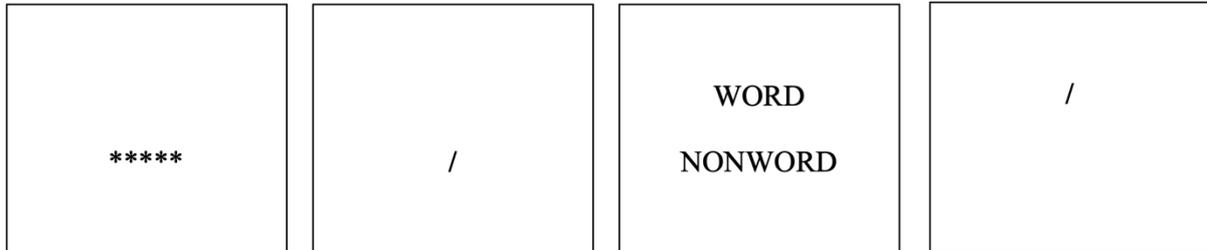
[Stress management](#)

Appendix J: Illustrated Examples of Attention Bias Task With Word Stimuli

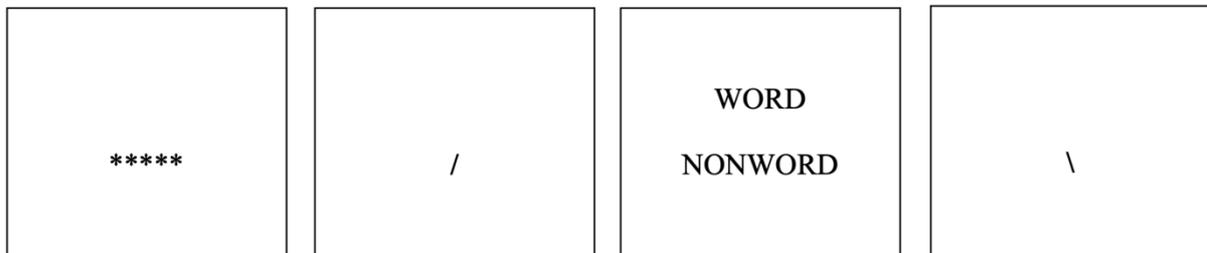
Engagement bias trials

Trials where the word member appears in the opposite position to the initial probe.

i) Target probe appears in same locus as word member of letter string pair



ii) Target probe appears in locus opposite to word member of letter string pair

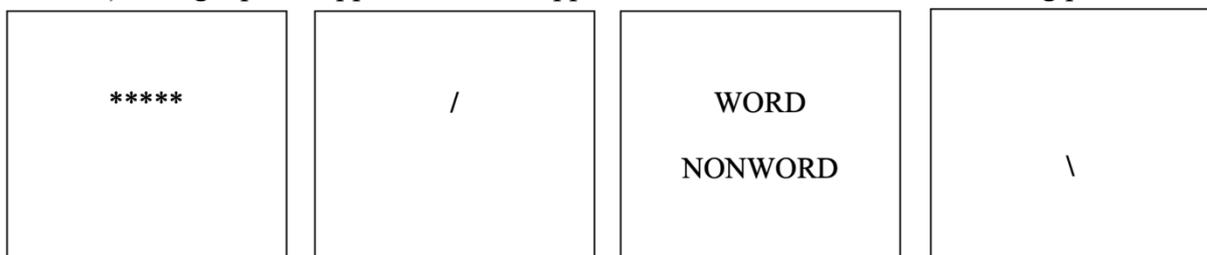


Disengagement bias trials

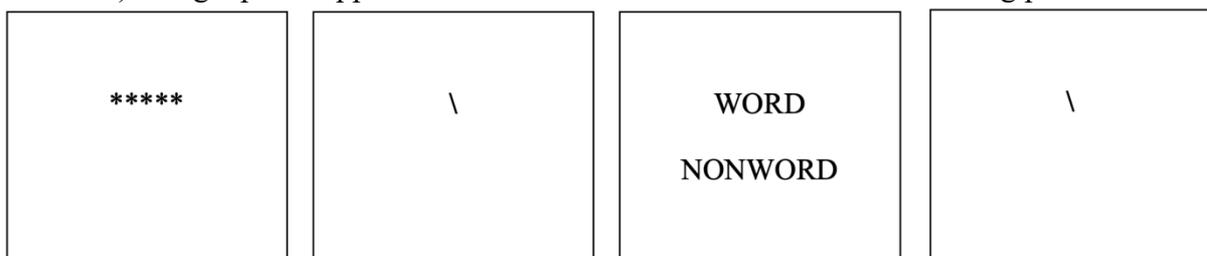
Trials where the word member appears in the same position as the initial probe.

Adapted from Grafton et al., 2016, p.66.

i) Target probe appears in locus opposite to word member of letter string pair



ii) Target probe appears in same locus as word member of letter string pair



Appendix K: Stimulus Word List for Study 4

Negative and perfectionism irrelevant

- Attack
- Dangerous
- Despised
- Desperate
- Forlorn
- Harm
- Ignored
- Intimidated
- Lonely
- Sad
- Tragedy
- Suffocating
- Unpopular
- Emptiness
- Miserable
- Futile

Positive and perfectionism irrelevant

- Kind
- Cheerful
- Ecstatic
- Pleasure
- Fun
- Safe
- Fearless
- Courageous
- Euphoric
- Friendly
- Gregarious
- Brightness
- Glee
- Assertive
- Heroic
- Passionate

Negative and perfectionism relevant

- Unsuccessful
- Inadequate
- Useless
- Flaw
- Inept
- Inefficient
- Fail
- Unacceptable
- Losing
- Incorrect
- Inferior
- Insufficient
- Unemployed
- Incapable
- Deficient
- Disappointed

Positive and perfectionism relevant

- Achievement
- Progress
- Expert
- Flawless
- Success
- Excel
- Superior
- Proficient
- Distinction
- Supreme
- Accomplished
- Exceptional
- Outstanding
- Finest
- Perfection
- Ideal

Appendix L: Recruitment Advertisement for Study 4

Curtin School of Psychology - SONA Pool Advertisement

Title Non-suicidal self-injury, perfectionism and attention

Duration 45 minutes approximately

Points 3

Abstract In this study we hope to determine how perfectionism and non-suicidal self-injury may be related through biased patterns of attention.

Description If you agree to participate, you will be asked to answer a survey about perfectionism, non-suicidal self-injury, and attention. We are interested in participants who have and have not self-injured. This will take around 10-15 minutes to complete. If you have engaged in non-suicidal self-injury, you will be asked about your experience. You will then complete a computer-based task which measures your reaction times in responding to visual stimuli. This task will take no more than 30 minutes to complete.

Eligibility English fluency aged 17 to 25.