It should be remembered that there is no fail-safe way to predict suicide or attempted suicide, and this should be kept in mind when using the Self Harm-1. Furthermore, the Self Harm-1 is what we call a "self-report" instrument, and thus relies on the honesty of those who respond to it. We should also remember there are different motives for suicide, and this instrument is most appropriate for what *Dashometrics* calls a "despondency" or hopelessness profile. Some suicides are driven more by retaliatory motives. These suicides tend to be more impulsive and difficult to predict, but often follow break-ups or severe disruptions of romantic relationships. Yet another category is what we might call "avoidance of public disgrace or dishonor" and suicides in this category are also likely to be more impulsive and will usually follow the imminent or actual revelation of humiliating information.

This is not to say this instrument cannot be predictive in these latter two categories or situations, especially if it is given immediately after triggering events. Predictive triggers with a "despondency" profile may not be as obvious, although almost all of the suicide attempters or completers in this category will have elevated levels of depression.

- Items 1 through 8 on the Self Harm-1 generally follow a progression of risk with affirmative responses on Item 8 indicating the highest level of risk. Once again, caution is in order in that not everyone will necessarily follow this progression neatly. Nonetheless, for most respondents the risk of suicide should be considered progressively higher the higher the item number that shows an affirmative response.

  When there is elevated risk every party that administers this instrument should understand what they can and/or must do in response, and *Dashometrics* encourages users to both understand clinical and legal options or mandates in these situations. In the legal area, generally speaking the issue is when can a duty of confidentiality or privacy be overridden in the interest of protecting someone from self-harm? Administrators are strongly encouraged to understand how these rights and obligations are legally balanced in the states they practice in.

- Items number 9 and 10 show history of actual attempts and should be considered along with responses to Items 1 through 8. Some respondents may have a history of what are regarded as "cry for help" suicide attempts where there was not presumably a true intent to end life. Caution should be exercised with such respondents as they may miscalculate the lethality of the means they use and actually end their own life when that was not their true intent.

- Items 11 through 13 are meant to allow respondents to essentially identify common sense interventions that they would find most useful. Thus, affirmative response to Item 11 suggests the most realistic possible instillation of hope will be beneficial. Affirmative response to Item 12 suggests that concerned parties in the respondent's life should step forward and show their care, love and concern for that respondent. Affirmative response to Item 13 suggests it would be helpful for parties involved with respondent to focus on building a trusting relationship.

- Item 14 may draw affirmative responses from people that are arguably lowest on the risk scale where they have occasional ambivalence about living. Once again, however, if affirmative responses on this item are paired with affirmatives anywhere on the 1 through 8 Items, the risk should be considered higher.

- Item 15 gives more perspective on risk through allowing respondents to say they could never kill themselves even though they give affirmative responses on Items 1 through 8. Once again, there is no answer pattern that can settle the question of risk definitively, other than to say that an affirmative response on Item 15 suggests there is less risk. It is also helpful to ask *why,* as this will help steer further intervention.

- Item 16 allows respondents to specifically identify interventions they would find helpful.

Any party that uses this instrument to assess suicide risk should responsibly educate themselves on interventions to use where responses suggest there is elevated risk. This includes, but is not limited to, the use of so called "no harm" agreements and the practice of involuntary hospitalization. Both of these interventions have costs and benefits and they should be well understood.