Assessment powered by NovoPsych

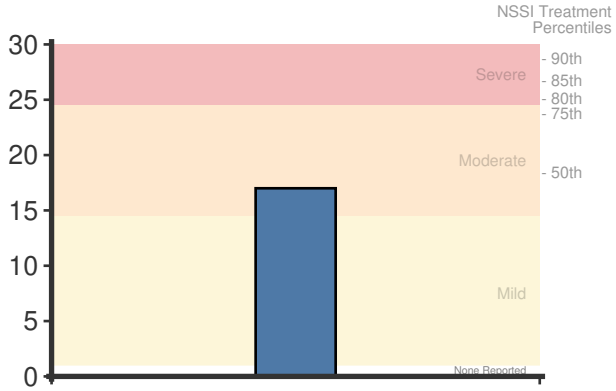
Alexian Brothers Urge to Self-Injure Scale (ABUSI)

Client Name	Generic Client	*Date administered*	6 Aug 2026
Date of birth (age)	1 Jan 1990 (36)	*Time taken*	3 min 55s
Assessor	Dr Emerson Bartholomew		

Results

	Raw Score (0-30)	Descriptor	NSSI Treatment Percentile
Total Score	17	Moderate	43

ABUSI Total Score



Interpretation

The Alexian Brothers Urge to Self-Injure Scale (ABUSI) was administered on 06 August 2026.

The respondent obtained a total score of 17 out of a possible 30. This score falls within the Moderate range, indicating a moderate overall level of urges to self-injure during the past week. Urges at this level may represent an active clinical concern. Compared with a sample of clients admitted for treatment of non-suicidal self-injury, this score falls at the 43rd percentile.

The highest-scoring items were:
- 1. How often have you thought about injuring yourself or about how you want to injure yourself? (Nearly all of the time, more than 40 times in the last week, or more than 6 times a day)
- 3. How much time have you spent thinking about injuring yourself or about how you want to injure yourself? (3-6 hrs.)
- 4. How difficult was it to resist injuring yourself in the last week? (Very difficult)

Scoring and Interpretation Information

For comprehensive information on the ABUSI, see here.

ABUSI Scoring

Client Name	Generic Client

Each ABUSI item is rated on a 7-point scale, where 0 represents the complete absence of an urge to self-injure (e.g., 'never', 'none') and 6 represents the most severe level (e.g., 'nearly all of the time', 'was not able to resist'). Response anchors vary across items but follow the same severity progression. The total score is the sum of all five items and ranges from 0 to 30. Higher scores indicate a more severe urge to self-injure over the preceding week.

ABUSI Urge Severity Categories

The following descriptors apply to the total score. They were created by NovoPsych and are derived from the response anchors, which follow a consistent severity progression from no urge at all through to a strong urge the respondent would have acted on had they been able. The score ranges correspond to the average response a client at that level would give across the five items. They are intended to describe in plain terms how severe a client's urges were over the past week, and to make movement between levels visible across administrations. Because they are anchored to the response options rather than to a comparison group, a score carries the same meaning for any client, which is why the categories rather than the percentile are the primary basis for interpretation.

- 0: None reported. The client reported no urge to self-injure at any point during the week. This is not evidence that risk is absent. The recall window is seven days, and a week without urges is not unusual even in clients with ongoing self-injury.
- 1 to 14: Mild. The average response falls below a moderate urge, occurring rarely to occasionally. Scores in this range remain clinically relevant, particularly where self-injury has not previously been identified.
- 15 to 24: Moderate. The average response corresponds to a moderate urge, or to a strong urge the client felt able to control.
- 25 to 30: Severe. The average response corresponds to a strong urge that the client found difficult to resist. Scores in this range indicate substantial and poorly controlled urges, and were associated with higher self-injury frequency in the development sample (Washburn et al., 2010).

These categories are a plain-language way of describing where a client's total score sits. They are not validated thresholds and should not be used to classify a client or to decide whether a clinical threshold has been crossed. Because the category is based on the total, it can understate severity when a client scores at the top of one or two items and low on the rest: two items at 6 and three at 0 give a total of 12, which reads as Mild. The individual item responses and the safety alert should always be read alongside the category.

ABUSI Percentile Context

The NSSI treatment percentile reported alongside the ABUSI compares the client against adolescents and adults admitted for treatment of non-suicidal self-injury (Washburn et al., 2023). This is a severely affected group, so a client at the 50th percentile is not average in any general sense; they are scoring at the level typical of someone entering intensive treatment for NSSI. A total score of 15, at the lower boundary of the Moderate range, sits at approximately the 34th percentile of that sample, and a score of 25, the lower boundary of the Severe range, sits at approximately the 80th percentile.

Because the comparison group consists entirely of people receiving treatment for self-injury, a low percentile does not indicate that the urge is clinically unimportant. For a client in general therapy, a score placing them well below this treatment sample may still be a significant finding. The percentiles are also estimates, calculated from the average and spread of that sample

rather than counted from its actual scores, and they are least accurate at the bottom of the scale. The severity category, which does not depend on any comparison group, is the primary basis for interpretation, and the percentile is supporting context.

ABUSI Change Score Interpretation

A change of 7 points or more in either direction of the ABUSI total score is treated as reliable, meaning it is larger than would be expected from measurement error. A decrease of that size indicates a reliable reduction in the urge; an increase indicates a reliable worsening, worth acting on given the links between urge severity and both suicidal ideation and treatment outcome. Smaller changes do not meet the threshold for reliable change and are reported as such. The threshold comes from research measuring change across a full course of treatment, so change measured over a much shorter interval is worth reading with more caution.

ABUSI Graphs & Report of Results

The report opens with a summary table showing the raw score, its descriptor, and the NSSI Treatment Percentile. Moderate and Severe results also carry a coloured tag. The percentile is also given in the interpretive text with its reference group named in the same sentence. On first administration, a bar graph displays the ABUSI total score against a background shaded by the urge severity categories; a score of 0 falls in an unshaded strip at the foot of the chart, labelled None Reported, and is reported as None reported in the results table. On repeat administration, a line chart plots the total score across all administrations with the same severity categories (and associated shading gradient), so the trajectory of NSSI urge severity is displayed over time. Both charts carry a right-hand strip marking the 50th, 75th, 80th, 85th, and 90th NSSI Treatment Percentiles; the 95th and above are not shown because the maximum score of 30 sits at the 93rd.

Change over time. The reliable change threshold is applied to the comparison between the current and initial administrations and is reported in the interpretive text. On repeat administration, the NovoPsych report provides two comparisons: one against the initial administration (baseline) and one against the immediately previous one. The second appears from the third administration onward. A change in severity category (e.g., Moderate to Severe) is reported against the first administration only, so that a client whose score moves back and forth across one boundary does not get a category-change sentence every session.

Safety-Critical Items. Two response options carry clinical significance independent of the total score. On the item assessing the intensity of the urge to engage in NSSI (item 2), the highest option describes a strong urge the client would have acted on had they been able. On the item assessing difficulty resisting (item 4), the highest option describes being unable to resist NSSI behaviour. Either response indicates that behavioural control over self-injury was lost or was contingent only on the absence of means during the preceding week, and warrants direct clinical follow-up regardless of where the total score falls. The report-level alert, the red line under the results table and the Safety Risk Alert tag, is raised by item 4 only, since that response reports behaviour; item 2 is named in the interpretive text's risk paragraph.

Given the association between urge severity and suicidal ideation, an elevated ABUSI score is an appropriate prompt for suicide-specific assessment.

Client Name	Generic Client

Client Responses

1	How often have you thought about injuring yourself or about how you want to injure yourself?	
	0	Never, 0 times in the last week
	1	Rarely, 1–2 times in the last week
	2	Occasionally, 3–4 times in the last week
	3	Sometimes, 5–10 times in the last week, or 1–2 times a day
	4	Often, 11–20 times in the last week, or 2–3 times a day
	5	Most of the time, 20–40 times in the last week, or 3–6 times a day
	6	***Nearly all of the time, more than 40 times in the last week, or more than 6 times a day***
2	At the most severe point, how strong was your urge to self-injure in the last week?	
	0	***None at all.***
	1	Slight, that is, a very mild urge.
	2	Mild Urge.
	3	Moderate Urge.
	4	Strong Urge, but easily controlled.
	5	Strong Urge, but difficult to control.
	6	Strong Urge and would have self-injured if able to.
3	How much time have you spent thinking about injuring yourself or about how you want to injure yourself?	
	0	None.
	1	Less than 20 min.
	2	21-45 min.
	3	46-90 min.
	4	90 min to 3 hrs.
	5	***3-6 hrs.***
	6	More than 6 hrs.
4	How difficult was it to resist injuring yourself in the last week?	
	0	Not difficult at all
	1	Very mildly difficult
	2	Mildly difficult
	3	Moderately difficult
	4	***Very difficult***
	5	Extremely difficult
	6	Was not able to resist

Client Name	Generic Client

Client Responses (cont.)

5	Keeping in mind your responses to the previous questions, please rate your overall average urge or desire to injure yourself in the last week.	
	0	Never thought about it and never had the urge to self-injure.
	1	Rarely thought about it and rarely had the urge to self-injure.
	2	***Occasionally thought about it and occasionally had the urge to self-injure.***
	3	Sometimes thought about it and sometimes had the urge to self-injure.
	4	Often thought about it and often had the urge to self-injure.
	5	Thought about self-injury most of the time and had the urge to do it most of the time.
	6	Thought about self-injury nearly all the time and had the urge to do it nearly all the time.