

Reasons for Suicide Attempts and Nonsuicidal Self-Injury in Women With Borderline Personality Disorder

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Self-reported reasons for suicide attempts and nonsuicidal self-injury were examined using the Parasuicide History Interview within a sample of chronically suicidal women meeting criteria for borderline personality disorder ($N = 75$). Overall, reasons given for suicide attempts differed from reasons for nonsuicidal self-injury. Nonsuicidal acts were more often reported as intended to express anger, punish oneself, generate normal feelings, and distract oneself, whereas suicide attempts were more often reported as intended to make others better off. Almost all participants reported that both types of parasuicide were intended to relieve negative emotions. It is likely that suicidal and nonsuicidal parasuicide have multiple intents and functions.

Parasuicidal behavior (deliberate self-injury or imminent risk of death, with or without the intent to die) is the single best predictor of death by suicide (see Gunnell & Frankel, 1994, for a review). Parasuicidal acts can be divided into roughly three categories: *suicide attempts*, *ambivalent suicide attempts*, and *nonsuicidal self-injury* (Linehan, 1986). The categories differ on the relative intensity and clarity of the intent to die and expectation of death. It is not known, however, whether nonsuicidal self-injury (commonly self-mutilation) differs from suicide attempts on other motives. Motives for parasuicide have been studied by examining how individuals explain their own parasuicide. It is important to know the reasons given for parasuicide because they provide important clues to its function and thereby may clarify ways to change the behavior. The most common reason given for suicide attempts is to escape or get relief from situations causing extreme distress (Boergers, Spirito, & Donaldson, 1998; Varadaraj, Mendonca, & Rauchenberg, 1986). The most common reasons reported for nonsuicidal self-injury also often involve emotional distress, but another common reason is to end dissociation (e.g., Parker, 1981; Roy, 1978).

A small number of studies have used the same assessment methodology to compare reasons for parasuicide with high versus low suicide intent.¹ These comparisons suggest that reasons for

suicide attempts more often reflect high emotional distress (Holden, Kerr, Mendonca, & Velamoor, 1998) and the intent to make things better for others (Bancroft, Skrimshire, & Simkin, 1976); reasons more common for less suicidal parasuicide are tension relief (Jones, Congiu, Stevenson, Strauss, & Frei, 1979), anger at others, and temporary escape (Bancroft et al., 1976).

Several factors limit the conclusions that can be drawn from existing studies. First, most studies have not reported whether reasons for parasuicide depend on gender or diagnosis, although it is known that both are important factors in determining risk for suicidal behavior. Second, it is extremely difficult to compare suicidal and nonsuicidal parasuicide across studies because of the tremendous variation in methodology, particularly in how suicide attempts are operationalized. Many investigators, for example, fail to provide adequate definitions of the parasuicidal behaviors studied, and many do not adequately assess (or report) the suicide intent of parasuicide. Many studies do not measure reasons comprehensively.

The current study is intended to correct these shortcomings to better understand reasons for both suicide attempts and nonsuicidal self-injury. All participants met criteria for borderline personality disorder (BPD), were women, and were assessed with the same comprehensive interview, thereby preventing primary diagnosis, gender, and methodology from confounding the results. We limited the sample to women and BPD because both suicidal and nonsuicidal parasuicide are most common among women and within BPD.

Method

Participants

Participants were 75 women accepted into a randomized clinical trial for parasuicide. Participants were required to meet the following inclusion criteria: (a) diagnosis of BPD; (b) female gender; (c) presence of parasui-

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¹ Unfortunately, in these studies, it is not clear if unambiguous suicide attempts are compared with ambivalent suicide attempts or with truly nonsuicidal parasuicide.

cide within the past 8 weeks and at least one additional act in the past 5 years; (d) age between 18 and 45 years; and (e) absence of psychotic disorders (except psychotic depression, brief psychotic disorder, or substance-induced psychotic disorder), bipolar disorder, or mental retardation.

Mean age was 30.0 years ($SD = 7.3$). A majority were Caucasian (84%), had a high school education (90%), and earned less than \$10,000 per year (72%; mostly from disability or welfare payments). Eighty-two percent met criteria for current major depressive disorder or dysthymia, 76% met criteria for at least one current anxiety disorder, and 27% met criteria for a current substance use disorder.

Assessment Instruments

All assessments were given by trained assessors before assignment to treatment condition. BPD diagnosis was made with the Personality Disorders Examination (PDE; Loranger, 1995) and confirmed on the Structured Clinical Interview for *DSM-IV* (SCID-II; First, Spitzer, Gibbon, & Williams, 1997). The SCID was used to assess Axis I diagnoses (SCID; First, Spitzer, Gibbon, & Williams, 1995). Reliability in our research clinic is checked by having a second independent rater view 10% of the videotapes of completed interviews. The raters agreed perfectly on the presence of BPD diagnosis using the PDE and the SCID-II. Interrater reliability was acceptable for Axis I disorders ($\kappa = .79$ to $.97$).

Parasuicide was also assessed at pretreatment using the Parasuicide History Interview (PHI; Linehan, Heard, Brown, & Wagner, 2001), a comprehensive 47-item semistructured interview measuring the topography, intent, medical severity, social context, precipitating and concurrent events, and outcomes for single parasuicide episodes. The PHI was completed for the index (i.e., most recent) episode and for every episode in the past year. On the basis of all information obtained, the interviewer classified the behavior into one of three categories: (a) unambiguous suicide attempt, (b) ambivalent suicide attempt, or (c) nonsuicidal parasuicide. A suicide attempt, whether classified as unambiguous or ambivalent, was defined as intentional behavior with intent to die or expectation of death (certain or ambivalent). Nonsuicidal self-injury was defined as intentional self-injury with no (or very minimal) suicide intent or expectation of death. We examined interrater agreement by having a second independent rater code 20% of the PHIs from videotape. The raters agreed on the classification of suicide attempts versus nonsuicidal parasuicide for all but one episode ($\kappa = .85$).

The reasons for parasuicide are also assessed during the PHI. Specifically, participants are asked to review a 29-item list of potential reasons and to indicate all that were reasons for their parasuicide. The reason list was generated from unstructured interviews with a separate sample of 51 psychiatric inpatients admitted for parasuicide. Patients were asked to describe, in an open-ended fashion, all the reasons for their parasuicide. These interviews were repeated until no new reasons were given. On the basis of their content, responses were collapsed into 29 distinct reasons, 22 of which were further clustered by expert consensus (between Milton Z. Brown and Marsha M. Linehan) to form four rationally derived scales: Emotion Relief (6 reasons), Interpersonal Influence (8 reasons), Avoidance/Escape (5 reasons), and Feeling Generation (3 reasons; see Appendix). The remaining 7 reasons were each considered unique and thus were not clustered. To assess the reliability of our classification of the 29 reasons, two independent expert raters classified the 29 items into one of the four scales. The two raters agreed with our consensus classification on 100% of the Emotion Relief items, 80% of the Interpersonal Influence items, 89% of the Avoidance/Escape items, and 66% of the Feeling Generation items. The alpha coefficient was .65 for Emotion Relief, .77 for Interpersonal Influence, .36 for Avoidance/Escape, and .70 for Feeling Generation. Because of the low alpha, the Avoidance/Escape items were analyzed individually.

Two types of scale scores were used in these analyses. Proportion scale scores were computed as the proportions of reasons endorsed per scale.

Binary scale scores indicated whether at least one reason was endorsed in each scale.

Results

The median number of parasuicide episodes in the past year was 6 (interquartile range [IQR] = 3–11). The median time since the index (i.e., most recent) parasuicide was 24 days (IQR = 14–45). Forty-six (61%) of the index episodes were nonsuicidal. Of the 29 suicide attempts, most (66%) were classified as nonambiguous suicide attempts. Thirty-nine participants (52%) engaged in both suicide attempts and nonsuicidal acts in the past year, whereas 32% engaged in only nonsuicidal acts and 16% only attempted suicide. More suicide attempters (index episode) met criteria for a current anxiety disorder (91%) than did those with nonsuicidal self-injury (67%), $\chi^2(1, N = 75) = 4.71, p = .03$. However, the presence of a current depressive disorder or substance abuse-dependence disorder did not significantly differ between individuals with suicidal versus nonsuicidal index episodes.

The suicidal methods were drug overdose (79%), cutting (7%), hanging (3%), asphyxiation (3%), and other (7%). The nonsuicidal methods were cutting (70%), burning (4%), stabbing (4%), drug overdose (4%), head banging (4%), and other (13%). As expected, medical risk of the nonsuicidal acts ($M = 5.30, SD = 3.21$) was lower than for the suicide attempts ($M = 11.76, SD = 5.03$), $t(73) = 6.80, p < .001$.

The major analysis of the study compared reasons for suicide attempts versus nonsuicidal parasuicide on the index episode for all participants. For all analyses, results are reported for two-tailed tests using an alpha level of .05. The index episode was analyzed in the overall analysis to minimize problems remembering one's parasuicide. There was no significant difference between suicidal and nonsuicidal index episodes on number of reasons endorsed ($Mdn = 8.0$ and 10.0 , respectively). Three individual reasons (not in scales) were endorsed by fewer than 10% of participants and thus were omitted from further analyses. The item "to die" was omitted because it was redundant with the suicide attempt versus nonsuicidal grouping variable.

Logistic regression was conducted on the three binary scale scores and the eight individual items (see Table 1). An omnibus test indicated an overall difference in the reasons given for suicide attempts versus nonsuicidal self-injury, $\chi^2(11, N = 75) = 40.90, p < .001$. Classification as suicidal or nonsuicidal was correct in 79% of the cases. A series of individual chi-square tests showed that five of the predictors significantly differed between suicidal and nonsuicidal episodes. Feeling generation, $\chi^2(1, N = 75) = 8.31, p = .004$; anger expression, $\chi^2(1, N = 75) = 10.79, p = .001$; self-punishment, $\chi^2(1, N = 75) = 4.51, p = .03$; and distraction, $\chi^2(1, N = 75) = 5.62, p = .02$, were more often endorsed for nonsuicidal episodes. Index suicide attempts were more often intended "to make others better off," $\chi^2(1, N = 75) = 7.95, p = .005$. Comparison of the three proportion scale scores indicated that feeling generation differed between nonsuicidal ($M = .42, SD = .43$) and suicidal episodes ($M = .14, SD = .30$), $t(73) = 3.12, p = .003$, but that nonsuicidal and suicidal episodes did not significantly differ on emotion relief ($M = .57$ and $.53, SD = .29$ and $.31$, respectively) or interpersonal influence reasons ($M = .23$ and $.18, SD = .26$ and $.26$, respectively).

Table 1
Percentage of Participants Endorsing Reasons for Suicide Attempts Versus Nonsuicidal Parasuicide

Reason	Method of analysis			
	Index episodes, between-persons		Within-persons	
	NS	SA	NS	SA
At least one reason from ^a				
Emotion Relief	96	86	—	—
Interpersonal Influence	61	45	—	—
Feeling Generation	54	21**	59	15***
Single reason				
Self-punishment	63	38*	59	51
Anger expression	63	24***	54	28**
Self-validation	20	10	—	—
To make others better off	07	31**	05	33***
To get away or escape	52	59	—	—
To get a vacation	17	17	—	—
Distraction	35	10*	36	08***
To prevent being hurt worse	33	21	—	—

Note. NS = nonsuicidal ($n = 46$); SA = suicide attempt ($n = 29$); Within-persons = within-persons analysis in which participants ($n = 39$) did both suicidal and nonsuicidal parasuicide in the past year. Within-person statistics were computed only for reasons showing significant differences between suicidal and nonsuicidal parasuicide on the between-persons statistic (dashes = not computed).

* $p < .05$. ** $p < .01$. *** $p < .001$.

^a For the three reason scales, the reported values are the percentage of participants endorsing at least one reason from each scale.

These results, however, raise an additional question: Do differences found reflect differences in suicidal and nonsuicidal acts per se (e.g., regardless of who engages in the behavior), or do they more reflect differences in suicidal and nonsuicidal people (e.g., regardless if specific acts are intended to kill oneself)? For example, certain personality or biological factors more common in those who engage in nonsuicidal parasuicide could conceivably explain why such people parasuicide to express anger or self-punish, and the same individuals could have similar reasons for attempting suicide. To rule out these possible confounds, scale scores and individual reasons that significantly differed in the between-persons analysis were next compared within individuals with both suicidal and nonsuicidal episodes. If differences in reasons were truly due to differences in the function of suicide attempts and nonsuicidal parasuicide, then the reasons would also differ within a single individual. In contrast, if differences in reasons are due primarily to characteristics of the parasuicidal person, then we would expect similar reasons for the two types of behavior in within-person comparisons.

Thus, the most recent suicide attempt was compared with the most recent nonsuicidal parasuicide for the 39 participants with both suicidal and nonsuicidal parasuicide in the past year (one of each pair was an index episode). McNemar tests replicated the differences in feeling generation, anger expression, distraction, and "to make others better off" found in the between-persons analyses. Endorsement of the self-punishment reason, however, did not differ between the two types of parasuicide in this analysis even

though within-person tests increase statistical power. Fortunately, the elapsed time since parasuicide did not significantly differ for suicidal and nonsuicidal episodes.

Discussion

Reasons for suicide attempts versus those for intentional but nonsuicidal self-injury appear to be different in important ways and quite similar in other ways among individuals with BPD. Suicide attempts were more often attributed to an effort to make others better off. In contrast, nonsuicidal parasuicide was more often intended to express anger, punish oneself, regain normal feelings, and distract oneself. The overall pattern of reasons correctly classified almost 80% of the cases, a finding which, if replicated, has important implications for treating parasuicidal individuals, as are discussed below.

These findings confirm and extend those of previous studies. Our data, however, address an additional question: Do the differences in reasons reflect differences in suicidal and nonsuicidal episodes per se (regardless of who is engaging in the behavior), or do they more reflect differences in suicidal and nonsuicidal people (regardless of whether the specific parasuicide episode is suicidal)? Reasons for suicidal and nonsuicidal parasuicide were compared in a within-person analysis to help interpret the between-persons differences. The differences in reasons for anger expression, feeling generation, and distraction were again found, suggesting that nonsuicidal self-injurious acts are intended (more than suicide attempts) to express anger, regain normal feelings, and distract. Suicide attempts were intended to make others better off in both analyses, suggesting that the perceived function of suicidal acts is to decrease the burden one creates for others. Our finding that the self-punishment reason significantly differed between suicide attempters and nonsuicidal self-injurers in the between-persons comparison but not in the within-person comparison suggests that people who engage in nonsuicidal acts intend to self-punish with both suicidal and nonsuicidal parasuicide. If self-punishment were more the function of nonsuicidal acts per se, then self-punishment would be a less common reason for suicide attempts among people who have done both. This within-person result does not appear to be due to problems remembering distant parasuicide acts.²

Reasons measured in this study suggest that parasuicidal individuals attribute both suicidal and nonsuicidal self-injury to excessive negative emotions (cf. Linehan, 1993). Almost all 75 participants reported an intention to reduce or express aversive internal states, and the mean number of emotion relief reasons reported was 3.3 (i.e., 55% of the 6 reasons). In contrast, the mean number of interpersonal influence reasons was 1.6 (20% of the 8 reasons), and the mean number of feeling generation reasons was 0.6 (31% of the 2 reasons). Because reasons given for parasuicide (its perceived function) could reflect its actual function,

² To check if problems remembering distant parasuicide episodes may account for the results of the within-person analysis, a second between-persons analysis was conducted, analyzing only the index (most recent) parasuicide for the 39 participants who engaged in both suicidal and nonsuicidal parasuicide in the past year (17 suicide attempts, 22 nonsuicidal episodes). The same differences between suicidal and nonsuicidal episodes emerged in this between-persons analysis.

emotion relief may be an important function of parasuicide. This study also suggests that motives for parasuicide are complex, thus contradicting conventional clinical wisdom that parasuicidal individuals are either trying to die (or relieve emotional pain) or manipulate others, but not both. Suicide attempts and nonsuicidal self-injury apparently involve similar and multiple motives.

The mechanisms of emotion relief and expression, feeling generation, and self-punishment need to be better understood if they are to be treated more effectively. Because nonsuicidal acts are attributed to self-punishment and anger expression, nonsuicidal parasuicide may be prompted by anger at oneself. Half of the participants in two other studies cited anger at self as a primary reason for their self-mutilation, citing anger at others much less often (Bennum & Phil, 1983; Roy, 1978). This account of self-punishment fits with Linehan's (1993) theory that parasuicidal individuals learn from their environments to punish, disregard, or otherwise invalidate themselves in extreme ways. This account also fits with psychodynamic formulations of parasuicide as anger turned inward (for a review, see Guralnik & Simeon, 2001).

These findings suggest several treatment approaches for chronic parasuicide. Because negative emotions, interpersonal influence, and "to get away or escape" were common reasons for parasuicide regardless of suicide intent, clinicians should ask about these reasons as a way to determine precise treatment targets. These data also suggest that it may often be a mistake to assume that the first reason reported is the only reason because it appears that parasuicidal patients have multiple reasons for their actions. Thus, clinicians should inquire about multiple reasons for parasuicide.

This study also highlights the importance of distinguishing between suicidal and nonsuicidal parasuicide. Because some reasons depend on suicide intent, clinicians should ask patients about their intention and expectation of death. Clinicians working on nonsuicidal self-injury may hypothesize that anger expression, self-punishment, feeling generation, and distraction are key processes that explain the behavior. These patients can be taught alternative ways to regulate or tolerate anger or the experiences associated with self-punishment (e.g., self-invalidation, self-hatred, and shame). Patients who parasuicide to feel normal feelings may benefit from reducing numbing or dissociation, perhaps by treating posttraumatic stress disorder. Patients who parasuicide to distract themselves can be taught alternative ways to cope with problems causing them distress. Because suicide attempts involve the intent to make others better off, suicidal patients may need to modify erroneous beliefs that they burden others, or they may need help to see that suicide could have even more adverse effects on significant others. On the other hand, such patients may need to modify their belief that viewing oneself as a burden requires suicide as the only solution. Suicidal patients may need help to develop relationships that are more effective and less burdensome to others.

Unfortunately, this study is limited by problems inherent with self-reports of intent. People may not know or remember their intents, or their intentions may not always correspond to the actual variables controlling their behavior. Although concurrent substance use could make retrospective reporting invalid, it does not

appear to account for the results.³ The results of this study may not apply to parasuicide among individuals without BPD or to men. However, this study represents a useful exploration of the function of suicidal and nonsuicidal parasuicide in a population in which it is very common. Given the limited sample size, it will be useful to replicate these results.

³ Substance use was reported for 25% of parasuicide episodes. Neither the three binary scale scores nor the eight individual items differed between those episodes with and without substance use, and statistically controlling for substance use (any vs. none) did not change the results.

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Appendix

List of Reasons for Parasuicide on the Parasuicide History Interview

Emotion Relief

- To stop bad feelings
- To stop feeling angry or frustrated or enraged
- To relieve anxiety or terror
- To relieve feelings of aloneness, emptiness or isolation
- To stop feeling self-hatred, shame
- To obtain relief from a terrible state of mind

Interpersonal Influence

- To communicate to or let others know how desperate you were
- To get help
- To gain admission into a hospital or treatment program
- To shock or impress others
- To get other people to act differently or change
- To get back at or hurt someone
- To demonstrate to others how wrong they are/were
- To make others understand how desperate you are

Feeling Generation

- To feel something, even if it was pain
- To stop feeling numb or dead
- To feel sexually aroused^{A1}

Avoidance/Escape

- To get away or escape
- To get a vacation from having to try so hard

To get out of doing something^{A2}

To distract yourself from other problems

To prevent being hurt in a worse way

Individual Reasons

To punish yourself

To prove to yourself that things really were bad and it was okay to feel as bad as you did (self-validation)

To make others better off

To express anger or frustration

To give you something, anything to do^{A2}

To be with people you love^{A2}

To die^{A3}

^{A1} This item was not endorsed by any participant.

^{A2} These items were endorsed by fewer than 10% of participants and thus were omitted from analyses.

^{A3} This item was omitted from analyses because it was highly redundant with the parasuicide grouping variable (suicide attempt vs. nonsuicidal).

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