Assessment of eating disorders

Aims of assessment

- An ability to draw on knowledge that the primary aims of an assessment are to identify:
  - whether the individual has an eating disorder
  - whether there are significant physical or psychological comorbidities that interact with the eating disorder
  - the most appropriate treatment for that person
  - whether the individual is motivated to change/engage, and, if not, whether it is likely that motivation can be enhanced
  - any physical and/or psychological risks

- An ability to use judgment to:
  - ensure that the assessment process is consistently collaborative, so that the client remains engaged
  - adapt the pace and duration of assessment sessions to support engagement
  - ensure that the client (and, where appropriate, their significant others) feels able to give their perspective on current problems with eating

Content of assessment

- An ability to identify, administer and interpret appropriate standardised measures
- An ability to integrate information from standardised measures into the assessment by discussing information gleaned from these measures with the client
- An ability to integrate information from any medical risk assessments into the assessment (such as rate of weight loss or abnormal blood test results)

- An ability to gain a detailed account of eating problems
  - the current state of the problem over the last few months, e.g.:
    - eating habits on a typical day (and on ‘good’ and ‘not so good’ days)
    - methods used to control eating, weight and shape, e.g.:
      - dietary restraint, dietary rules (and reactions to breaking these rules)
      - self-induced vomiting, use of laxatives, diuretics or appetite suppressants, other medicines (e.g. thyroxin), insulin purging, over-exercising (and any relationship to perceptions of overeating)
    - extent of any dietary restriction (undereating)
    - extent of overeating (bingeing, grazing), including the amount eaten, relevant triggers and any sense of loss of control
    - other eating habits (such as ritualistic eating)
    - drinking, smoking and substance use (and any connection to eating problems)
    - ability to eat socially

- An ability to help the client discuss their fear of uncontrollable weight gain and its impact on their efforts at control
- An ability to identify the history of any uncontrollable weight gain, and alternative reasons for this, e.g.:
  - starvation-based binges, yo-yo dieting
  - as a response to emotional triggers or specific environmental cues

- An ability to discuss the client’s concerns about eating, weight and shape, and the centrality of these issues in self-evaluation

An ability to discuss and evaluate the extent of eating-related behaviours that maintain a negative body image, e.g.:
excessive weighing or avoiding weighing
calorie-counting/weighing food
behaviours related to social media and apps (e.g. taking selfies, browsing food and body images, viewing/engaging with thinspiration/fitspiration content)
An ability to assess the client's weight history, before and after the eating problem emerged, including:
the client's highest and lowest weight
patterns of weight change (e.g., gradual increase or a 'yo yo' pattern of gains and losses)
An ability to discuss the impact of the eating disorder on psychosocial functioning, e.g. its effect on their:
mood
family and romantic relationships
capacity for study/work
activities, interests and spirituality
financial situation (e.g. overdrafts, debts)

An ability to discuss the development of the eating problem, e.g.:
its onset, and any triggers
how the problem evolved
any periods of sustained remission (whether spontaneous of as a result of treatment)

An ability to discuss the outcomes and experience of any previous interventions

An ability to discuss the client's personal and family history, e.g.:
their experience of their family as they grew up, along with current experience and contact
their educational and occupational history
any coexisting psychological difficulties (e.g., anxiety, depression, low self-esteem, self-harm, substance use, indicators of excessive perfectionism)
any significant traumatic events or experiences (e.g., emotional, physical or sexual abuse, bullying, major bereavements)
An ability to discuss the client's interpersonal history, from childhood to the present (including friendships and relationships)

An ability to discuss the client's family history, e.g.:
any family psychiatric history (particularly depression and substance abuse)
any family history of eating disorder and obesity

An ability to discuss the client's physical health, and present and past medical history
An ability for non-medical specialists to draw on a working knowledge of areas of medical concern in people with eating disorders, e.g.:
features directly associated with the eating disorder, such as marked undereating, self-induced vomiting, over-exercising while underweight, rapid weight loss or significantly low weight
physical symptoms or signs, such as feeling faint, disoriented, chest pains, muscle spasms, shortness of breath, weakness, traces of blood in vomit
An ability to refer the client to an appropriate physician/nurse when there are areas that give rise to medical concern

An ability to discuss the client's attitude towards the eating problem and to treatment, e.g.:
their sense of what maintains the problem
their motivation for seeking and starting treatment
their goals (what they would like to be different)
their concerns about treatment and the prospect of change