Psychological Assessment
Eating Disorders

INSIDE OUT
Institute for Eating Disorders

This information sheet can be used to help guide you in conducting a comprehensive psychological assessment with an individual that has an eating disorder, or that you suspect may have an eating disorder.

Confidentiality
Permission to contact other members of treating team, family/carers
Explain confidentiality boundaries

Past Medical & Psychiatric History
General past medical history
Previous eating disorder treatment
Psychiatric history (neglect, trauma, depression, self-harm, suicidal thoughts, bullying)
Personality traits (perfectionism, obsessiveness)

NB: Ensure a comprehensive medical assessment from a GP before the psychological assessment (or soon afterwards). Confirm that the client is attending regular GP appointments throughout treatment.

Social & Family History
Living situation, family/carer support
School/work
Family history of general mental health concerns
Family history of eating disorders
Strengths/protective factors (ifamily support, supportive partner, study/work that they enjoy)

Assessment of Eating Disorder Behaviours

It is important to assess the presence of eating disorder behaviours using a non-judgemental, person-centred approach. Many of these behaviours carry significant shame and guilt, and the individual will need to feel a sense of rapport with you before opening up.

Nutrition Intake

- Current food intake, including portion sizes (breakfast, snack, lunch, snack, dinner, snack)
- Foods eaten vs. foods not currently eaten
- Dieting history (past and current)
- Fluid intake (overall intake, types of drinks including diet and energy drinks)
- Food allergies/intolerances (what food/s, what happens, formal diagnosis or self-diagnosed)
- Food preferences (vegetarian, vegan, organic, no preservatives)
- Time course of beliefs around food (timed with onset of eating disorder)
- Religious and cultural beliefs
- Rituals around eating (eating alone, secretively, heavy use of spices and condiments, time taken to eat, hoarding food)
- When concerns with food and body became problematic
- Weighing and measuring food
- Calorie counting (how often, daily goal)

Purging
- Self-induced vomiting (how often, one purge or multiple purges, method, precipitants)
- Blood vomited (how often, how much)
- Use of laxatives, enemas, suppositories, diuretics, diet pills, misuse of insulin, steroids, self phlebotomy, self lavage (what, how much, when)

Binge Eating
- Usual binge episode (type of food, quantity, frequency, duration)
- Feelings before, during and after
- Feeling of loss of control
- Binge environment (where, when)
- Perceived triggers
- Uncontrolled grazing outside of binges
- Behavioural consequences following binge eating (restrict/fasting, self harm, isolation)
- Stealing of food/money for a binge episode

Other Behaviours
Establish a baseline level of frequency and intensity of the following behaviours:
- Chewing and spitting
- Rumination (regurgitation of food, then re-chewed, re-swallowed or spat out)
- Night eating
- Medication and illicit drug taking
- Cigarette smoking
- Alcohol intake
- Chewing gum

Exercise

- Current pattern of exercise
- Types of exercising (aerobic/anaerobic, gym, class, social based)
- Most extreme exercise
- Incidental activity (walking, standing)
- Duration of exercise per 24 hours
- Calorie goals per session
- Changes to exercise patterns
- Motivation to exercise
- Compulsive exercise
- Effects of missing a day of exercise
- Is weight and shape controlled with exercise?
- Exercise despite illness or injury

Assessment of Weight

For someone with an eating disorder, being weighed can be very distressing. This needs to be done with sensitivity and empathy. Try to refrain from making comments about the number on the scales.

Weight History

- Weight history through adolescence/adult years
- Premorbid weight
- Highest and lowest weight
- Current weight, height and BMI
- Current trend
- Desired vs healthiest weight
- Healthy BMI range or BMI percentile for children and adolescents
- Body weight and shape within family

Attitudes Towards Weight & Shape

- Level of self-criticism (whole body and specific regions)
- Perception of shape
- Perceptions of others' attitudes about their weight and shape
- Fear of weight gain
- Presence of body checking behaviours (weighing, mirror checking, feeling/touching specific areas, using a piece of clothing as a 'ruler', mirror checking pre/post intake)
- Family attitudes towards food, weight and shape (inculding family history of dieting)

Psychosocial Assessment

Risk Assessment

- Suicidal ideation
- Deliberate self-harm
- Past suicidal behaviours and self-harm events
- Agitation
- Risk of harm to others
- Previous violent behaviour towards others
- Is the person the sole shared caregiver of a child <18 years
  - If yes, first name, age, do they live with the client full or part time?

Presence of Comorbid Psychiatric Illnesses

- Mood disorders
- Anxiety disorders
- Obsessive compulsive disorders
- Psychotic disorders
- Drug and alcohol use

Effect of Eating Disorder on Life

- Effects of eating disorder (physically, emotionally, occupationally, socially, cognitively)
- Impact of eating disorder on family or significant other
- Amount of time spent thinking about eating, weight and shape (per hour or per day)
- Broken sleep, wake up thinking about the eating disorder
- Individual's view on what maintains the eating difficulties
- Client's beliefs about what needs to change in order for them to get better
- Denial or acknowledgment of illness severity
- Insight into illness
- Motivation to change (importance of change and confidence to execute change)

Cognitive Changes, Mood & Personality

- Changes in mood (irritably and rigid, low mood)
- Evidence of starvation syndrome (cognitive impairment, personality changes, preoccupation with food)
- Impaired concentration and alertness

- Agitation
- Increased/decreased need for sleep
- Impaired ability to make decisions, rigid and inflexible thinking
- Personality traits (perfectionism, obsessive-

If you assess an individual as having an eating disorder, or being at risk of having an eating disorder, link them in with a team of health professionals to commence treatment immediately.

A multidisciplinary approach is recommended (including a medical officer, therapist and dietitian). Early intervention and treatment will improve prognosis and outcomes.