Assessment Feedback Form

PATIENT Name:
DOB:

You and your child were asked to fill out several assessment measures as part of your initial assessment and evaluation. We aim to understand each family as thoroughly as possible to provide the best possible treatment. It is important to remember that no measure on its own can diagnose the presence or absence of a disorder nor can it solely determine underlying issues. However, as part of a comprehensive assessment including face-to-face contact and parent feedback, these measures can be a useful guide to raise awareness and help highlight your family’s needs to your treatment team at Children’s Hospital Colorado.

This report displays scores in the following areas: eating disorder symptoms; comorbid symptoms; parent empowerment; and family communication and satisfaction. Additionally, PATIENT’S emerging personality characteristics are described as they may be important to consider in HIS/HER treatment. This report concludes with recommendations to assist your team with treatment planning.
Parent Empowerment - Father

EDSIS - Nutrition
EDSIS - Guilt
EDSIS - Dysregulated Behavior
EDSIS - Social Isolation
AESED - Avoidance & Modifying Routine
AESED - Reassurance-Seeking
AESED - Meal Ritual
AESED - Control of Family
AESED - Turning a Blind Eye
PVA

Parent Criticism and Emotional Involvement

FQ Mother - Criticism
FQ Mother - Emotional Involvement
FQ Father - Criticism
FQ Father - Emotional Involvement

T-Score

Elevated
Baseline
Individualized Treatment Planning

While every aspect of our program plays a unique and critical role in treatment and recovery, results from this assessment can guide us in tailoring these different aspects of the program to fit the needs of each individual patient and family. Therefore, to best support PATIENT and her family in the treatment process, we recommend the following individualized approach:
Eating Disorder Symptoms:

1. Although PATIENT’s reported eating disorder symptoms are not elevated in comparison to a normative clinical sample of eating disorder PATIENTs, PATIENT’s current pattern of eating indicates that SHE/HE could benefit from coached meals, individual therapy, family therapy, and individual and parent supported nutrition. These aspects of the program will help PATIENT learn how to cope with negative thoughts and emotions related to food and eating. PATIENT’s parents could also benefit from parent nutrition skills groups to learn how to plan meals and support PATIENT through mealtimes.

2. PATIENT reported eating disorder symptoms that are in the typical clinical range as compared to a normative clinical sample of eating disorder PATIENTs. These aspects of the program will help PATIENT learn how to cope with negative thoughts and emotions related to food and eating. PATIENT’s parents could also benefit from parent nutrition skills groups to learn how to plan meals and support PATIENT through mealtimes.

3. PATIENT reported some eating disorder symptoms that are typical compared to a normative sample, while other symptoms are more elevated than what is considered typical of an eating disordered population. These reported symptoms suggest that PATIENT could benefit from coached meals, individual therapy, family therapy, and individual and parent supported nutrition to help PATIENT learn how to cope with negative thoughts and emotions related to food and eating. PATIENT’s parents could also benefit from parent nutrition skills groups to learn how to plan meals and support PATIENT through mealtimes.

4. PATIENT reported eating disorder symptoms that are elevated in comparison to a normative clinical sample of eating disorder PATIENTs. These reported symptoms suggest that PATIENT could benefit from coached meals, individual therapy, family therapy, and individual and parent supported nutrition to help PATIENT learn how to cope with negative thoughts and emotions related to food and eating. PATIENT’s parents could also benefit from parent nutrition skills groups to learn how to plan meals and support PATIENT through mealtimes.

Comorbid Symptoms:

1. No clinically elevated symptoms of depression or anxiety were reported. Further monitoring should continue throughout treatment in order to rule out the presence of such symptoms.

2. Given that clinically elevated symptoms of anxiety were reported, PATIENT should begin learning and developing adaptive skills for coping with anxiety symptoms. This could be accomplished through individual therapy, skills groups, and possible evaluation for use of psychiatric medication.

3. Given that clinically elevated symptoms of depression were reported, PATIENT should begin learning and developing adaptive skills for coping with symptoms of depression. This could be accomplished through individual therapy, skills groups, and possible evaluation for use of psychiatric medication.
4. Given that clinically elevated symptoms of depression and anxiety were reported, PATIENT should begin learning and developing adaptive skills for coping with symptoms of anxiety and depression. This could be accomplished through individual therapy, skills groups, and possible evaluation for use of psychiatric medication.

**Family Satisfaction and Communication:**

1. Although PATIENT and parents report being generally satisfied with family functioning and communication patterns, PATIENT and parents could benefit from family therapy and multifamily group therapy to develop skills as a family to help PATIENT recover from HIS/HER eating disorder.

2. PATIENT AND/OR PARENTS report being somewhat dissatisfied with family functioning and communication patterns. Family therapy and multifamily group therapy would be beneficial in helping the family develop more adaptive ways of communicating to increase overall family satisfaction.

3. PATIENT AND/OR PARENTS report being very dissatisfied with family functioning and communication patterns. Family therapy and multifamily group therapy would be beneficial in helping the family develop more adaptive ways of communicating to increase overall family satisfaction.

4. PATIENT AND/OR PARENTS report high levels of criticism and emotional over-involvement, which can often lead to hostile communication patterns and family conflict. Family therapy and multifamily group therapy would be beneficial in helping the family develop more adaptive ways of communicating to decrease levels of criticism and emotional over-involvement.

5. PATIENT AND/OR PARENTS report high levels of criticism and emotional over-involvement and high dissatisfaction with currently family functioning and communication patterns. Family therapy and multifamily group therapy would be beneficial in helping the family develop more adaptive ways of communicating to reduce criticism and increase overall family satisfaction.

**Parent Empowerment:**

1. PATIENT’s parents reported few stressors or accommodating behaviors related to PATIENT’s eating disorder. PATIENT’s parents also reported feeling confident in their abilities to help PATIENT overcome HIS/HER eating disorder. Although, PATIENT’s parents report low stressors and relate confidence in their abilities to help PATIENT in recovery, parent skills groups and parent support groups could help PATIENT’s parents increase their current skills and confidence in guiding PATIENT through the recovery process in a supportive environment.

2. PATIENT’s parents reported experiencing stressors and accommodating behaviors related to PATIENT’s eating disorder, but reported feeling confident in their abilities to help PATIENT overcome their eating disorder. Parent skills groups and parent support groups could help PATIENT’s parents develop skills to reduce stressors and accommodating behaviors while guiding PATIENT through the recovery process in a supportive environment.
3. PATIENT’s parents reported few stressors or accommodating behaviors related to PATIENT’s eating disorder, but reported lacking confidence in their abilities to help PATIENT overcome their eating disorder. Parent skills groups and parent support groups could help PATIENT’s parents increase their current skills and confidence in guiding PATIENT through the recovery process in a supportive environment.

4. PATIENT’s parents reported experiencing stressors and accommodating behaviors related to PATIENT’s eating disorder. PATIENT’s parents also reported lacking confidence in their abilities to help PATIENT overcome HIS/HER eating disorder. Parent skills groups and parent support groups could help PATIENT’s parents develop skills to reduce stressors and accommodations and increase confidence in guiding PATIENT through the recovery process in a supportive environment.

For more detailed information about the meaning of scores please refer to the “Initial Assessment Summary Handout.”