

Assessment Resource – Adolescent Violence & Aggression in Eating Disorder Treatment

Starting the Conversation

Clinician note: *This is an opportunity to engage, normalise and validate that violence and aggression can be something families encounter during eating disorder treatment.*

Some things consider...

- Importance of clinician stance – non-blaming, curious, compassionate, etc.
- Normalising and externalising adolescent violence and aggression can help families feel seen and understood without judgement.
- Being aware of the use of clinical jargon and how this may impact families' engagement/understanding of their experience.
- Holding in mind your personal biases and how they could influence your work with each family and young person.
- Use clinical judgement to facilitate conversations regarding violence and aggression, flexibility is key (i.e., meet with young person separately, meet with family members separately, meet together, some questions may be asked of all family members while others are geared towards supports or the young person, etc.).
- The use of circular questioning allows for different perspectives and experiences to be shared/heard by others.

Initial Screening & Assessment

Clinician note: *It is important for clinicians to directly ask families and young people about their experience of violence and aggression in the context of the eating disorder.*

Potential questions to consider...

- It's common for family members/supports to feel like they are 'walking on eggshells' when supporting a loved one with an eating disorder, do you ever feel like this?
- Does your family experience conflict in the context of the eating disorder? i.e., decisions re: food, mealtimes, attending appointments, social events, school attendance, etc.
- What does the conflict look like? i.e., verbal aggression (yelling, screaming, shouting, threatening statements, bullying/criticism), physical violence (throwing food/objects, hitting/kicking people or things), etc.
- How does this make you/your family feel? i.e., fearful, sad, angry, etc.
- How do you/your family respond when feeling like this? i.e., isolate self/avoid, react on impulse/without thinking, etc.
- Has this led to you doing something for your young person that you didn't want to do, but did so out of fear of the consequences? i.e., agreed to them not eating dinner, cancelling GP medical monitoring appointment, etc.
- What happens after disagreements/conflict? i.e., repair, isolate from each other, etc.
- Discuss duty of care and confidentiality as per usual clinical practice.

**Continue with safety planning prompts as clinically indicated.*

Continued Screening & Assessment

Clinician note: Throughout the continued assessment, we are looking for opportunities to support families in developing greater understanding of the context where violence/aggression occurs. This may highlight what the needs of the family members/supports and young person are and how these can be met (e.g., emotion coaching, understanding of the violence/aggression through psychoeducation, setting boundaries etc.).

Potential questions to consider...

- Initially when we spoke, conflict wasn't something that you felt was a problem within your family, I'm wondering how this is going now? We know that things can often change across time as treatment progresses.
- Has there been a change in how people are behaving or responding within the family?
- Do you feel like things are getting better/worse? (consider frequency/intensity).
- What was happening when things started to escalate? Where were you? Who was there? Who said/did what? How did the other person respond? What were you/others thinking/feeling during that time? How did it end? What was the outcome or consequences? (chain or situational analysis may be utilised).

**Revisit questions from the initial screening and initial assessment and continue with safety planning prompts as needed.*

Assessing & Planning for Safety

Clinician note: Assessing and planning for safety encompasses acknowledging the experiences of all family members and the impact it may have on them, and what we can do to reduce this impact.

Potential questions to consider...

- How safe do you/your family feel? (consider scale/graded answer options).
- What behaviours are you most concerned about? (i.e. verbal aggression, physical violence, damage to property, etc.).
- Are there particular times/situations where you/your family feel most unsafe? (i.e. before meal times, in the car on the way to the GP, on the weekends, etc.).
- How do you respond in these times? Has this response helped you/your family/the young person feel safer?
- What tells you that a situation is becoming unsafe? (i.e., changes in mood, raised voices, slamming doors, etc.).
- What has or could be helpful to de-escalate the situation? (i.e., time away from young person, disengage from arguments, etc.).
- What will you do if these strategies are not working?
- Who can you/your family/the young person turn to when feeling unsafe? (i.e., neighbour, relative, friend, police, etc.).
- When and how will safety and the plan be reviewed?