**[Sierra Robinson](https://ashford.instructure.com/courses/84559/users/26294" \o "Author's name) post to week 2 Discussion 1**

Psychological assessments started with a clinical psychologist. James McKean Cattell and a few experimental psychologists advocated for education, training, and the establishment of professional standards for the assessment of intellectual and personality functioning (Maltzman, 2013). The assessments were designed to help answer questions about individuals and their behaviors. The assessment process has three parts to it. The information input (collection of information), the information evaluation (interpretation of the data collected), and the information output (utilization of the assessment data to derive conclusions and recommendations that address the referral question) all build the assessment process (Maltzman, 2013). Each assessment is to gain knowledge of the individual to help treat them.

In Amanda, a 16-year-old female, I would suggest using the interviewing process as an initial assessment of her situation. Interviews allow for an insight into how Amanda is feeling and perceiving the situation and the view she is seeing from her family. The interview allows the client to feel like their concerns and believe that their problems can be understood and treated by the clinician (Carlson, 2013). Amanda will feel understood. The theoretical orientation that I would use with Amanda is the cognitive-behavioral approach. The cognitive-behavioral approach is a goal-oriented therapeutic approach that focuses on how an individual’s thinking influences their behavior. The cognitive-behavioral approach will allow Amanda’s view of herself to be seen and see how it could affect her behavior throughout her day.

**Questions I would ask Amanda:**

What are your eating habits at night?

What are you drinking throughout the day?

Are you concerned about a major test, grade, or activity coming up?

How do you feel about your body image?

**Step 1: Ruling out Malingering and Factitious Disorders:**

Amanda is concerned about the information that will be released to her parents. She is not worried about the diagnosis of the treatment as much as she is with someone who will know her information. Amanda is presenting with anxiety, restless nights, and not feeling up to par with herself.

**Step 2: Rule out Substance Etiology:**

I have reviewed Amanda’s history and a physical examination for signs of drug use. Amanda does not appear to be under the influence or in the position of using drugs currently.

**Step 3: Rule out a Disorder Due to General Medical Condition**

Amanda has seen her primary care doctor rule out any conditions that could be causing her to be restless and her anxiety to spike.

**Step 4: Determine the specific Primary Disorder:**

According to what diagnostic features are available, it could be that Amanda has avoidant/restrictive food intake disorder. The disorder is viewable in Amanda. Amanda is not acting in a cultural practice when she has been restricting food. The environmental risk factors for avoidant/restrictive food intake disorder include anxiety and disturbances in one’s sleep pattern (American Psychiatric Association, 2013).

**Step 5: Differentiate Adjustment Disorders:**

Amanda can show signs of social anxiety disorder, which presents her with a fear of being observed by others while eating, which can also occur in avoidant/restrictive food intake disorder. However, clinical judgment is made that the symptoms have developed as a maladaptive response to a psychosocial stressor; the diagnosis would be an Adjustment Disorder, whether specified or unspecified (American Psychiatric Association, 2013).

**Step 6: Establish the Boundary with no mental disorder:**

Amanda is showing signs and symptoms of avoidant/restrictive food intake disorder. However, some of her signs and symptoms do also point to anxiety disorder. I will need more information from Amanda during the interview process to have a clearer picture of what her diagnosis could be potential.

After conducting the initial interview, I find that it will be ethical to render a diagnosis of Amanda. In 9.03 (b): it states that psychologists can provide opinions of the psychological characteristics of the individual only after they have examined the individuals adequate to support their statements or conclusions (American Psychological Association, 2010). Therefore, after the interview with Amanda, I would be able to give a diagnosis.

Sierra Robinson

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