



Using Collaborative Care and the Recovery Model in Nutrition Care for Treating Patients with Eating Disorders

By Rebekah Cook, RD, CD, CEDS

Credit: One (1) Continuing Education Credit Awarded

Posttest (For reference only. You must take and pass the test online for CE credit.)

1. SAMHSA defines recovery as:
 - A. Having a perfect job, home life, and relationships.
 - B. A process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential.
 - C. A turning point is when a person develops insight into the function and consequences of their behaviors.
 - D. Following a meal plan and maintaining weight.
2. Collaborative delivery of non-negotiables is delivered by:
 - A. Providing rationale, consistent implementation, giving advance notice, and offering choices.
 - B. Making sure that patients follow the rules.
 - C. Having clear communication with patients and consistently implementing the rules.
 - D. Giving advance notice of rules to patients and consistently implementing them.
3. When psychological recovery lags behind weight recovery:
 - A. It is easy to tell where a goal body weight should be.
 - B. Weight restoration should continue.
 - C. Weight restoration should stop.
 - D. It can be particularly difficult to know where a patient's weight should be.
4. When patients have the same BMI:
 - A. They have the same percentage of body fat.
 - B. They may have very different percentages of body fat.
 - C. They may have different percentages of body fat but the % of body fat does not matter.
 - D. That is enough of a measure of body fat.
5. A cut-off point for menses in one study was:
 - A. 19% body fat
 - B. 15% body fat
 - C. 21.2% body fat
 - D. 25% body fat
6. In 91% of eating disorder manuals had nutritionally-focused content and:
 - A. 36% of the manuals recommended a dietitian be consulted as part of the team
 - B. 91% of the manuals recommended a dietitian be consulted as part of the team
 - C. 50% of the manuals recommended a dietitian be consulted as part of the team
 - D. 15% of the manuals recommended a dietitian be consulted as part of the team
7. In one study which was not a goal for weight restoration in Atypical Anorexia:
 - A. Reverse eating disorder behaviors
 - B. Resolve complications of malnutrition (amenorrhea, bradycardia)
 - C. Limiting the risk of obesity
 - D. Intake of a balanced diet

8. If a patient is interested in learning how to intuitively eat, can maintain their weight, and recognize hunger and fullness cues:
 - A. It is best to keep them on a structured meal plan for several months.
 - B. It is okay to help them learn how to intuitively eat.
 - C. Someone with an eating disorder can't learn intuitive eating so it's better to not get their hopes up.
 - D. It doesn't matter what a patient wants, it is best to just keep the patient on a meal plan.

9. What is false about biases:
 - A. You may not know you are biased, but you may actually be.
 - B. Everyone has biases. It is just important to pay attention to yours.
 - C. Having biases is a good way to stay true to yourself.
 - D. Biases may limit how you work with patients if you are not aware of them.

10. Professionals with lived experience:
 - A. Relapse if they work with patients who have eating disorders
 - B. Don't offer patients any additional insight than any other professional
 - C. Should not be hired to work with patients who have eating disorders
 - D. Can be motivational to patients when they see someone who has "recovered"
 - E. Mood and appetite