

LEARNER ASSESSMENT

2026 Feeding and Eating Psychology Summit Learner Assessment

Commission on Dietetic Registration (CDR) | Continuing Professional Education

Time to complete learner assessment: 15 minutes

Total CPEUs for activity 5.75

Assessment created by Programs and Events Manager Athena Flicek

Learner name

Credential / License #

Date completed

Provider

Name of CPE activity completed

Session: Early Relational Health

Q1

Which of the following best defines Early Relational Health (ERH) in the context of pediatric feeding? [Multiple choice]

- A A standardized feeding protocol focused on caloric intake milestones in the first 12 months of life.
- B The quality of early relationships between caregivers and children that forms the foundation for healthy development, including feeding.
- C A medical framework used exclusively by neonatologists to assess attachment disorders in premature infants.
- D A behavioral intervention model designed to reduce mealtime anxiety in children aged 2–5 years.

Learning objective: Define Early Relational Health (ERH).

Session: The Feeding Story Framework

Q2

A caregiver describes feeling dismissed by multiple providers over two years before receiving a PFD diagnosis. Using the Feeding Story Framework, which of the following represents the most appropriate clinical response? [Multiple choice]

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- A Redirect the caregiver to focus on current feeding behaviors and avoid dwelling on past experiences.
 - B Use the caregiver narrative to identify gaps in prior care, validate their experience, and co-develop goals that reflect their priorities and lived history.
 - C Document the timeline for legal purposes and refer to a patient advocate before proceeding with assessment.
 - D Prioritize standardized assessment tools over narrative-based information to ensure objectivity.

Learning objective: Describe how caregiver perspectives inform functional goal-setting and the development of home-based feeding strategies.

Session: Cultural & Socioeconomic Factors in PFD

Q3 Select ALL factors that can negatively impact treatment outcomes for children with pediatric feeding disorders in families experiencing food insecurity. [\[Select all\]](#)

- A Limited access to recommended therapeutic foods or textures for home practice.
- B Caregiver stress related to financial instability affecting mealtime dynamics.
- C The child's preference for fewer food varieties.
- D Reduced ability to attend frequent outpatient appointments due to transportation or work constraints.
- E Cultural mealtime practices that conflict with therapist-recommended feeding approaches.

Learning objective: Describe how socioeconomic factors like food insecurity impact pediatric feeding disorders and treatment outcomes.

Session: Interdisciplinary Collaboration & Lived Experience

Q4 True or False: Lived experience perspectives from families and individuals with PFD or ARFID are most valuable as supplementary emotional context and should be weighted less than clinical data when informing treatment decisions. [\[True/False\]](#)

- A True
- B False — Lived experience is clinically informative and should be treated as an equal and essential source of evidence in assessment and treatment planning.

Learning objective: Summarize an actionable intervention or step towards advocacy that can be extrapolated from the lived experience.

Session: Differential Diagnosis — PFD & ARFID

Q5

A 7-year-old presents with significant food selectivity, heightened sensory sensitivity, and weight below the 5th percentile. Their caregiver reports extreme mealtime anxiety for the whole family. Which approach best reflects an evidence-informed, interdisciplinary response? [Multiple choice]

- A** Initiate a behavioral feeding protocol focused on systematic desensitization before pursuing further medical workup.
- B** Conduct a comprehensive interdisciplinary assessment addressing medical, nutritional, sensory-motor, and psychological domains, with family goals at the center of the treatment plan.
- C** Refer to GI for medical clearance before any therapeutic intervention is initiated.
- D** Prioritize weight restoration as the sole outcome metric before addressing sensory or relational factors.

Learning objective: Apply practice-based case examples to implement evidence-informed interventions across medical, psychological, sensory-motor, and nutritional domains.

Session: Autism, Feeding & Structured TEACCHing®

Q6

Which of the following best describes how Structured TEACCHing® principles can be applied as an antecedent strategy in feeding therapy for autistic patients? [Multiple choice]

- A** Using consequence-based reinforcement immediately after each bite to build food acceptance over time.
- B** Modifying the physical environment, visual supports, and task sequencing before the meal to reduce unpredictability and support the child's learning style.
- C** Applying verbal prompting chains to teach self-feeding skills in a group therapy setting.
- D** Delaying all sensory-based interventions until behavioral compliance is established.

Learning objective: Apply knowledge of autism learning styles and Structured TEACCHing® principles to selection of antecedent treatment strategies for autistic patients.

Q7

A feeding team disagrees on whether to proceed with NG tube placement for a medically fragile infant whose family has expressed strong reservations. Which approach best reflects ethical practice in this situation? [Multiple choice]

- A** Defer entirely to the medical team’s recommendation, as clinical expertise should supersede caregiver preference in medically urgent cases.
- B** Facilitate a structured interdisciplinary conversation that centers the family’s values, ensures all perspectives are heard, and documents a shared decision-making process.
- C** Postpone the decision indefinitely until full team consensus is reached to avoid ethical conflict.
- D** Escalate the disagreement to hospital administration before involving the family further.

Learning objective: Evaluate how patient, caregiver, and clinician perspectives strengthen ethical decision-making and care practices.

Q8

Describe one specific action step you could take within the next 30 days to integrate Early Relational Health principles or culturally responsive communication strategies into your practice with families navigating PFD or ARFID. [Open-ended]

Part 1 — Attributes of the Continuing Professional Education

Select Yes or No for each attribute:

Attribute	Yes	No
Did the activity meet the stated learning objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the activity relevant to professional dietetics practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the activity content valid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the activity free of marketing and commercialism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the activity present a balanced perspective?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Overall, were you satisfied with the activity?

Yes No

Please describe any other noteworthy attributes of the CPE activity:

If you selected No for any of the above, please elaborate:

Submission

Please complete and return this evaluation and any additional comments to the CPE Provider:

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Additional comments:
