How would you address someone who was diagnosed with an eating disorder/anorexia as a teen, and was "recovered" and 15 years later has been engaging in over-exercise and limiting calories to the point of 9% body fat?
A: I would encourage the client to start back counseling as this would be considered a bit of a relapse. Being supportive by locating appropriately trained individual counselors would be a way to help the person as well.

When you talk about family dynamics playing a role, is this for those under the age of 18 and/or living with family?
A: Whether a client is a minor or an adult, the dynamics of the family of origin play a major role in the emotional part of the healing with Eating Disorders.

I work with a client who is morbidly obese and does not want to lose weight because they are concerned about having excess skin when they lose weight. However, they also do not want to attend treatment. I'm not sure where to start with this client. It seems like you suggest work on attachment disorders and shame first.
A: This can be a difficult situation but there is a lot of ambiguity about getting help with clients who have Eating Disorders. I would start with that. Addressing the pros and cons of entering into doing the work and focus on a One Day at a Time approach since the task looks daunting if you measure it from a weight perspective.

What were the names of the other scales that can be used to screen for Eating Disorder that can be accessed on-line?
A: The EAT-26 is the primary inventory we focused on in the Webinar. The FACES was the one we mentioned for assessing family attitudes toward the family. THE EDI - Eating Disorder Inventory - is another one that is accessible online.