**HOMESTUDY POST-TEST**

Course Title: The Social Construction of Eating Disorders: A paradigm shift in the conceptualization & treatment.

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CAMFT Approved Continuing Education Provider # 92692

1. Every \_\_\_ minutes at least one person dies as a direct result of an eating disorder.
	1. 15
	2. 32
	3. 62
	4. 100
2. Eating Disorders have the \_\_\_\_\_ highest mortality rate of any mental health condition.
	1. 2nd
	2. 3rd
	3. 4th
	4. 5th
3. Which of the following comorbid conditions are commonly associated with eating disorders:
	1. PTSD, Substance Abuse, OCD
	2. PTSD, OCD, Borderline Personality Disorder
	3. PTSD, Mood Disorders, Anxiety Disorders
	4. All of the Above
4. According to the presentation, the following is a common symptom associated with Bulimia:
	1. Obsessive Cleaning Rituals
	2. Shoplifting
	3. Social Phobia
	4. None of the Above
5. Binge Eating Disorder is \_\_\_\_\_\_\_\_\_\_ common than \_\_\_\_\_\_\_\_\_\_\_.
	1. more; Anorexia
	2. less; Anorexia
	3. more; Bulimia
	4. less; Bulimia
	5. more; Anorexia & Bulimia combined
	6. less; Anorexia & Bulimia combined
6. According to the presentation, Binge Eating Disorder is more common than \_\_\_\_\_\_\_\_\_\_.
	1. heart disease, HIV, stroke
	2. HIV, breast cancer, Schizophrenia
	3. lung cancer, stroke, diabetes
	4. Schizophrenia, Alzheimer’s Disease, Lyme Disease
7. \_\_\_\_\_\_\_\_\_\_ is currently the second leading cause of preventable death in the United States.
	1. Restricted food intake (less than 500 calories/day)
	2. Binging & Purging
	3. Binge eating
	4. Obesity
8. According to the presentation, active duty in the U.S. military places individuals at a (statistically significant) increased risk for developing an eating disorder.
	1. True
	2. False
9. According to the presentation, active duty in the U.S. military personnel have statistically low rates of obesity compared to the civilian population.
	1. True
	2. False
10. According to the presentation, the consequences for active duty in the U.S. military personnel that consistently fail to “make weight” include:
	1. Increased risk of early discharge from the military
	2. Reduced access to upward mobility in terms of rank promotion
	3. Vulnerable to being unable to deploy or e-enlist
	4. All of the above
	5. None of the above
11. According to the presentation, the following is one of the problems with accurate diagnosis of eating disorders via the DSM 5:
	1. The DSM is not designed to be viewed through a trauma-informed lens.
	2. The DSM dismisses the social causation of many of the contributing factors & replace them with symptom-based diagnoses (labels of dysfunction and mental impairment).
	3. The most common sources of trauma are given diagnostic labels without any official standing (Z-Codes; not reimbursable diagnoses).
	4. All of the Above
12. According to the presentation, Bessel Van Der Kolk, MD & colleagues proposed a new diagnosis in 2009 of *Developmental Trauma Disorder*, which was later included in the DSM 5.
	1. True
	2. False
13. According to the presentation, left hemisphere deactivation results in the following:
	1. Impaired ability to translate shifting feelings & perceptions into words.
	2. Impaired ability to organize experience into logical sequences.
	3. Increases right brain activation to compensate.
	4. A & B only
	5. B & C only
14. According to the presentation, *triggers* result in \_\_\_\_\_\_\_\_\_\_ hemisphere activation.
	1. right
	2. left
	3. dual
15. According to the presentation, in response to a traumatic memory, \_\_\_\_\_\_\_\_\_\_ goes offline.
	1. Brodmann’s Area 19
	2. Broca’s Area
	3. both A & B
	4. neither A nor B
16. According to the presentation, a binge eating is spontaneous and occurs in the moment.
	1. True
	2. False
17. According to the presentation, \_\_\_\_\_ of people seeking weight loss treatment show signs of binge eating disorder.
	1. 10%
	2. 20%
	3. 30%
	4. 40%
18. The following are the 4 states of Polyvagal Theory:
	1. Fight, Flight, Collapse, Death
	2. Grounded, Fight, Flight, Collapse
	3. Grounded, Fight/Flight, Collapse, Death
19. The following is a symptom of being in a state of fight/flight:
	* + - 1. Brain releases cortisol, epinephrine, and NP4
				2. Blood rushes away from the brain and to our muscles/extremities
				3. Visceral experience of fear
				4. All of the above
				5. None of the above
20. One of the most effective and efficient way to re-mobilize the nervous system is:
	1. engage in physical movement.
	2. engage in bilateral stimulation.
	3. develop a narrative of the trigger.
	4. distract yourself from the initial trigger.
21. The presentation identifies and discusses the following myths regarding eating disorders:
	* + - 1. ED’s are a form of attention seeking behavior.
				2. The media is to blame for ED’s.
				3. ED’s are motivated by a drive to achieve the perfect physique.
				4. All of the above
				5. None of the above
22. The presentation addresses the following hierarchy within the eating disorder community:
	* + - 1. Bulimia, Anorexia, Binge Eating Disorder
				2. Anorexia, Bulimia, Binge Eating Disorder
				3. Binge Eating Disorder, Bulimia, Anorexia
				4. Anorexia, Binge Eating Disorder, Bulimia
23. According to the presentation, weight gain during pregnancy is a critical issue that requires careful attention from OB/GYNs and should regularly be addressed during visits.
	* + - 1. True
				2. False
24. According to the presentation, a study of “ultra-Orthodox” and Syrian Jewish communities in Brooklyn, New York found that \_\_\_\_\_ out of \_\_\_\_\_\_ girls met clinical criterial for an eating disorder.
	* + - 1. 1, 10
				2. 1, 14
				3. 1, 19
				4. 1, 25
25. According to the presentation, obesity rates among the “ultra-Orthodox” community is relatively low.
	* + - 1. True
				2. False
26. According to the presentation, consistent access to health insurance ensures a client will have access to an appropriate level of care.
	1. True
	2. False
27. According to the presentation, \_\_\_\_\_ in \_\_\_\_\_ ED specialists report they believe that insurance companies are indirectly responsible for the death of at least one of their patients.
	1. 1 in 5
	2. 1 in 10
	3. 2 in 5
	4. 2 in 10
28. According to the presentation, TRICARE, the primary healthcare provider for U.S. service members and their families, recognize the need for and support ED treatment for those that meet clinical criteria.
	1. True
	2. False
29. According to the presentation, the most commonly used resource clients select to reclaim fragmented parts is:
	* + - 1. Protective Figure
				2. Current Self
				3. Nurturing Figure
				4. Spiritual Figure
30. According to the presentation, the purpose of the container exercise is:
	* + - 1. Increase positive affect tolerance.
				2. Increase self-esteem.
				3. Reduce dissociative episodes.
				4. Reduce depressive symptoms.
31. According to the presentation, external resources may include:
	1. memories of important people or experiences.
	2. personal strengths (e.g., compassion, empathy, humor).
	3. body resources (e.g., physical strength).
	4. all of the above.
	5. none of the above.
32. Weight shaming has been shown to:
	1. be a predictor for weight loss.
	2. be a predictor for weight gain.
	3. be a predictor for extreme weight control measures.
	4. A & C only.
	5. B & C only.
33. According to the presentation, one way to support global change is:
	1. challenge samples of convenience.
	2. challenge research that treats white heterosexual women as the norm.
	3. expand our view of race, class, and sexuality as interconnected and not secrete parts of our identity.
	4. all of the above.
	5. none of the above.
34. Engaging the parasympathetic nervous system signals the \_\_\_\_\_\_\_\_\_\_, to turn \_\_\_\_\_ the body’s alarm system.
	1. amygdala, off
	2. amygdala, on
	3. corpus callosum, off
	4. corpus callosum, on
35. The presenter provided the following examples of sensory stimulation during the presentation:
	1. Worry Stones
	2. Polished River Rocks
	3. Kinetic Sand/Therapy Dough
	4. Japanese Raking Garden
	5. All of the above
36. According to the presentation, the first step to providing an integrated treatment approach is:
	1. stabilization
	2. an integration between trauma-informed & resiliency-focused care
	3. hospitalization
	4. none of the above
37. According to the presentation, brain/body processing requires you simultaneously experience the self as BOTH a \_\_\_\_\_\_\_\_\_\_ and a \_\_\_\_\_\_\_\_\_\_.
	1. individual, participant
	2. participant, witness
	3. disintegrated self, integrated self
	4. None of the above
38. According to the presentation, “parts” have the following characteristics:
	1. fractured part of self & locked in time
	2. hold all the pain associated with a traumatic experience/memory
	3. they experience a before, during, & after
	4. they experience a before, & during, but no after
	5. A, B, & D only
39. According to the presentation, the following include initial steps to working with parts:
	1. Identify younger parts
	2. Build rapport with the parts
	3. Identify the basic unmet needs of the parts
	4. Develop strategies for working with the parts
	5. All of the above
	6. None of the above
40. According to the presentation, a trigger is the product of the following:
	1. Response of anger in reaction to a current event
	2. Re-experiencing of a past trauma
	3. The efforts of an activated part to be seen & get needs met
	4. None of the above
41. According to the presentation, self-worth FIRST gets attached to the following:
	1. how client perceives they are received by important others
	2. traumatic memories
	3. becomes paired with total weight loss
	4. None of the above
42. According to the presentation, the ultimate goal of parts work is to:
	1. reset a dysregulated nervous system
	2. achieve an integrated and fully embodied self
	3. reduce eating disorder symptoms
	4. increase feelings of self-worth
43. According to the presentation, the first line of defense against shame is:
	1. pressing charges against perpetrators of trauma
	2. unpairing self-worth and weight
	3. unpairing shame and self-worth
	4. creating the narrative of shame
44. According to the presentation, one of the greatest dangers of shame is that it’s unmeasurable because \_\_\_\_\_\_\_\_\_\_\_:
	1. Shame sends us the message that “it knows all the answers & doesn’t make mistakes”
	2. It’s paralyzing due to fear of being judged by others
	3. It’s silent and detached from language
	4. None of the above
45. According to the presentation, the most powerful internalized message of ED clients is:
	1. *“You don’t deserve to live!”*
	2. *“You’re a failure!”*
	3. *“You can’t do anything right!”*
	4. None of the above
46. According to the presentation, guilt has a \_\_\_\_\_\_\_\_\_\_ impact and shame has a \_\_\_\_\_\_\_\_\_\_ impact on our behavior/belief system:
	1. neutral, negative
	2. neutral, positive
	3. positive, negative
	4. negative, positive
47. According to the presentation, integration is facilitated by \_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_.
	1. grace, self-compassion
	2. grace, acceptance
	3. acceptance, forgiveness
	4. None of the above
48. According to the presentation, shame begins as a \_\_\_\_\_ person experience and, over time, becomes a \_\_\_\_\_ person experience:
49. 1, 2
50. 2, 1
51. 2, 3
52. 3, 2