



**“ASSESSMENT AND TREATMENT OF EATING DISORDERS” (A023)**

**2009 Videoconference Series**

Quiz for General CEUs, Act 48, CAC/CCDP, CME, CPRP, NBCC, Personal Care Home Administrators,  
Psychologist or Social Work/LPC/LMFT Continuing Education Credit (2.0 credit hours)

**DIRECTIONS: Complete this test after viewing the web cast of the videoconference listed above.**

In order for Western Psychiatric Institute and Clinic to record that you completed the training, please complete this test and the Application/Validation for Continuing Education Credit on the next page. After finishing, sign where indicated on the second page and return both forms by mail to:

Jennifer Lichok  
WPIC/OERP  
4601 Baum Building, Room 178  
3811 O'Hara Street  
Pittsburgh, PA 15213

**TRUE/FALSE – Indicate whether the statements below are TRUE or FALSE.**

1. **Pharmacotherapy is a primary treatment method for eating disorders.**
  - A. True
  - B. False
2. **Anorexia nervosa is a commonly occurring illness in adolescent girls.**
  - A. True
  - B. False

**MULTIPLE CHOICE – Please choose the BEST answer.**

3. **The types of eating disorders diagnoses include the following:**
  - A. Anorexia nervosa
  - B. Bulimia nervosa
  - C. Eating disorders not otherwise specified
  - D. All of the above
4. **Subtypes of Anorexia Nervosa include:**
  - A. Restricting type
  - B. Binge eating purging type
  - C. Recurrent episodes of binge eating
  - D. All of the above
  - E. A & B only
5. **Which of the following are NOT compensatory behaviors for eating disorders**
  - A. Fasting
  - B. Vomiting
  - C. Lack of exercise
  - D. Laxative use

**PLEASE CONTINUE TO THE NEXT PAGE**



**MULTIPLE CHOICE – Please choose the BEST answer.**

- 6. High rates of psychiatric co-morbidity with eating disorders include:**
  - A. Mood disorders
  - B. Anxiety disorders
  - C. Schizophrenia
  - D. A & B only
  - E. All of the above
- 7. Which of the following is NOT a family factor for eating disorders?**
  - A. Conflict avoidant, poor conflict resolution
  - B. Parental preoccupation with shape, weight or appearance
  - C. Unrealistic expectations for achievement
  - D. Family history of obesity
- 8. Psychological factors in eating disorders include:**
  - A. Perfectionism and obsessiveness
  - B. Difficulty modulating food
  - C. All of the above
  - D. None of the above
- 9. Socio-cultural factors of eating disorders include all but which of the following:**
  - A. Under-valuation of thin body ideal
  - B. Chronic dieting
  - C. Growing disparity between the average woman and the ideal body
  - D. All of the above
- 10. Many factors have been implicated in eating disorder relapse including:**
  - A. Psychological
  - B. Stress
  - C. Biological
  - D. All of the above
  - E. A & C only
- 11. Indications for inpatient treatment of eating disorders would NOT include:**
  - A. Body weight greater than 75-80% of ideal weight
  - B. High rates for binge/purge behaviors
  - C. Substance abuse
  - D. Medical complications/instability



*Western Psychiatric Institute and Clinic  
Office of Education and Regional Programming*

**“ASSESSMENT AND TREATMENT OF EATING DISORDERS” (A023)**

**APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR  
General CEUs, Act 48 CAC/CCDP, CME, CPRP, NBCC, Personal Care Home  
Administrators, Psychologists and Social Work/LPC/LMFT (2.0 CREDIT HOURS)**

**INSTRUCTIONS:** In order for Western Psychiatric Institute and Clinic to record the credit you earn by viewing this program, we request that you follow the directions below:

1. Print your name, address, and social security number clearly below.
2. Sign the statement affirming your attendance at the session.
3. **Return with payment to:**

Jennifer Lichok  
WPIC/OERP  
4601 Baum Building, Room 178  
3811 O'Hara Street  
Pittsburgh, PA 15213

I hereby affirm that I viewed the videoconference web cast indicated above:

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Completed**

**PLEASE PRINT CLEARLY:**

\_\_\_\_\_  
**Social Security Number (last five digits only)**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Email address**

**TYPE OF CREDIT: *Please Indicate Your Certification Needs***

<input type="checkbox"/> CAC/CCDP: Certified Addiction Counselor	<input type="checkbox"/> CME: Physicians, CRNP, PA
<input type="checkbox"/> CPRP: Certified Psychiatric Rehabilitation Practitioner	<input type="checkbox"/> CEU: General Continuing Education Credit
<input type="checkbox"/> NBCC: National Board of Certified Counselors	<input type="checkbox"/> PCHA: Personal Care Home Administrator
<input type="checkbox"/> Psychologist	<input type="checkbox"/> SW/LPC/LMFT: Social Work
<input type="checkbox"/> Act 48 (Educators) Professional Personnel ID #: _____ (please complete Act 48 packet)	

**PAYMENT ENCLOSED:**

- \$30 for Act 48, CAC/CCDP, CME, CPRP, NBCC, PCHA, Psychologist or Social Work credit.
- \$15 for General CEU (**not** for professional licensure)

**PAYMENT TYPE:**

- Check # \_\_\_\_\_ (Check payable to OERP/WPIC)
- Credit Card # ( \_\_\_\_\_ Expiration Date: \_\_\_\_\_ ID#: \_\_\_\_\_  
Type of Credit Card: \_\_\_\_\_ Signature \_\_\_\_\_
- UPMC Account Transfer: Dept. ID: \_\_\_\_\_ Account # \_\_\_\_\_  
Administrator's Name \_\_\_\_\_ Administrator's Signature \_\_\_\_\_

Please mail these two forms to the above address. If your score is 80% or above, you will receive a certificate via mail. If you have any questions please call Jennifer Lichok at 412-802-6915.

*Western Psychiatric Institute and Clinic is part of UPMC Presbyterian Shadyside*