“FEEDING AND EATING DISORDERS IN DSM-5” (A092)

Videoconference
Quiz for General CEUs, Act 48, CADC, CPRP, NBCC, PCHA, Psychologist, and Social Work/LPC/LMFT
Continuing Education Credit (2.0 credit hours)

DIRECTIONS: Complete this test after viewing the web cast of the webcast 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 as indicated on the second page and return both forms by mail to:

Jennifer Lichok
WPIC/OERP
3811 O’Hara Street
Champion Commons, Third Floor
Pittsburgh, PA 15213

TRUE/FALSE – Please indicate whether the statement below is true or false.

1. Pica is a feeding disorder that is characterized by persistent eating of nonnutritive, nonfood substances.
   A. True
   B. False

2. Avoidant/restrictive food intake disorder (ARFID) appeared as a diagnosis for the first time in the DSM-IV.
   A. True
   B. False

3. Anorexia nervosa (AN) can be diagnosed without weight loss in children.
   A. True
   B. False

4. The diagnosis of unspecified feeding or eating disorder may be used when there is insufficient information to make a more specific feeding or eating disorder.
   A. True
   B. False

5. Binge eating disorder and bulimia nervosa both are characterized by recurrent episodes of binge eating.
   A. True
   B. False

6. There are two sub-types of bulimia nervosa, purging and non-purging sub-types.
   A. True
   B. False

7. Severity of bulimia nervosa (BN) is assessed by evaluating the frequency of purging behavior and considering the severity of other symptoms and the degree of functional disability.
   A. True
   B. False

8. Individuals with anorexia nervosa may engage in purging behaviors to maintain a significantly low weight.
   A. True
   B. False
MULTIPLE CHOICE – Please choose the BEST answer.

9. Avoidant/restrictive food intake disorder (ARFID) may be characterized by all of the following except:
   A. Significant weight loss
   B. Nutritional deficiency
   C. Concerns about weight and shape
   D. Dependence on oral nutritional supplements
   E. Marked interference with psychosocial functioning

10. Anorexia nervosa symptoms include:
    A. Restriction of energy intake relative to requirements
    B. Persistent behavior that interferes with weight gain
    C. Intense fear of getting fat
    D. Persistent lack of recognition of the seriousness of low weight
    E. All of the above

11. The correct diagnosis for an individual who meets all of the criteria for anorexia nervosa (AN) except that despite significant weight loss the individual’s weight is within the normal range is:
    A. Anorexia nervosa in partial remission
    B. Eating disorder not otherwise specified
    C. Normal weight anorexia nervosa
    D. Other specified eating or eating disorder
    E. Avoidant/restrictive food intake disorder

12. An obese individual who reports recurrent episodes of eating large amounts of food without a lack of control over eating during the episodes, and meets all other criteria for binge eating disorder (BED) may receive a diagnosis of:
    A. Binge eating disorder (BED)
    B. Other specified eating or eating disorder
    C. Atypical binge eating disorder
    D. Binge eating disorder in partial remission
    E. No feeding or eating disorder diagnosis
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APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR
General CEUs, Act 48, CADC, CPRP, NBCC, PCHA, 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
3811 O’Hara Street
Champion Commons, Third Floor
Pittsburgh, PA 15213

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

Signature __________________________ Date Completed ________________

PLEASE PRINT CLEARLY:

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Name __________________________ City __________________________ State __________________________ Zip Code __________________________

Phone # __________________________ Email address __________________________

TYPE OF CREDIT: Please Indicate Your Certification Needs
☐ Act 48: Educators (please complete Act 48 packet) ☐ CADC: Certified Alcohol and Drug Counselor
☐ CEU: General Continuing Education Credit ☐ CPRP: Certified Psychiatric Rehabilitation Practitioners
☐ NCC: National Certified Counselors ☐ PCHA: Personal Care Home Administrators
☐ Psychologist ☐ SW/LPC/LMFT: Social Work (LCSW, MSW)

PAYMENT ENCLOSED:
☐ $30 for Act 48, CADC, CEU, CPRP, NBCC, PCHA, Psychologist, or Social Work credit.

PAYMENT TYPE:
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Send 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, contact Jennifer Lichok at lichokjl@upmc.edu or 412-204-9088.