

## **Posttest**

From Disordered to Ordered ... What is "Normal" Eating?: Equipping Our Patients/Clients for the Journey
Presented by: Reba Sloan, MPH, LRD, FAED

Credit: One (1) Continuing Education Credit Awarded

## Post-Test (For reference only. You must take and pass the test online for CE credit.)

- 1. What is disordered eating?
  - a. One that is not normal.
  - b. Eating without a schedule.
  - c. Eating alone.
  - d. Following irrational rules regarding food, eating, weight, exercise, etc. that leads to guilt/shame when broken.
- 2. Which is an essential factor in eating disorder recovery?
  - a. Social media.
  - b. Admission to residential treatment.
  - c. Weight restoration
  - d. Cessation of the pursuit of weight loss and/or efforts to micromanage one's body.
- 3. Which is not a barrier to Intuitive Eating?
  - a. The diet culture's promotion of body dissatisfaction.
  - b. Early programing from family of origin regarding the practice of dieting.
  - c. Level of education.
  - d. The influence of artificial body ideals promoted by various weight/body focused subcultures such as ballet, gymnastics, track, etc.
- 4. Bio pedagogies are not:
  - a. Originated from misrepresentations regarding "the war on obesity".
  - b. Legislative rules
  - c. Rooted in diet culture rules.
  - d. Dietary restriction messages disguised as health promotion.
- 5. Why is dietary restraint dangerous behavior?
  - a. Dieting is costly.
  - b. Dietary restraint is difficult.
  - c. Dieting limits social engagements.
  - d. Dieting can lead to eating disorders.
- 6. What is not "normal eating"?
  - a. Eating that causes chaos in one's brain that includes guilt and shame.
  - b. Honoring hunger signals.
  - c. Overriding hunger signals by eating "filler foods" and drinking extra water.
  - d. Flexibility with food choices, timing of meals, ability to eat in social situations with ease.

- 7. How can we assist clients in moving towards normal eating?
  - a. Give them a rigid plan to follow.
  - b. Have them challenge dichotomous thinking.
  - c. Inform them of their BMI
  - d. Give them a copy of the U.S. Dietary Guidelines
- 8. Intuitive eating can become a bio pedagogy if a client:
  - a. Thinks that there is an ideal way in which to eat intuitively.
  - b. Does not read the workbook.
  - c. Starts IE too early.
  - d. Weighs themselves
- 9. This particular temperament/personality trait can be a barrier to IE:
  - a. Perfectionistic with OCD tendencies
  - b. Extroverts
  - c. Rebellious
  - d. Anxiety prone
- 10. Why is it important to include fortification against the prevalent diet culture as a part of eating disorder treatment?
  - a. Body image issues can be complicated.
  - b. The medical community can be "fat phobic".
  - c. Anyone prone to developing an eating disorder can relapse when dietary restraint/dieting is undertaken.
  - d. There are calorie counts on menus.