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Specialized Treatment for Eating Disorders
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Eating Disorders, Resilience, and Hope: What Clinicians Need to Know from the Other Side of the Couch

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Credit: One (1) Continuing Education Credit Awarded

Posttest *(For reference only. You must take and pass the test online for CE credit.)*

1. Which of the following is TRUE about the lived experience of eating disorders?
A. Most individuals can fully articulate their experience using diagnostic labels.
B. Eating disorders are primarily about food and weight.
C. The internal experience often includes ambivalence, shame, and identity confusion.
D. Eating disorders only affect young white females.

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2. Which factor is considered protective in the eating disorder recovery process?
A. Strict weight monitoring
B. Early discharge from treatment
C. Supportive relationships and narrative agency
D. Caloric restriction paired with exercise

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3. What is a key principle of using hope as a clinical tool in ED treatment?
A. Offering repeated reassurances that everything will be fine
B. Providing tough love to motivate clients
C. Demonstrating belief in recovery, especially when clients feel hopeless
D. Avoiding emotional engagement to maintain clinical neutrality

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4. Which clinical approach is LEAST aligned with trauma-informed care for ED clients?
A. Avoiding shaming or judgmental language
B. Emphasizing weight loss as a sign of recovery
C. Centering the client's autonomy and lived experience
D. Creating a physically and emotionally safe therapeutic environment

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5. According to the presentation, how can clinicians foster resilience in their clients?
A. By pushing them to “move on” from their eating disorder quickly
B. By validating their struggle while affirming their strength
C. By focusing primarily on behavioral compliance
D. By using a standardized script for every client

6. What does ACE stand for?
A. Advanced Childhood Experiences
B. Ace Centered Experiences
C. By focusing primarily on behavioral compliance
D. Adverse Childhood Experiences

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7. Snyder's Hope Theory originated in what decade?
A. 1970's
B. 1980's
C. 1990's
D. 2000's

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8. The DSM-5 is the main guide for what group?
A. Mental health providers
B. Primary care physicians
C. People diagnosed with a mental illness
D. Marketing Professionals

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9. Which of these was not discussed in Protective & Promotive Factors in recovery:
A. Supportive relationships
B. Narrative agency & meaning making
C. Identity beyond ED
D. Birth weight

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10. Which of the four answers does the DSM-5 not cover, but is critical for recovery, as outlined in today's presentation?
A. Internal Experiences
B. Childhood Hobbies
C. Myth vs Reality
D. Barriers to Care