What Every Therapist Needs To Know About Treating Eating and Weight Issues

Multiple Choice
Identify the choice that best completes the statement or answers the question.

1. **Introduction**
   While it was initially thought that the causes of anorexia and bulimia nervosa were solely psychological and intrapsychic, in time psychology began to view them as being caused, or at least exacerbated, by family dynamics, traumatic events, and societal pressures to be thin.
   a. True  
   b. False

2. A significant portion of the population in the United States is concerned about losing weight, and they consider dieting the way to do it. According to Multi-Service Eating Disorder Association (MEDA), at any given time in this country, ____ of women and ____ of men are on a diet, but only ____ keep weight off more than five years.
   a. 50%; 30%; 3%  
   b. 45%; 25%; 5%  
   c. 40%; 20%; 7%  
   d. 35%; 15%; 9%

3. The author, Karen R. Koenig, believes that referring clients to diet plans and programs as a solution to dealing with weight and eating issues does not support what clinicians know and try to teach clients. In dealing with weight and food issues, as with any problems, clients must realize that:
   a. There are complex roots to most of our issues and that resolving our difficulties requires change in many aspects of our lives  
   b. Creating a life that is joyful and meaningful is a linear process  
   c. Anyone who puts forth the effort can lose weight and make long-lasting transformations as long as they are motivated to do so
   d. All of the above

4. **Chapter One: A Comprehensive Approach to Treating Eating, Weight, and Body Image Issues**
   Many clients may not share their concerns about their weight or food difficulties because they feel that these problems are trivial and superficial. Instead, clients believe that therapy should concentrate on important issues such as building interpersonal skills and relationships, dealing with a life-changing decision, or managing a crisis, or they may not actually realize how much stress they are feeling about their size or their eating.
   a. True  
   b. False

5. Professionals describe a new way of thinking and behaving around food that may not reach a level of clinical disorder but, nevertheless, is unhealthy and benefits from treatment. This occurs on a continuum from chronic dieting and fear of food and weight gain, to the most severe, life-threatening cases of anorexia, and from compulsive and emotional food consumption that causes gradual weight gain to binge eating. This is referred to as:
   a. Dysfunctional eating  
   b. Harmful eating  
   c. Dangerous eating  
   d. Disordered eating
6. Binge eating occurs when a person eats well beyond the point of feeling full at least two times a week, and it may be accompanied by bulimia, but more often is not.
   a. True   b. False

7. Sleep eating disorder is an unusual disorder that is characterized by abnormal eating patterns during the night, including uncontrolled eating urges and splurges. Which of the following accurately describes this condition?
   a. Sleep eating disorder usually affects about 2.5% of the population and is difficult to diagnose
   b. High levels of melatonin and cortisol may be factors that contribute to sleep eating disorder
   c. Clients with this disorder may experience weight gain, daytime fatigue, and unexplained bruises from sleepwalking
   d. Both B and C above

8. The author reports that the quest for thinness and abhorrence of fat has filtered down to young children, and predominantly young girls. The National Eating Disorders Association reports that 68% of 10-year-old girls are afraid of being fat, and that the biggest concern of 10 to 15-year-old girls is their weight.
   a. True   b. False

9. Body Dysmorphic Disorder (BDD) is an extreme distortion of body image which often occurs with men and women of normal weight who think they are fat, or with those who are ultrathin but still see themselves as chubby. Each of the following is a correct statement about this disorder EXCEPT:
   a. The hallmark of BDD is that it is based on irrational thinking, falsehoods, and lack of evidence
   b. Since body size is not the real problem, no amount of facts, weight charts, or mirrors will convince someone with such a distorted body image to see themselves clearly and accurately
   c. The clinician must resist the urge to reassure the client that he or she looks fine and does not need to lose weight, and treating the disorder requires time and patience
   d. BDD is best viewed along the anxiety continuum and is most likely to occur during high stress periods

10. Although becoming overweight and obese may appear to be the result of overeating, and dieting may seem to be the solution, the author believes that dieting is actually the most common behavior that leads to an eating disorder.
    a. True   b. False

11. While diets do not generally work in the long term, they may be useful and successful occasionally. For example, if a client traditionally has had a positive relationship with food, has maintained a stable weight for a long period, and wants to lose a small amount of weight, say 5 to 10 pounds, for the right reasons, a diet may be appropriate.
12. Three therapeutic elements are needed to help clients resolve their problems with food for life. These include shifting attitudes, teaching skills to “eat normally”, and:
   a. All around skill development       c. Feelings management
   b. Empowerment                      d. None of the above

13. Chapter Two: How Clients Express Themselves Through Food
    Due to institutional cultural bias, many Americans suffer from prejudice against fat people, although these prejudices don’t tend to be anywhere near our natural biases against color and racism.
   a. True                            b. False

14. In our society, it is important for clinicians to realize that those who grow up and live in our culture may have various biases and judgments about their bodies and food, while those from other cultures may have very different views about food, fatness, and thinness.
   a. True                            b. False

15. A common conflict that drives disordered eating has to do with underlying anger, and much of this anger comes from beliefs about ____________.
   a. Fairness                        c. Hopelessness
   b. Guilt                           d. None of the above

16. Children who were forced to eat or finish all their food while growing up often become overeaters in their adult life, as if the parent were still standing over them.
   a. True                            b. False

17. It may be very helpful for a professional working with a client experiencing eating and weight issues to ask this question, “Is how you look any kind of rebellion against your parents or society?” This may help the clinician assess:
   a. Feelings about growing up       c. Feelings about suffering
   b. Feelings about self-care        d. All of the above

18. Mixed messages about sexuality, intimacy, body image, and weight are very common in our culture. Which of the following is a true statement about these issues?
   a. While there is a high correlation between sexual abuse and eating disorders, most women who have problems with eating or weight were not raped or molested and are
   c. Size can be used as a way to withdraw from relationships and intimacy
not incest survivors

b. In this culture, being extremely under- or overweight desexualizes people to the extent that it often takes them completely out of the social running
d. All of the above

19. When a client experiences distorted thinking or difficulty regulating emotions in regard to food and weight issues, an important goal is to help the client connect his or her actions with what is going on emotionally.
a. True b. False

20. Unconscious, underlying conflicts that get played out in the eating or weight arena generally add to what we already understand about a client. Many of these conflicts are connected to rebellion, autonomy, and:
a. Neglect or lack of self-love c. Values or self-regulation
b. Unresolved issues or anger d. None of the above

21. Chapter Three: The Biology of Eating and Weight
Although parental attitudes toward food and weight are a large contributor to a client’s ability to eat “normally” and maintain a comfortable weight, genetic makeup is also a critical factor. A recent controversial theory maintains that _________ of our weight may be genetically determined.
a. 80 percent c. 60 percent
b. 70 percent d. 50 percent

22. Some research points to a popular explanation which holds that our bodies are preprogrammed genetically to maintain a certain weight and that we cannot remain for long either above or below this limit. This is known as:
a. Biological imprint c. Predetermined evolution
b. Regulatory system d. Set point theory

23. Since an individuals’ genetically preprogrammed weight is thought to be influenced by many factors, it is important for therapists to remind overweight clients that willpower cannot override biology.
a. True b. False

24. Appetite and weight are regulated by the brain through chemicals that bring it information about the body’s energy and fuel needs. Which of the following is an accurate statement about these processes?
a. The thalamus is the region of the brain best known for energy-related activities such as sensing hunger and satiation c. The brain may lower or raise the body’s overall energy needs according to what is in its fat stores or may reallocate energy to be conserved for survival
b. The main components of the chemical d. All of the above
Neurotransmitters such as serotonin, dopamine, norepinephrine, and gamma-aminobutyric acid (GABA) transmit information from one cell or another to regulate mood and affect. One way that pleasure registers in the brain is through the release of norepinephrine when a carbohydrate rich food is consumed.

a. True  
b. False

Evidence has shown that eating certain foods can increase neurotransmitter levels in the brain. This elevation suggests that specific foods register in the reward circuitry of the brain in much the same way as alcohol and some drugs, which indicates that food is also addictive.

a. True  
b. False

Clients may insist they have a food allergy because they “cannot” stop eating certain foods, particularly carbohydrate-rich foods that are high in sugar and/or fat. However, current research indicates that people who eat sugar and crave more of it do not have an allergy to sugar, in spite of the fact that eating it may trigger a craving for more.

a. True  
b. False

Professionals working with eating and/or weight issues should have an understanding of what clients go through in order to avoid getting fat, to lose weight, or to keep it off. Which of the following is an accurate statement about diet approaches that have been used over the last decade?

a. Low-fat diets have been popular and successful with the advent of hundreds of low-or no-fat products that fill our supermarket shelves  
b. While most diets are based on sound medical nutritional research, what was solid evidence at one time often falls out of favor when science produces new or challenging information  
c. The more scientists learn about eating and weight, the better they understand that there is no on-size-fits-all approach to taking and keeping weight off  
d. All of the above

Hypothyroidism, a condition in which the thyroid gland produces too little hormone, slows down metabolism and may cause weight gain. Which of the following are not included in the symptoms of hypothyroidism?

a. Rapid body movements and inability to tolerate heat  
b. Coarse and thinning hair and dry skin  
c. Feeling tired or week and memory problems  
d. Hoarseness and muscle aches and cramps
30. While it is important that clients understand that they may have underlying illnesses and conditions that contribute to eating and weight problems, it is also critical that they begin to hold themselves 100% accountable for their weight struggles, as this is the first step toward becoming healthy and fit.

a. True  
b. False

31. **Chapter Four: Health and Medical Problems**

Although mental health professionals may not be experts in nutrition, biochemistry, and fitness, it is important that they recognize in broad terms what promotes good health, what harms it, and what clients can do to develop a healthier lifestyle. Educating clients about the risks of being over- and underweight and malnourished helps them:

a. Understand that they are at risk due to weight-related health problems and that dysfunctional eating has negative consequences  
b. Have opportunities to make small decisions, even when they are unwilling to completely overhaul their eating habits  
c. Realize that the foods they eat and the lifestyle choices they make have a huge impact on their moods, thinking, and behavior  
d. All of the above

32. A BMI of 18.5 or lower is considered underweight and may endanger health. However, it is not a guarantee that the client is unhealthy any more than it is a guarantee that a slender client who fails to exercise is healthier than an overweight one who exercises regularly.

a. True  
b. False

33. Which of the following is an accurate statement about the dangers of being overweight or obese according to the U.S. Department of Health and Human Services?

a. An estimated 200,000 deaths per year may be attributed to obesity  
b. Even moderate weight excess (10 to 20 pounds for a person of average height) increases the risk of death, particularly among adults aged 30 to 64 years  
c. Individuals who are obese (BMI > 30) have a 30%-60% increased risk of premature death from all causes, compared to individuals with a healthy weight  
d. All of the above

34. Current National Institutes of Health guidelines state that weight-loss surgery is appropriate for people whose BMI is greater than 35. In addition, those with a BMI of 30 with three or more significant obesity-related problems may be good candidates for surgery.

a. True  
b. False
35. Clients who are above or below average weight often complain of being lectured, talked down to, humiliated, and blamed for their medical problems by health practitioners. Although some clients may be sensitive and overreact to even the slightest criticism, there is good reason to believe that they are treated differently by health professionals.

   a. True  
   b. False

36. **Chapter Five: Personality Traits and Family Dynamics**
   The author suggests that in order to understand how being overweight or underweight affects the client, the clinician should ask each of the following questions EXCEPT:

   a. How has your weight impacted your fear of rejection and exclusion?  
   b. How has being outside the norm influenced your attitude and behavior in terms of school, play, work, self-esteem, and socializing?  
   c. How has your body image shaped your personality and how have your personality traits impacted your body image?  
   d. How has your weight affected your feelings about yourself during different times in your life?

37. Sometimes a client may do everything to succeed at work or help others but does little to take care of herself. Or, a client cannot refrain from shopping because buying new things gives him a high and saying no makes him feel deprived or depressed, which Koenig refers to as:

   a. Overindulgence Disorder  
   b. Self-regulation Disorder  
   c. Enough Disorder  
   d. None of the above

38. Character traits that accompany eating problems are likely precursors to eating disorders, rather than existing concurrently with them.

   a. True  
   b. False

39. Many clients with eating problems suffer from a victim mentality. They often focus on the unfairness and anger associated with food and weight struggles.

   a. True  
   b. False

40. Clients who have eating or weight problems may believe that change will happen without effort, no harm will come from self-destructive habits, and that one can avoid having bad things happen if one refuses to think about them. This is known as adaptive thinking.

   a. True  
   b. False

41. Which of the following is a correct statement about counter dependency and eating or weight issues?

   a. In childhood, counter dependent clients learned that they had to rely on their own value independence above all, they are
internal resources to meet their emotional needs actually yearning for understanding, connection, support, and companionship

b. The more strongly counter dependent clients can suppress their constant need for other people, the less likely they are to turn for food for comfort
d. None of the above

42. Chronic under-eaters and those who underweight often have a harsh super ego and a tendency toward perfectionism. However, these characteristics are rarely seen in over-eaters.

a. True b. False

43. A sister characteristic of perfectionism is when clients are exceedingly hard on themselves and possess only a minimum of ________________.

a. Self-confidence c. Self-worth
b. Self-compassion d. Self-love

44. Questions such as, “Is it easier to depend on food for comfort than people?” and “Do you often feel shame about your thoughts or actions?” can be used to help the client understand:

a. How unhealthy emotional defenses may work against achieving eating and weight goals
b. How underlying character issues contribute to weight and eating problems
c. How values and upbringing may encourage unhealthy thinking and eating
d. How specific personality traits influence eating and weight problems

45. Because three of the key criteria for borderline personality disorder (BPD) are affective instability, impulsivity, and chronic feelings of emptiness, it is often linked to eating problems.

a. True b. False

46. Clients’ views about their bodies and food may still be impacted by family dynamics when they reach adulthood. This is especially true when clients have not adequately separated emotionally from parents and are unable to think for themselves about (and stand up for) their size and how they wish to eat. and when:

a. Parents made little effort to be fit and healthy or were overly preoccupied with health and fitness c. Parents or other family members violate boundaries and comment on clients’ eating and weight
b. Clients were not taught how to nurture and care for themselves d. None of the above

47. **Chapter Six: Assessment**
Clinicians may assume that an underweight client is happy with his or her size and an overweight client is unhappy, which may or may not be true. The meaning that weight has to a client cannot really be determined until some direct or indirect communication about it has occurred.

48. Experts believe that it is inappropriate to assess a clients feelings in the food and body arena during an initial interview since a wide spectrum of underlying issues need to be covered before discussing weight and food concerns.

49. In general, it is more likely that an overweight client will acknowledge eating and weight problems in order to get help that an underweight client.

50. Two major reasons that clients fail to raise concerns about food and the scale are shame and:

51. Clients who fuss too much over appearance, including obsessing about their weight, may be responding to neglect or abuse from childhood and may be spending their adulthood trying to make up for it. Additionally, needing to look perfect at all times may hint at body image problems and could lead to underlying eating or weight issues.

52. Some illnesses and diseases may lead to changes in eating and/or weight. Which of the following conditions is likely to lead to weight loss?

53. Clients who have recently given up an addiction may be vulnerable to switching vices and turn to food for comfort. This may be a good thing for a client who is in recovery from drug addiction or alcoholism, as weight gain may be positive in that it may mean the addict is taking better care of his or her nutritional needs.

54. Chapter Seven: Clinical Disorders
Sometimes eating and weight problems coexist with other disorders such as depression, anxiety, dissociative disorders and personality disorders. Which of the following is a true statement about potential links between mood disorders and food problems?
a. Anyone who meets the criteria for these psychological classifications may suffer from a disregulation of neurotransmitters such as serotonin, norepinephrine, GABA, dopamine and others

b. Considering that these clients are having difficulty regulating affect, they may also have difficulty regulating appetite and may be abusing food to modulate feelings

c. Clients who abuse food may have underlying neurotransmitter imbalances that produce mood disturbances

d. All of the above

55. One of the most obvious signs of depression is loss of appetite, and this usually signals the beginning of a serious eating problem.

a. True  
b. False

56. Repetitive behaviors or mental acts that a client feels driven to perform according to rigidly applied rules are known as:

a. Dissociations  
b. Obsessions  
c. Compulsions  
d. None of the above

57. More and more studies are being conducted on the correlation between sexual trauma and eating disorders. The author reports that clients who have been sexually violated may have body and food regulation issues due to feelings of powerlessness, breaking of trust, fear of intimacy, and:

a. Unworthiness  
b. Insecurity  
c. Restlessness  
d. Extreme anxiety

58. Clients who have been sexually traumatized may have problems staying connected to reality and to their bodies. Eating disordered clients may experience “a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment”, which is called going unconscious.

a. True  
b. False

59. **Chapter Eight: Life-Cycle Issues**

Therapists are treating more and more overweight youth, and are seeing escalating numbers of children of normal weight who are preoccupied with thinness. Studies indicate that children as young as six are expressing body dissatisfaction, that ____ percent of girls in the first through third grades want to be thinner, and ____ percent of 9-and 10-year old girls feel better about themselves when they are on a diet.

a. 27; 39  
b. 38; 42  
c. 37; 48  
d. 42; 51
60. The focus of childhood eating problems falls into two categories. The first is when children are overweight or obese and have low self-esteem, and the second category is those who enter treatment because they are dieting or starving themselves.

a. True  
b. False

61. Adolescence has always been a time of turbulence and turmoil, and it is understandable that adolescents may want to experiment with eating more or less as they observe what friends do and see the examples set by celebrities and other adults. Which of the following accurately describes eating and weight issues with adolescents?

a. Current estimates are that 53% of high school girls and 12.2% of boys are on a diet at any given time, and chronic dieting is considered the gateway into eating dysfunction and body image problems.

b. More than 1 in 10 girls in grades 9-12 and almost 1 in 20 same-age boys have at least five symptoms of bulimia.

c. While 2-4% of adolescents have anorexia nervosa, 5-6% have bulimia nervosa.

d. All of the above.

62. Tip-offs that adolescents might be overly concerned with weight include intense desire to fit in with a particular peer group, yearning for popularity, insisting on getting to or maintaining an ultra-low weight for sports competition, and a preoccupation with appearance.

a. True  
b. False

63. Statistics about eating disorders, especially females during late adolescence, are scary and disheartening. More than 84% of those with eating disorders are adolescent and adult young women, 92% of female college students surveyed had attempted to control their weight through dieting, and 32% said they dieted “often” or “always”.

a. True  
b. False

64. Sometimes clients who have been minimizing overeating or weight problems finally decide to face them squarely when they become interested in dating or deepening a relationship with one person in particular. Which of the following is NOT one of the suggested questions to ask when assessing eating and weight concerns in regards to dating and mating?

a. How concerned are you about your weight in terms of dating and finding a mate?

b. What is the biggest problem for you regarding food and relationships?

c. How can I help you feel better about dating, intimacy, and commitment?

d. Do you understand what “normal” and “healthy” eating is and how you can incorporate this into your dating life?
65. For women who have had long-standing weight and eating problems, pregnancy may exacerbate or alleviate concerns. Additionally, many women who have never had food or weight problems first encounter them during pregnancy, when their bodies begin to enlarge, and they worry that they won't be able to take off the weight once the baby is born.

a. True  

b. False

66. Female clients often complain about putting on weight due to menopause and shifting hormones. Approximately ________ percentage of menopausal women gain weight between the ages of 35 and 55, mostly between 10 to 15 pounds.

a. Sixty  

b. Seventy  

c. Eighty  

d. Ninety

67. Since menopausal weight gain is inevitable, clinicians should help these clients accept their fate and think more positively about appetite and body changes.

a. True  

b. False

68. Clients who have not adjusted well to aging and retirement are at risk for centering their life around food and gaining weight. In contrast, some elderly clients may experience a diminished appetite and weight loss because of pain, worsening heart failure, depression, dementia, or pneumonia.

a. True  

b. False

69. Weight may become a strong focus when individuals become heavily involved in competitive athletics, and high school and college athletes are especially vulnerable to developing eating disorders. In a study done by Cornell University, 30% of male football players were found to engage in some form of disordered eating, and a study of 425 female college athletes showed that 53% of them were terrified of being too heavy, and 45% reported experiencing pressure to achieve or maintain a certain weight.

a. True  

b. False

70. Eating and weight concerns may surface when clients choose to quit smoking. Each of the following is a true statement about smoking cessation and weight issues EXCEPT:

a. Nicotine is an oral habit and it is natural to turn to food as a substitute when quitting smoking  

b. It is important to help clients recognize that quitting smoking is a tremendously positive thing to do for their health and longevity, and to support them in not smoking even if they gain some weight  

c. For people who use cigarettes to control their weight or panic over gaining a pound, quitting may be a very trying time, and some may not even attempt to quit for fear of gaining weight  

d. Clients should understand that because nicotine elevates metabolism and quitting smoking causes it to return to its normal functioning, most people will experience a 10-15 pound weight gain when they give
up cigarettes, although it is usually only temporary.

71. It is important for clients to realize that if they have had eating problems in the past, there is a good chance that stressful situations will trigger food issues again. As clinicians get to know their clients, they should encourage them to think ahead when major change is about to happen in order to anticipate if food and weight concerns will reoccur and how they will be dealt with.
   a. True
   b. False

72. Therapists working with clients with food and weight issues should address nutritional concerns immediately while helping them to become “normal eaters”.
   a. True
   b. False

73. When eating is instinctive, it is based primarily on innate body signals about hunger, cravings, and satiation. When a person is able to eat when hungry, eat with awareness and enjoyment, and stop when full or satisfied, this is known as normal or ___________ eating.
   a. Nutritious
   b. Intuitive
   c. Ingrained
   d. Connected

74. Overloading a client with nutritional information such as calorie counts and how to weigh their food may actually promote or reinforce disordered eating because it may encourage them to obsess about food and deny themselves pleasure.
   a. True
   b. False

75. Vitamins and minerals are substances the body needs in small but steady amounts for normal growth, function, and health, and they are also known as bionutrients.
   a. True
   b. False

76. Chapter Nine: Nutrition and Fitness
   Fitness is generally defined as the attributes that people have or achieve relating to their ability to perform physical activity. Clients with food and weight issues may view exercise negatively, as yet another self-care chore that is considered work rather than pleasure.
   a. True
   b. False

77. According to most experts, there are five basic components of physical fitness that are equally important to physical health. These include cardio-respiratory endurance, muscular strength, muscular endurance, flexibility, and:
   a. Power
   b. Coordination
   c. Body Composition
   d. Agility
78. The current rule of thumb is to exercise for 30 minutes a day in order to stay fit. Experts believe it is much more beneficial to complete the 30 minutes at one time rather than break it up into shorter spurts.
   a. True  
   b. False

79. For some clients, starting and stopping exercise over and over means that they probably have conflicting feelings about getting or staying in shape. Most clients are in touch with ___________ beliefs and feelings that they should exercise, but are out of touch with ___________ ones about why they don’t want to exercise.
   a. Obvious: subconscious  
   b. Manifest; latent  
   c. External; internal  
   d. None of the above

80. **Chapter Ten: Transference and Countertransference**
As clinicians help clients identify their issues and reactions toward the therapist, therapists must also deal with their own issues about the clients’ size and shape.
   a. True  
   b. False

81. When a therapist is overweight, a number of client reactions are possible. Which of the following is NOT one of the possible reactions that the author describes?
   a. A client may feel an instant bond and assume that the therapist will automatically understand his or her weight struggles  
   b. Finding a therapist who is large may open the door for some overweight clients to share self-contempt with someone they feel they can relate to  
   c. Some overweight clients might meet with a heavy therapist and feel that the therapist has nothing to offer because of his or her own weight issues  
   d. Clients who are fat phobic or thin obsessed and who normally have contempt for large people in general will likely become more sympathetic after establishing rapport with the overweight therapist

82. Thin therapists may be an asset to underweight clients. They may use their own experiences of eating nutritiously and living a healthy lifestyle to show their clients that they can keep their weight down in a reasonable, healthful way and not have to resort to starvation, purging, or over exercising.
   a. True  
   b. False

83. It is generally accepted that an average-weight therapist would have the easiest time with overweight or underweight clients, because clients tend to have more confidence in the average-weight therapist’s abilities.
   a. True  
   b. False
84. Each of the following is an appropriate guideline for dealing with problematic reactions to eating and weight issues EXCEPT:

a. Err on the side of caution and see how the client reacts to eating and weight issues
b. Therapists should acknowledge feelings of frustration, helplessness, and hopelessness while trying to fix the clients eating or weight problems
c. The best bet is to model healthy self-awareness and self-acceptance without minimizing the difficulties of overcoming eating and weight problems
d. When sensing a clients’ discomfort about food or weight issues, it is crucial for the therapist to not come across as judgmental

85. **Chapter Eleven: Treatment Options**
The most obvious approach to addressing eating and weight issues with a client is to raise concerns about self-care and self-esteem issues.

a. True  
b. False

86. It is important to ask clients what they know about the health risks of being obese or severely underweight. However, most clients with weight issues tend to be offended with therapists who distribute handouts, articles, or other information about these issues.

a. True  
b. False

87. Many clients will say openly that they have “low self-esteem” and connect it to having weight problems. In the Six Pillars of Self-Esteem, Nathan Brandon states that self-esteem has two interrelated concepts including self-efficacy and:

a. Self-respect  
b. Self-preservation  
c. Self-confidence  
d. None of the above

88. Therapists may ask clients to rate their self-care abilities on a scale of 1 to 10, from poor care to excellent care. Self-care should include physical, emotional, spiritual, and ______________ aspects of care.

a. Social  
b. Behavioral  
c. Mental  
d. All of the above

89. Although some people completely lose their appetite when they come down with the blahs or the blues, most are likely to at least occasionally incline toward food for comfort.

a. True  
b. False

90. To help clients assess if food problems are related to an inability to comfort and soothe themselves without abusing food, Koenig recommends asking each of the following EXCEPT:

a. What are effective ways you comfort  
c. Which of your attributes or behaviors
91. When therapists address food or weight issues that are related to stress, they must engage clients on two levels. Clinicians should help clients identify and diffuse emotions that are related to stress eating and:

a. Help reduce physical symptoms of stress
d. None of the above

b. Help them react differently to stressful situations instead of trying to change them
c. Help clients focus primarily on external stressors as triggers

92. Often times food, weight, and body problems indicate that something has gone wrong in an interpersonal or intimate relationship. Generally, females act out in the food and weight arena more often than males, but the dynamics are the same for either gender.

a. True
b. False

c. Help clients focus primarily on external stressors as triggers

93. Which of the following is an accurate description of how people use eating and weight problems as symbols of other issues?

a. A client who was neglected in childhood and feels insignificant, weak, and powerless might (unconsciously or consciously) imagine that his large size provides him with power and substance
b. Clients who have difficulty talking about or letting go of a traumatic past may use eating problems as a way to show the world that they have suffered
c. Clients may use weight and food problems as a way to get other people to take care of them
d. All of the above

94. A client who comes to therapy with an eating problem may be disappointed, shocked, or angry that his difficulties are about more than food. Although he or she may be resistant to talking about anything else, it is quite natural for dialogue to shift to other important topics.

a. True
b. False

c. Clients may use weight and food problems as a way to get other people to take care of them

95. Many clients with eating problems report an increased ability to curb disordered eating when taking medications for anxiety and depression. Experts believe that this is due to drugs remedying underlying chemical balances rather than acting directly.

a. True
b. False
96. Appetite suppressants decrease appetite and increase the sensation of fullness. The most commonly prescribed appetite suppressants in the United States are:

a. Phentermine and Sibutramine 
   b. Olanzapine and Promethazine 
   c. Sertaline and Venlafaxine 
   d. Imipramine and Paroxetine

97. The psychological treatment technique that uses a combination of behaviorism, cognitive therapy, and mindfulness to decrease self-harming behaviors and expand life skills is called:

a. Gestalt therapy 
   b. Psychodrama 
   c. Dialectical Behavioral Training 
   d. None of the above

98. Group therapy is especially helpful for disordered eaters who have serious relational problems and sufficient ego strength to help them overcome shame. Clients with major trust issues are encouraged to participate in group therapy in order to help them learn to accept feedback and rely on others.

a. True 
   b. False

99. Body work such as massage, meditation, yoga, tai chi, and dance, among others, can help clients with food problems connect to their physical selves. However, while massage helps most clients relax and feel connected to their body, it can also bring up painful feelings about past trauma, especially of a sexual nature.

a. True 
   b. False

100. Clinicians working with weight and food issues should be willing to consult an eating disorder specialist to provide new insights and approaches, and should be willing to refer clients to eating disorders experts.

a. True 
   b. False