

# Mindful Continuing Education

## Exploring Dual Relationships and Boundary Crossings in Ethical Clinical Practice

**1. \_\_\_\_\_ are unethical, exploitive and harmful to the client.**

- A. Boundary Crossings
  - B. Boundary Violations
  - C. Social Justice Infractions
  - D. Conflicts of Interest
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**2. The following are all examples of dual relationships EXCEPT:**

- A. Social Dual Relationship
  - B. Professional Dual Relationship
  - C. Institutional Dual Relationship
  - D. Cultural Dual Relationship
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**3. Risks of texting with a client may include:**

- A. Client empowerment
  - B. Threats to privacy and confidentiality
  - C. Improved accessibility
  - D. Strengthening therapeutic alliance
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**4. Sharing a meal with an anorexic patient is an example of:**

- A. Boundary Crossing
  - B. Boundary Violation
  - C. Dual Relationship
  - D. Conflicts of Interest
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**5. The burden of proof that a dual relationship has not caused harm is on**

- A. The Client
  - B. The Therapist
  - C. The Parent
  - D. The Agency Administration
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**6. One way of having clear boundaries with clients is:**

- A. HIPAA
  - B. Liability Insurance
  - C. Informed Consent
  - D. Regular phone contact
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**7. Having ethical standards and guidelines in behavioral health professions**

- A. Cannot guarantee ethical behavior
  - B. Can improve professional competencies
  - C. Can improve documentation
  - D. Can mediate social media usage
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**8. While some dual relationships are unavoidable, this one is avoidable, unethical, and often illegal:**

- A. Business Dual Relationship
  - B. Social Dual Relationship
  - C. Internet Dual Relationship
  - D. Sexual Relationship
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**9. Feeling attractions towards clients is:**

- A. Normal
  - B. Shameful
  - C. Unethical
  - D. Illegal
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**10. Clinicians experiencing feelings of attractions toward clients should:**

- A. Terminate with client
  - B. Share feelings with client
  - C. Consult with a supervisor, mentor, or colleague
  - D. Keep feelings to themselves
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