

# Psych CE

## Ethical Concerns When Working with Children and Adolescents

**1. Behavioral health professionals who work with children and adolescents share what ethical responsibility, regardless of their specific role?**

- A. To prioritize the needs of the family over the minor
  - B. To follow the same ethical code across all professions
  - C. To protect the wellbeing and support the needs of the minor child
  - D. To provide medical treatment in all cases
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**2. According to the American Academy of Child and Adolescent Psychiatry, which principle emphasizes understanding a child's developmental stage when providing care?**

- A. Minimizing Harmful Effects
  - B. Developmental Perspective
  - C. Advocacy and Equity
  - D. Third Party Influence
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**3. School psychologists primarily aim to:**

- A. Diagnose mental health disorders and prescribe medication
  - B. Conduct research studies on child development
  - C. Work only with children referred by outside providers
  - D. Improve student success by supporting emotional, behavioral, and learning needs
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**4. Which ethical requirement emphasizes designing and conducting research that avoids bias and is appropriate for diverse populations?**

- A. Competence
  - B. Transparency
  - C. Data Sharing
  - D. Professional Rewards
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**5. According to child psychiatry ethical principles, what is required when providing treatment to youth under age 18?**

- A. Guardian consent is optional if the child agrees
- B. Only the child's assent is needed for treatment
- C. Both guardian consent and the child's involvement through assent whenever possible

D. Full confidentiality must always be maintained, even from guardians

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**6. When balancing risks and benefits in developmental research, what must researchers ensure for studies that offer no direct benefit to participants?**

- A. Risks may exceed benefits if participants agree
  - B. Risks must remain lower than those in clinical care settings
  - C. Risks are acceptable if guardians provide consent
  - D. Risks cannot exceed the scientific, educational, or humanitarian value of the research
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**7. What must developmental scientists make clear during consent and assent procedures?**

- A. That all information will remain fully confidential
  - B. The limits of confidentiality and when information may need to be disclosed
  - C. That participants cannot withdraw once the study begins
  - D. That only guardians will be informed about disclosures
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**8. According to the guidelines on assessment during research, when must researchers be prepared to terminate a study?**

- A. When funding ends
  - B. When continuation poses risk of physical, psychological, or social harm
  - C. When recruitment numbers drop
  - D. When participants become disinterested
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**9. Counselors working with youth are expected to build their therapeutic relationship on:**

- A. Trust, informed consent, and sensitivity to the client's culture and values
  - B. The use of standardized assessments only
  - C. Strict avoidance of any discussion about confidentiality
  - D. Directives provided only by a supervising clinician
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**10. When discussing confidentiality with minor clients, what must counselors do?**

- A. Guarantee absolute confidentiality regardless of circumstances
  - B. Avoid explaining confidentiality until after treatment begins
  - C. Explain limitations, including when disclosure is required to protect the client or others
  - D. Disclose information to parents automatically after every session
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**11. Why is confidentiality especially important for minor children receiving behavioral health services?**

- A. Fear of being viewed as "different" may prevent them from seeking help
- B. They are legally entitled to full access to their medical records

- C. Confidentiality requirements are less strict for minors
  - D. They usually prefer to involve teachers in treatment decisions
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**12. Under HIPAA, which of the following is considered protected health information?**

- A. Only written notes from counseling sessions
  - B. Only billing records related to mental health treatment
  - C. Only information shared by the patient's parent or guardian
  - D. Medical record entries, conversations with providers, electronic records, and billing information
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**13. When is a parent not considered the personal representative of their minor child?**

- A. The child is under age 10
  - B. The parent requests access to billing records
  - C. State law allows the minor to consent to a particular service independently
  - D. The child is receiving medical care, not mental health care
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**14. What is true about psychotherapy notes under HIPAA?**

- A. They are always accessible to parents upon request
  - B. They are part of the regular medical record
  - C. They include start and stop times for each therapy session
  - D. They require patient authorization for disclosure, except when required by law
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**15. Which action supports the development of effective evidence-based practices in child behavioral health services?**

- A. Selecting programs based solely on cost
  - B. Engaging youth and families as stakeholders to help determine appropriate services
  - C. Excluding youth and families from the planning process
  - D. Eliminating data use to avoid bias
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**16. What is the primary purpose of a biopsychosocial assessment for children?**

- A. To gather comprehensive information needed to determine effective care services they can provide
  - B. To determine the child's eligibility for school services
  - C. To identify the child's personal preferences
  - D. To decide whether the child should receive inpatient care
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**17. A child presenting with anxiety and panic attacks would most likely benefit from which therapy modality?**

- A. Psychoanalysis
  - B. Eye-Movement Desensitization and Reprocessing
  - C. Cognitive-behavioral therapy
  - D. Dialectical behavioral therapy
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**18. Which level of care is most appropriate for a child who cannot function effectively at home or school and requires 8–10 hours of treatment per week?**

- A. Outpatient care
  - B. Partial hospitalization
  - C. Intensive outpatient care
  - D. Inpatient hospitalization
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**19. When communicating with children in therapy, which approach supports stronger therapeutic engagement?**

- A. Strictly using formal clinical language
  - B. Relying only on verbal talk therapy
  - C. Limiting discussions to treatment goals only
  - D. Incorporating creative methods like art, writing, or music
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**20. Which element is a key principle of person-centered care for children in behavioral health?**

- A. Keeping family involvement to a minimum
  - B. Prioritizing respect for the child's values, preferences, and needs
  - C. Ensuring children have no influence over treatment decisions
  - D. Designing treatment plans without input from the child
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**21. What is the primary threshold that requires a clinician to file a child abuse report?**

- A. Suspicion or reasonable cause to believe abuse or neglect may have occurred
  - B. Proof that abuse or neglect has occurred
  - C. A confession from the perpetrator
  - D. Confirmation from another professional
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**22. Which statement best describes the responsibility of mandatory reporters?**

- A. They must gather evidence to prove abuse before reporting
  - B. They must report concerns only after discussing them with a supervisor
  - C. They may choose whether or not to report based on personal judgment
  - D. They must report the facts and circumstances that led to their suspicion
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**23. How quickly must mandatory reporters submit a report once they have reasonable cause to suspect child abuse or neglect?**

- A. At the end of the week
  - B. Only after confirming the suspicion
  - C. As soon as possible
  - D. After discussing the situation with the family
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**24. What distinguishes mandatory reporters from permissive reporters?**

- A. Mandatory reporters must report; permissive reporters may choose to report
  - B. Mandatory reporters must prove abuse; permissive reporters do not
  - C. Permissive reporters must document all evidence they find
  - D. Mandatory reporters can only report if they witness abuse directly
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**25. According to the general reporting standards across states, which of the following is not required for filing a report?**

- A. Observing a child in dangerous conditions
  - B. Providing certainty that abuse occurred
  - C. Having reasonable cause to suspect abuse or neglect
  - D. Reporting concerns to the state's child welfare agency
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**26. In which state is a report required if a film or photographic print processor discovers images depicting a minor engaged in sexual conduct?**

- A. Missouri
  - B. Montana
  - C. Mississippi
  - D. New Hampshire
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**27. In Nevada, which of the following situations specifically requires a mandatory report in addition to suspected abuse or neglect?**

- A. A child displays withdrawn behavior
  - B. A child misses multiple days of school
  - C. An infant tests positive for prenatal illegal substance exposure
  - D. A caregiver refuses to answer a clinician's questions
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**28. According to Wisconsin's reporting standards, which of the following circumstances must be reported by a healthcare provider?**

- A. A child's sudden drop in school performance
- B. A parent requesting counseling for marital issues

- C. A child refusing to speak during a session
  - D. A child diagnosed with a sexually transmitted disease
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**29. Which state requires a report when a mandated reporter, acting in an official or professional capacity, has knowledge or reasonable cause to suspect abuse specifically based on information received in that capacity?**

- A. North Dakota
  - B. Utah
  - C. New Mexico
  - D. Ohio
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**30. Difficulty walking, difficulty sitting, pain in the genital area, and chronic depression are all warning signs most associated with which form of abuse?**

- A. Physical abuse
  - B. Neglect
  - C. Sexual abuse
  - D. Emotional maltreatment
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**31. Which of the following is a primary benefit of culturally sensitive care for clients?**

- A. Clients rely solely on the clinician for decision-making
  - B. Clients feel seen and heard and are more likely to achieve their goals
  - C. Clinicians reduce the need to understand cultural differences
  - D. Clients avoid discussing cultural factors
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**32. What is an example of a barrier to practicing cultural sensitivity for clinicians?**

- A. Actively seeking supervision
  - B. Fear and lack of preparedness for difficult conversations
  - C. Learning about client beliefs and practices
  - D. Providing trauma-informed care
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**33. Trauma-informed care emphasizes all of the following principles EXCEPT:**

- A. Safety for clients and staff
  - B. Empowerment and validation of strengths
  - C. Collaboration and shared decision-making
  - D. Enforcing strict rules without client input
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**34. What does maintaining neutrality in therapy primarily mean?**

- A. Checking one's own beliefs and remaining objective in the therapeutic relationship

- B. Sharing personal experiences whenever convenient
  - C. Aligning with the client's perspective against others
  - D. Avoiding all communication about values or ethics
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**35. Which of the following is NOT a recommended boundary practice in children's behavioral health services?**

- A. Establishing physical boundaries regarding touch
  - B. Clearly defining communication and self-disclosure limits
  - C. Engaging in gift exchanges with clients
  - D. Clarifying the types of services provided
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**36. When sharing mental health information with parents, what should clinicians do?**

- A. Share all information immediately, regardless of the child's comfort
  - B. Understand state privacy and consent laws and practice transparency with the child
  - C. Never share information with parents under any circumstances
  - D. Only share information verbally without explanation
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**37. How does case consultation differ from clinical supervision?**

- A. Clinical supervision occurs when therapists have ultimate responsibility for their clients
  - B. Case consultation occurs when therapists are students
  - C. Case consultation occurs when therapists have ultimate responsibility but seek guidance from peers
  - D. Clinical supervision is only for sharing client names and identifying information
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**38. In the case of Hamlin, what was the ethical and effective strategy used by his therapist to re-engage him in therapy?**

- A. Pushing Hamlin to immediately complete his homework
  - B. Ignoring Hamlin's fear and insisting on rapid progress
  - C. Referring Hamlin to a different therapist without explanation
  - D. Case-staffing the situation with a peer and adjusting the treatment plan to smaller steps
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**39. Charlie's school counselor prioritized addressing which aspect of his situation before focusing on behavioral therapy?**

- A. Meeting Charlie's essential needs, such as food and childcare, to reduce stressors
  - B. Punishing him for disruptive behavior
  - C. Providing therapy without addressing his home environment
  - D. Transferring him to a different school
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**40. In Lina's case, establishing trust and emotional safety involved all of the following EXCEPT:**

- A. Explaining HIPAA and privacy laws
  - B. Honoring cultural values and obligations
  - C. Forcing Lina to immediately discuss her fears
  - D. Asking questions in a supportive, positive, and non-threatening manner
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