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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

Copyright © 2026 Psych CE

Visit us at https://www.psychce.com