

Post Course Quiz

Boundary Issues

1. It must be noted initially that ethics are often confused with laws and rules. In fact, state laws and rules of clinical behavior often reflect the ethical standards of professional associations, but slightly different in that

- a. to violate the standards of a professional association only risks one's membership.
- b. it is a misdemeanor violation.
- c. laws of professional behavior are illegal.
- d. rules do not have the force of law.

2. Having sex with a client may be considered

- a. A boundary crossing
- b. a boundary violation
- c. either.
- d. depends upon the circumstances

3. Which of the following is true?

- a. A boundary crossing is an activity that occurs outside of the normal standards of psychotherapy.
- b. A boundary violation is something that harms the client.
- c. Different schools of clinical thought set boundaries differently.
- d. All of the above are true.

4. According to the author, the limits of clinical boundaries are set within a psychoanalytic model of "nothing outside the office."

- a. True
- b. False.

5. Non-sexual touching a client is by definition a boundary violation.

- A. True
- B. False

6. A boundary crossing can never have a beneficial effect on the client.

- A. True
- B. False.

Clinical Privacy

7. Off-shoring of clinical information to foreign countries has become a common practice.

- A. True
- B. False.

8. The author states that if you want to protect you client's privacy you need to

- a. not file any claims
- b. get a signed consent
- c. understand where the leaks of information are.
- d. refuse to send information to the MIB.

9. The Medical Information Bureau is run by

- a. the Federal Government
- b. an independent agency.
- c. the insurance industry.
- d. the American Medical Association.

10. One of the benefits of an electronic medical record is that therapists could view their client's full medical history to assist in a diagnosis.

- A. True
- B. False.

11. Under the HIPAA privacy rule for most purposes of medical records the patient's consent

- a. is not required.
- b. Is required
- c. Is only required for treatment, payment, or healthcare operations.
- d. None of the above.

12. Under the HIPAA privacy rule if a patient requests to limit uses and disclosures of medical data the health care provider

- a. must abide by the request.
- b. is not required to abide by the request.
- c. must consult with any third party payer.
- d. obtain a release from the patient.

Victimized by "Victims"

13. Dr. Williams directs his paper about false complaints to

- a. Psychotherapists.
- b. Attorneys
- c. Ethics Committees
- d. Regulator Boards.
- e. All of the above.

14. The Dr. Williams cites a study by Parsons and Wincze which found 120 boundary violations, including 37 involving sexual misconduct by therapists in Rhode Island in a three year period, yet the number of complaints filed with the Board of Examiners was

- a. 1
- b. 10
- c. 25
- d. 100

15. Dangers in the winnowing process for complaints against psychotherapist include all the following EXCEPT

- a. It may induce lasting scars on the innocent practitioner.
- b. It may dismiss valid claims.
- c. Determining the reliability of the true complaint process is ultimately impossible.
- d. The use of criminal procedures against a practitioner.

16. The jurors polled in the example case of the psychiatrist kissing a client one time awarded a settlement of \$160,000 because they believed

- a. The psychiatrist had lied
- b. The patient had lied
- c. There was more sexual activity than reported.
- d. The insurance company would pay for the woman's likely exaggerated claims.

17. Dr. Williams notes which of the following disorders may contribute to a "psychopathology motivated" complaint against a psychotherapist.

- a. Schizophrenia
- b. Borderline Personality Disorder
- c. Paranoia
- d. Dementia
- e. All of the above

18. Dr. Williams believes that the moral outrage against psychotherapists who exploit their patients has _____ us to the possibility of false accusations.

- a. Empowered
- b. Blinded
- c. Enabled
- d. Enlightened

Ethics and Boundaries Issues

Answer Sheet

Name _____ Lic No. _____ Phone _____

Enter correct answer

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
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10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

Signature required to affirm that you are the individual who completed this course.

Sign _____

Please mail this answer sheet to Michael Freeny Associates P.O. Box 532021 Orlando, FL 32803 407-884-6553
voice/fax

Your certificate of completion will be returned upon completion and passing with 70% accuracy.

Michael Freeny Associates

P.O. Box 532021 Orlando, FL 32803

Program Evaluation Form

Clinical Ethics in Psychotherapy

Using the scale indicated below, please place the appropriate number after each statement to indicate the degree to which you agree or disagree to the statement.

1 _____ 2 _____ 3 _____ 4 _____ 5

Strongly

Strongly

Disagree

Agree

Content/Format/Learning

1. The program description was accurate _____
2. I acquired new knowledge or skills _____
3. The amount of material presented was appropriate to the allotted credit _____
4. The course content matched the stated learning objectives _____
5. Materials current and useful _____

Instruction

6. The materials were understandable _____
7. The material was well organized _____
8. The concepts were clearly explained _____
9. The teaching style was appropriate for the content

Overall Rating

10. I expect this experience will be useful in my professional activities _____
11. The experience was enjoyable _____
12. I would recommend this program to a colleague/associate _____

Logistics

13. This format is conducive to learning _____
14. Registration was smooth and efficient _____
15. Staff were responsive and helpful _____

Additional Comments and Suggestions for Future Programs:

Use the form below to either mail, fax, or email your registration for Boundaries and Ethics

Michael Freeny Associates P.O. Box 532021 Orlando, FL 32803 407-884-6553 (voice/fax)

You may also email your request to mfreeny@clinicalCEU.com. Payment can be made by check, Visa or MasterCard or online. You will be billed for \$45.00. You must return the evaluation form before your certificate of attendance can be mailed out (a Board requirement). You may include this form for payment for the Ethics and Boundaries course.

Name _____ Lic. No. and Type _____

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