

CareCertify LLC

Mental Health Clinic Training Series

MHC-08

Professional Boundaries, Ethics & Dual Relationships

Participant Guide

Mental Health Clinic Training Series · Audience: Clinic Staff · Clinicians · Practitioners · Front-Office · Support · CE Hours: 1.0

Helping Relationships, Clear Boundaries

Clinic work runs on relationships — trusting connections with clients who may be vulnerable and dependent on the clinic's help. Those relationships are powerful, and exactly because of that, boundaries and ethics matter. Chapter 245I requires boundary training, and the standards apply across the clinic, to clinical and non-clinical roles alike.

This guide draws the lines: dual relationships, gifts, confidentiality, self-disclosure, and ethical principles. Boundaries aren't the opposite of caring — they're part of what keeps helping relationships safe and ethical.

Learning Objectives — by the end of this module you will be able to:

- Define professional boundaries and the helping relationship
- Avoid dual relationships and conflicts of interest
- Apply rules on gifts, money, and confidentiality
- Use self-disclosure appropriately, if at all
- Recognize and address boundary crossings

Section 1: Professional Boundaries and the Helping Relationship

Professional boundaries are the limits that keep a helping relationship focused on the client's care and safe for both people. The relationship is genuinely warm and supportive, but it's bounded — it isn't a friendship, romance, or business relationship. Clients may be vulnerable and dependent on the clinic, which makes boundaries protective. And boundaries apply to everyone — clinical and non-clinical — not just therapists.

Section 2: Dual Relationships and Conflicts of Interest

A dual relationship is having a second kind of relationship with a client — friend, neighbor, business partner, or romantic partner. Avoid them, and disclose unavoidable ones (in a community, you may know a client socially) to your supervisor so they can be managed. Romantic or sexual relationships with clients are never acceptable and are a serious ethical and licensing violation. Conflicts of interest — when personal interest could compromise judgment — must be disclosed and managed.

Section 3: Gifts, Money, and Favors

Don't accept money, valuable gifts, tips, or loans from clients, and don't handle their finances — financial exploitation of a vulnerable adult is reportable maltreatment. Follow your clinic's policy on small, token gifts. Keeping clear financial boundaries protects vulnerable clients and the trust they place in the clinic, and keeps you clearly on the right side of ethics and the law.

Section 4: Confidentiality and Social Media

Confidentiality is itself a boundary. Keep client information private, sharing only with the team as needed and as the law allows (covered in MHC-03). Don't connect with clients on social media or post about them, and don't acknowledge that someone is a client to others — including people in your shared community. In a clinic, where staff may know clients socially, this is especially important.

Section 5: Self-Disclosure

Self-disclosure — sharing your own experiences — can occasionally help a client feel understood, but it's easy to overdo and is mostly a clinical consideration. Use it sparingly and briefly, and only when it clearly serves the client, never to meet your own needs or shift the focus to you. For non-clinical staff, keep interactions professional and client-focused. When unsure whether to disclose, don't, and bring the question to supervision.

Section 6: Boundaries for Non-Clinical Staff

Boundaries aren't only for clinicians. Front-office, scheduling, and support staff build relationships with clients too, and they hold professional boundaries: being warm and helpful within a professional role without becoming friends, protecting confidentiality, avoiding dual relationships, and not accepting gifts or sharing personal contact. Every role in the clinic holds the line that keeps clients safe.

Section 7: Ethical Principles and Professional Codes

Behind the rules are ethical principles: respect autonomy, do good and avoid harm, be honest, treat clients fairly, and act with integrity. Licensed clinical staff are also bound by their professional licensing-board codes of ethics. Put the client's welfare first. When you face an ethical gray area, consult your supervisor — sound ethics is a team practice, and the clinic has policies and people to help you navigate hard situations.

Section 8: Recognizing and Addressing Boundary Crossings

Boundary problems usually start small: keeping secrets with a client, favoritism, contact outside the clinic, oversharing, or sliding into a dual relationship. Notice these early and bring them to supervision. Foster a culture where raising boundary questions is normal and supported. Addressing a slip early keeps the relationship safe and protects clients and the clinic. When you're unsure whether something crosses a line, that uncertainty is the signal to ask.

When unsure, ask

If you're not sure whether something is an appropriate boundary, consult your supervisor before acting. The clinic supports you in getting it right.

Key Terms

Term	What it means
Professional boundary	The limit that keeps the helping relationship safe and client-focused.
Dual relationship	A second role with a client — to be avoided or disclosed and managed.
Conflict of interest	When personal interest could compromise professional judgment.
Self-disclosure	Sharing your own experiences — used sparingly, for the client.
Confidentiality	Keeping client information private — itself a boundary.
Financial exploitation	Misusing a vulnerable adult's money or property — reportable.

Check Your Understanding

1. Why do boundaries apply to non-clinical staff too?
2. Why avoid or disclose dual relationships?
3. What are the rules on gifts and a client's money?
4. When is self-disclosure appropriate?
5. Name two warning signs of a boundary crossing.

What's Next

Looking ahead

Next, MHC-09: Telehealth, Access & Reducing No-Shows covers serving clients well across in-person and virtual care.