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Ethical Case Studies

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**Father and Child Custody Dilemma**

In this case-study, an educator is asked to testify at a custody hearing. One of their students is a father who has a displayed a warm and nurturing relationship with both his children throughout an eight-week parent education course. The educator must decide whether or not to testify on the father’s behalf. If the educator agrees, they would be advocating against the mother of the children despite never having met them. This presents an ethical dilemma. The educator’s role and the impact the legal status of the family is at the core of this dilemma. Additionally, the problem includes the danger presented to the youth if the mother provides an unsafe and unstable environment for her children.

There are several vulnerable subjects in this case-study. The major subjects are the two children. The father details that the mother works late hours and is not home to care for the children. Moreover, the father worries about the children’s safety during the mother’s supervision. The educator may support the children being removed from a harmful situation if the father’s fears are true; however, the educator’s involvement may impact the children and mother’s ability to see each other. Losing the presence of a key maternal figure may be detrimental to childhood development. Furthermore, the educator’s action may contribute to a loss of maternal rights and privileges for the mother. In contrast, the educator acting upon this request could support the father in creating a safer, more reliable environment for his children. The father’s stress may be lessened by the educator testifying on his behalf.

Through utilizing the National Council on Family Relation’s (NCFR) code of ethics, we can explore the dilemma through an ethical framework. The code of ethics mandates that professionals are self-aware about power systems, familial complexities, cultural belief systems and ect. The code highlights the professional’s responsibility to work with family members and build on their strength in an empathic and understanding manner. This code mandates that open, truthful communication occurs with all family members in addition to invitations to be involved. The code of ethics centers the interests and needs of children and youth, demanding respect and sensitivity for their developmental and individual needs. A key piece of this is mandatory reporting of neglectful or abusive family behavior. In consideration of legal matters, the code requires professionals to uphold and respect laws, offering support based exclusively off of professional knowledge (Minnesota, 2009).

In accordance to the NCFR code of ethics, the educator must recognize their own power to affect change in their student’s family system as outlined above. The educator should focus on the portion of the ethical code offering advice navigating complex family dynamics. The code requires open, honest communication with every individual of the family. This would require the educator to communicate with the children and wife as well as the father. Through offering avenues for open communication, the educator may have a clearer understanding of family dynamics and make a more informed decision. Furthermore, the code highlights that engagement with the law should be restricted to professional knowledge. In order to testify, the professional should only present information on knowledge of family and life as an expert rather than individual who advocates for a particular parent. This approach may suggest that the educator cannot participate in testifying for the father in the way that he has requested. In contrast, the code of ethics requires the reporting of neglectful and abusive behaviors. As a professional, one is a mandatory reporter. Now that the educator has this piece of information, it may be their professional duty to engage with the problem (Minnesota, 2009).

There are several viable courses of action in order to confront this dilemma. One of the main approaches is to refuse to testify. Testifying is outside the expectations of professional duties—professionals cannot engage with law in a way that transcends their professional knowledge. Additionally, this approach may be the most respectful of the complexity of family systems; however, I would suggest another course of action. Given that as a professional, one is mandated to report and act upon any cases of neglect and abuse, it may be necessary to take some form of action. I would recommend initiating an investigation where the children and the parents are interviewed about their lifestyles. Through this approach, we can capture everyone’s experience and conduct action in a communicative and open manner. Afterwards, given the information, the educator may reflect how the findings affect childhood development grounding their statement in professional knowledge (Minnesota, 2009). This decision would meet the needs of everyone involved. The children would be given a voice, ensuring a safe and positive environment for them moving forward. In addition, both parents concerns and needs will be represented and considered equally.

**Twin Dilemma**

This case-study presents a dilemma concerning disability accessibility. A parent educator is uncomfortable with the approach proposed by their early childhood special education colleagues. Their colleagues suggest that a family with twins, one who is developmentally “typical” and another with Down’s Syndrome, receive different forms of care due to their differing developmental needs; however, this method would exclude the child with down syndrome from attending the ECFE class. This situation presents an ethical dilemma for two major reasons: the ECFE class is intended to support and educate a family about the whole family system (the child with down syndrome is a part of the system) and exclusively at home-care excludes the child with down-syndrome.

There are multiple parties at risk and involved in this ethical dilemma including: the educators, the parents, the child with “typical” needs, the child with Down Syndrome, the other parents in the course, and the other students in the course. If the educators failed to provide proper, informed care. they might harm their reputation. They would not provide the care they promised to and cultivate an inaccessible environment in their classroom. If the child is not included, the parents as well as any other parents of children with developmental needs may receive inadequate support systems about navigating early family life. Furthermore, both children may be affected by the programs failure to be inclusive and accommodating in the classroom; however, if the child with developmental disabilities were introduced to a learning environment without proper support systems this may be harmful for them as well. Finally, the actions of the educators contribute the ideas of “normalcy,” accessibility, and disability in everyone who is involved.

The NAEYC’s code of ethics offers an ethical framework to approach this dilemma. Though the code recognizes the many responsibility of professionals, it mandates to center children’s well-being and care. The code outlines guidelines for professional interaction with children, families, personnel, sponsoring agencies, governing boards, communities, and society. The code mandates that children’s needs are the “first priority” in administrative decision-making. Additionally, professionals must provide care based on best practices and child development strategies, offering safe, developmentally appropriate curriculum. In terms of special needs, the ethics code outlines the importance of providing every resource necessary for every child and parent to engage in the full benefit of the program. All policies must be applied to children and families fairly (Ambery, 2006).

According to the NAEYC’s code of ethics, the child’s needs are the first priority. In addition, administrators and professionals are mandated to provide any and all resources to ensure equitable treatment. These aspects of the code of ethics suggests that the program must provide the child with Down Syndrome options to engage within the classroom. As explored earlier, family education subsists of exploring and teaching the entire family system—by excluding this child the family and the individual are not privy to the same curriculum. In contrast, the code of ethics dictates that professionals must provide developmentally appropriate care based on best practices. If the program does not have the capacity and resources to provide this care in the classroom, it is best practice to offer only services at home. Inviting them into an inadequate space could do the child developmental harm as well as present a liability to the organization (Ambery, 2006).

There are multiple decisions professionals can make in this case-study including exclusively offering in-home lessons and providing accommodations and resources for the child with Down Syndrome to engage in the classroom. Though the former may be the easiest for administrators, I would recommend the latter. The code of ethics mandates that the client is the first priority—the administration should accommodate their in-class curriculum, research best practices, and provide proper resources in order to include the child with developmental disabilities. This would ensure that everyone in the course can receive the “full benefit” of the program regardless of their ability (Ambery, 2006). The family’s needs would be met through providing them specialized curriculum including all of their family members.

**Child Life Specialist Dilemma**

The case-study explores a dilemma between religion and health. A child-life specialist must navigate whether to respect the religious views of a nine-year old boy’s family or to mandate a lifesaving treatment plan. This is an ethical dilemma because as a Child Life Specialist, the provider is required to advocate for the child’s well-being; however, wellness can be spiritual, physical, and emotional. The child’s family are Jehovah’s Witnesses who don’t believe in consumption of blood products, but without Chemotherapy the child will die. Additionally, the boy’s legal guardians are the parents—contradicting their will would require legal procedures.

The dilemma presented interacts with various subjects including the parents, the child, the specialist, the doctors, other patients and the hospital in general. The parent’s may lose custody in this process and have their religious views violated. Moreover, a negative health care experience can influence future health behavior—this family and other patients in their community may not seek healthcare due to fear of disrespect and legal ramifications. The child, who has the least agency in this situation, may either have a 100% chance of dying or a 25% chance of survival coupled with a legal battle, familial strife, and custody concerns. The child specialist is affected because they will be contradicting the guidelines of their profession with either choice. Additionally, the supervisor of the specialist has a clear recommendation to reduce interaction with the family—the specialist would be contradicting their superior if they chose to support the family. Moreover, the actions of the staff and health care professionals in this hospital will set a precedent for how health systems engage with religion and multi-cultural views.

National Human Services offers a code of ethics to guide human service providers through issues like these. The code of ethics highlights diversity and inclusion, centering all practices in client and community well-being. The code mandates action if the client or others are at risk of harm; however, requires informed request prior to any actions or decisions. Clients must understand that they have the ability to withdraw from services at any point throughout the experience. Furthermore, human service professionals must ensure that value systems and biases are not “imposed upon their clients,” mandating individuals of any religion, ability, culture or any other identity receive non-discriminatory care.

According to the National Human Services code of ethics, there are multiple considerations to this issue. The code requires action if the client or other individuals are at risk. If the child does not receive chemotherapy, they will die. This piece would suggest that the child specialist should report the family and mandate that they receive treatment despite legal repercussions. In contrast, the other sections of the code involving equity and multi-cultural understanding high-light the importance of recognizing and respecting diversity. In order to properly respect and accommodate for the religion of their client, the specialist should respect the wishes of the family despite the implications on the child (Burke, 2015).

There is a plethora of actions that the specialist may take regarding this dilemma including the reporting of the family to authorities and the exploration of religion-based forms of healthcare. By reporting the family, one would respect one piece of the code of ethics while directly violating other components. Consequently, I propose that the specialist should research other options for the family. The code of ethics mandates that health professionals do not impose value systems: health and wellness is a value system. Wellness in the eyes of the boy’s family includes spiritual health whereas in traditional biomedical systems it is confined to physical health. The specialist should give the parents informed consent about the type of services they are offered in hospital and the possibility of legal ramifications (Burke, 2015). Additionally, the family should be equipped with resources to receive religion-specific physical care. Perhaps a priest or rabbi who specializes in medical ailments can act as a consultant or another organization can provide more culturally sensitive care. Through approaching this scenario with cultural sensitivity and an information-based response, the needs of everyone is met. The child is offered multiple avenues of care; however, the parents cultural and religious belief systems are not violated in the process.

Citations

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