Sample Dilemma and Response
BCET Ethics Exam - Instructions

Task:
Ethical decisions do not always present as black or white; therefore, it is "crucial that all ETs not only have an understanding of what ethical practice is, but also the standards of practice that need to be followed on a wider range of ethical issues" (Fogelson and Opell, 2010). AET's Code of Ethics gives us guiding principles from which to inform our clinical decisions, and educational therapists need to be skilled in applying these principles and able to demonstrate critical reasoning skills to arrive at ethical conclusions.

The following assessment is intended to evaluate your ability to understand and analyze ethical dilemmas, engage in dialogue, and arrive at conclusions based on rational thinking. The following ethical dilemmas are based on the real-world experiences of educational therapists. Please analyze these scenarios using the process indicated below. Be thorough and detailed in your responses and make sure to respond to each step of the process. For each scenario, you will be evaluated on your ability to identify the ethical dilemma, evaluate the benefits and consequences of all possible solutions, and explain how you would deal with the situation. The quality of your writing will also be taken into account.

This exam is confidential and restricted to viewing by the Exam Chair, designated readers, and the examinee only. Any use of this examination for purposes other than those expressly intended is strictly unauthorized. The exam is expected to take 4 hours, during which the only permissible references are the Materials listed below; no use of AI or human consultation is permitted.

Scenario:
You have been working with a 1st-grade student with a language delay causing impairment in her reading comprehension. The student has been making gradual progress in her language comprehension skills, but her parents are becoming increasingly impatient and frustrated with the pace of improvement. They insist that you speed up the therapy process and expect immediate results. How do you proceed?

Process:
Using the Shapiro Ethical Decision-Making Model, please respond to the scenario above.
Acronym: **D**o **S**omething **T**o **S**olve **P**roblems

Materials:
You can use the following resources on the exam:
Scoring Rubric
Shapiro Ethical-Decision Making Model
AET Code of Ethics
Foundational Ethical Principles

Response:
<u>D: Describe the Problem: (2-3 Sentences)</u>
Summarize the ethical problem or ethical dilemma. (Ex. The student has disclosed confidential information that may pose harm to herself or others.)

The parents of a 1st-grade student are frustrated with the pace of therapy and are demanding faster results. This creates a conflict between addressing their concerns and ensuring that the therapy process aligns with the child's developmental needs. The therapist must balance these competing priorities while adhering to the AET Code of Ethics.

S: Seek Information: (minimum of 5 questions)
What questions would you need to ask and to whom would you need to ask them to get more clarity on the situation? What questions would you need answered in order to help you arrive at an ethical conclusion? (Ex. Am I a mandated reporter? Do her parents know about the situation?)

1. What are the parents' expectations regarding the pace of improvement?
2. Do the parents have a realistic understanding of their child's baseline level of comprehension?
3. How frequently is the child attending educational therapy? Is this in line with the therapist's recommendation?
4. Have the parents been informed about the typical progression of educational therapy and the factors influencing its duration?
5. Has progress monitoring been done? What are the therapist's observations about the child's progress? Does it seem typical?
6. Are there any underlying issues contributing to the parents' impatience or frustration?
7. Are there any underlying factors contributing to the child's pace of progress?
8. What strategies have been employed in the therapy sessions, and have the parents been actively involved or informed about these strategies?
9. Are there additional professionals, such as a school psychologist or speech and language therapist who could provide insights into the parents' expectations and frustrations or the student's level of functioning?

T: Theories and Principles in Conflict: (2 paragraphs minimum)
What guiding ethical principles are involved in this situation? Explain in detail ALL ethical conflicts that arise in the situation and cite the pertinent sections of the AET code of ethics. Is there a conflict of boundaries, confidentiality, or business practices? Try to use a "versus" statement. (Ex. My duty to protect the confidentiality of my client per the AET Code of Ethics but also my responsibility to do no harm and protect my client)

Protecting the Dignity of the Student vs. Parental Demands
The principle of protecting the student's dignity, as described in Guiding Principle I of the AET Code of Ethics, emphasizes that therapy must prioritize the child's developmental needs and well-being. Therapy should respect the student's learning pace and provide thoughtful, individualized interventions. However, the parents' insistence on expediting results creates a conflict, as their demands could compromise the integrity of the therapeutic process. The AET Code of Ethics (Section 1:II:I) reinforces the obligation to protect the welfare of the child, which is at odds with external pressures to speed up progress. Balancing these competing priorities requires careful attention to both the student's needs and the family's concerns.

Autonomy vs. Parental Pressure
Autonomy, outlined in Guiding Principle II: Competence, Excellence, and Integrity, gives the therapist the authority to design interventions based on professional judgment and evidence-

based practices. This ensures that therapy decisions prioritize the child's best interests rather than external demands. However, the parents' urgency for faster results challenges this autonomy, creating tension between maintaining professional integrity and addressing the parents' expectations. The AET Code of Ethics (Section 1:II:A) states that therapists must provide services within the scope of their expertise, further emphasizing the importance of upholding professional standards in the face of such pressures.

Beneficence vs. Nonmalfeasance
Beneficence, as described in Guiding Principle I of the AET Code of Ethics, obligates the therapist to act in the best interest of the student by promoting her progress through individualized and effective interventions. At the same time, the principle of nonmalfeasance requires the therapist to avoid causing harm, such as overwhelming the child with therapy that is too intensive or misaligned with her developmental capacity. The AET Code of Ethics (Section 1:II:C) specifically calls for exercising reasonable care to prevent harm to clients. The parents' demands for expedited progress risk violating nonmalfeasance if interventions become overly aggressive, highlighting the need to carefully balance these two principles.

S: Solutions – Possible Courses of Action: (3 paragraphs minimum)
Provide all possible courses of action that could be taken to address the dilemma and include the rational or guiding principles that support each choice. (This is your opportunity to make your ethical thinking visible). Make sure to include a variety of possibilities, even the ones you wouldn't choose, and discuss the benefits and consequences of every proposed solution. Describe which of the solutions or which combination of solutions proposed you would pursue and explain your reasoning as to why. Make sure to include the principles or theories that guide your decision-making.

Expediting Therapy Based on Parental Demands
One option is to adjust the therapy process to align with the parents' desire for faster results, such as increasing session frequency or intensity. This solution could temporarily ease parental frustrations and strengthen their trust in the therapist. However, it risks compromising the child's well-being (nonmalfeasance) and the therapist's commitment to evidence-based practices (autonomy and beneficence). Overburdening the child may lead to burnout, counteracting the long-term goal of promoting her development.

Reinforcing the Therapist's Autonomy and Ethical Responsibility
Another solution is for the therapist to maintain autonomy and adhere to the recommended therapy pace, prioritizing the child's best interests (beneficence). This approach involves presenting the parents with clear data on the child's baseline skills, progress, and realistic expectations. Open communication with the parents can help educate them about the gradual nature of therapy, fostering a collaborative relationship (fidelity). While this solution aligns with beneficence and the therapist's professional obligations, it may not fully address the parents' immediate concerns, risking tension in the relationship.

Engaging Allied Professionals and Reassessing the Treatment Plan
A collaborative approach involves referring the child to allied professionals, such as a speech and language therapist or neuropsychologist, for further evaluation. This solution reflects the principles of beneficence (providing comprehensive support for the child) and fidelity (fostering a supportive network of professionals). By gathering additional insights, the therapist can determine whether modifications to the therapy plan are warranted. However, this approach may delay progress in addressing the parents' concerns and could lead to additional costs or logistical challenges for the family.

Balancing Parental Expectations with Evidence-Based Practice
The therapist could find a solution that incorporates incremental adjustments to therapy (ie minor increases in session frequency) while maintaining the integrity of evidence-based practices. This hybrid approach aligns with the principles of beneficence (promoting the child's well-being) and fidelity (maintaining trust with the parents). Clear communication and regular progress updates can help manage the parents' expectations while ensuring that the child's developmental needs remain the priority.

Preferred Approach:
The best solution balances maintaining the therapist's autonomy with fostering a collaborative relationship with the parents. This involves presenting baseline data, setting clear goals, and transparently explaining the therapy process and timeline. By emphasizing beneficence and nonmalfeasance, the therapist ensures the child's well-being remains the priority, while fidelity supports open communication with the parents. Referrals to allied professionals can be offered as an option if progress stalls, reinforcing the therapist's commitment to collaboration and integrity.

P: Process is Dynamic: (1 paragraph)
Recognize that in educational therapy, the process is ever-changing and that new information could alter your conclusion. Pretend as though you have done what you proposed you would do above…what are the potential outcomes and how would you address the consequences of your decision?

Understanding the dynamic nature of the educational therapy process, I recognize that adjustments may be needed based on ongoing feedback, explicit progress monitoring, and the child's evolving needs. After discussing with parents their child's baseline level after an initial assessment and my recommended treatment plan, including a plan for session duration and intensity, I would hope that my treatment alliance with the parents would be enhanced. If the child participated in more intensive therapy per my recommendation and began making adequate progress, and the parents and I had mutual, reasonable expectations of the child, I would continue to support the child and modify her treatment plan as needed to help her achieve her highest educational potential using ongoing progress monitoring. If the parents and I both saw evidence that the child was not making sufficient progress or if the parents' expectations continued to not align with what I found to be realistic for the child, and my attempts at ongoing communication and flexibility in adapting the therapeutic approach were not leading to a more supportive relationship, I would refer the child out for additional services with providers who could better meet the parents' and child's needs. It is my ethical obligation to stay within my scope of practice and only provide services for which I have been adequately trained (AET Code of Ethics, Section 1:II:A), and if my services are not meeting expectations and are compromising the parent-child or parent-therapist relationship and therefore creating tension that could interfere with the child's well-being, it would be best to discontinue services.