

Ethical Dilemmas – Professionalism – Working with Parents

1. You arrive back at the client's home after being out on a community outing with a client. The client walks right in his front door. You arrive to the parents screaming and shouting at each other in another room. What do you do?
2. Parent calls you at 7:30pm and requests a meeting with you ASAP. She is concerned that her child is not progressing as quickly as she thought.
3. Parents' primary targets for their child are many stages on from the targets that you are teaching/recommending. Parents constantly refer to the skills that they would like to see (i.e., intraverbal responding, perfectly shaped articulation of words) and are unenthusiastic about the precursor skills that you are teaching (i.e., manding, instructional control, and tacting).
4. Parents are not following through with your recommendations for their child. Instead, they prefer to request lots of meetings and talk at length about how his previous provision has failed. In addition, tutors feel devalued and frustrated as parents do not implement program recommendations in the evenings, e.g., negative behaviors are reinforced after tutor has spent a long, difficult day managing extinction bursts.
5. Mother of client requests you as a friend on Facebook and invites you out on the town for their 30th birthday.
6. Tutors do not collect consistent data making it impossible to review whether specific behavioral interventions (in this case, DRO for S.I.B. hand biting) are having an effect. Instead, data is reflective of tutor data collection ability/motivation.
7. Parent expects you to work three days a week (one of which is a weekend) and not work with any other children in case you are needed to cover sickness/holiday, without any 'on-call retainer'.
8. Parent instructs you to hit their child if they mouth small objects.
9. You witness a parent smacking a child under your supervision and/or you suspect a parent of abuse.
10. Parent believes that their child might not be on the spectrum. Parent keeps talking about how they want their child "fixed".
11. Parent asks you to act as caregiver to their other children (e.g., do housework, grocery shopping, etc.) during your therapy sessions. They also ask you to babysit when they go out on the weekend. They make the case that you are the only one who can "handle" their child, etc.
12. Parent actively goes against what you have advised.
13. The parent asks you to go against other professional advice (e.g., SLP, OT).
14. Parents split up and are going through a divorce and you are asked to take sides.

POTENTIAL ANSWERS:

1. You arrive back at the client's home after being out on a community outing with a client. The client walks right in his front door. You arrive to the parents screaming and shouting at each other in another room. What do you do? **I would direct the client away from the arguing parents and then make the parents aware that we had arrived home.** How? Give more detail....
2. Parent calls you at 7:30pm and requests a meeting with you ASAP. She is concerned that her child is not progressing as quickly as she thought. **I would politely say that I cannot talk right now and reschedule for a more appropriate time.** How would you tell her this? Also address the fact that she is calling at 7:30pm – after business hours. Perhaps, screen your calls and let it go to voicemail. Then when you call her back, how are you going to address her concerns. Explain.
This also brings up another issue – you should have a written contract that states business hours, etc. that you give to the client before you start
3. Parents' primary targets for their child are many stages on from the targets that you are teaching/recommending. Parents constantly refer to the skills that they would like to see (i.e. intra-verbal responding, perfectly shaped articulation of words) and are unenthusiastic about the pre-cursor skills that you are teaching (i.e. manding, instructional control and tacting). **I would acknowledge that the targets the parents want to see are desirable behaviors and explain that the current targets are prerequisite to the child gaining the desired targets.** Good. You may also want to show them evidence (e.g., ABLLS-R, VB MAPP, psych test) to this effect.
4. Parents are not following through with your recommendations for their child. Instead, they prefer to request lots of meetings and talk at length about how his previous provision has failed. In addition, tutors feel devalued and frustrated as parents do not implement program recommendations in the evenings, e.g. negative behaviors are reinforced after tutor has spent a long, difficult day managing extinction bursts. **I would discuss the importance of consistency both in and outside therapy sessions. I would also explain what has been happening regarding the extinction bursts during sessions has been caused by the program not being followed outside of the sessions, referring to the reinforcement of accidental behaviors as 'accidental' and 'inadvertent'.** And then.... Again, this brings up the need for a written contract. You may actually need to pull out and cancel your services if this continues. Collect time of day/rate of occurrence data on negative behaviors – you can show this to the parents if you see increased negative behavior first thing in the morning and more on Mondays.
5. Mother of client requests you as a friend on Facebook and invites you out on the town for their 30th birthday. **Politely state that due to reasons of professionalism you cannot be friends on facebook and that you can't make the birthday outing as this may put you or them in a difficult situation.** A conference at this year's ABAI actually addressed this. Ask yourself these questions:
 1. Would you share personal pictures with your client
 2. Would you give parents personal emails and say contact ANYTIME
 3. Allow parents to join personal conversations between you and a friend
 4. Throw a sheep at a parent

6. Tutors do not collect consistent data making it impossible to review whether or not specific behavioral interventions (in this case, DRO for S.I.B. hand biting) are having an effect. Instead, data is reflective of tutor data collection ability/motivation. **I would again go over the data collection procedure, re-iterating how important it is to take consistent accurate data. I would demonstrate how to do this then observe the tutors doing so.** Simplify the data collection process if and when possible. Perhaps take IOA data for the next while when you are supervising the tutors. You also may need to set up a reinforcement system for staff (e.g., give chocolate bars to those who collect accurate data – this sounds silly, but I had a colleague who did this and she saw amazing results!)
7. Parent expects you to work three days a week (one of which is a weekend) and not work with any other children in case you are needed to cover sickness/holiday, without any ‘on-call retainer’. **Politely refuse and say that you’re afraid you simply cannot commit to this and provide your reasons why. Re-iterate what hours you are able to offer.** What are your reasons why? Explain.
8. Parent instructs you to hit their child if they mouth small objects. **Refuse to do so and explain your reasons why. Also explain that even by instructing you to do this they have placed you in a difficult situation.**
Yes, and if you expect abuse, you have to report it.
9. You witness a parent smacking a child under your supervision and/or you suspect a parent of abuse. **As a professional you have a duty of care towards the child and if you suspect abuse, I would report it to the authorities. Before doing so, I may seek additional advice from other professionals who work with the child in order to ascertain whether they have noticed anything that would confirm my suspicions.**
In Ontario, it is law to report even any suspected abuse immediately to Children’s Aid Society. If you are unsure if it is abuse, you are correct to say talk to other professionals associated with this child (if parents have signed a release of information form)
10. Parent believes that their child might not be on the spectrum. Parent keeps talking about how they want their child “fixed”. **Discuss the child’s abilities; both what they are good at and what their deficits are. Highlight how the ABA program is helping and aiding their child, how far the child has come, etc.** You also need to break the news to the parents that their child may or may not “recover”. I usually tell parents that their kids have a lot of strengths, but the only thing that I can be certain of when they are older is that they will have brown hair and blue eyes (i.e., describe physical traits). You need to explain to them that ASD is not something that can be “fixed”, nor is ABA that quick fix.
11. Parent asks you to act as caregiver to their other children (e.g., do housework, grocery shopping, etc.) during your therapy sessions. They also ask you to babysit when they go out on the weekend. They make the case that you are the only one who can “handle” their child, etc. **Politely refuse and explain your reasons why it is not appropriate to do additional tasks.** What if the parents don’t ask you? They just start leaving you alone with their other kids, or ask you once or twice to make lunch for the kids, then slowly, start increasing the demands until you are doing these things?
12. Parent actively goes against what you have advised. **Talk to the parent and re-iterate why it is important to follow the program and do what you have advised.**
This question is similar to #4. You may need to pull out if they do not follow the program. Again, it is important to have a written contract.

13. The parent asks you to go against other professional advice (e.g., SLP, OT). **Explain that these people (e.g., SLP) are experts in their area and that their advice really should be taken. Suggest that if they are not happy/have suggestions then they should discuss these with the other professional.** Just to play devil's advocate, I don't always take the advice of these people.
14. Parents split up and are going through a divorce and you are asked to take sides. **Politely refrain from taking sides and explain that you have a duty of care to their child and getting involved in this situation is outside of this role.** Also state that BCBA requirements state that you are ethically obligated to do what is right for their child, not necessarily what is right for the parent(s).

Good answers – For many, try to dig deeper and explain in more detail. I know that it is harder to type than it is to talk, so let's review these questions the next time we meet online.