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**Chapter 2: Biological Development in Infancy and Childhood**

A. Brief Description

You will be provided with a vignette describing a case of unplanned pregnancy. You will determine your own personal opinions concerning abortion and then form small groups to discuss the various options available to the person described in the case. Finally, you will break into pairs and participate in a role-play that focuses on distinguishing between personal and professional values.

B. Objectives

You will:

1. Become aware of the alternatives available to a person in the situation of unplanned pregnancy.
2. Examine your own opinions toward the controversial issue of abortion.
3. Evaluate the distinction between personal and professional values.

C. Procedure

1. Read the following vignette:

Marge is a 16-year-old high school sophomore who is two months pregnant. The father is Homer, a 17-year-old high school junior.

Marge and Homer have been “going steady” for two years. They think they love each other. Marge is a cheerleader and Homer is a quarterback on the varsity football team. They’re both involved in school activities and have never really thought much about the future. Marge hasn’t told Homer yet. She’s confused about what to do. She doesn’t know how he’ll react. Marge hasn’t told her parents yet either. They’re religious, and she’s afraid they’ll be terribly disappointed in her. What should she do?

2. After reading the vignette, imagine yourself in Marge’s position. Determine what you would do according to your own value system and jot this decision down on a piece of scrap paper.
3. Break into groups of four to six persons. Discuss the various alternatives available to Marge and the possible positive and negative consequences of each alternative. Select one member of your group to write down each alternative and the positive and negative consequences of each alternative. **DO NOT** share your personal opinion about what Marge should do with the rest of your group.
4. You will have 10 to 15 minutes of small-group discussions. Then come together for a full-class discussion. Share what you discussed about the available alternatives. As you

do so, each alternative, along with its potential positive and negative consequences, will be written on the board so that all may see them.

5. Now form pairs for a role-play. In each pair, one person plays Marge and the other a school social worker. The scene of the role-play is Marge talking to the social worker about her problem and what to do. The social worker should help Marge identify the various alternatives available to her and the consequences of each. The client should be helped to come to HER OWN DECISION. The role-play may continue for 15 to 20 minutes.
6. Come together once again for a full-class discussion. The following questions may be used to initiate discussion:
  - a. How did it feel being in the place of the client or the school social worker?
  - b. Did any of the people playing social workers have opinions concerning abortion that differed from the client's decision? If so, in what respect?
  - c. How difficult was it to remain objective in view of having your own personal opinions?
  - d. What did you learn about professional values from doing this exercise?
  - e. What did you learn about what counseling might be like?

<p><b>Exercise 2.2</b>  <b>Abortion Related Ethical Dilemmas in Practice</b></p>
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- A. **Brief Description**  
 This exercise presents you with a variety of scenarios dramatizing ethical dilemmas concerning the abortion issue. In small groups you will discuss how a hierarchy of ethical principles might be applied, followed by a full-class discussion.
- B. **Objectives**  
 You will:
  1. Become aware of some of the ethical dilemmas that may be encountered in social work practice concerning the abortion issue.
  2. Examine how a hierarchy of professional ethics can be applied.
- C. **Procedure**
  1. Review the following material (also presented in the text):

Picture yourself as a professional social worker in practice. What happens when your own personal values seriously conflict with those expressed by your client? A basic professional value clearly specified in the National Association of Social Workers (NASW) Code of Ethics is the right of clients to make their own decisions. Or, what happens when there are problems regardless of which solution you choose? What happens when, whatever you do, you are placed in the position of violating some professional ethic?

By definition, an ethical dilemma involves conflicting principles. When two or more ethical principles oppose each other, it's impossible to make a "correct" decision that satisfies both or all principles involved. There is no perfect solution.

For instance, if your 15-year-old client tells you that he plans to murder his mother, you are caught in an ethical dilemma. It is impossible to maintain confidentiality with your client (a basic social work professional value) and yet do all you can to protect his mother from harm.

A wide range of situations involving abortion can place workers in situations involving ethical dilemmas. Dolgoff, Loewenberg, and Harrington (2009) have formulated a hierarchy of ethical principles to provide a guide for making difficult decisions. When two ethical principles conflict, they suggest which principle should have priority. Principle 1 should take priority over principles 2 through 7, principle 2 should take priority over principles 3 through 7, and so on. The hierarchy can be helpful in working through difficult situations.

The hierarchy of ethical principles involves the following (p. 65-67):

*Principle 1: “Protection of life”* should be met first. This might include food, clothing, shelter, adequate income, and access to health services.

*Principle 2:* After basic survival needs, the principle of “**equality and inequality**” suggests that equal persons have the right to be treated equally and non-equal persons have the right to be treated differently if the inequality is relevant to the issue in question. It follows that people with lesser power or people in vulnerable positions may need special treatment.

*Principle 3:* Social workers should strive to make decisions that foster people’s right to “**autonomy and freedom.**” People have the right to make decisions about how to behave and live their own lives as long as these decisions do not hamper other people’s autonomy and freedom.

*Principle 4:* People should experience the “**least harm**” possible in any situation. This principle straightforwardly states that people have the basic right to be saved from injury. Furthermore, in the event of potential injury, social workers should choose the route causing the least injury possible, the least lasting harm or injury, and, finally, “the most easily reversible harm.”

*Principle 5:* People have the right to pursue a good “**quality of life.**” Social workers should choose options that enhance the quality of life for individuals and communities.

*Principle 6:* People’s “**privacy and confidentiality**” should be fostered and maintained. However, these are less important than the well-being of all.

*Principle 7:* Practice decisions should allow workers to maintain “**truthfulness and full disclosure.**” Social workers should be able to provide any information that they deem necessary in any particular situation. However, the truth should not be told for its own sake when it violates a client’s confidentiality.

2. Break up into small groups of four to six persons. Eight scenarios depicting ethical dilemmas are presented below (the first provides an example of how to proceed). For each scenario, discuss how Dolgoff and his colleagues’ hierarchy of ethical principles for decision making might be applied. Starting with principle 1 and continuing through principle 7, evaluate how the ethical principles can be involved in each dilemma. Remember, there are no easy or “perfect” answers.
3. Read the following situation and its subsequent discussion of ethical principles as an example of how to discuss the others.

SCENARIO A: A 16-year-old young woman is raped and impregnated by a 40-year-old man as she is walking home from school one night. Both she and her parents are horrified and plagued with worry. They come to you for help. The girl desperately wants an abortion.

APPLICATION OF ETHICAL PRINCIPLES TO SCENARIO A: Consider Principle 1, the need to protect life. If you *personally* adopt an antiabortion stance and feel that abortion is murder, what do you do? A professional social worker’s personal values must be acknowledged yet put aside in professional situations. In this case, the young woman and her parents want her to have the abortion.

We then look at Principle 2, which calls for the nurturance of equality and the combating of inequality. According to this principle, people should be treated equally. In this case they should have equal access to services. A neighboring state, its border only 25 miles away, allows abortions for all women who want them within the first trimester. Is this fair? Is this ethical? Should you help the young woman and her parents seek an abortion in a state that has different rules? Or should you work actively in your own state to advocate for change so that abortion would be a legal alternative for clients such as this?

Now consider Principle 3, which stresses people's right to autonomy, independence, and freedom. The young woman has the right to make her own decision. Your state might legally allow abortions for all women seeking them, or it might restrict them to only those women who have been raped or sexually abused. Or your state might ban all abortions unless the life of the mother is critically endangered.

If an abortion is legal in your state for a teenager like this, you as a worker can help her get one. She has made her decision. It is her legal right. However, if your state does not allow her to have a legal abortion, you are confronted with another dilemma.

Another potential issue to explore with women experiencing unwanted pregnancy concerns a woman's spiritual beliefs. What are her beliefs about this situation and how do they affect not only her ultimate decision, but also the psychological results of that decision?

Principle 4 refers to choosing options that result in the least harm to those involved. What kind of harm or potential harm might each of the people involved suffer? How might you measure the severity of harm?

Principle 5 reflects the importance of maintaining an optimum quality of life. If this young woman is prevented from having an abortion, how might her future be affected? In what ways might she lose control over her life? How will her short-term and long-term quality of life be affected?

Does Principle 6, the right to privacy and confidentiality, concern this situation? It is your responsibility to maintain your client's confidentiality.

How does Principle 7 concerning truthfulness and full disclosure apply? Can you provide the young woman and her parents with information that will help them pursue their chosen alternative? Should you share with them your personal views about what should be done? Or should you strive to maintain professional objectivity?

This discussion raises questions and issues. Each case is unique. Circumstances and attitudes vary widely. It is a professional social worker's ethical responsibility to resolve dilemmas and help clients solve problems to the best of that worker's ability. Each client should be helped to identify alternatives, evaluate the pros and cons of each, and come to a final decision. There are no absolute answers or perfect solutions.

Abortion provides an especially difficult issue because of people's strong opinions either against abortion or in favor of free choice. For this specific issue, the National Association of Social Workers (NASW) has established policy statements to help provide direction (NASW, 2009). Relevant statements read:

"As social workers, we support the right of individuals to decide for themselves, without duress and according to their own personal beliefs and convictions, whether they want to become parents, how many children they are willing and able to nurture, the opportune time for them to have children, and with whom they may choose to parent. ...To support self-determination, ... reproductive health services, including abortion services, must be legally, economically, and geographically accessible to all who need them. ... Denying people with low income access to the full range of contraceptive methods, abortion, and sterilization services, and the educational programs that explain them, perpetuate poverty and the dependence on welfare programs and support the status quo of class stratification. ... NASW supports ...

- A woman's right to obtain an abortion, performed according to accepted medical standards and in an environment free of harassment or threat for both patients and providers.
- Reproductive health services, including abortion services, that are confidential, available at a reasonable cost, and covered in public and private health insurance plans on a par with other kinds of health services (contraceptive equity).
- Improved access to the full range of reproductive health services, including abortion services, for groups currently underserved in the United States, including people with low income and those who rely on Medicaid<sup>1</sup> to pay for their health care" (NASW, 2009, p. 129).

"The NASW Code of Ethics (NASW, 2008) states that 'social workers promote clients' socially responsible self-determination' (p. 5). Self-determination means that without government interference, people can make their own decisions about sexuality and reproduction. It requires working toward safe, legal, and accessible reproductive health care services, including abortion services, for everyone" (p. 147).

4. In a similar manner, discuss the following scenarios, one by one. Apply the hierarchy of ethical principles to each.

SCENARIO B: A 45-year-old grandmother becomes pregnant. She already has seven children. Her personal physician refused to prescribe birth control pills for her because of her age and other health reasons. Nor did he discuss other forms of birth control with her or offer her the alternative of sterilization. Physically, it would be hazardous for her to have any more children. She comes to you, distraught and crying. She doesn't know what to do.

SCENARIO C: A woman of 32 who has a severe cognitive disability becomes pregnant. She is not capable of taking care of herself independently. However, she is easy prey and has a history of numerous sexual encounters. Her genetic background indicates that there is a high probability that she would have a child with a cognitive disability. It is clear that she would be unable to care for any child herself.

SCENARIO D: A 19-year-old college student is six weeks pregnant. She's been going with her boyfriend for the past seven months. For the past three months they have been seeing only each other, but don't consider themselves "serious" as yet. She had been using a diaphragm and contraceptive cream, but they failed to protect her. She doesn't want a baby right now. However, she feels terribly guilty about getting pregnant.

SCENARIO E: A married 24-year-old woman is pregnant. She already has one child with genetic defects. She and her husband have been through genetic evaluation and counseling at a local university. The conclusion is that since both parents have significant genetic problems, the chances for a normal child are extremely unlikely. The couple was deciding on a sterilization procedure when she became pregnant.

SCENARIO F: A married 28-year-old medical technician has been unaware of being pregnant until now, the seventh week of gestation. Throughout her entire pregnancy she has been exposing herself to dangerous X-ray radiation. The possibility that her fetus has been damaged from the radiation is very high. She and her husband want children at some time, but they dread the thought of having a baby who has serious impairments.

SCENARIO G: Four months ago a married man of 42 had a vasectomy. His 41-year-old wife just found out she is five weeks pregnant. Some sperm apparently had still

been evident in his semen. They already have three teenage children. They adamantly do not want any more.

**SCENARIO H:** A 14-year-old high school student is pregnant. It just happened one night when she was out drinking. She never really considered using contraception. She's shocked that she's pregnant and is having difficulty thinking about the future.

5. After approximately one-half hour, your instructor calls you back together to participate in a group discussion. Individuals have an opportunity to share either their own feelings or issues discussed in the small groups. Address the following questions:
- a. What ethical principles did you find to be the most useful for each case?
  - b. For each case, what do you think should be done?
  - c. To what extent was the ethical hierarchy helpful for thinking each scenario through?
  - d. To what extent do you think that the ethical hierarchy would be helpful in addressing other ethical dilemmas encountered in social work practice?
  - e. To what extent do you agree with the hierarchy of ethical principles?
  - f. Which situations were the most difficult to address and why?

### **Exercise 2.3** **The Infertility Crisis**

- A. **Brief Description**  
Within a small group format, you will explore your own feelings about infertility and delineate the alternatives available to infertile couples.
- B. **Objectives**  
You will:
1. Become aware of the alternatives available to infertile couples and evaluate the consequences of each.
  2. Identify your own feelings about infertility.
  3. Recognize the need to employ empathy toward clients in this position.
- C. **Procedure**
1. Complete the following statement:  
If I were infertile, I would \_\_\_\_\_.  
Record your answer on a piece of scratch paper. You have a few minutes to think about and write down your feelings.
  2. Form groups of four to six persons. Discuss the following questions within your group.
    - a. What are the alternatives available to infertile couples and the respective advantages and disadvantages of each?
    - b. How would you feel if you found that you were infertile?
    - c. What feelings do you think infertile couples might experience?
    - d. What types of information and support do you think would be most helpful for an infertile couple?
  3. You will have 15 minutes of small-group discussion, then come together and summarize and discuss the groups' findings.

**Exercise 2.4**  
**Developmental Assessment**

A. Brief Description

The instructor will present a series of vignettes that profile children of various ages. You will discuss whether each child is normal or is experiencing developmental lags.

B. Objectives

You will:

1. Relate motor, play, adaptive, social, and language milestones that characterize various ages.
2. Apply this information to making assessment decisions.

C. Procedure

1. One at a time, you are provided with the following vignettes. After each vignette, evaluate the extent to which each child fits the “normal” developmental profile. Focus on whether the motor, play, adaptive, social, and language milestones are appropriate for the child’s age level. What types of referrals might be appropriate for those children who display developmental lags in various areas?

- a. Kenji, age 2 years, can walk well but still runs with an awkward gait. He likes to play with and push large objects such as wagons and walkers. He also likes to play alongside other children but is not able to play with them in a cooperative fashion. His vocabulary includes about twenty-five words, but he is not yet very adept at putting two to three words together in order to express an idea.
- b. Chaniqwa, age 4 years, is very active physically. She enjoys running, skipping, jumping, and performing stunts. She can use the bathroom by herself. She has a substantial vocabulary, although she has a tendency to misuse words and use improper grammar.
- c. Wyanet, age 1 year, is able to balance her head at a 90-degree angle. She can also lift her head when placed on her stomach in a prone position. She is not yet able to sit alone. She can recognize her bottle and her mother. Verbalizations include gurgling, babbling, and cooing.
- d. Sheridan, age 5 years, can draw simple, although recognizable, pictures. Dominance of her left hand has become well established. She can readily dress and undress herself. She enjoys playing in groups of other children and can cooperate with them quite well. She has a vocabulary of about fifty words. She can use pronouns such as *I* and prepositions such as *on* and *above* appropriately. She can put two or three words together and use them appropriately, although she has difficulty formulating longer phrases and sentences.



- e. Luis, age 18 months, can crawl well but is unable to stand by himself. He likes to scribble with crayons and build with blocks. However, it is difficult for him to place even three or four blocks on top of each other. He can say a few sounds, including *mama* and *dada*, but cannot yet understand the meaning of words.

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