GUIDE WITH EXAMPLES
UNI Undergraduate Field Placement
Weekly Summary of Learning

*All students are required to complete the weekly summary of learning by mailing, emailing, faxing or scanning it to their agency instructor with a copy going to their faculty liaison. The summary should always be typed. Refer to your faculty liaison's syllabus for any additional/different requirements.

NAME: Joe Super Social Worker  WEEK NUMBER: Week #6
AGENCY: Happy Time Agency  TIMEFRAME: February 16-20

A. HOURS  (include the dates; do not include your lunch break unless authorized by your agency because you are completing agency assigned work)

Monday, 2/16:  8-4:30 = 8  
Tuesday, 2/17: 8-4:30 = 8  
Wednesday, 2/18:  8:00-4:30 = 8  
Thursday, 2/19:  8:00-2:00 = 6  
Friday, 2/20: 8-2:30 = 6.5  
Total Hours for the Week = 36.5  
Cumulative (total) Hours to Date = 186 (cumulative for the field placement to date)

B. DAILY SUMMARY  (include the date; brief three to four lines for each day of your field experience activities)

Monday, 2/16:  (Hospital setting examples) Went through hospital census; Created checklist of individuals I need to follow up with for updates; Received an ROI; Spent rest of day on 3 medical, OB and Peds for intakes and discharge planning.

Tuesday, 2/17:  (Nursing Care Facility setting example) Participate in morning rounds; Completed a mood scale on a new admission; Finished up a social history; Sat in on a Medicaid phone conference; Checked work email; Filed.

Wednesday, 2/18:  (Professional Development example) Attended an all day in-services on working with community refugee populations; Wrote up a summary of the event to share with my supervisor.

Thursday, 2/19:  (Substance Abuse Treatment setting example) Observed a progress review meeting with a patient; Review daily treatment notes on group members; Co-facilitated a patient education group session on positive coping skills; Charted on patients that attended group; Made follow up phone calls to family members

Friday, 2/20:  (Child Welfare setting example) Home visit with an agency provider to conduct a progress review; Attended a court hearing; Transported one of the parents on my caseload back to their place of employment; Attended a community task force meeting. Updated files and made follow up phone calls.
WHAT I LEARNED – KNOWLEDGE (i.e., procedures, agency services and policies, theory becoming “alive”.)

- ID Waiver = intellectual disability waiver
- PRN = as needed
- Hospice takes over discharge planning for patients who are on hospice care
- SW gives daily updates to nursing facilities when possible
- Practitioner Certification Form
- ANDS = Medicare discharge form

WHAT I DID – SKILLS (From beginning to advanced.)

- Initial SW contact with new patients
- Used interviewing skills; esp. clarifying and reassuring
- Wrote several intake and update notes
- Completed a few PASRR Level I Screens
- Filled out and obtained ROI
- Faxed paperwork
- Contacted patient’s family
- Patient and family education

CHARACTERISTICS DISPLAYED (Continuum from positive to negative behaviors; include your feelings and responses to clients, situations, etc. These characteristics are yours, not the client’s.)

- Empathy & Warmth
- Patience & Listening
- Humor (when appropriate)
- Independence
- Organization & Preparation

COMMUNITY RESOURCE KNOWLEDGE (Visit, Contact About w/Client)

- Intellectual Disability Waivers
- NEI3A Social Workers
- WIC - Supplemental Nutrition Program for Women, Infants, and Children

WORK PRODUCT (Written reports; treatment notes, summary of interviews, etc.)

- Initial intake notes
- Update notes
- ROIs

CLIENT CASELOAD (A = Assigned; C = Co-signed; D = Discharged) Use initials of each client, e.g., JGM (A). State your role/goal in one sentence.

- Patient #1 (C) – Intake, home health referral, medical power of attorney
- Patient #2 (C) – Intake, home health education and referral
- Patient #3 (C) – Follow-up consult per nurse request
- Patient #4 (C) – Follow-up with patient and brother
- Patient #5 (C) – Intake, skilled nursing education and referral
SUMMARY OF LEARNINGS FOR THE WEEK

*Reflect upon which core competencies with corresponding practice behaviors were exhibited during the week. Reflection means at least 2 to 3 sentences of contemplation upon your experience. For full credit, X practice behaviors need to be identified. Not all competencies and practice behaviors may apply each week. All should be covered at least once during the field experience.

Competency 1—Demonstrate Ethical and Professional Behavior

a. Make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;

I ensured client files were kept in a location that was not accessible to other clients. There is highly sensitive information kept in client files and to ensure confidentiality, they are kept in locked cabinets in secured locations in the main office. I may ask my supervisor how I check out files that I want to take out of the secured location.

AND

I have realized how important it is to be responsible to colleagues. That means I am present, on time and come prepared to meetings. As the internship goes on, my competency will improve until that time, I own up to what I have yet to know or be able to do. I am sure to take advantage of all agency trainings to improve on my skills.

b. Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations;

During a highly charged meeting with a new client, I had to use positive self-talk when the client expressed anger for their treatment with other agencies. The client was name calling and using profane language. I used self-regulation (positive self-talk, controlled breathing) to remain calm and listen to the message the client was communicating. I feel that by staying calm and neutral, the client was able to calm quicker and we were able to have a productive intake meeting.

AND

During stressful times at the agency, I focus on my breathing, keep myself focused and stay on task. I have to be aware of the language I use and remember to collaborate with staff as they can provide me guidance and reassurance.

c. Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;

I worked with quite a few concerned family members this week. Due to family members experiencing some extreme emotions over the patient's progress, I felt the need to be patient, empathic, and understanding. My professional writing skills when taking down intake information and updating notes was important as other disciplines, such as nurses, doctors and insurance companies, were going to be reviewing them.

AND

During the weekly staff meeting, I paid attention to speaker, took notes throughout the meeting to ask of my supervisor as a later time, and asked a few clarifying questions during the meeting. It can sometimes feel intimidating to be involved in all agency staff meetings as the agenda is full and everyone is very busy. My role is to listen and understand the role of the agency in this community.

AND

I am aware of the dress code policy and am sure to follow it every day. I am also aware of the cell phone policy and only use it between sessions and meetings. I am sure to complete all
communication sheets by the end of the day so that the next shift's staff are informed of what has happened with the clients during my shift.
d. Use technology ethically and appropriately to facilitate practice outcomes;
There are so many times throughout the day that emails are sent to team members and collaborating partners. When I send emails, I was sure not to ever identify client names or other identifying information in emails to other professionals.
e. Use supervision and consultation to guide professional judgment and behavior.
During my weekly supervisory session with my internship supervisor, I brought a list of client interactions that I have experienced over the past week in hopes of receiving some guidance on my responses to those interactions. This is my first time dealing directly with clients who are resistive to services and I struggle with how to respond in some situations. My supervisor was able to support some of my responses and provide me guidance on what to do differently in the future.

**Competency 2 – Engage Diversity and Difference in Practice**
a. Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;
During an in-service on parenting practices with a refugee population, I was able to better understand why that population refuses to seek out appropriate health care when one of their children is ill. One of the guest speakers was from a local hospital that adjusted how they completed intake procedures with that population to avoid stigma.
AND
There are a lot of client cultural differences at my agency. It is up to me to learn as much as I can through readings and visiting with agency staff about those differences. I have to be aware of language barriers and know when to bring in an interpreter.
b. Present oneself as a learner and engage clients and constituencies as experts of their own experiences
I worked with a blind patient, whom I needed to gather intake information and a signature from. I was clear in communication, which allowed her guide me through what I needed for intake information and share with me what she perceived as concerns. I realized that I rely a lot on body language in my communication style. I had to adjust that style so that client could be fully engaged.
AND
I have had to learn how to let my clients share freely without comments from me. This is how I can learn more about them. I am sure to identify myself as a student intern as I feel that is important for our relationship. I want them to trust me so I am honest about my role and what I can assist with.
c. Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.
To address my own self-awareness, I consulted with different agency staff of how they are able to put aside their own personal values when working with youth who were discussing their drug use. This helped me empathize better with the youth in treatment and not judge their behaviors.
AND
Realized that the Food Bank did not just serve individuals experiencing poverty (this was my personal bias) but assists the community in minimizing food waste (accepts food from Wal-Mart, Target and restaurants that would have been thrown out), supports farmers
markets in getting fresh food to consumers, and provides healthy food preparation classes to community youth. I was really impressed with how much the Food Bank addresses in our community.

AND

Being aware of different backgrounds of my clients allows me to better understand why they display certain behaviors or make certain choices. This makes me more aware of personal biases that I didn’t even know I had prior to my internship. Putting those biases aside allows me to be more open to my client’s experiences.

**Competency 3 – Advance Human Rights and Social, Economic, and Environmental Justice**

a. Apply one’s understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels; and

One of my clients is court ordered to attend group sessions on a weekly basis. Due to poor economic circumstances, the client does not have reliable transportation to and from the agency and fears that she may not make all the required sessions. I explored with the client different public transportation options and hospital services for a reduced rate that she might be able to use. Our agency was able to supply her with public transportation funding as well.

AND

My agency has provided several opportunities for me to advocate for my client. I attend court hearings so that I can support my client's experience at the hearing and help them understand what is happening. I work with insurance companies to ensure that the client is receiving all the benefits afforded to them. I collaborate with probation officers and DHS workers so that my client's supports are appropriate and to communicate progress made.

b. Engage in practices that advance social, economic, and environmental justice.

I reached out to local substance abuse treatment facilities to explore when and where they conduct group therapy sessions. I was able to create a resource list for clients of locations, dates and times around the community that they can access for group sessions to assist them in accessing this important component of their treatment plan.

AND

Our agency is only able to do so much for the client. I have to know when we are limited in what services we can provide and ensure that the client is aware of and knows how to access community supports and services to meet the needs we cannot. It is difficult to accept that sometimes we are limited in how much we can help.

**Competency 4 – Engage In Practice-informed Research and Research-informed Practice**

a. Use practice experience and theory to inform scientific inquiry and research;

During a progress review meeting with a client, progress data was discussed. For this client, the team tracked behavior incidents on the unit and during off campus outings. Due to a decline in behavior incidents, client was able to earn more off campus privileges and schedule weekend home visits. It was great to see how proud the client was of his progress and look forward to weekend visits with family.

AND

I researched various articles for my literature review on motivational interviewing techniques. My agency uses this technique all the time and I was wanting to see what support there was out there for its use with the agency’s client base, which are recovering addicts. I found that it very client centered and relationship dependent.
My agency has been collecting surveys from the community on access to children's literature to address low literacy rates in youth. Many families appear unwilling to admit that they don't have many books or even read to their children. We are trying to be nonjudgmental in our approach so we can get good data.

b. Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings; and

I was able to review the agency's strategic plan and see how they use client data to determine mission and goals for their program. I was given the task of exploring different grant funding organizations to see if our intake client data and strategic goals would satisfy certain grant criteria. It is alarming how many organizations are applying for the same grants each year.

AND

I reviewed the grant application my agency has created to explore demographics of the populations they serve. The grant funding is targeted towards a certain population so the agency has to be sure to reach that target population with their services. The grant also addresses what data needs to be collection throughout the year to ensure the services have been effective. I am surprised how much information is included on grants.

c. Use and translate research evidence to inform and improve practice, policy, and service delivery.

The hospital uses research on readmission risks when planning for discharge. I was more aware of patients that may be at higher risk for readmission and observed how my supervisor was more adamant about getting them set up with out-patient services.

AND

My evidence informed practice assignment is to identify successful strategies in place at my agency. I plan to complete a single subject design project on one client who has been receiving services for 3 months, following the progress he has made in relation to attending Aggression Replacement Therapy group sessions. Collecting this type of data helps determine how long the client might need our services.

Competency 5 – Engage in Policy Practice

a. Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services;

One of our new patients was detained by police for being out after curfew and for suspected vandalism. Rather than arresting the patient, law enforcement were able to bring the patient to our mental health facility due to threats made to harm himself during the arrest. I learned that this is a new policy that allows for law enforcement to make that decision at the time of the arrest as it appears that the patient is in need of mental health services.

AND

At this week's staff meeting, new intake forms were shared. Initially, there were some concerns shared by staff about the constant changing of documents. It was made clear that the new forms are to make the initial assessment information gathered more relevant to skills assessed and more uniform across agency and state. I could sense some frustration on the part of staff as it appears forms change frequently.

AND

I have to be aware of DHS policies so that I know when I am obligated to report suspected child abuse neglect or abuse while conducting home visits. Although I am working on keeping the family together, if abuse is occurring, it is better for the child to be removed to a safer place.

AND
In this agency, staff working on placing children in least restrictive settings. They have to make the case that a child needs to try less restrictive settings first or that the child will be unsuccessful in those settings. This is following the policy of special education law.

b. Assess how social welfare and economic policies impact the delivery of and access to social services;

As I learn more about my agency's programs and their services, I am better able to understand what our agency can provide for our clients and what needs to be referred out. Sometimes the families that the agency serves don't qualify for our services, but do qualify for services from one of our competitors. It is our obligation to ensure our clients are aware of that.

AND

Insurance companies determine the number of days a client will stay in day treatment. This is based on their progress and past history. There are clients our agency feels would benefit from longer stays, but when the funding is no longer there, they are discharged.

c. Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.

I was provided information about Medicare and Medicaid policies, as well as ID Waiver program. The amount of information about these programs felt overwhelming and I had to wonder how it feels for our clients to try to interpret and apply the information themselves. I am thinking of how we can better inform our clients about these programs and help them navigate through all the paperwork and information needed.

AND

I noticed that although we were within the correct staff to client ratio, we needed more help on the unit. The ratio established by state policies don't seem to understand that when a client is in distress and acting out, it can take 2-3 staff to ensure everyone is safe. That leaves other clients without proper supervision.

Competency 6 –Engage with Individuals, Families, Groups, Organizations, and Communities

a. Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies

I used reassuring skills when contacting a client's family as they this was their first experience with a social worker at the hospital. I knew they would be nervous about why a social worker was contacting them and what that meant for their family members. I allowed them to ask questions at any time during the conversation and clarified when needed.

AND

The support group I will help co-facilitate welcomed multiple people from various backgrounds. In order to facilitate a group it is necessary to be mindful of cultural differences. The systems model was demonstrated during group while group members discussed their support networks and how current systems are intersecting and impacting them related to their current loss.

b. Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.

During my interactions with the clients and the families, I was able to demonstrate empathy and reflection while talking to some of the clients about how things were going and empathizing with how they felt about being in treatment. I also watched as other therapists demonstrated this for me to understand in sessions as well. I worked on my interpersonal skills to engage them in casual conversation as they were in the milieu.
AND
I used reflection in my conversations and provided empathetic listening while engaging with my clients. Nonverbal communication is also important to effectively engage with clients. I discussed with my agency instructor nonverbal gestures that can be misleading. One example is handing a Kleenex to a client when they are crying as this can be a message they need to stop crying or their grief response is making me feel uncomfortable. I need to remember my non-verbal communication and the messages I may be sending others.

AND
I gave the patient time to calm prior to asking intake questions. I asked if they needed breaks throughout the process and asked clarify questions for better understanding. I offered them water and allowed them to walk around the admissions office when needed. This seemed to help support the patient through the intake process.

Competency 7 – Assess Individuals, Families, Groups, Organizations, and Communities
a. Collect and organize data, and apply critical thinking to interpret information from clients and constituencies:
The intake paperwork allows me to assess the patient's current mental status and collect all necessary information so that we how to best meet emotional and physical needs during the admission process. The intake information and data is used for multiple purposes: demographic data for the agency's grant funding, assessment results are used to create a service plan.

AND
My agency instructor and I are working to begin a closed group for newly bereaved individuals. As part of this group we created a Likert scale to measure grief that we can use as a measure at the beginning and the end of the support group. We also created an evaluation that group members can help us to identify needed improvements for upcoming groups.

b. Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;
Using the person-in-environment perspective, all of the clients that I will be working with are experiencing grief related to the death of a loved one. As bereavement counselors we use a bereavement risk assessment tool to identify the time frame in which to contact families. This is a good example of how the person’s current environment and other psychosocial risk factors may influence their bereavement and has the potential to lead to complicated grief.

AND
I was able to see how all the information taken during the intake process was used to determine what unit the client would be placed on. Although the client was of a certain age, his lower cognitive functioning made him more appropriate for a unit with younger clients. We were also able to determine that he needs more space and limits on touching so we don't trigger him.

c. Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and
I assisted my supervisor in developing a treatment plan for our client. Based on the results of the assessment, the client led our discussion in developing goals they wanted to work on. It was powerful to hear the client hear about and acknowledge their strengths as sometimes it feels like we only focus on the problems.

AND
Social workers in the agency provide a bereavement assessment to identify family strengths, bereavement risk factors and challenges of caregivers at the time of death of the hospice patient. I was able to utilize the bereavement assessments during my field experience this week to assess the bereavement needs of clients. I will continue to provide support to families both in person and phone, and these bereavement assessments will help to determine the intervention, goals and objectives of the bereavement support. These goals, interventions and objectives are also documented through a care plan. This week I was able to observe my agency instructor completing these bereavement care plans.

d. Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.

As group begins we will be able to use our assessment results to adapt our intervention strategies and use the knowledge we obtain from group members to make changes to future groups sessions. I was surprised how often we will be reviewing the strategies used to ensure that we are meeting the needs of the group. Once written, our group care plan is subject to change often.

AND

The youth "listening group" was able to provide the agency great feedback on needs and services. Based on this feedback, the agency is proposing educational programming at local middle schools and high schools to address sexual assault prevention.

Competency 8 –Intervene with Individuals, Families, Groups, Organizations, and Communities

a. Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies;

With another staff members, I observed and walked through the steps of it reviewing a care plan. We talked about the reasoning behind why the client was aligned with certain goals, what they looked like, and how to put them in the system. We also reviewed doctor and therapy notes for additional information.

b. Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies;

I had to be flexible while working with a large variety of patients as most were not happy to be in treatment. I co-facilitated a skill building session with the floor nurse so we were able to address health and social issues during the session. Clients were able hear about each other's struggles and at times myself or the nurse had to bring back the focus of the group session to keep all members on task.

c. Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;

For this program, this is something that constantly occurs. The agency staff work with a partnering agency staff group to run the residential program that the youth are in. My agency group oversees the clinical side of the situation, while our partnering agency oversees the day-to-day interactions with the residential treatment side of it. I was able to consult with both sets of staff at our team meeting and develop ideas and plans for the children in the program as well as learning more about them and their interactions.

AND

During intake, the patient complained of many physical issues. I collaborated with nursing staff so they could address the physical complaints the patient shared and I documented this consultation on the intake form. I am interested to see how many of the behaviors issues the patient exhibits may be in part due to some of the physical discomfort he is in.

d. Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies;
We reviewed case plan goals during a family team meeting and were able to recommend an evidence based intervention for one of the goals that was not being met. We also reviewed how and who is involved in creating family interaction plan and how it is carried out to ensure it is meeting the family's needs and the timelines of progress reviews.

e. Facilitate effective transitions and endings that advance mutually agreed-on goals.
I joined my supervisor in facilitating a transition meeting with skilled nursing facility and a home health service this week. Both settings help our patients regain strength and learn to manage their own care, but in very different ways. The patient was pleased with moving to a more restrictive level of care in both situations, although the patient going to the skilled nursing facility appeared more comfortable with his plan. I wonder if the patient going home with in-home health care was more nervous about taking care of her wound on her own.

AND

Agency staff had opportunities to ask clarifying questions throughout the staff meeting and minutes were shared with tasks assigned and deadlines established. A subcommittee set up a follow up team meeting to finish the grant application. I was impressed with how well the staff meetings are organized and how everyone had a role to play to accomplish the work of the agency.

AND

I was able to attend a juvenile court hearing this week where the family was dismissed from juvenile court supervision. Although they will continue with some IDHS supportive services, they no longer require court orders to ensure they follow through with IDHS plans. The family was so happy to have achieved this.

Competency 9 –Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

a. Select and use appropriate methods for evaluation of outcomes;
Based on a progress review meeting, the client has meet all treatment goals so discharge planning has started. Home based providers provided input on all the treatment goals with recommendations for after-care supports. I was asked to create a list of community based services the client can access for transportation, financial support and employment searches.

b. Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes;
The staff meeting went well. It was an opportunity for staff to be informed of agency activities they are not directly involved with and ask questions for better understanding. The Food Bank presentation allowed staff to better understand their role in the community and how to make appropriate referrals to their services.

c. Critically analyze, monitor, and evaluate intervention and program processes and outcomes;
I shared my engagement techniques used with the patient with the Unit RN. I learned that if the patient is allowed time and space when agitated, I was much more successful in earning trust and reaching compliant behavior levels than when I repeated directions and over talked.

d. Apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.
I attended a community parenting fair this week and sat through a promotional session of local programs that are deemed most successful for clients. This was attended by community providers as well as parents and families, and very informative for both.

AND
I saw the results of my agency's implemented strategic plan. It highlighted demographic data, community assessment data as well as results of prevention and intervention programs. Results were shared with the agency's board for review and recommendations.

AND

At discharge, every client completes a satisfaction survey. The results of these surveys are compiled and shared with agency staff and the agency board on a yearly basis. Recommendations are made and agreed upon changes are implemented.

Please reflect either on an NASW Code of Ethics Principle OR Standard as it applies to an experience this reporting period. Be sure to have the NASW Code of Ethics (Jan 2018 version) to reference when completing this portion.

ETHICAL PRINCIPLE:

Ethical Principle: Social workers' primary goal is to help people in need and to address social problems.

Ethical Principle: Social workers challenge social injustice.

Ethical Principle: Social workers respect the inherent dignity and worth of the person.

Ethical Principle: Social workers recognize the central importance of human relationships.

The client has very little family that live in the area and the ones that are living close, were not a positive influence in her life. Having advocates on her side, helping her out and being a resource for her as really made a difference in keeping her safe while she was in shelter. Advocates function in the role of her support system so many efforts are made to engage, bond quickly and follow through with supporting her needs.

Ethical Principle: Social workers behave in a trustworthy manner.

When meeting with this client, there is a lot of things that need to be done by the social worker at the agency since the client is considering a family with a different agency and different state. Without the rapport and trust between client and worker, the client may not receive the help or support she is searching for and could hurt the future work with the client. This client has put a lot of trust in the workers at the agency and need their assistance to help with this adoption process. One simple way to earn the trust of the client is being on time and present at the meetings that are arranged.

Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise.

OR

ETHICAL STANDARD (please indicate specific standard you are reflecting upon)

(1) Social Workers' Ethical Responsibilities to Clients

1.04 (b) The agency has taken the steps to become a trauma informed organization. They provide many trainings on trauma, attachment and practicing the 7 commitments. The organization has recognized that their clients have been through traumatic events and therefore need a specialized treatment in order to provide effective treatment. The organization does well in making sure the employees are competent and apply to provide effective treatment for complex situations and trauma the client has gone through.

(2) Social Workers' Ethical Responsibilities to Colleagues

(3) Social Workers' Ethical Responsibilities in Practice Settings

(4) Social Workers' Ethical Responsibilities as Professionals
(5) Social Workers’ Ethical Responsibilities to the Social Work Profession
(6) Social Workers’ Ethical Responsibilities to the Broader Society

Updated Spring 2018