

### Activity #1: Values, Beliefs and Ethics



(Image by Aussie Cathy Wilcox. <https://twitter.com/globalcartoons/status/669640489222688768>)

### Activity #1: Values, Beliefs, and Ethics

The cartoon by Aussie Cathy Wilcox deeply resonates with my personal values, morals, and ethics. As a child, I was a witness to frequent domestic violence between my parents—my father was the perpetrator, and my mother, the victim. My father, often under the influence of alcohol, would physically abuse my mother, driven by unfounded suspicions of infidelity. As a helpless child, I could do little but hide under the sheets and cry until the violence subsided. These traumatic experiences instilled in me profound resentment toward my father and a deep sense of guilt for being unable to protect my mother.

When I was six, I reached a breaking point and called the police during a violent episode. Unfortunately, at the time, Chinese law did not provide mechanisms such as restraining orders, and the police could only advise my mother to pursue divorce.

However, they did inform the local community center, whose social workers visited us almost daily. Despite lacking formal training or theoretical grounding, their consistent presence and emotional support had a significant positive impact on my mother's well-being. Their actions inspired me to pursue a career in social work, hoping to support others who have endured similar hardships.

This childhood experience shaped my core values, many of which align with the Australian Association of Social Workers (AASW) Code of Ethics. Nevertheless, some ethical principles remain personally challenging. A fundamental tenet of the AASW Code is the respect for the inherent dignity, worth, and autonomy of all individuals (AASW, 2020). Had I encountered this principle as a child, I would have rejected it outright, particularly regarding individuals like my father. However, through reflection and education, I now recognize that factors such as substance abuse and potential mental illness may contribute to such harmful behavior. In some cases, even genetic and environmental influences predispose individuals to violent conduct.

As a future social worker, I can now partially reconcile with this ethical principle. However, the internal conflict persists. Specifically, I find tension between the personal values of a social worker and the professional code of ethics—particularly when working with clients who have committed acts of violence. If a social worker internally holds contempt for a perpetrator but maintains professional respect in practice, does that not constitute a form of hypocrisy? Perhaps such dissonance is inherent in all professional conduct. My personal morality values consistency between thought and action, which sometimes clashes with the expectations of professional

neutrality. Nonetheless, I acknowledge the AASW Code of Ethics as a culturally sensitive and morally grounded framework vital to social work practice.

### **Activity #2: Case Notes**

Case notes are essential in social work, serving multiple functions: they document client progress, enable continuity of care, support interdisciplinary communication, and ensure accountability and transparency. In cases where a social worker can no longer work with a client, these notes provide vital context for any successor. Moreover, they offer critical information for other professionals, such as psychologists or psychiatrists, facilitating a holistic approach to intervention.

Two widely used models in case note writing are the STIPS and SOAP frameworks. The STIPS model, adapted for human service contexts, includes five components: Symptoms, Topics discussed, Interventions, Progress, and Special issues (Prieto & Scheel, 2011). SOAP—standing for Subjective, Objective, Assessment, and Plan—is predominantly used in clinical settings (Podder et al., 2020). Unlike STIPS, SOAP emphasizes the client's subjective experiences and, at times, incorporates the perspectives of those close to the client.

For a case note to be deemed professional, it must demonstrate impartiality, accuracy, and relevance. Impartiality entails the use of objective language and the exclusion of emotive or derogatory remarks. Accuracy involves precise documentation of dates, names, and factual details relevant to the client's

circumstances and planned interventions. Relevance ensures that only pertinent information is included in a concise and focused manner.

Conversely, unprofessional case notes often exhibit emotional reactivity, value judgments, or unfounded assumptions. While empathy is essential, allowing emotions to dictate documentation can hinder effective intervention. Similarly, value-laden statements violate ethical guidelines, and assumptions undermine the reliability of the case record. Avoiding these pitfalls is critical to maintaining the integrity and usefulness of case notes.

### **Activity #3: Assessment and Intervention**

The reading “Psychiatric Assessment” provided foundational knowledge on evaluating a client’s background and current mental state through psychiatric methodologies. The assessment framework is comprehensive, encompassing approximately 18 subsections that explore the client’s biopsychosocial history. The Mental State Examination (MSE) complements this by offering a snapshot of the client’s present cognitive, emotional, and behavioral functioning. It covers domains such as appearance, speech, mood, thought processes, perception, cognition, and insight.

As Bolger and Walker (2018) note, assessments must be underpinned by appropriate disciplinary knowledge. While social workers are often trained in basic psychiatric concepts, conducting a thorough psychiatric assessment requires specialized expertise. For example, identifying symptoms such as mania (linked to

schizophrenia), insomnia (often associated with depression), or intrusive thoughts (indicative of obsessive-compulsive disorder) demands clinical insight. Without such knowledge, social workers may struggle to frame effective questions or interpret responses, potentially compromising the quality of care. Therefore, adopting a multidisciplinary, lifelong learning approach is essential for professional growth and competence.

Nevertheless, psychiatric assessments have limitations. Their length and scope may overwhelm clients with severe mental disorders, cognitive impairments, or memory deficits. These barriers can delay the treatment process. In such cases, a preliminary cognitive screening might be warranted to assess the client's capacity to engage in the assessment meaningfully.

The Mental State Examination is broader in scope than the Mini-Mental State Examination (MMSE), which focuses specifically on cognitive functioning. The MMSE assesses orientation, memory, attention, and concentration but does not capture more nuanced aspects such as verbal reasoning, social cognition, or motor skills. While useful as a screening tool, it may not provide a holistic picture. When signs of cognitive impairment emerge during the MSE, it is appropriate to administer the MMSE for a more detailed assessment. However, its limitations should be recognized, and supplementary tools may be required for comprehensive evaluation.

## References

- Australian Association Of Social Workers. (2020). *AASW: code of ethics*. Australian Association Of Social Workers.
- Australian Association Of Social Workers. (2016). *AASW: Case Notes*. Australian Association Of Social Workers.
- Bolger, J., & Walker, P. (2018). Models of assessment. In J. Lishman, C. Yuill, J. Brannan, & A. Gibson (Eds.), *Social work : An introduction* (2nd ed., pp. 190–205). London, UK: Sage.
- Lishman, J., Yuill, C., Brannan, J., & Alastair Gibson. (2018). *Social Work : an Introduction* (2nd ed.). Sage.
- Podder, V., Lew, V., & Ghassemzadeh, S. (2020). *SOAP Notes*. PubMed; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK482263/#:~:text=Introduction>
- Prieto, L. R., & Scheel, K. R. (2011). Using Case Documentation to Strengthen Counselor Trainees' Case Conceptualization Skills. *Journal of Counseling & Development*, 80(1), 11–21. <https://doi.org/10.1002/j.1556-6678.2002.tb00161.x>