

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Social Worker

A Q U Q A B F M F P F F U Z T K H  
O L X T H G Y E V K H Y P P A H D  
J C H E L P B X I D T B W F Y G V  
T H E R A P Y J P R I Y Z O A T B  
S U P P O R T D V Z G L D W U Q H  
Y C L I E N T E P U O R G X C V F  
U K D Q E P M C M M F A M I L Y U  
Q D A A U S E G N O N G F Q P P W  
E I J M S O U C F L W O Y I S E D  
N V U V J T O S R C W U E G S T S  
D E F H R P D C O S A F G X E A G  
H R F G I L V I O Y X B X R S C A  
H S W N A U A H P Z R G B R S O Z  
J E G J F R P T M E O U F D A V P  
J W P L M D H E G R I G I P S D C  
Y S A E N J Z N O D Z Q D A C A H  
G O Y L Z R A E M P A T H Y K W C

ADVOCATE  
EMPATHY  
FAMILY  
HAPPY  
SAD

DIVERSE  
CLIENT  
ASSESS  
GRIEF

SUPPORT  
ETHICS  
GROUP  
POOR

THERAPY  
COPING  
ANGER  
HELP