

Social Work AND Mental Health Recovery

Advanced Social Work Practice Competencies in Mental Health Recovery

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Introduction

Recovery is a process, a way of life, an attitude, and a way of approaching the days' challenges....The need is to meet the challenge of the disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution (Deegan, 1988; p. 15).

The mental health system and the environment in which it operates have dramatically evolved over the last five decades from one in which individuals with psychiatric diagnoses¹ are dehumanized and isolated to one that is increasingly moving toward inclusion, support, and hope. The shift toward a recovery-oriented philosophy is a major revolution for a mental health system long dominated by a deficits-oriented medical model of treatment underscored by the belief that for most, psychiatric disability is chronic and degenerative. Social work, as one profession within this system of care, has been heavily influenced by the prevailing medical model and its focus on chronicity and poor outcomes for individuals with psychiatric conditions.

In contrast, the recovery movement is based on a considerable body of qualitative and quantitative research that bolsters the message that recovery from psychiatric conditions can and does occur. Seven longitudinal studies have collectively followed 1,863 people with psychiatric disabilities in the United States and other countries for up to 37 years. These seven studies were conducted by Bleuler, Ciompi, and Muller; DeSisto and his colleagues; Harding and her colleagues; Huber, Gross, and Schuttler; Ogawa et al.; and Tsuang and his colleagues (as cited in Rapp & Goscha, 2012). The research found that approximately half to two-thirds of the people involved achieved significant improvement and recovery. There is also a constantly increasing body of mental health services research demonstrating the effectiveness of certain interventions (Adams & Drake, 2006; Bond et al., 2001; Dixon et al., 2001; Drake et al., 2001; Mueser et al., 2002). Evidence beyond these quantitative studies can be found in the hundreds, if not thousands, of first person accounts of recovery (some examples include Jamison, 1997;

¹ Numerous words and phrases have been used to describe individuals who have psychiatric conditions and have been used by these individuals to describe themselves. Words and phrases include *consumers of mental health services, individuals (or persons) with lived experience (of the psychiatric system or of a psychiatric condition), individuals with psychiatric diagnoses, individuals with psychiatric conditions, peers, recipients of mental health services, service user, and client*. Some of these words and phrases are considered objectionable; some are simply considered unsatisfactory; others are considered acceptable. Ideally, individuals with psychiatric conditions should be considered simply individuals. That said, we have tried to use words or phrases that seem fairly neutral in their connotations while still communicating that the individuals in question are those who have psychiatric conditions that have caused some interference in their lives.

Lovelace, 2008; Saks, 2007). First person narratives such as these resound with courage, resilience, and achievement and often highlight the integral role that professionals and others played. Although any one story is inspiring, taken as a whole, they provide powerful evidence that recovery occurs.

Recovery is becoming increasingly well-established as the foundation for national mental health policy in the United States and many other countries. Major government reports by the Surgeon General's Office (1999, 2001), the President's New Freedom Commission on Mental Health (2003), and the Substance Abuse and Mental Health Services Administration (2006, 2012) have embodied recovery.

Social work has made significant contributions to the recovery movement and, in turn, the movement has reinvigorated our professional position in mental health. Historically and currently, social work has been a major provider of mental health services, by some estimates delivering half of the professional services provided to individuals with psychiatric conditions. The profession has strong theoretical and historical ties to mental health recovery-oriented frameworks and shares many of the same essential values, ethics, and practice perspectives.

Social workers' training in direct practice, systems change, and policy practice can influence and enhance the recovery of individuals with lived experience of psychiatric diagnoses on both micro and macro levels. Social workers are well-versed in how to effectively and collaboratively advocate for rights and protections that must be afforded to their clients. This focus on activism; social justice; and civil and human rights at the organizational, local, state, tribal, territorial, federal, and global level distinguishes social work from other behavioral health disciplines. Given the need for continued systemic change, there is an opportunity and ethical imperative for social workers to partner with their clients in that effort.

Because social workers represent a critical mass in the behavioral health workforce, it is essential for them to understand the profound and complex effects their practice may have—positively or negatively—on the experience of mental health recovery. Social work practitioners, educators, and students are urged to understand and embrace recovery-oriented practice and advocate for its use throughout the spectrum of mental health services. Once again, social work is uniquely positioned among other professions, to contribute and lead at all levels.

Recovery-Oriented Practice

Several themes encapsulate the recovery-oriented perspective for social workers. Recovery-informed practice is aligned with the ethical standards of the social work profession and the core values of self-determination, empowerment, and social justice. Recovery-oriented social workers use the world of the person with lived experience of psychiatric diagnoses as the lens through which they operate and believe that individuals can and do recover from psychiatric conditions; this is the foundation on which recovery-oriented practice is built. Research has shown that having at least one person who believes in the individual with psychiatric diagnoses encourages his or her recovery; combats the effects of stigma, discrimination, and shame; and is critical to the individual's recovery. Social workers supporting individuals with psychiatric conditions should at minimum be their stalwart champions.

Recovery-oriented social workers seek to amplify the voices of individuals with lived experience of psychiatric diagnoses. They engage in treatment that emphasizes goal-directed outcomes, is directed by their clients, and includes clients' families and significant others with their clients'

permission. The more meaningful options presented to the client, along with the evidence that supports these interventions, the better informed the individual will be when evaluating possibilities and weighing the consequences of his or her decisions. Additionally, an expectation of life beyond the mental health system through community and social inclusion, an emphasis on natural community supports instead of formalized services or supports, and recommending peer support networks and services are part of a recovery perspective.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the federal agency whose mission is “to reduce the impact of substance abuse and mental illness on America’s communities” by promoting “leadership and voice, funding-service capacity development, information/communications, regulation and standard setting, and practice improvement” (SAMHSA, 2011, p. 8). SAMHSA’s current working definition of recovery from mental health and substance use disorders is

a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. (SAMHSA, 2012, p.2)

In 2006 SAMHSA identified 10 characteristics of recovery-oriented practice that further elaborate the approach and provide a useful guide for social work practice in mental health. A recovery-oriented practice

1. relies on self-direction of the individual with psychiatric diagnoses,
2. is individualized and person-centered,
3. empowers the individual to make decisions,
4. is holistic,
5. is nonlinear,
6. is strengths-based,
7. urges peer support,
8. is respectful of the individual,
9. supports the individual to take responsibility, and
10. fosters hope.

Social Work Competencies in Mental Health Recovery-Oriented Practice

Social work practice is defined by 10 competencies, described in the Educational Policy and Accreditation Standards (EPAS) of 2008 (CSWE, 2008). The 10 competencies in EPAS 2008 describe the knowledge, skills, and values for generalist social work practice, and the practice behaviors that implement the knowledge, skills, and values. This document builds on the generalist competencies and describes the knowledge, skills, values, and requisite practice behaviors for specialized practice in mental health recovery.

The 10 social work competencies are described in the following paragraphs. The generalist competencies in EPAS 2008 are shown first, followed by competency description of the knowledge, skills, values, and practice behaviors for advanced recovery-oriented social work practice.

Educational Policy 2.1.1—Identify as a professional social worker and conduct oneself accordingly.

Social workers serve as representatives of the profession, its mission, and its core values. They know the profession's history. Social workers commit themselves to the profession's enhancement and to their own professional conduct and growth. Social workers

- advocate for client access to the services of social work;
- practice personal reflection and self-correction to assure continual professional development;
- attend to professional roles and boundaries;
- demonstrate professional demeanor in behavior, appearance, and communication;
- engage in career-long learning; and
- use supervision and consultation

Recovery-oriented social workers understand how SAMHSA's definition of mental health recovery and the 10 key components connect with social work ethics, history, and practice. Practitioners should be aware of their own lived experiences of psychiatric diagnoses, trauma, and/or substance abuse; cognizant of the effects of these experiences on their own lives; and mindful of how those dynamics may influence their work and their relationships. Recovery-oriented social workers

- identify as recovery-oriented social workers and behave accordingly;
- engage in self-care methods and seek support to develop awareness, insight, and resiliency to more effectively manage the effects of trauma and retraumatization in their lives.

Educational Policy 2.1.2—Apply social work ethical principles to guide professional practice.

Social workers have an obligation to conduct themselves ethically and to engage in ethical decision making. Social workers are knowledgeable about the value base of the profession, its ethical standards, and relevant law. Social workers

- recognize and manage personal values in a way that allows professional values to guide practice;
- make ethical decisions by applying standards of the National Association of Social Workers (NASW) Code of Ethics and, as applicable, of the International Federation of Social Workers/International Association of Schools of Social Work Ethics in Social Work, Statement of Principles;
- tolerate ambiguity in resolving ethical conflicts; and
- apply strategies of ethical reasoning to arrive at principled decisions.

Recovery-oriented mental health practitioners acknowledge that the individual's right to self-determination and the professional's ethical duty to act in the best interest of the client may conflict at times (e.g., mandatory hospitalization policy, individual is deemed an imminent danger to himself or herself or others). Recovery-oriented social workers

- prioritize the client's voice and right to self-determination;

- advocate for the use of nonviolent interventions and reduction and/or elimination of approaches such as seclusion and restraint (i.e., physical and/or chemical);
- use advance directives and proactive wellness and crisis planning as necessary to help clients navigate potential ethical dilemmas and to support client autonomy and choice;
- apply thoughtful strategies of ethical reasoning to resolve dilemmas between individual self-determination and the ethical mandate to protect the client and others under the law;
- articulate how recovery-oriented practice is supported by the NASW Code of Ethics (1999) and is essential for ethical practice with clients.

Educational Policy 2.1.3 – Apply critical thinking to inform and communicate professional judgments

Social workers are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. They use critical thinking, augmented by creativity and curiosity. Critical thinking also requires the synthesis and communication of relevant information. Social workers

- distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom;
- analyze models of assessment, prevention, intervention, and evaluation; and
- demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues.

Recovery-oriented mental health providers use an individualized and person-centered lens through which they determine whether their practice is supportive of their clients and consistent with recovery principles. Recovery-oriented social workers recognize that their clients' families and significant others are critical sources of knowledge and information that must be incorporated throughout the relationship, albeit with the clients' consent. They understand the limitations of a medical or deficits-based model of illness that centers on the practitioner making decisions for a "passive" client and the practitioner identifying what is wrong and fixing it, and seek out and use the recovery-oriented empirical literature to guide their work. Recovery-oriented social workers

- use a recovery-oriented framework (as outlined on pp. 1–3), engage in professional curiosity, and offer their expertise to support the client's choices and preferences;
- analyze the medical/deficits model of assessment and intervention and critically evaluate the usefulness of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) with clients.

Educational Policy 2.1.4—Engage diversity and difference in practice.

Social workers understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. Social workers appreciate that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers

- recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power;
- gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups;
- recognize and communicate their understanding of the importance of difference in shaping life experiences; and
- view themselves as learners and engage those with whom they work as informants.

Recovery-oriented social workers appreciate the complexities of identity and the myriad ways in which psychiatric conditions intersect with other factors of diversity. They understand historical and global differences in the definition of mental illness or psychiatric disability and the implications for practice. They are attuned to the role language plays in reinforcing the oppression and stigmatization of persons with lived experience of psychiatric diagnoses, as well as the effects of internalized oppression and shame on their clients. Recovery-oriented social workers are aware of the bias introduced by race/ethnicity, gender, religion, age, and other factors on diagnosing individuals and providing services to them, including the potential for institutional bias in diagnosis and issues of access faced by groups that are historically marginalized. Recovery-oriented social workers

- attend to the potential for institutional bias in diagnosis by critically examining evidence of differences in diagnoses between and within groups (including race/ethnicity, gender, etc.);
- practice cultural humility through the engagement of individuals with lived experience of psychiatric diagnoses as teachers and respecting their knowledge and perspectives;
- assist clients to “integrate meaningful cultural and spiritual practices into their recovery or wellness activities” (Advocates for Human Potential [AHP], 2011, p. 16);
- explore meanings for individuals of past experience of labeling, stigma, and shame associated with mental health history.

Educational Policy 2.1.5—Advance human rights and social and economic justice.

Each person, regardless of position in society, has basic human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers recognize the global interconnections of oppression and are knowledgeable about theories of justice and strategies to promote human and civil rights. Social work incorporates social justice practices in organizations, institutions, and society to ensure that these basic human rights are distributed equitably and without prejudice. Social workers

- understand the forms and mechanisms of oppression and discrimination;
- advocate for human rights and social and economic justice; and
- engage in practices that advance social and economic justice.

Recovery-oriented social workers advocate for human rights and social and economic justice for individuals with psychiatric diagnoses. They acknowledge that these individuals are “agents of change in their lives” (AHP, 2011, p. 13) as well as agents of social change in their communities. They recognize that individuals with lived experience

of psychiatric conditions have often faced significant and overt oppression, stigma, and shame associated with mental health history. This oppression includes stigma/discrimination, poverty, fear, spirit-breaking professional practices, and structural entrapment by the mental health system. They are aware that individuals internalize oppression, and that internalized oppression presents a significant barrier to their recovery process. They understand that seclusion and restraint are not treatment but a treatment failure. Recovery-oriented social workers

- advocate within the profession and across the behavioral health system for recovery-oriented philosophy, progress, and practices;
- “help individuals understand and act on their legal, civil, and human rights” (AHP, 2011, p. 29), specifically those rights involving advance directives, informed consent and refusal for any particular mental health treatment, involuntary treatment, restraint and seclusion, and equal access to resources;
- advocate for an improvement in individuals’ daily living conditions and address the inequitable distribution of power, money, and resources that results in disadvantage and injustice for their clients;
- promote reduction and/or elimination of the use of physical and chemical restraints;
- confront oppression and injustices and engage in efforts to minimize and overcome stigma and discrimination toward individuals with psychiatric conditions;
- help professionals and others involved with individuals with lived experience of psychiatric diagnoses to replace demeaning, dehumanizing, and shame provoking language with recovery-oriented, strength-based, hope-building language and actions.

Educational Policy 2.1.6 – Engage in research-informed practice and practice-informed research.

Social workers use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. Social workers comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. Social workers

- use practice experience to inform scientific inquiry and
- use research evidence to inform practice.

Recovery-oriented social workers can differentiate among evidence-based practices, promising practices, and those with little evidence to support positive treatment outcomes for individuals with psychiatric diagnoses. Recovery-oriented social workers

- critically examine the evidence for newly identified “evidence-based” practices and services for clients, particularly with regard to the inclusion of clients’ voices in intervention development and evaluation;

- stay informed about emerging and promising approaches to recovery-oriented practice, especially in regard to how it can be applied and/or customized to the individual, family, groups, organization, and communities;
- use quantitative, qualitative, participatory action research, and first person accounts to show that people can and do recover from psychiatric conditions;
- promote the inclusion of service users and their viewpoints at multiple levels of the research process including evaluating the relevance of outcomes when compared to their lived experience of psychiatric diagnoses.

Educational Policy 2.1.7—Apply knowledge of human behavior and the social environment.

Social workers are knowledgeable about human behavior across the life course; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being. Social workers apply theories and knowledge from the liberal arts to understand biological, social, cultural, psychological, and spiritual development. Social workers

- use conceptual frameworks to guide the processes of assessment, intervention, and evaluation; and
- critique and apply knowledge to understand person and environment.

Recovery-oriented mental health practitioners embrace a strengths-based and holistic perspective of the individual and believe that hope can have a profound influence on an individual's behavior. They understand that the behaviors of persons with psychiatric diagnoses are a function of many factors (environmental, social, biological, etc.) of which illness is only one aspect. They consider the various environments inhabited by the client, the contributions of individual talents and environmental strengths to their quality of life, and take this all into account when helping the client achieve personal goals. They acknowledge that natural community resources in the social environment are critical to building a life and supporting recovery. They understand that the persistent labeling and oppression of individuals with psychiatric diagnoses can have a negative effect on the individuals' behavior, self-esteem, physical health, and environmental circumstances (e.g., poverty, unemployment/underemployment, isolation, etc.). Recovery-oriented social workers

- critically analyze the various ways of understanding the multiple factors influencing an individual's behavior;
- interpret the individual's lived experience of psychiatric conditions, ability to overcome, and resiliency as a remarkable series of triumphs rather than failures;
- determine along with the client whether his or her environments are entrapping or enabling a better quality of life, then work alongside him or her to improve existing environments and to access more desirable surroundings.

Educational Policy 2.1.8—Engage in policy practice to advance social and economic well-being and to deliver effective social work services.

Social work practitioners understand that policy affects service delivery, and they actively engage in policy practice. Social workers know the history and current structures of social

policies and services, the role of policy in service delivery, and the role of practice in policy development. Social workers

- analyze, formulate, and advocate for policies that advance social well-being; and
- collaborate with colleagues and clients for effective policy action.

Recovery-oriented mental health practitioners adopt a recovery lens through which they determine whether their policy practice is consonant with the needs of individuals with psychiatric conditions while also encouraging their clients to advocate for themselves. They are knowledgeable about the effects of public policy at all levels and policy-determined barriers to or opportunities for recovery. They understand the interwoven connections between policy and the social determinants of health (e.g., policies that discriminate or keep people impoverished). Recovery-oriented social workers support policies and incentives for caring for individuals with psychiatric diagnoses in the community rather than through the overflowing criminal justice system. Recovery-oriented social workers

- analyze, formulate, and promote structures and policies that contribute to the economic and social inclusion and well-being of individuals with psychiatric conditions and increase access to the services they need;
- work to eliminate barriers to full community participation, including barriers to employment, civic engagement, education, and housing;
- create multiple mechanisms for incorporating the voices and choices of persons with lived experience of psychiatric conditions (e.g., advisory boards, state planning boards, civic organizations, self-help groups, policy development and reform, policy forums) in community systems;
- critically examine public policy and service structures and influence recovery-informed policies at the local, state, and national levels (such as facilitating diversion from the criminal justice system, promoting wellness in inpatient settings, etc.);
- advocate for the integration of services to clients (e.g., co-occurring psychiatric conditions and substance abuse, co-occurring physical and behavioral health conditions) and ensure disparate services are working in accord with one another, with all efforts aiming toward the same set of client-determined goals.

Educational Policy 2.1.9—Respond to contexts that shape practice.

Social workers are informed, resourceful, and proactive in responding to evolving organizational, community, and societal contexts at all levels of practice. Social workers recognize that the context of practice is dynamic and use knowledge and skill to respond proactively. Social workers

- continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services; and
- provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.

Recovery-oriented social workers respond to the changing context of services for individuals with psychiatric diagnoses and seek to shape services that are sustainable and responsive to changing contexts. Recovery-oriented social workers

- practice with consideration for evolving contextual changes on macro and micro levels, innovations in science and technology, and nonlinear pathways to provide up-to-date services for persons with lived experience of psychiatric diagnoses;
- work proactively with other mental health providers and service users to ensure continuity of services critical to maintaining the service user's health and well-being.

Educational Policy 2.1.10 (a - d) — Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.

Professional practice involves the dynamic and interactive processes of engagement, assessment intervention, and evaluation at multiple levels. Social workers have the knowledge and skills to practice with individuals, families, groups, organizations, and communities. Practice knowledge includes identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals; using research and technological advances; evaluating program outcomes and practice effectiveness; developing, analyzing, advocating, and providing leadership for policies and services; and promoting social and economic justice.

Recovery-oriented social workers are guided by the 10 components of recovery practice in their engagement, assessment, intervention, and evaluation activities. Above all, recovery-oriented practitioners hold hope for the individual's recovery. They understand the interrelated connections among different aspects of wellness and mental health. Recovery-oriented social workers know how to work effectively in an integrated health/mental health setting with peer practitioners/specialists and representatives from other professional disciplines. Coordination continues throughout the process (from engagement through evaluation and/or the client moving on from services).

Educational Policy 2.1.10 (a) – Engagement

Social workers

- substantively and affectively prepare for action with individuals, families, groups, organizations, and communities;
- use empathy and other interpersonal skills; and
- develop a mutually agreed-on focus of work and desired outcomes.

Recovery-oriented mental health practitioners recognize that individuals are much more than their diagnoses. Recovery-oriented mental health practitioners understand that each individual has a unique pathway to recovery, which should be recognized through shared decision-making and treatment-planning; these plans should remain flexible throughout the client's nonlinear journey of recovery. They view their clients as individuals with unique histories, talents, resources, hopes, and dreams who are capable of self-determination and choice. Recovery-oriented social workers learn from how individuals with mental health diagnoses have coped and support them to share their stories. They recognize that in some settings the value of the experience that peer specialists bring has far greater authenticity and resonates with service users in a way that is difficult for professional staff to replicate. Recovery-oriented social workers

- treat the voices of their clients with primacy, dignity, and value;
- construct a safe, trusting, and hope-building relationship with individuals and their families and significant others as appropriate by minimizing power differentials in relationships through respectful communication (e.g., avoiding jargon), transparency, partnership, and shared decision-making;
- assume the stance of learner instead of expert and help individuals with lived experience of psychiatric conditions to tell their stories, including their abilities to survive, overcome, and thrive;
- use a conversational approach while mining interactions for hidden or overt clues about the individual's interests, strengths, and so forth;
- increase the individual's ownership of the strengths assessment process;
- self-disclose to a level or degree that is comfortable for them, to engage with and meet the needs of the individual client;
- work with peer specialists within their professional settings to improve their ability to connect with people and the quality of treatment available to service users.

Educational Policy 2.1.10 (b) – Assessment

Social workers

- collect, organize, and interpret client data;
- assess client strengths and limitations;
- develop mutually agreed-on intervention goals and objectives; and
- select appropriate intervention strategies.

Recovery-oriented social workers assess client strengths and limitations from a holistic perspective that considers context, culture, and community norms alongside a clinical comprehension of psychiatric diagnoses. They have a critical understanding of the epidemiology of psychiatric diagnoses, the biopsychosocial causes of psychiatric conditions, and the role of culture in defining psychiatric diagnoses and responses to them. Recovery-oriented social workers are aware of the established disparities in mental health diagnoses that have significant effects on service users' courses of treatment and treatment outcomes. They are knowledgeable about the differences between strengths assessment and problem assessment. They recognize the importance of attending to trauma in assessment and take steps to mitigate or eliminate any retraumatization during the assessment process. Recovery-oriented social workers

- obtain an accurate description of the individual's talents, skills, abilities and aptitude, and resources (including social relations, present condition, and his or her hopes for the future);
- search for multiple possible explanations of a person's behavior by assessing the biological, psychological, environmental, and social bases of the behavior;
- assess for trauma, co-occurring disorders, suicide risk, and physical health in planning recovery activities and treatment;
- empower the individual to define meaningful personal goals and select his or her own pathways to goal attainment;

- critically use diagnostic systems, including the DSM, as one way to understand psychiatric conditions and to inform their understanding and treatment of clients;
- co-create an understanding about the client's current situation as part of the assessment so that the client can choose how he or she wishes to define his or her life condition;
- work to ensure appropriate diagnosis and advocate for service users in this area.

Educational Policy 2.1.10 (c) – Intervention

Social workers

- initiate actions to achieve organizational goals;
- implement prevention interventions that enhance client capacities;
- help clients resolve problems;
- negotiate, mediate, and advocate for clients; and
- facilitate transitions and endings.

Recovery-oriented social workers advocate for organizational change and transformation to a recovery-based system. They promote individual recovery by advocating on behalf of their clients to access resources and services that support their recovery pathways. They understand that education and support for the family and significant others can be key elements to supporting the individual's own recovery process. They recognize that peers "encourage and engage each other in recovery, often providing a vital sense of belonging, supportive relationships, valued roles, and community" (AHP, 2011 p. 25). They are knowledgeable about the importance of trauma-informed principles for "[mitigating] the negative consequences of trauma...and minimization of coercive practices in the process of recovery" (AHP, 2011, p. 27). They understand reputable evidence-based practices for recovery and for whom they are applicable. Recovery-oriented social workers

- practice or refer clients to family psychoeducation, supported employment, wellness self-management, integrated treatment for co-occurring disorders, peer support, supported education, and other well-established evidence-based approaches;
- encourage and assist the client to identify and expand on social support networks within the community, tap into existing resources, and create supports around himself or herself (such as using peer support options);
- ensure that the client, with input from his or her family and significant others as appropriate, is the central decision-maker;
- assist the individual in his or her quest for meaningful employment, education, housing, or any other goal he or she might have;
- empower the client to assume leadership of his or her own well-being through self-directed care, shared decision-making, and self-advocacy skills development;
- communicate to assist the individual in decision-making about a range of possible treatments, services, and options, sharing potential positive and negative effects of these options with the individual;

- help individuals to identify nonpharmacological options for treatment, including a broad range of social and individual wellness activities (i.e., personal medicine as defined by Deegan, 2005);
- ensure plans are in place for psychiatric advance directives, wellness recovery action plans (WRAP), and other preventative steps (to include identifying early warning signs of symptoms, coping strategies, and personal medicine);
- develop and implement recovery plans and goals with clients that cross multiple life domains (e.g., emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual dimensions), use natural community resources, and promote community integration;
- help clients negotiate unique challenges or barriers to gain access to resources and attain their goals by building relationships with resource holders and through the use of a variety of advocacy strategies;
- know about current guidelines for use of medications to treat psychiatric conditions and co-occurring disorders.

2.1.10 (d) – Evaluation

- Social workers critically analyze, monitor, and evaluate interventions.

Recovery-oriented social workers evaluate the effects of services and interventions for their consistency with the 10 components of recovery and individual goal achievement. Recovery-oriented social workers

- monitor attainment of client established goals and outcomes;
- help clients access and interpret data to inform their decision-making regarding services and supports;
- involve clients in service and program evaluation and quality improvement.

References

- Adams, J. R., & Drake, R. E. (2006). Shared decision-making and evidence-based practice. *Community Mental Health Journal, 42*, 87–105.
- Advocates for Human Potential. (2011). *Toward core competencies for recovery-oriented behavioral healthcare practitioners*. Unpublished manuscript.
- Bond, G. R., Becker, D. R., Drake, R. E., Rapp, C. A., Meisler, N., Lehman, A. F., ... Blyler, C. R. (2001). Implementing supported employment as an evidence-based practice. *Psychiatric Services, 52*, 313–322.
- California Social Work Education Center. (2011). *Foundation and advanced competencies and practice indicators – Mental health*. Unpublished manuscript.
- Council on Social Work Education. (2008). *Educational policy and accreditation standards*. Retrieved from <http://www.cswe.org/Accreditation/2008EPASDescription.aspx>
- Council on Social Work Education. (2012). *Advanced social work practice in trauma*. Alexandria, VA: Author.
- Deegan, P. E. (1988). Recovery: The lived experience of rehabilitation. *Psychosocial Rehabilitation, 11*(4), 11–19.
- Deegan, P. E. (2005). The importance of personal medicine: A qualitative study of resilience in people with psychiatric disabilities. *Scandinavian Journal of Public Health, 33*(Suppl 66), 29–35.
- Dixon, L., McFarlane, W. R., Lefley, H., Lucksted, A., Cohen, M., Falloon, I., ... Sondheim, D. (2001). Evidence-based practices for services to families of people with psychiatric disabilities. *Psychiatric Services, 52*, 903–910.
- Drake, R. E., Essock, S. M., Shaner, A., Carey, K. B., Minkoff, K., Kola, L., ... Rickards, L. (2001). Implementing dual diagnosis services for clients with severe mental illness. *Psychiatric Services, 52*, 469–476.
- Jamison, K. R. (1997). *An unquiet mind: A memoir of moods and madness*. New York, NY: Vintage Books.
- Lovelace, D., (2008). *Scattershot: My bipolar family*. New York, NY: Dutton.
- Mueser, K. T., Corrigan, P. W., Hilton, D. W., Tanzman, B., Schaub, A., Gingerich, S., ... Herz, M. I. (2002). Illness management and recovery: A review of the research. *Psychiatric Services, 53*, 1272–1284.
- National Association of Social Workers. (1999). *Code of ethics of the National Association of Social Workers*. Retrieved from <http://www.socialworkers.org/pubs/code/default.asp>
- President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America*. Final report (DHSS Pub. No. SMA-03-

3832). Retrieved from
http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Public_Policy/New_Freedom_Commission/Default1169.htm

Rapp, C. A., & Goscha, R. A. (2012). *The strengths model* (3rd ed.). New York, NY: Oxford University Press.

Saks, E. R. (2007). *The center cannot hold: My journey through madness*. New York, NY: Hyperion.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2006). *National consensus statement on mental health recovery*. Retrieved from
<http://store.samhsa.gov/shin/content/SMA05-4129/SMA05-4129.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Leading change in an era of health reform*. (Slides) Retrieved from
<http://store.samhsa.gov/product/Leading-Change-in-an-Era-of-Health-Reform/SMA11-PHYDE030511>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). *SAMHSA's working definition of recovery*. Retrieved from
<http://content.samhsa.gov/ext/item?url=/samhsa/content/item/10007447/10007447.pdf>

United States Public Health Service, Office of the Surgeon General. (1999). *Mental health: A report of the surgeon general*. Rockville, MD: Department of Health and Human Services.

United States Public Health Service, Office of the Surgeon General. (2001). *Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the surgeon general*. Rockville, MD: Department of Health and Human Services.

Advanced Social Work Practice Competencies in Mental Health Recovery		
Educational Policy 2.1.1 – Identify as a professional social worker and conduct oneself accordingly		
Selected Practice Behaviors	Mental Health Recovery Knowledge	Mental Health Recovery Practice Behaviors
<ul style="list-style-type: none"> ● Advocate for client access to the services of social work ● Practice personal reflection and self-correction to assure continual professional development ● Attend to professional roles and boundaries ● Use supervision and consultation 	<p>Recovery-oriented social workers understand how SAMHSA’s definition of mental health recovery and the 10 key components connect with social work ethics, history, and practice. Practitioners should be aware of their own lived experiences of psychiatric diagnoses, trauma, and/or substance abuse; cognizant of the effects of these experiences on their own lives; and mindful of how those dynamics may influence their work and their relationships.</p>	<ul style="list-style-type: none"> ● Identify as recovery-oriented social workers and behave accordingly ● Engage in self-care methods and seek support to develop awareness, insight, and resiliency to more effectively manage the effects of trauma and retraumatization in their lives
Educational Policy 2.1.2 – Apply social work ethical principles to guide professional practice		
Selected Practice Behaviors	Mental Health Recovery Knowledge	Mental Health Recovery Practice Behaviors
<ul style="list-style-type: none"> ● Recognize and manage personal values in a way that allows professional values to guide practice ● Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics and, as applicable, of the International Federation of Social Workers/ International Association of 	<p>Recovery-oriented mental health practitioners acknowledge that the individual’s right to self-determination and the professional’s ethical duty to act in the best interest of the client may conflict at times (e.g., mandatory hospitalization policy, individual is a deemed an imminent danger to himself or herself or others).</p>	<ul style="list-style-type: none"> ● Prioritize the client’s voice and right to self-determination ● Advocate for the use of nonviolent interventions and reduction and/or elimination of approaches such as seclusion and restraint (i.e., physical and/or chemical) ● Use advance directives and proactive wellness and crisis planning as necessary to help clients navigate potential ethical dilemmas and to support client

<p>Schools of Social Work Ethics in Social Work, Statement of Principles</p> <ul style="list-style-type: none"> ● Tolerate ambiguity in resolving ethical conflicts ● Apply strategies of ethical reasoning to arrive at principled decisions 		<p>autonomy and choice</p> <ul style="list-style-type: none"> ● Apply thoughtful strategies of ethical reasoning to resolve dilemmas between individual self-determination and the ethical mandate to protect the client and others under the law ● Articulate how recovery-oriented practice is supported by the NASW Code of Ethics (1999) and is essential for ethical practice with clients
<p>Educational Policy 2.1.3 – Apply critical thinking to inform and communicate professional judgments</p>		
<p>Selected Practice Behaviors</p>	<p>Mental Health Recovery Knowledge</p>	<p>Mental Health Recovery Practice Behaviors</p>
<ul style="list-style-type: none"> ● Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom ● Analyze models of assessment, prevention, intervention, and evaluation 	<p>Recovery-oriented mental health providers use an individualized and person-centered lens through which they determine whether their practice is supportive of their clients and consistent with recovery principles. Recovery-oriented social workers recognize that their clients’ families and significant others are critical sources of knowledge and information that must be incorporated throughout the relationship, albeit with the clients’ consent. They understand the limitations of a medical or deficits-based model of illness that centers on the practitioner making decisions for a “passive” client and the practitioner identifying what is wrong and fixing it, and seek out and use the recovery-oriented empirical literature to guide their work.</p>	<ul style="list-style-type: none"> ● Use a recovery-oriented framework (as outlined on pp. 1–3), engage in professional curiosity, and offer their expertise to support the client’s choices and preferences ● Analyze the medical/deficits model of assessment and intervention and critically evaluate the usefulness of the DSM with clients

Educational Policy 2.1.4 – Engage diversity and difference in practice		
Selected Practice Behaviors	Mental Health Recovery Knowledge	Mental Health Recovery Practice Behaviors
<ul style="list-style-type: none"> ● Recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power ● Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups ● Recognize and communicate their understanding of the importance of difference in shaping life experiences ● View themselves as learners and engage those with whom they work as informants 	<p>Recovery-oriented social workers appreciate the complexities of identity and the myriad ways in which psychiatric conditions intersect with other factors of diversity. They understand historical and global differences in the definition of mental illness or psychiatric disability and the implications for practice. They are attuned to the role language plays in reinforcing the oppression and stigmatization of persons with lived experience of psychiatric diagnoses, as well as the effects of internalized oppression and shame on their clients. Recovery-oriented social workers are aware of the bias introduced by race/ethnicity, gender, religion, age, and other factors on diagnosing individuals and providing services to them, including the potential for institutional bias in diagnosis and issues of access faced by groups that are historically marginalized.</p>	<ul style="list-style-type: none"> ● Attend to the potential for institutional bias in diagnosis by critically examining evidence of differences in diagnoses between and within groups (including race/ethnicity, gender, etc.) ● Practice cultural humility through the engagement of individuals with lived experience of psychiatric diagnoses as teachers and respecting their knowledge and perspectives ● Assist clients to “integrate meaningful cultural and spiritual practices into their recovery or wellness activities” (AHP, 2011, p. 16) ● Explore meanings for individuals of past experience of labeling, stigma, and shame associated with mental health history
Educational Policy 2.1.5 – Advance human rights and social and economic justice		
Selected Practice Behaviors	Mental Health Recovery Knowledge	Mental Health Recovery Practice Behaviors
<ul style="list-style-type: none"> ● Understand the forms and mechanisms of oppression and discrimination ● Advocate for human rights and social and economic justice 	<p>Recovery-oriented social workers advocate for human rights and social and economic justice for individuals with psychiatric diagnoses. They acknowledge that these individuals are “agents of change in their lives” (AHP,</p>	<ul style="list-style-type: none"> ● Advocate within the profession and across the behavioral health system for recovery-oriented philosophy, progress, and practices ● “Help individuals understand and act on their legal, civil, and human

<ul style="list-style-type: none"> ● Engage in practices that advance social and economic justice 	<p>2011, p. 13) as well as agents of social change in their communities. They recognize that individuals with lived experience of psychiatric conditions have often faced significant and overt oppression, stigma, and shame associated with mental health history. This oppression includes stigma/discrimination, poverty, fear, spirit-breaking professional practices, and structural entrapment by the mental health system. They are aware that individuals internalize oppression, and that internalized oppression presents a significant barrier to their recovery process. They understand that seclusion and restraint are not treatment but a treatment failure.</p>	<p>rights” (AHP, 2011, p. 29), specifically those rights involving advance directives, informed consent and refusal for any particular mental health treatment, involuntary treatment, restraint and seclusion, and equal access to resources</p> <ul style="list-style-type: none"> ● Advocate for an improvement in individuals’ daily living conditions and address the inequitable distribution of power, money, and resources that results in disadvantage and injustice for their clients ● Promote reduction and/or elimination of the use of physical and chemical restraints ● Confront oppression and injustices and engage in efforts to minimize and overcome stigma and discrimination toward individuals with psychiatric conditions ● Help professionals and others involved with individuals with lived experience of psychiatric diagnoses to replace demeaning, dehumanizing, and shame-provoking language with recovery-oriented, strength-based, hope-building language and actions
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Educational Policy 2.1.6 – Engage in research-informed practice and practice-informed research		
Selected Practice Behaviors	Mental Health Recovery Knowledge	Mental Health Recovery Practice Behaviors
<ul style="list-style-type: none"> ● Use practice experience to inform scientific inquiry ● Use research evidence to inform practice 	<p>Recovery-oriented social workers can differentiate among evidence-based practices, promising practices, and those with little evidence to support positive treatment outcomes for individuals with psychiatric diagnoses.</p>	<ul style="list-style-type: none"> ● Critically examine the evidence for newly identified “evidence-based” practices and services for clients, particularly with regard to the inclusion of clients’ voices in intervention development and evaluation ● Stay informed about emerging and promising approaches to recovery-oriented practice, especially in regard to how it can be applied and/or customized to the individual, family, groups, organization, and communities ● Use quantitative, qualitative, participatory action research, and first person accounts to show that people can and do recover from psychiatric conditions ● Promote the inclusion of service users and their viewpoints at multiple levels of the research process including evaluating the relevance of outcomes when compared to their lived experience of psychiatric diagnoses

Educational Policy 2.1.7 – Apply knowledge of human behavior and the social environment		
Selected Practice Behaviors	Mental Health Recovery Knowledge	Mental Health Recovery Practice Behaviors
<ul style="list-style-type: none"> ● Use conceptual frameworks to guide the processes of assessment, intervention, and evaluation ● Critique and apply knowledge to understand person and environment 	<p>Recovery-oriented mental health practitioners embrace a strengths-based and holistic perspective of the individual and believe that hope can have a profound influence on an individual's behavior. They understand that the behaviors of persons with psychiatric diagnoses are a function of many factors (environmental, social, biological, etc.) of which illness is only one aspect. They consider the various environments inhabited by the client, the contributions of individual talents and environmental strengths to their quality of life, and take this all into account when helping the client achieve personal goals. They acknowledge that natural community resources in the social environment are critical to building a life and supporting recovery. They understand that the persistent labeling and oppression of individuals with psychiatric diagnoses can have a negative effect on the individuals' behavior, self-esteem, physical health, and environmental circumstances (e.g., poverty, unemployment/underemployment, isolation, etc.).</p>	<ul style="list-style-type: none"> ● Critically analyze the various ways of understanding the multiple factors influencing an individual's behavior ● Interpret the individual's lived experience of psychiatric conditions, ability to overcome, and resiliency as a remarkable series of triumphs rather than failures ● Determine along with the client whether his or her environments are entrapping or enabling a better quality of life, then work alongside him or her to improve existing environments and to access more desirable surroundings

Educational Policy 2.1.8 – Engage in policy practice to advance social and economic well-being and to deliver effective social work services		
Selected Practice Behaviors	Mental Health Recovery Knowledge	Mental Health Recovery Practice Behaviors
<ul style="list-style-type: none"> Analyze, formulate, and advocate for policies that advance social well-being Collaborate with colleagues and clients for effective policy action 	<p>Recovery-oriented mental health practitioners adopt a recovery lens through which they determine whether their policy practice is consonant with the needs of individuals with psychiatric conditions while also encouraging their clients to advocate for themselves. They are knowledgeable about the effects of public policy at all levels and policy-determined barriers to or opportunities for recovery. They understand the interwoven connections between policy and the social determinants of health (e.g., policies that discriminate or keep people impoverished). Recovery-oriented social workers support policies and incentives for caring for individuals with psychiatric diagnoses in the community rather than through the overflowing criminal justice system.</p>	<ul style="list-style-type: none"> Analyze, formulate, and promote structures and policies that contribute to the economic and social inclusion and well-being of individuals with psychiatric conditions and increase access to the services they need Work to eliminate barriers to full community participation, including barriers to employment, civic engagement, education, and housing Create multiple mechanisms for incorporating the voices and choices of persons with lived experience of psychiatric conditions (e.g., advisory boards, state planning boards, civic organizations, self-help groups, policy development and reform, policy forums) in community systems Critically examine public policy and service structures and influence recovery-informed policies at the local, state, and national levels (such as facilitating diversion from the criminal justice system, promoting wellness in inpatient settings, etc.) Advocate for the integration of services to clients (e.g., co-occurring psychiatric conditions and substance abuse, co-occurring physical and behavioral health conditions) and

		ensure disparate services are working in accord with one another, with all efforts aiming toward the same set of client-determined goals
Educational Policy 2.1.9 – Respond to contexts that shape practice		
Selected Practice Behaviors	Mental Health Recovery Knowledge	Mental Health Recovery Practice Behaviors
<ul style="list-style-type: none"> Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services 	Recovery-oriented social workers respond to the changing context of services for individuals with psychiatric diagnoses and seek to shape services that are sustainable and responsive to changing contexts.	<ul style="list-style-type: none"> Practice with consideration for evolving contextual changes on macro and micro levels, innovations in science and technology, and nonlinear pathways to provide up-to-date services for persons with lived experience of psychiatric diagnoses Work proactively with other mental health providers and service users to ensure continuity of services critical to maintaining the service user’s health and well-being
Educational Policy 2.1.10(a)–(d) – Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities		
	Mental Health Recovery Knowledge	
	Recovery-oriented social workers are guided by the 10 components of recovery practice in their engagement, assessment, intervention, and evaluation activities. Above all, recovery-oriented practitioners hold hope for the individual’s recovery. They understand the interrelated connections among different aspects of wellness and mental health. Recovery-oriented social workers know how to work effectively in an	

	<p>integrated health/mental health setting with peer practitioners/specialists and representatives from other professional disciplines. Coordination continues throughout the process (from engagement through evaluation and/or the client moving on from services).</p>	
<p>Educational Policy 2.1.10(a) – Engagement</p>		
<p>Selected Practice Behaviors</p>	<p>Mental Health Recovery Knowledge</p>	<p>Mental Health Recovery Practice Behaviors</p>
<ul style="list-style-type: none"> ● Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities ● Use empathy and other interpersonal skills ● Develop a mutually agreed-on focus of work and desired outcomes 	<p>Recovery-oriented mental health practitioners recognize that individuals are much more than their diagnoses. Recovery-oriented mental health practitioners understand that each individual has a unique pathway to recovery, which should be recognized through shared decision-making and treatment-planning; these plans should remain flexible throughout the client’s nonlinear journey of recovery. They view their clients as individuals with unique histories, talents, resources, hopes, and dreams who are capable of self-determination and choice. Recovery-oriented social workers learn from how individuals with mental health diagnoses have coped and support them to share their stories. They recognize that in some settings the value of the experience that peer specialists bring has far greater authenticity and resonates with service users in a way that is difficult for professional staff to replicate.</p>	<ul style="list-style-type: none"> ● Treat the voices of their clients with primacy, dignity, and value; ● Construct a safe, trusting, and hope-building relationship with individuals and their families and significant others as appropriate by minimizing power differentials in relationships through respectful communication (e.g., avoiding jargon), transparency, partnership, and shared decision-making ● Assume the stance of learner instead of expert and help individuals with lived experience of psychiatric conditions to tell their stories, including their abilities to survive, overcome, and thrive ● Use a conversational approach while mining interactions for hidden or overt clues about the individual’s interests, strengths, and so forth ● Increase the individual’s ownership of the strengths assessment process ● Self-disclose to a level or degree that is comfortable for them, to

		<p>engage with and meet the needs of the individual client</p> <ul style="list-style-type: none"> • Work with peer specialists within their professional settings to improve their ability to connect with people and the quality of treatment available to service users
<p>Educational Policy 2.1.10(b) – Assessment</p>		
<p>Selected Practice Behaviors</p>	<p>Mental Health Recovery Knowledge</p>	<p>Mental Health Recovery Practice Behaviors</p>
<ul style="list-style-type: none"> • Collect, organize, and interpret client data • Assess client strengths and limitations • Develop mutually agreed-on intervention goals and objectives • Select appropriate intervention strategies 	<p>Recovery-oriented social workers assess client strengths and limitations from a holistic perspective that considers context, culture, and community norms alongside a clinical comprehension of psychiatric diagnoses. They have a critical understanding of the epidemiology of psychiatric diagnoses, the biopsychosocial causes of psychiatric conditions, and the role of culture in defining psychiatric diagnoses and responses to them. Recovery-oriented social workers are aware of the established disparities in mental health diagnoses that have significant effects on service users' courses of treatment and treatment outcomes. They are knowledgeable about the differences between strengths assessment and problem assessment. They recognize the importance of attending to trauma in assessment and take steps to mitigate or eliminate any retraumatization during the assessment process.</p>	<ul style="list-style-type: none"> • Obtain an accurate description of the individual's talents, skills, abilities and aptitude, and resources (including social relations, present condition, and his or her hopes for the future) • Search for multiple possible explanations of a person's behavior by assessing the biological, psychological, environmental, and social bases of the behavior • Assess for trauma, co-occurring disorders, suicide risk, and physical health in planning recovery activities and treatment • Empower the individual to define meaningful personal goals and select his or her own pathways to goal attainment • Critically use diagnostic systems, including the DSM, as one way to understand psychiatric conditions and to inform their understanding and treatment of clients • Co-create an understanding about the client's current situation as part of

		<p>the assessment so that the client can choose how he or she wishes to define his or her life condition</p> <ul style="list-style-type: none"> ● Work to ensure appropriate diagnosis and advocate for service users in this area
<p>Educational Policy 2.1.10(c) – Intervention</p>		
<p>Selected Practice Behaviors</p>	<p>Mental Health Recovery Knowledge</p>	<p>Mental Health Recovery Practice Behaviors</p>
<ul style="list-style-type: none"> ● Initiate actions to achieve organizational goals ● Implement prevention interventions that enhance client capacities ● Help clients resolve problems ● Negotiate, mediate, and advocate for clients ● Facilitate transitions and endings 	<p>Recovery-oriented social workers advocate for organizational change and transformation to a recovery-based system. They promote individual recovery by advocating on behalf of their clients to access resources and services that support their recovery pathways. They understand that education and support for the family and significant others can be key elements to supporting the individual’s own recovery process. They recognize that peers “encourage and engage each other in recovery, often providing a vital sense of belonging, supportive relationships, valued roles, and community” (AHP, 2011 p. 25). They are knowledgeable about the importance of trauma-informed principles for “[mitigating] the negative consequences of trauma...and minimization of coercive practices in the process of recovery” (AHP, 2011, p. 27). They understand reputable evidence-based practices for recovery and for whom they are applicable.</p>	<ul style="list-style-type: none"> ● Practice or refer clients to family psychoeducation, supported employment, wellness self-management, integrated treatment for co-occurring disorders, peer support, supported education, and other well established evidence-based approaches ● Encourage and assist the client to identify and expand on social support networks within the community, tap into existing resources, and create supports around himself or herself (such as using peer support options) ● Ensure that the client, with input from his or her family and significant others as appropriate, is the central decision- maker ● Assist the individual in his or her quest for meaningful employment, education, housing, or any other goal he or she might have ● Empower the client to assume leadership of his or her own well-being through self-directed care, shared decision-making, and self-advocacy skills development

		<ul style="list-style-type: none"> ● Communicate to assist the individual in decision-making about a range of possible treatments, services, and options, sharing potential positive and negative effects of these options with the individual ● Help individuals to identify nonpharmacological options for treatment, including a broad range of social and individual wellness activities (i.e., personal medicine as defined by Deegan, 2005); ● Ensure plans are in place for psychiatric advance directives, wellness recovery action plans (WRAP), and other preventative steps (to include identifying early warning signs of symptoms, coping strategies, and personal medicine); ● Develop and implement recovery plans and goals with clients that cross multiple life domains (e.g., emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual dimensions), use natural community resources, and promote community integration ● Help clients negotiate unique challenges or barriers to gain access to resources and attain their goals by building relationships with resource holders and through the use of a variety of advocacy strategies ● Know about current guidelines for use of medications to treat psychiatric conditions and co-
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		occurring disorders
Educational Policy 2.1.10(d) – Evaluation		
Selected Practice Behaviors	Mental Health Recovery Knowledge	Mental Health Recovery Practice Behaviors
<ul style="list-style-type: none"> ● Social workers critically analyze, monitor, and evaluate interventions 	Recovery-oriented social workers evaluate the effects of services and interventions for their consistency with the 10 components of recovery and individual goal achievement.	<ul style="list-style-type: none"> ● Monitor attainment of client established goals and outcomes ● Help clients access and interpret data to inform their decision- making regarding services and supports ● Involve clients in service and program evaluation and quality improvement