Advanced Social Work Practice
Competencies in Mental Health Recovery1

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

- 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 re-traumatization in their lives.

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

- 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

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

- use a recovery-oriented framework, 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.

- 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"
- 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.

- 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" specifically those rights involving advance directives, informed

[1] From: Council on Social Work Education
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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

- 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.

- 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.

- 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.
- 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 wellbeing

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

Engagement
- 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.

Assessment
- 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.

Intervention

- 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 non-pharmacological 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 condition and co-occurring disorders

Evaluation

- 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.

Potential Learning Activities to Incorporate an Integrated Approach

- Observe and conduct, under supervision, a comprehensive integrated bio-psychosocial screening and assessment process that addresses mental health, substance use, trauma, and primary care domains.

- Observe a comprehensive primary care screening and assessment (including physical exam) process followed by discussion with the primary care provider on findings and care plan implications.

- Work with clients individually to address the goals in their service plan including mental health, substance use, trauma, and chronic physical health conditions. Focus should be on using brief interventions (e.g., SBIRT, Motivational Interviewing, Solution Focused, Cognitive Behavioral frameworks).

- Participate in co-leading a wellness health promotion group that is focused on one or more of the following topics.
  - Nutrition and/or exercise
  - Smoking cessation
  - General health literacy (e.g., solutions for wellness curriculum)
  - Disease self-management of a specific health condition (e.g., diabetes, asthma, cardiovascular difficulties)
  - Healthy lifestyle (focused on illness prevention)
  - Addressing the role of trauma in managing health and accessing healthcare

- Work alongside a care manager for one or more clients that need assistance in areas such as keeping appointments, addressing an urgent medical need, engaging family members to support service plan goals. This care management function may include home visits, family engagement, and accompanying the client to primary care and/or other needed services.

- Regularly attend case conferences focused on providing clients an integrated services approach and present a client the student is working with.

- Participate in a telemedicine appointment with a client

- Observe or receive training on the use of motivational interviewing approaches, dual diagnosis treatment interventions, trauma screening, pain management interventions, family engagement, and consultation.

- Opportunity to learn about and/or participate in peer led and co-led services

- Learn or participate in training to adapt services to address cultural factors and health disparities.