



Recovery to Practice Pledge

We are committed to shifting the paradigm of our professions to ensure the realization of a recovery-oriented system of care that will stand as a new beacon of hope for persons with, or at risk for, behavioral health conditions and their families. A transformed system of care will be based on the core beliefs that these conditions can be prevented, that services and supports can be effective, that people can and do recover, and that communities benefit from including and valuing the contributions of all of their members.

The central mechanism for the provision of recovery-oriented behavioral health care is the safe, trusting, and empathic relationship practitioners cultivate with the people they serve. Rather than one-directional relationships in which practitioners hold and dispense information and expertise to relatively passive recipients who are viewed primarily in terms of their needs, recovery-oriented relationships are characterized by partnership, by the sharing of power and decision-making, and by focusing on people's strengths, interests, aspirations, and the expertise they bring to the relationship in terms of their experiences. Recovery-oriented practitioners work hard to awaken and build on each person's own sources of power and to elicit and amplify the person's voice, as the person's own sense of hope and agency are primary drivers of the recovery process.

Within the context of respectful and collaborative relationships, recovery-oriented practitioners offer people and families access to an array of high quality, effective, and culturally adept services and supports. Having such options allows individuals to choose those they find most useful in their efforts to heal, grow, and lead self-determined and meaningful lives beyond the limits of both their health conditions and the behavioral health care system itself. Essential to the provision of recovery-oriented care is recognition of the importance of health, home, and a sense of purpose and community in people's lives, and that, based on these common factors, each individual's journey of recovery is non-linear and unique.

Also essential to recovery-oriented practice is attention to the prevalence and impact of trauma in people's lives. Providers must understand the dramatic effects of the resulting neurobiological changes and concentrate on identifying and building on the opportunities and resources that are available, or can be made available, in the community to promote living a gratifying life characterized by responsibility to self and others. Finally, recovery-oriented care recognizes and integrates the valuable role peers, and various forms of peer support, can play in instilling hope, role modeling the reality of recovery, and offering concrete and practical assistance not only for people with, or at risk for, behavioral health conditions and their families, but also for behavioral health practitioners from our respective professions.

We look forward to joining together in an inter-disciplinary effort to work alongside people in recovery, family members, other practitioners, researchers, academicians, policy makers, insurance providers, and others in realizing this shared vision.

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