## **Recovery-Oriented Student Field Assessment Instrument**

The Recovery-Oriented Student Field Assessment Instrument supports the introduction of recovery principles and skills through the tracking of growth in recovery-oriented practice over time. The contents of this assessment scale are based on the document, Advanced Social Work Practice Competencies in Mental Health Recovery (2012). The practice behaviors link directly to the 2008 Educational Policy and Accreditation Standards (EPAS) for social work to enable social work education programs to easily integrate the competencies into their curriculum. This linked assessment instrument is primarily intended for use by field supervisors with students.

**Instructions**

The 2008 EPAS identifies 10 competencies that are common to all of social work practice. For each competency, we developed accompanying knowledge and practice behaviors (skills) that would be necessary to demonstrate advanced practice in a recovery framework. An outline of each competency and related knowledge and practice behaviors begins on page 4.

You could elect to adopt some or all of the practice behaviors under each competency. Space is provided to detail the tasks or activities the student is engaged with that demonstrate each practice behavior. The field instructor rates the student’s performance across the course of his or her field placement using a Likert-type scale (5=Exceptional Performance; 4=Exceeds Expectations; 3=Meets Expectations; 2=Marginal Performance; 1=Unsatisfactory Performance). This assessment when coupled with the social work program’s additional measures can help determine if the student demonstrates recovery-oriented practice skills.

There are several ways to use this tool. It can be used at the end of the field placement experience as a single evaluation or could also be used at the beginning of the placement, including a student self-assessment to establish a baseline, and later at a mid-point in the placement to identify growth areas.

**Examples**

*Here is one example of how a student’s activity in the field might relate to the assessment instrument.*

1. The field instructor asks the student to select a client record to review and evaluate the effectiveness of the intervention and whether services were offered in a person-centered manner that was mindful of the client’s trauma history. The ensuing conversation between the student and field instructor could allow the field instructor to discuss both individual work with clients as well as how the agency/system and teams within it have changed practice over time.

Several of the practice behaviors outlined in the assessment instrument may be associated with this activity. For instance,

2.1.7 - Apply knowledge of human behavior and the social environment

* + Interpret the individual’s lived experience of psychiatric conditions, ability to overcome, and resiliency as a remarkable series of triumphs rather than failures (2nd recovery practice behavior);

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 (1st recovery practice behavior);
    1. (a-c) – Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities
* This activity could relate to all practice behaviors.

*Here is an example of how a specific practice behavior might look like filled out using this instrument.*

1. This example will focus on the student’s performance regarding EPAS 2.1.4 – Engage diversity and difference in practice, for the 2nd recovery practice behavior “Practice cultural humility through the engagement of individuals with lived experience of psychiatric diagnoses as teachers and respecting their knowledge and perspectives.”

In the third column we have provided samples of tasks or activities that might demonstrate competence in that practice behavior. Then, in the final column a rating of the student’s performance using the Likert-type scale indicating exceptional to unsatisfactory performance.

| **2008 EPAS COMPETENCY** | **PRACTICE BEHAVIORS** | **TASKS/ACTIVITIES DEMONSTRATING PRACTICE BEHAVIORS** | **RATING** |
| --- | --- | --- | --- |
| 2.1.4 – Engage diversity and difference in practice | 1. Practice cultural humility through the engagement of individuals with lived experience of psychiatric diagnoses as teachers and respecting their knowledge and perspectives. | • Participated in an event with a peer run/peer supporter organization  • Attended a peer support group and reflected on the experience  • Met with an agency peer specialist to discuss what he or she does; learned when and how to refer individuals to the peer specialist and used that process appropriately  • Included cultural considerations in all assessment and intervention activities | 4.5 |

In this example, the student participated in a number of activities intended to help teach cultural humility and then in the final bullet, put that into practice through assessment and intervention activities.

Individual tasks or activities could certainly relate to multiple practice behaviors. In the example we provided, the fourth bullet would certainly be applicable to items in 2.1.10 (assessment and intervention) as well.

The blank assessment instrument follows. If you have any questions about the instrument or how to use it, please contact the Council on Social Work Education (CSWE) by e-mail at [recovery@cswe.org](mailto:recovery@cswe.org). Also visit the CSWE website for more resources related to mental health recovery ([www.cswe.org\Recovery](http://www.cswe.org\Recovery)).

Recovery-Oriented Student Field Assessment Instrument

*Rating Scale: 5=Exceptional Performance; 4=Exceeds Expectations; 3=Meets Expectations; 2=Marginal Performance; 1=Unsatisfactory Performance*

| **2008 EPAS COMPETENCY** | **MENTAL HEALTH RECOVERY KNOWLEDGE STATEMENT** | **PRACTICE BEHAVIORS** | **TASKS/ACTIVITIES DEMONSTRATING PRACTICE BEHAVIORS** | **RATING** |
| --- | --- | --- | --- | --- |
| 2.1.1 – Identify as a professional social worker and conduct oneself accordingly | 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. | 1. Identify as recovery-oriented social workers and behave accordingly. 2. 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. |  |  |
| 2.1.2 – Apply social work ethical principles to guide professional practice | 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). | 1. Prioritize the client’s voice and right to self-determination. 2. 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). 3. 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. 4. 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. 5. Articulate how recovery-oriented practice is supported by the NASW Code of Ethics (1999) and is essential for ethical practice with clients. |  |  |
| 2.1.3 – Apply critical thinking to inform and communicate professional judgments | 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. | 1. Use a recovery-oriented framework, engage in professional curiosity, and offer their expertise to support the client’s choices and preferences. 2. 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. |  |  |
| 2.1.4 – Engage diversity and difference in practice | 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. | 1. 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.). 2. Practice cultural humility through the engagement of individuals with lived experience of psychiatric diagnoses as teachers and respecting their knowledge and perspectives. 3. Assist clients to “integrate meaningful cultural and spiritual practices into their recovery or wellness activities” (Advocates for Human Potential [AHP], 2011, p. 16). 4. Explore meanings for individuals of past experience of labeling, stigma, and shame associated with mental health history. |  |  |
| 2.1.5 – Advance human rights and 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. | 1. Advocate within the profession and across the behavioral health system for recovery-oriented philosophy, progress, and practices. 2. “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. 3. 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. 4. Promote reduction and/or elimination of the use of physical and chemical restraints. 5. Confront oppression and injustices and engage in efforts to minimize and overcome stigma and discrimination toward individuals with psychiatric conditions. 6. 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. |  |  |
| 2.1.6 – Engage in research-informed practice and practice-informed research | 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. | 1. 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. 2. 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. 3. Use quantitative, qualitative, participatory action research, and first person accounts to show that people can and do recover from psychiatric conditions. 4. 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. |  |  |
| 2.1.7 – Apply knowledge of human behavior and the social 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.). | 1. Critically analyze the various ways of understanding the multiple factors influencing an individual’s behavior. 2. Interpret the individual’s lived experience of psychiatric conditions, ability to overcome, and resiliency as a remarkable series of triumphs rather than failures. 3. 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. |  |  |
| 2.1.8 – Engage in policy practice to advance social and economic well-being and to deliver effective social work services | 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. | 1. 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. 2. Work to eliminate barriers to full community participation, including barriers to employment, civic engagement, education, and housing. 3. 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. 4. 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.). 5. 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. |  |  |
| 2.1.9 – Respond to contexts that shape practice | 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. | 1. 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. 2. 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. |  |  |
| 2.1.10(a)–(d) – Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities | 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). |  |  |  |
| 2.1.10(a) – Engagement | 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. | 1. Treat the voices of their clients with primacy, dignity, and value. 2. 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. 3. 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. 4. Use a conversational approach while mining interactions for hidden or overt clues about the individual’s interests, strengths, and so forth. 5. Increase the individual’s ownership of the strengths assessment process. 6. Self-disclose to a level or degree that is comfortable for them, to engage with and meet the needs of the individual client. 7. 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. |  |  |
| 2.1.10(b) – Assessment | 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. | 1. 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). 2. Search for multiple possible explanations of a person’s behavior by assessing the biological, psychological, environmental, and social bases of the behavior. 3. Assess for trauma, co-occurring disorders, suicide risk, and physical health in planning recovery activities and treatment. 4. Empower the individual to define meaningful personal goals and select his or her own pathways to goal attainment. 5. Critically use diagnostic systems, including the DSM, as one way to understand psychiatric conditions and to inform their understanding and treatment of clients. 6. 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. 7. Work to ensure appropriate diagnosis and advocate for service users in this area. |  |  |
| 2.1.10(c) – Intervention | 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. | 1. 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. 2. 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). 3. Ensure that the client, with input from his or her family and significant others as appropriate, is the central decision-maker. 4. Assist the individual in his or her quest for meaningful employment, education, housing, or any other goal he or she might have. 5. 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. 6. 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. 7. 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). 8. 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). 9. 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. 10. 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. 11. Know about current guidelines for use of medications to treat psychiatric conditions and co-occurring disorders. |  |  |
| 2.1.10(d) – Evaluation | Recovery-oriented social workers evaluate the effects of services and interventions for their consistency with the 10 components of recovery and individual goal achievement. | 1. Monitor attainment of client established goals and outcomes. 2. Help clients access and interpret data to inform their decision-making regarding services and supports. 3. Involve clients in service program evaluation and quality improvement. |  |  |