live full and rewarding lives. Recovery is not the same for all people. Consumers work with mental health practitioners to determine what recovery might look like for them, and then work toward achieving these goals. Although the recovery model can be implemented in a variety of ways, a report from the Substance Abuse and Mental Health Services Administration outlined the following 12 principles for recovery-oriented systems:

1. There are many pathways to recovery.
2. Recovery is self-directed and empowering.
3. Recovery involves a personal recognition of the need for change and transformation.
4. Recovery is holistic.
5. Recovery has cultural dimensions.
6. Recovery exists on a continuum of improved health and wellness.
7. Recovery emerges from hope and gratitude.
8. Recovery involves a process of healing and self-redefinition.
9. Recovery involves addressing discrimination and transcending shame and stigma.
10. Recovery is supported by peers and allies.
11. Recovery involves (re)joining and (re)building a life in the community.
12. Recovery is a reality. (SAMHSA, 2012, p. 6)

A number of these principles make the recovery model a particularly good fit with social work. The focus on addressing discrimination, support by peers and allies, and connection with community all note the importance of a person's environment in his or her recovery. This is consistent with the social work emphasis on the person in environment. The principles are also consistent with social work values, supporting self-determination, empowerment, and the dignity and worth of all people. Finally, the principles note that recovery is related to culture. To be effective in supporting recovery, the social work focus on cultural competence, cultural humility, and celebrating diversity is important.

Whether working within the recovery model or not, social workers use a number of evidence-based psychosocial treatment approaches to address the needs of people with mental illnesses. In evidence-based practice, the professional social worker uses research as a basis for problem solving and choice of interventions. Data on interventions are systematically collected, using measurable variables to identify techniques and outcomes. Evidence-based practice draws on this research to evaluate the effectiveness and appropriateness of interventions (Jenson & Howard, 2008). Among the evidence-based treatments are assertive community treatment, psychiatric rehabilitation, family psychoeducation, and cognitive-behavioral therapies.

Assertive community treatment (ACT) is an integrated, intensive, community-based treatment approach for people with serious mental illnesses (Stobbe et al., 2014). A multidisciplinary team—composed of cross-trained psychiatry, social work, nursing, vocational rehabilitation, and substance abuse staff as well as a peer specialist—provides services 24 hours a day to help consumers succeed in the community.

Social workers are viewed as particularly valuable ACT team members because of their training as generalists (Stein & Santos, 1998). Besides working on an individual level with the client, they are often also responsible for working with the client's family and the community in which the client lives. Because of their person-in-environment view, social workers can help other team members understand the broad range of factors that affect a client's path to recovery.

Psychiatric (or psychosocial) rehabilitation teaches skills needed to function as normally as possible in the community. Consumers learn how to reduce the effect of their ongoing symptoms of mental illness and promote wellness and recovery. A range of social, educational, occupational, behavioral, and cognitive approaches are used (Corrigan, Mueser, Bond, Drake, & Solomon, 2008). This approach targets all life domains, including vocational, social, and familial.

Family psychoeducation has been found to reduce the recurrence of psychiatric symptoms in people diagnosed with many mental illnesses (McFarlane, 2002). It typically educates the family and the consumer about the condition, including how to deal with symptoms when they occur, and helps the family understand what the consumer is experiencing and identify early warning signs of relapse. It involves a social support component when education occurs in a group format. One of the most important aspects of family psychoeducation is forming an alliance among the family, consumer, and treatment team. Through a better understanding of the consumer's condition, family members can provide effective assistance.

A cognitive-behavioral approach helps consumers diagnosed with serious mental illnesses like major depression and bipolar disorder. Cognitive-behavioral psychotherapy is based on the premise that faulty thinking results in unwanted behavior. The consumer is taught to change his or her reaction to faulty thoughts when they occur. There is evidence that consumers diagnosed with schizophrenia and treated with psychotropic medications can use a cognitive-behavioral approach to better control lingering symptoms.

Social workers come across numerous types of mental disorders. Specialized clinical training is needed to reliably diagnose them and prescribe appropriate treatments.

Family Therapy Family therapy is a specialized type of clinical practice. Family therapy approaches tend to be insight oriented, focus on interpersonal behaviors, and explore unresolved conflicts and multigenerational issues. Models of family therapy include psychodynamic, functional, experiential, strategic, and cognitive-behavioral approaches, all of which have an established body of literature and theoretical foundation. The focus of family therapy includes topics such as family resiliency, alternative forms of family life today, gender, culture, and ethnic considerations (Goldenberg & Goldenberg, 2007).

Psychotherapy Groups The goal of a psychotherapy group is to "help individual group members remediate in-depth psychological problems. Group members have acute or chronic mental or emotional disorders that evidence