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Recovery-Oriented Social Work Practice in Mental Health and Addictions: A Scoping Review Protocol

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9 Recovery-Oriented Social Work Practice in Mental Health and Addictions:
10 A Scoping Review Protocol
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ABSTRACT

Introduction: Social work is a key profession in the field of mental health worldwide and the profession has values that are aligned with a recovery paradigm. However, there are gaps in understanding how social workers are applying the recovery paradigm in practice. This study will scope and synthesize the literature related to recovery and social work practice in mental health and addictions. There will also be an exploration of best practices and gaps in recovery-oriented social work practice. **Methods and analysis:** Using a scoping review framework developed by Arksey and O'Malley, we will conduct our search in five academic databases: PsycINFO, Medline, CINAHL Plus, Sociological Abstracts, and Social Services Abstracts. Articles meeting inclusion criteria will be charted to extract relevant themes and analysed using a qualitative thematic analysis approach. **Ethics and dissemination:** This review will provide relevant information about best practices and gaps in recovery-oriented social work practice in mental health and addictions. The study will inform the development of mental health curricula in social work programs and clinical settings. Results will be disseminated through a peer-reviewed journal and at conferences focusing on mental health, addictions, and social work education. Ethics approval is not required for this scoping review.

Strengths and Limitations of this Study

- This is the first comprehensive review of the recovery paradigm and social work practice in mental health and addictions
- The search strategy has been developed by a research team with expertise in the methodology and subject area
- Due to the nature of the scoping review framework, the studies included in the review will not be appraised for quality
- This scoping review will include all article types and methodologies, but will not include books or grey literature

For peer review only

Introduction

Recovery is a paradigm with increasing influence on mental health systems and policies in many high-income countries over the last two decades,[1-3] and it is included in the World Health Organization's (WHO) Mental Health Action Plan.[4] The recovery paradigm was introduced in the 1980s by mental health consumers [5] as an alternative to the biomedical model focusing on illness, chronicity, and cure.[6] We will use the term paradigm defined by Kuhn as a "constellation of beliefs, values, techniques, and so on shared by the members of a given community".[7 p.175] Members of a community share assumptions and beliefs, practice using a specific paradigm, and pursue common goals. Practice interventions and theories are developed and shaped by paradigms.[8,9] Recovery has been defined as "a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness".[9 p.15] Many countries have adopted common guiding principles for recovery that focus on 1) hope, 2) lived experiences, 3) individual, family, and community strengths, 4) self-determination, 5) peer support, 6) collaborative relationships, 7) a non-linear process, 8) a holistic approach, 9) cultural diversity, and 10) social inclusion, stigma, and discrimination.[10-12] Although many countries such as Canada have adopted a recovery framework for their national mental health strategy, researchers report challenges for mental health care professionals to implement recovery principles in practice and the culture of many systems of mental health care do not reflect a recovery paradigm.[2,3]

The social work profession has a longstanding history of important and unique contributions in the field of mental health.[13,14] The WHO identifies social work as a key profession in mental health across 149 countries.[4] In the United States, 50% of social workers are working directly in mental health, and most social workers engage with individuals and

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3 families with mental health concerns even when working outside of this specific field.[15] The
4 recovery paradigm is strongly aligned with social work values and conceptual frameworks
5 promoting empowerment, partnership, and choice informed by ecosystems theory and a
6 strengths-based model.[6,16] Despite social work's unique alignment with the recovery
7 paradigm, researchers argue that social work has not had a strong voice in challenging and
8 critiquing the dominant biomedical model.[16,17] There are gaps in understanding the extent to
9 which social workers are applying recovery guiding principles in practice.[17,18] Researchers
10 have identified several impediments to implementation, including the lack of a universal
11 definition of recovery-oriented care and a paucity of evidence-based research to inform
12 practice.[17-19] The organizational context may also influence implementation by pressuring
13 social workers to adhere to institutional policies and procedures that may be incongruent with
14 recovery principles.[17]

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31 Williams and colleagues [19] argue that recovery does not adequately address
32 sociopolitical issues related to power and control over mental health care. Social work's core
33 value of social justice can make valuable contributions to advancing how recovery is
34 implemented in mental health care systems; however, social work has also been critiqued for its
35 conformity with dominant structural systems that are not recovery-oriented and perpetuate
36 stigma and discrimination.[19] Considering the important role of social workers internationally,
37 we need a greater understanding of how social workers are conceptualizing and implementing
38 recovery in mental health and addictions.[12] This paper delineates a protocol for a scoping
39 review on the recovery paradigm in social work in mental health and addictions. The objectives
40 of this review are to (1) scope the literature related to the recovery paradigm in social work in
41 mental health and addictions, (2) synthesize definitions, principles, and values related to
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3 recovery-oriented social work practice in mental and addictions, (3) describe how recovery is
4 implemented in social work practice, and (4) identify evidence-based practices and gaps in
5 recovery-oriented social work practice in mental health and addictions.
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9 10 **METHODS AND ANALYSIS**

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12 A scoping review will be conducted to map existing literature on recovery-oriented
13 practice within social work education, research, and practice in mental health and addictions.
14
15 Scoping reviews involve systematically mapping recurring themes, concepts, and identifying
16 recommendations from the current literature as they relate to the research question at hand.[20]
17
18 This study will employ the scoping review framework espoused by Arksey and O'Malley [21]
19 which consists of five stages: 1) identifying the research question; 2) identifying relevant studies;
20
21 3) study selection; 4) charting the data; and 5) collating, summarizing and reporting the results.
22
23 Given the nature of this exploratory study, this form of knowledge synthesis will be valuable in
24 providing a breadth of literature pertaining to the recovery paradigm within social work
25 education, research, and practice. We will adhere to the PRISMA Extension for Scoping
26 Reviews (PRISMA-ScR) reporting guidelines.[22] See Appendix A for the PRISMA-ScR
27 checklist.
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40 **Stage 1: identifying the research questions**

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42 As highlighted throughout our literature review, recovery is central to social work
43 practice and there have been no studies charting the evidence on the recovery paradigm in social
44 work education, research and practice in mental health and addictions. Based on
45 recommendations by Colquhoun, Levac, O'Brien, et al.[23] the research questions for this
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47 scoping review were developed collaboratively by our research team consisting of three social
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3 work faculty members (TK, RA, CCW), one social sciences librarian (JL), and two social work
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5 doctoral students (AH, SM).
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8 The research team developed the following research questions: 1) How is the recovery-
9
10 paradigm conceptualized and defined in social work practice in mental health and addictions? 2)
11
12 What are the principles and values of recovery in social work? 3) How is the recovery paradigm
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14 used in social work practice, education, and research? 4) What are the gaps, challenges or
15
16 barriers of recovery in social work? 5) What are the recommendations, evidence-based or best
17
18 practices for using a recovery paradigm in social work research, education, and practice?
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21 **Stage 2: identifying relevant studies**

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24 The initial search strategy was developed in PsycINFO (Ovid, 1806-) by the social
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26 sciences librarian (JL) in consultation with other team members. See Table 1 for the draft search
27
28 strategy in PsycINFO. It will be sent to a second librarian for peer review, using the Peer Review
29
30 of Electronic Search Strategies (PRESS) framework.[24] Any subsequent feedback will be
31
32 incorporated to enhance the breadth and scope of articles generated from the search. Our search
33
34 strategy will be conducted in five academic databases: PsycINFO (1806-), Medline (1946 -),
35
36 CINAHL Plus (1937-), Sociological Abstracts (1952-), and Social Services Abstracts (1979-).
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38 These databases were intentionally selected for their inclusion of mental health literature, as well
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40 as research on social work practice and education, and thus are likely to capture relevant
41
42 scholarly material. Furthermore, we will conduct a citation search of the reference lists of
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44 selected articles to ensure a wider scope of articles are included.
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Table 1: Search Strategy for Ovid PsycINFO (1806-)

#	Searches
1	social work*.tw.
2	casework*.tw.
3	case work*.tw.
4	social workers/
5	psychiatric social workers/
6	Social case work/
7	or/1-6 [social work]
8	(recover* adj3 (care or practic* or educat* or curricul* or teach* or learn* or train* or research* or therap* or support* or orient* or approach* or model? or health or mental health or institutional or capital or natural*)).tw.
9	"recovery (disorders)"/
10	exp Rehabilitation/
11	recover*.tw.
12	10 and 11
13	8 or 9 or 12
14	7 and 13

Stage 3: study selection

After generating a list of articles from our search strategy we will engage in an iterative, peer review two-stage screening process with two independent reviewers at each stage. In the first stage, two independent reviewers will screen articles for suitability based on their title and abstracts. In the second stage, the reviewers will independently conduct a full text review of the selected articles to ensure their content meets our inclusion criteria outlined below. If there is ambiguity on whether certain articles fit the scope of this protocol, a third reviewer will be consulted. We will use Covidence – a web-based software for systematic and scoping reviews that facilitates screening, study selection, and data extraction.[25] This protocol will focus on articles written in English only, and selected material will include empirical studies, literature reviews, dissertations, teaching articles, and conceptual/theoretical papers. There are no outlined geographical or date restrictions. Articles must meet the following inclusion criteria to be selected: (1) include the term recovery in the title or abstract, (2) use the term social work or social worker in the title or abstract, (3) have an explicit focus on recovery which may include different concepts such as recovery, recovery model, recovery-oriented practice, recovery-oriented care etc., (4) explicitly focus on social work research, education, training, or practice in relationship to recovery, and (5) focus on recovery with respect to mental health and/or addictions. We will exclude books, book reviews, editorials, and gray literature.

Stage 4: charting the data

Key themes extracted from the selected articles will be categorized, summarized, and presented clearly within a data charting form. The research team developed initial charting variables based on the research questions and these variables will be used to extract data and identify key themes from selected articles. The preliminary variables that will be used to categorize information

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3 include (1) authors, (2) year, (3) country where study was conducted or country of first author's
4 affiliation, (4) journal, (5) format of paper (empirical, literature review, dissertation,
5 conceptual/theoretical, editorial, teaching article, etc.), (6) definition of recovery, (7) principles
6 of recovery, (8) area of focus (e.g. mental health, addictions, etc.), (9) implementation of
7 recovery (10) targeted audience (e.g. students, service users, social workers etc.), (11) focus on
8 equity or access, (12) focus on stigma, (13) focus on race, culture, and/or diversity (14) gaps,
9 challenges or barriers, and (15) recommendations, evidence-based or best practices. To assess
10 whether these headings accurately capture the scope and breadth of the content, the reviewers
11 will have two research assistants independently chart the first five articles that meet our inclusion
12 criteria and if necessary, refine the definitions for the variables/charting categories. We will also
13 engage in a constant comparative method and peer review to minimize any discrepancies during
14 the charting process. The researchers will also engage in a qualitative thematic analysis to
15 identify and highlight themes present amongst this chart. The charted data will be organized and
16 presented in a Microsoft Excel spreadsheet.

34 **Stage 5: identification, synthesis, and report of study findings**

35 Findings outlined in the charted data will be reviewed, synthesized, and analyzed through a
36 numerical summary analysis, as well as a qualitative thematic analysis. The final scoping review
37 will be presented in publications and at upcoming conferences. Study findings will be
38 disseminated to relevant stakeholders, such as researchers, clinicians, and social work educators.
39 Anticipated findings are expected to map out the current nature and scope of recovery in social
40 work practice in mental health and addictions, and the scoping review will provide
41 recommendations for recovery-oriented social work practice in mental health and addictions.
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Patients and public involvement

No patients nor members of the public were involved in this project.

ETHICS AND DISSEMINATION

The scoping review outlined in this paper contributes to our current understanding and will advance knowledge of recovery-oriented social work practice in mental health and addictions.

The information gathered for this paper and the outlined scoping review were retrieved from publicly available sources, therefore ethics approval is not required for this project. The results will be disseminated through a peer-reviewed journal and reported at national and international conferences on mental health and addictions, as well as social work education, practice and research.

Contributions of authors: All authors made substantive intellectual contributions to the development of this protocol. TK and AH developed, wrote, and edited the initial protocol. JL developed the search strategy and contributed to the writing of the protocol. All authors (TK, AH, JL, RA, CCW) critically reviewed and revised the final version prior to submission.

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Data sharing statement: The dataset is available by contacting the corresponding author.

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Appendix A - Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklistⁱ

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	4-6
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	5-6
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	Protocol in BMJ Open
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	9
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	7 for sources (date N/A for protocol)
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	8
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	9
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	9-10
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	Preliminary variables on 9-10
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe	N/A



SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
		the methods used and how this information was used in any data synthesis (if appropriate).	
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	10
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	N/A
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	N/A
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	N/A
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	N/A
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	N/A
Limitations	20	Discuss the limitations of the scoping review process.	3 for protocol
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	N/A
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	11

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

ⁱ Some of the items are not applicable (N/A) due to the fact this manuscript is a scoping review protocol.



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ABSTRACT

Introduction: Social work is a key profession in the field of mental health worldwide and the profession has values that are aligned with a recovery paradigm. However, there are gaps in understanding how social workers are applying the recovery paradigm in practice. This study will scope and synthesize the literature related to recovery and social work practice in mental health and addictions. There will also be an exploration of best practices and gaps in recovery-oriented social work practice. **Methods and analysis:** Using a scoping review framework developed by Arksey and O'Malley, we will conduct our search in five academic databases: PsycINFO, Medline, CINAHL Plus, Sociological Abstracts, and Social Services Abstracts. Articles meeting inclusion criteria will be charted to extract relevant themes and analysed using a qualitative thematic analysis approach. **Ethics and dissemination:** This review will provide relevant information about best practices and gaps in recovery-oriented social work practice in mental health and addictions. The study will inform the development of mental health curricula in social work programs and clinical settings. Results will be disseminated through a peer-reviewed journal and at conferences focusing on mental health, addictions, and social work education. Ethics approval is not required for this scoping review.

Strengths and Limitations of this Study

- This is the first comprehensive review of the recovery paradigm and social work practice in mental health and addictions
- The search strategy has been developed by a research team with expertise in the methodology and subject area
- Due to the nature of the scoping review framework, the studies included in the review will not be appraised for quality
- This scoping review will include all article types and methodologies, but will not include books or grey literature

For peer review only

Introduction

Recovery is a paradigm with increasing influence on mental health systems and policies in many high-income countries over the last two decades,[1-3] and it is included in the World Health Organization's (WHO) Mental Health Action Plan.[4] The recovery paradigm was introduced in the 1980s by mental health consumers [5] as an alternative to the biomedical model focusing on illness, chronicity, and cure.[6] We will use the term paradigm defined by Kuhn as a "constellation of beliefs, values, techniques, and so on shared by the members of a given community".[7 p.175] Members of a community share assumptions and beliefs, practice using a specific paradigm, and pursue common goals. Practice interventions and theories are developed and shaped by paradigms.[8,9] Recovery has been defined as "a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness".[9 p.15] Researchers in the United Kingdom developed a CHIME framework to describe recovery-oriented processes that include connectedness, hope, identity, meaning, and empowerment. [10] Other countries have adopted common guiding principles for recovery that include CHIME concepts and other important processes related to recovery: 1) hope, 2) lived experiences, 3) individual, family, and community strengths, 4) self-determination, 5) peer support, 6) collaborative relationships, 7) a non-linear process, 8) a holistic approach, 9) cultural diversity, and 10) social inclusion, stigma, and discrimination.[11-13]

A similar movement towards a recovery framework has been adopted for addiction-related concerns which includes substance use and behavioural addictions. [11, 13, 14] While the services and approaches to treatment may be different for mental health concerns than they are for those coping with addictions, there are similar and overlapping principles of recovery. [11, 15] For some individuals coping with an addiction-related concern, the pathway to recovery may

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3 involve abstinence, while for others it is about reducing the harm. [14] A term that is specific to
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involve abstinence, while for others it is about reducing the harm. [14] A term that is specific to addictions is recovery capital which refers to “the many resources one can use towards their recovery from alcohol and other drug dependency”. [16 p.349] Mental health and addiction services have a longstanding history of being divided in terms of policies and service provisions, but a review of recovery-oriented practice guidelines indicate that there are overlapping values and guiding principles related to recovery-oriented care and a “need for a unified vision of well-being.” [17 p.12]

Although many countries such as Canada have adopted a recovery framework for their national mental health and addiction strategy, researchers report challenges for mental health care professionals to implement recovery principles in practice and the culture of many systems of mental health care do not reflect a recovery paradigm.[2,3] The social work profession has a longstanding history of important and unique contributions in the field of mental health [18,19] and addictions. [20] The WHO identifies social work as a key profession in mental health across 149 countries. [4] An American survey found that social workers’ most common specialty practice area is mental health, and most social workers engage with individuals and families with mental health concerns even when working outside of this specific field. Irrespective of their practice domain, most social workers support clients with mental illness (96%), and addictions concerns (87%). [21] The recovery paradigm is strongly aligned with social work values and conceptual frameworks promoting empowerment, partnership, and choice informed by ecosystems theory and a strengths-based model.[6, 22, 23] Despite social work’s unique alignment with the recovery paradigm, researchers argue that social work has not had a strong voice in challenging and critiquing the dominant biomedical model.[23, 24] There are gaps in understanding the extent to which social workers are applying recovery guiding principles in

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3 practice.[24,25] Researchers have identified several impediments to implementation, including
4 the lack of a universal definition of recovery-oriented care and a paucity of evidence-based
5 research to inform practice. [24-26] The organizational context may also influence
6 implementation by pressuring social workers to adhere to institutional policies and procedures
7 that may be incongruent with recovery principles.[24]
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15 Williams and colleagues [26] argue that recovery does not adequately address
16 sociopolitical issues related to power and control over mental health care. Social work's core
17 value of social justice can make valuable contributions to advancing how recovery is
18 implemented in mental health care systems; however, social work has also been critiqued for its
19 conformity with dominant structural systems that are not recovery-oriented and perpetuate
20 stigma and discrimination.[26] Considering the important role of social workers internationally,
21 we need a greater understanding of how social workers are conceptualizing and implementing
22 recovery in mental health and addictions.[13] Moreover, research has shown that recovery-
23 oriented practice is ambiguous and it is important for clinicians to learn to operationalize this
24 concept and guidelines are needed that are context-specific. [27] There is a lack of guidelines for
25 clinical application of recovery-oriented care and attempts to operationalize this have been
26 through the lens of organizational priorities.[28]
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42 This paper delineates a protocol for a scoping review on the recovery paradigm in social
43 work in mental health and addictions. The objectives of this review are to (1) scope the literature
44 related to the recovery paradigm in social work in mental health and addictions, (2) synthesize
45 definitions, principles, and values related to recovery-oriented social work practice in mental and
46 addictions, (3) describe how recovery is implemented in social work practice, and (4) identify
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3 evidence-based practices and gaps in recovery-oriented social work practice in mental health and
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5 addictions.
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7 8 **METHODS AND ANALYSIS** 9

10 A scoping review will be conducted to map existing literature on recovery-oriented
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12 practice within social work education, research, and practice in mental health and addictions.
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14 Scoping reviews involve systematically mapping recurring themes, concepts, and identifying
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16 recommendations from the current literature as they relate to the research question at hand.[29]
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18 This study will employ the scoping review framework espoused by Arksey and O'Malley [30]
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20 which consists of five stages: 1) identifying the research question; 2) identifying relevant studies;
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22 3) study selection; 4) charting the data; and 5) collating, summarizing and reporting the results.
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25 Given the nature of this exploratory study, this form of knowledge synthesis will be valuable in
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27 providing a breadth of literature pertaining to the recovery paradigm within social work
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29 education, research, and practice. We will adhere to the PRISMA Extension for Scoping
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31 Reviews (PRISMA-ScR) reporting guidelines. [31] See Appendix A for the PRISMA-ScR
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33 checklist.
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37 38 **Stage 1: identifying the research questions** 39

40 As highlighted throughout our literature review, recovery is central to social work
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42 practice and there have been no studies charting the evidence on the recovery paradigm in social
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44 work education, research and practice in mental health and addictions. Based on
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46 recommendations by Colquhoun, Levac, O'Brien, et al.[32] the research questions for this
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48 scoping review were developed collaboratively by our research team consisting of three social
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50 work faculty members (TK, RA, CCW), one social sciences librarian (JL), and two social work
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52 doctoral students (AH, SM).
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3 The research team developed the following research questions: 1) How is the recovery-
4 paradigm conceptualized and defined in social work practice in mental health and addictions? 2)
5 What are the principles and values of recovery in social work? 3) How is the recovery paradigm
6 used in social work practice, education, and research? 4) What are the gaps, challenges, or
7 barriers of recovery in social work? 5) What are the recommendations, evidence-based or best
8 practices for using a recovery paradigm in social work research, education, and practice?
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17 **Stage 2: identifying relevant studies**

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19 The initial search strategy was developed in PsycINFO (Ovid, 1806-) by the social
20 sciences librarian (JL) in consultation with other team members. See Table 1 for the draft search
21 strategy in PsycINFO. It will be sent to a second librarian for peer review, using the Peer Review
22 of Electronic Search Strategies (PRESS) framework.[33] Any subsequent feedback will be
23 incorporated to enhance the breadth and scope of articles generated from the search. Our search
24 strategy will be conducted in five academic databases: PsycINFO (1806-), Medline (1946 -),
25 CINAHL Plus (1937-), Sociological Abstracts (1952-), and Social Services Abstracts (1979-).
26 These databases were intentionally selected for their inclusion of mental health literature, as well
27 as research on social work practice and education, and thus are likely to capture relevant
28 scholarly material. Furthermore, we will conduct a citation search of the reference lists of
29 selected articles to ensure a wider scope of articles are included.
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Table 1: Search Strategy for Ovid PsycINFO (1806-)

#	Searches
1	social work*.tw.
2	casework*.tw.
3	case work*.tw.
4	social workers/
5	psychiatric social workers/
6	Social case work/
7	or/1-6 [social work]
8	(recover* adj3 (care or practic* or educat* or curricul* or teach* or learn* or train* or research* or therap* or support* or orient* or approach* or model? or health or mental health or institutional or capital or natural*)).tw.
9	"recovery (disorders)"/
10	exp Rehabilitation/
11	recover*.tw.
12	10 and 11
13	8 or 9 or 12
14	7 and 13

Stage 3: study selection

After generating a list of articles from our search strategy we will engage in an iterative, peer review two-stage screening process with two independent reviewers at each stage. In the first

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3 stage, two independent reviewers will screen articles for suitability based on their title and
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5 abstracts. In the second stage, the reviewers will independently conduct a full text review of the
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7 selected articles to ensure their content meets our inclusion criteria outlined below. If there is
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9 ambiguity on whether certain articles fit the scope of this protocol, a third reviewer will be
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11 consulted. We will use Covidence – a web-based software for systematic and scoping reviews
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13 that facilitates screening, study selection, and data extraction.[34] This protocol will focus on
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15 articles written in English only, and selected material will include empirical studies, literature
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17 reviews, dissertations, teaching articles, and conceptual/theoretical papers. There are no outlined
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19 geographical or date restrictions. Articles must meet the following inclusion criteria to be
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21 selected: (1) include the term recovery in the title or abstract, (2) use the term social work or
22
23 social worker in the title or abstract, (3) have an explicit focus on recovery which may include
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25 different concepts such as recovery, recovery model, recovery-oriented practice, recovery-
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27 oriented care etc., (4) explicitly focus on social work research, education, training, or practice in
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29 relationship to recovery, and (5) focus on recovery with respect to mental health and/or
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31 addictions. We will exclude books, book reviews, editorials, and gray literature.
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38 **Stage 4: charting the data**

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40 Key themes extracted from the selected articles will be categorized, summarized, and presented
41
42 clearly within a data charting form. The research team developed initial charting variables based
43
44 on the research questions and these variables will be used to extract data and identify key themes
45
46 from selected articles. The preliminary variables that will be used to categorize information
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48 include (1) authors, (2) year, (3) country where study was conducted or country of first author's
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50 affiliation, (4) journal, (5) format of paper (empirical, literature review, dissertation,
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52 conceptual/theoretical, editorial, teaching article, etc.), (6) definition of recovery, (7) principles
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3 of recovery, (8) area of focus (e.g. mental health, addictions, etc.), (9) implementation of
4 recovery (10) targeted audience (e.g. students, service users, social workers etc.), (11) focus on
5 equity or access, (12) focus on stigma, (13) focus on race, culture, and/or diversity (14) gaps,
6 challenges or barriers, and (15) recommendations, evidence-based or best practices. To assess
7 whether these headings accurately capture the scope and breadth of the content, the reviewers
8 will have two research assistants independently chart the first five articles that meet our inclusion
9 criteria and if necessary, refine the definitions for the variables/charting categories. We will also
10 engage in a constant comparative method and peer review to minimize any discrepancies during
11 the charting process. The researchers will also engage in a qualitative thematic analysis to
12 identify and highlight themes present amongst this chart. The charted data will be organized and
13 presented in a Microsoft Excel spreadsheet.

24 **Stage 5: identification, synthesis, and report of study findings**

25 Findings outlined in the charted data will be reviewed, synthesized, and analyzed through a
26 numerical summary analysis, as well as a qualitative thematic analysis. The final scoping review
27 will be presented in publications and at upcoming conferences. Study findings will be
28 disseminated to relevant stakeholders, such as researchers, clinicians, and social work educators.
29 Anticipated findings are expected to map out the current nature and scope of recovery in social
30 work practice in mental health and addictions, and the scoping review will provide
31 recommendations for recovery-oriented social work practice in mental health and addictions.

32 **Patients and public involvement**

33 No patients nor members of the public were involved in this project.

ETHICS AND DISSEMINATION

The scoping review outlined in this paper contributes to our current understanding and will advance knowledge of recovery-oriented social work practice in mental health and addictions.

The information gathered for this paper and the outlined scoping review were retrieved from publicly available sources, therefore ethics approval is not required for this project. The results will be disseminated through a peer-reviewed journal and reported at national and international conferences on mental health and addictions, as well as social work education, practice, and research.

Contributions of authors: All authors made substantive intellectual contributions to the development of this protocol. TK and AH developed, wrote, and edited the initial protocol. JL developed the search strategy and contributed to the writing of the protocol. All authors (TK, AH, JL, RA, CCW) critically reviewed and revised the final version prior to submission.

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Competing interests: None declared.

Data sharing statement: The dataset is available by contacting the corresponding author.

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Appendix A - Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklistⁱ

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	4-6
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	6-7
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	Protocol in BMJ Open
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	10
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	8 for sources (date N/A for protocol)
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	9
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	10
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	10-11
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	Preliminary variables on 9-10-11
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe	N/A



SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
		the methods used and how this information was used in any data synthesis (if appropriate).	
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	11
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	N/A
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	N/A
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	N/A
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	N/A
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	N/A
Limitations	20	Discuss the limitations of the scoping review process.	3 for protocol
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	N/A
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	12

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

ⁱ Some of the items are not applicable (N/A) due to the fact this manuscript is a scoping review protocol.

BMJ Open

Recovery-Oriented Social Work Practice in Mental Health and Addictions: A Scoping Review Protocol

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2020-037777.R2
Article Type:	Protocol
Date Submitted by the Author:	15-Jul-2020
Complete List of Authors:	Kourgiantakis, Toula ; University of Toronto, Factor-Inwentash Faculty of Social Work Hussain, Amina; University of Toronto, Factor-Inwentash Faculty of Social Work Ashcroft, Rachele; University of Toronto, Logan, Judith; University of Toronto, John P. Robarts Library McNeil, Sandra; University of Toronto, Factor-Inwentash Faculty of Social Work Williams, Charmaine; University of Toronto, Factor-Inwentash Faculty of Social Work
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Secondary Subject Heading:	Addiction
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9 Recovery-Oriented Social Work Practice in Mental Health and Addictions:
10 A Scoping Review Protocol
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55 Word count: 2,239
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ABSTRACT

Introduction: Social work is a key profession in the field of mental health worldwide and the profession has values that are aligned with a recovery paradigm. However, there are gaps in understanding how social workers are applying the recovery paradigm in practice. This study will scope and synthesize the literature related to recovery and social work practice in mental health and addictions. There will also be an exploration of best practices and gaps in recovery-oriented social work practice. **Methods and analysis:** Using a scoping review framework developed by Arksey and O'Malley, we will conduct our search in five academic databases: PsycINFO, Medline, CINAHL Plus, Sociological Abstracts, and Social Services Abstracts. Articles meeting inclusion criteria will be charted to extract relevant themes and analysed using a qualitative thematic analysis approach. **Ethics and dissemination:** This review will provide relevant information about best practices and gaps in recovery-oriented social work practice in mental health and addictions. The study will inform the development of mental health curricula in social work programs and clinical settings. Results will be disseminated through a peer-reviewed journal and at conferences focusing on mental health, addictions, and social work education. Ethics approval is not required for this scoping review.

Strengths and Limitations of this Study

- This is the first comprehensive review of the recovery paradigm and social work practice in mental health and addictions
- The search strategy has been developed by a research team with expertise in the methodology and subject area
- Due to the nature of the scoping review framework, the studies included in the review will not be appraised for quality
- This scoping review will include all article types and methodologies, but will not include books or grey literature

For peer review only

Introduction

Recovery is a paradigm with increasing influence on mental health systems and policies in many high-income countries over the last two decades,[1-3] and it is included in the World Health Organization's (WHO) Mental Health Action Plan.[4] The recovery paradigm was introduced in the 1980s by mental health consumers [5] as an alternative to the biomedical model focusing on illness, chronicity, and cure.[6] We will use the term paradigm defined by Kuhn as a "constellation of beliefs, values, techniques, and so on shared by the members of a given community".[7 p.175] Members of a community share assumptions and beliefs, practice using a specific paradigm, and pursue common goals. Practice interventions and theories are developed and shaped by paradigms.[8,9] Recovery has been defined as "a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness".[9 p.15] Researchers in the United Kingdom developed a CHIME framework to describe recovery-oriented processes that include connectedness, hope, identity, meaning, and empowerment. [10] Other countries have adopted common guiding principles for recovery that include CHIME concepts and other important processes related to recovery: 1) hope, 2) lived experiences, 3) individual, family, and community strengths, 4) self-determination, 5) peer support, 6) collaborative relationships, 7) a non-linear process, 8) a holistic approach, 9) cultural diversity, and 10) social inclusion, stigma, and discrimination.[11-13]

A similar movement towards a recovery framework has been adopted for addiction-related concerns which includes substance use and behavioural addictions. [11, 13, 14] While the services and approaches to treatment may be different for mental health concerns than they are for those coping with addictions, there are similar and overlapping principles of recovery. [11, 15] For some individuals coping with an addiction-related concern, the pathway to recovery may

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3 involve abstinence, while for others it is about reducing the harm. [14] A term that is specific to
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involve abstinence, while for others it is about reducing the harm. [14] A term that is specific to
addictions is recovery capital which refers to “the many resources one can use towards their
recovery from alcohol and other drug dependency”. [16 p.349] Mental health and addiction
services have a longstanding history of being divided in terms of policies and service provisions,
but a review of recovery-oriented practice guidelines indicate that there are overlapping values
and guiding principles related to recovery-oriented care and a “need for a unified vision of well-
being.” [17 p.12]

Although many countries such as Canada have adopted a recovery framework for their
national mental health strategy, researchers report challenges for mental health care professionals
to implement recovery principles in practice and the culture of many systems of mental health
care do not reflect a recovery paradigm.[2,3] The social work profession has a longstanding
history of important and unique contributions in the field of mental health [18,19] and addictions.
[20] The WHO identifies social work as a key profession in mental health across 149 countries.
[4] An American survey found that social workers’ most common specialty practice area is
mental health, and most social workers engage with individuals and families with mental health
concerns even when working outside of this specific field. Irrespective of their practice domain,
most social workers support clients with mental illness (96%), and addictions concerns (87%).
[21] The recovery paradigm is strongly aligned with social work values and conceptual
frameworks promoting empowerment, partnership, and choice informed by ecosystems theory
and a strengths-based model.[6, 22, 23] Despite social work’s unique alignment with the
recovery paradigm, researchers argue that social work has not had a strong voice in challenging
and critiquing the dominant biomedical model.[23, 24] There are gaps in understanding the
extent to which social workers are applying recovery guiding principles in practice.[24,25]

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3 Researchers have identified several impediments to implementation, including the lack of a
4 universal definition of recovery-oriented care and a paucity of evidence-based research to inform
5 practice. [24-26] The organizational context may also influence implementation by pressuring
6 social workers to adhere to institutional policies and procedures that may be incongruent with
7 recovery principles.[24]
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15 Williams and colleagues [26] argue that recovery does not adequately address
16 sociopolitical issues related to power and control over mental health care. Social work's core
17 value of social justice can make valuable contributions to advancing how recovery is
18 implemented in mental health care systems; however, social work has also been critiqued for its
19 conformity with dominant structural systems that are not recovery-oriented and perpetuate
20 stigma and discrimination.[26] Considering the important role of social workers internationally,
21 we need a greater understanding of how social workers are conceptualizing and implementing
22 recovery in mental health and addictions.[13] Moreover, research has shown that recovery-
23 oriented practice is ambiguous and it is important for clinicians to learn to operationalize this
24 concept and guidelines are needed that are context-specific. [27] There is a lack of guidelines for
25 clinical application of recovery-oriented care and attempts to operationalize this have been
26 through the lens of organizational priorities.[28]
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42 This paper delineates a protocol for a scoping review on the recovery paradigm in social
43 work in mental health and addictions. The objectives of this review are to (1) scope the literature
44 related to the recovery paradigm in social work in mental health and addictions, (2) synthesize
45 definitions, principles, and values related to recovery-oriented social work practice in mental and
46 addictions, (3) describe how recovery is implemented in social work practice, and (4) identify
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3 evidence-based practices and gaps in recovery-oriented social work practice in mental health and
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5 addictions.
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7 8 **METHODS AND ANALYSIS** 9

10 A scoping review will be conducted to map existing literature on recovery-oriented
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12 practice within social work education, research, and practice in mental health and addictions.
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14 Scoping reviews involve systematically mapping recurring themes, concepts, and identifying
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16 recommendations from the current literature as they relate to the research question at hand.[29]
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18 This study will employ the scoping review framework espoused by Arksey and O'Malley [30]
19
20 which consists of five stages: 1) identifying the research question; 2) identifying relevant studies;
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22 3) study selection; 4) charting the data; and 5) collating, summarizing and reporting the results.
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25 Given the nature of this exploratory study, this form of knowledge synthesis will be valuable in
26
27 providing a breadth of literature pertaining to the recovery paradigm within social work
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29 education, research, and practice. We will adhere to the PRISMA Extension for Scoping
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31 Reviews (PRISMA-ScR) reporting guidelines. [31] See Appendix A for the PRISMA-ScR
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33 checklist.
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37 **Stage 1: identifying the research questions** 38

39 As highlighted throughout our literature review, recovery is central to social work
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41 practice and there have been no studies charting the evidence on the recovery paradigm in social
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43 work education, research and practice in mental health and addictions. Based on
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45 recommendations by Colquhoun, Levac, O'Brien, et al.[32] the research questions for this
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47 scoping review were developed collaboratively by our research team consisting of three social
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49 work faculty members (TK, RA, CCW), one social sciences librarian (JL), and two social work
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51 doctoral students (AH, SM).
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3 The research team developed the following research questions: 1) How is the recovery-
4 paradigm conceptualized and defined in social work practice in mental health and addictions? 2)
5 What are the principles and values of recovery in social work? 3) How is the recovery paradigm
6 used in social work practice, education, and research? 4) What are the gaps, challenges, or
7 barriers of recovery in social work? 5) What are the recommendations, evidence-based or best
8 practices for using a recovery paradigm in social work research, education, and practice?
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17 **Stage 2: identifying relevant studies**

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19 The initial search strategy was developed in PsycINFO (Ovid, 1806-) by the social
20 sciences librarian (JL) in consultation with other team members. See Table 1 for the draft search
21 strategy in PsycINFO. It will be sent to a second librarian for peer review, using the Peer Review
22 of Electronic Search Strategies (PRESS) framework.[33] Any subsequent feedback will be
23 incorporated to enhance the breadth and scope of articles generated from the search. Our search
24 strategy will be conducted in five academic databases: PsycINFO (1806-), Medline (1946 -),
25 CINAHL Plus (1937-), Sociological Abstracts (1952-), and Social Services Abstracts (1979-).
26 These databases were intentionally selected for their inclusion of mental health literature, as well
27 as research on social work practice and education, and thus are likely to capture relevant
28 scholarly material. Furthermore, we will conduct a citation search of the reference lists of
29 selected articles to ensure a wider scope of articles are included.
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Table 1: Search Strategy for Ovid PsycINFO (1806-)

#	Searches
1	social work*.tw.
2	casework*.tw.
3	case work*.tw.
4	social workers/
5	psychiatric social workers/
6	Social case work/
7	or/1-6 [social work]
8	(recover* adj3 (care or practic* or educat* or curricul* or teach* or learn* or train* or research* or therap* or support* or orient* or approach* or model? or health or mental health or institutional or capital or natural*)).tw.
9	"recovery (disorders)"/
10	exp Rehabilitation/
11	recover*.tw.
12	10 and 11
13	8 or 9 or 12
14	7 and 13

Stage 3: study selection

After generating a list of articles from our search strategy we will engage in an iterative, peer review two-stage screening process with two independent reviewers at each stage. In the first

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3 stage, two independent reviewers will screen articles for suitability based on their title and
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5 abstracts. In the second stage, the reviewers will independently conduct a full text review of the
6
7 selected articles to ensure their content meets our inclusion criteria outlined below. If there is
8
9 ambiguity on whether certain articles fit the scope of this protocol, a third reviewer will be
10
11 consulted. We will use Covidence – a web-based software for systematic and scoping reviews
12
13 that facilitates screening, study selection, and data extraction.[34] This protocol will focus on
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15 articles written in English only, and selected material will include empirical studies, literature
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17 reviews, dissertations, teaching articles, and conceptual/theoretical papers. There are no outlined
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19 geographical or date restrictions. Articles must meet the following inclusion criteria to be
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21 selected: (1) include the term recovery in the title or abstract, (2) use the term social work or
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23 social worker in the title or abstract, (3) have an explicit focus on recovery which may include
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25 different concepts such as recovery, recovery model, recovery-oriented practice, recovery-
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27 oriented care etc., (4) explicitly focus on social work research, education, training, or practice in
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29 relationship to recovery, and (5) focus on recovery with respect to mental health and/or
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31 addictions. We will exclude books, book reviews, editorials, and gray literature.
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38 **Stage 4: charting the data**

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40 Key themes extracted from the selected articles will be categorized, summarized, and presented
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42 clearly within a data charting form. The research team developed initial charting variables based
43
44 on the research questions and these variables will be used to extract data and identify key themes
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46 from selected articles. The preliminary variables that will be used to categorize information
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48 include (1) authors, (2) year, (3) country where study was conducted or country of first author's
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50 affiliation, (4) journal, (5) format of paper (empirical, literature review, dissertation,
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52 conceptual/theoretical, editorial, teaching article, etc.), (6) definition of recovery, (7) principles
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3 of recovery, (8) area of focus (e.g. mental health, addictions, etc.), (9) implementation of
4 recovery (10) targeted audience (e.g. students, service users, social workers etc.), (11) focus on
5 equity or access, (12) focus on stigma, (13) focus on race, culture, and/or diversity (14) gaps,
6 challenges or barriers, and (15) recommendations, evidence-based or best practices. To assess
7 whether these headings accurately capture the scope and breadth of the content, the reviewers
8 will have two research assistants independently chart the first five articles that meet our inclusion
9 criteria and if necessary, refine the definitions for the variables/charting categories. We will also
10 engage in a constant comparative method and peer review to minimize any discrepancies during
11 the charting process. The researchers will also engage in a qualitative thematic analysis to
12 identify and highlight themes present amongst this chart. The charted data will be organized and
13 presented in a Microsoft Excel spreadsheet.

24 **Stage 5: identification, synthesis, and report of study findings**

25 Findings outlined in the charted data will be reviewed, synthesized, and analyzed through a
26 numerical summary analysis, as well as a qualitative thematic analysis. The final scoping review
27 will be presented in publications and at upcoming conferences. Study findings will be
28 disseminated to relevant stakeholders, such as researchers, clinicians, and social work educators.
29 Anticipated findings are expected to map out the current nature and scope of recovery in social
30 work practice in mental health and addictions, and the scoping review will provide
31 recommendations for recovery-oriented social work practice in mental health and addictions.

32 **Patients and public involvement**

33 No patients nor members of the public were involved in this project.

ETHICS AND DISSEMINATION

The scoping review outlined in this paper contributes to our current understanding and will advance knowledge of recovery-oriented social work practice in mental health and addictions.

The information gathered for this paper and the outlined scoping review were retrieved from publicly available sources, therefore ethics approval is not required for this project. The results will be disseminated through a peer-reviewed journal and reported at national and international conferences on mental health and addictions, as well as social work education, practice, and research.

Contributions of authors: All authors made substantive intellectual contributions to the development of this protocol. TK and AH developed, wrote, and edited the initial protocol. JL developed the search strategy and contributed to the writing of the protocol. All authors (TK, AH, JL, SM, RA, CCW) critically reviewed and revised the final version prior to submission.

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Data sharing statement: The dataset is available by contacting the corresponding author.

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Appendix A - Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklistⁱ

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	4-6
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	6-7
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	Protocol in BMJ Open
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	10
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	8 for sources (date N/A for protocol)
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	9
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	10
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	10-11
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	Preliminary variables on 10-11
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe	N/A



SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
		the methods used and how this information was used in any data synthesis (if appropriate).	
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	11
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	N/A
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	N/A
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	N/A
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	N/A
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	N/A
Limitations	20	Discuss the limitations of the scoping review process.	3 for protocol
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	N/A
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	12

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

ⁱ Some of the items are not applicable (N/A) due to the fact this manuscript is a scoping review protocol.