

Organizational Culture: *Identifying, assessing and changing it to enhance a culture of recovery*

Peter B. Rockholz, M.S.S.W.

Deputy Commissioner

Connecticut Department of Mental Health and Addiction Services



Enhancing and Sustaining Recovery

Quality → Outcomes → Recovery



Factors Influencing Quality and Outcomes in Recovery



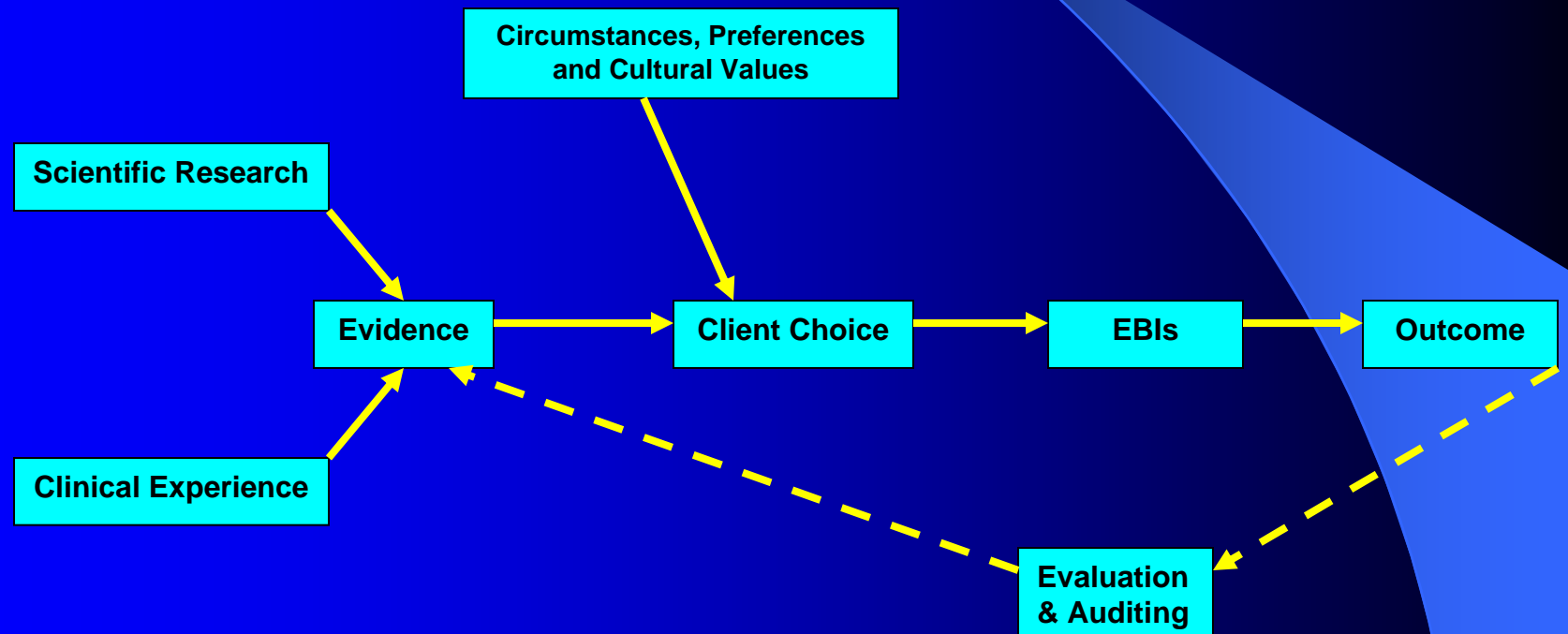
Source: Dean Fixsen, The National Implementation Network, University of South Florida

Factors Influencing Quality and Outcomes in Recovery

Evidence Based Practices	x	Staff Factors	x	Organizational Factors	x	External Factors	=	Quality/Outcomes
1.0		1.0		1.0		1.0		1.000
0.8		0.7		0.7		0.6		0.235
1.0		0.7		0.7		0.6		0.294
0.8		1.0		1.0		0.6		0.480

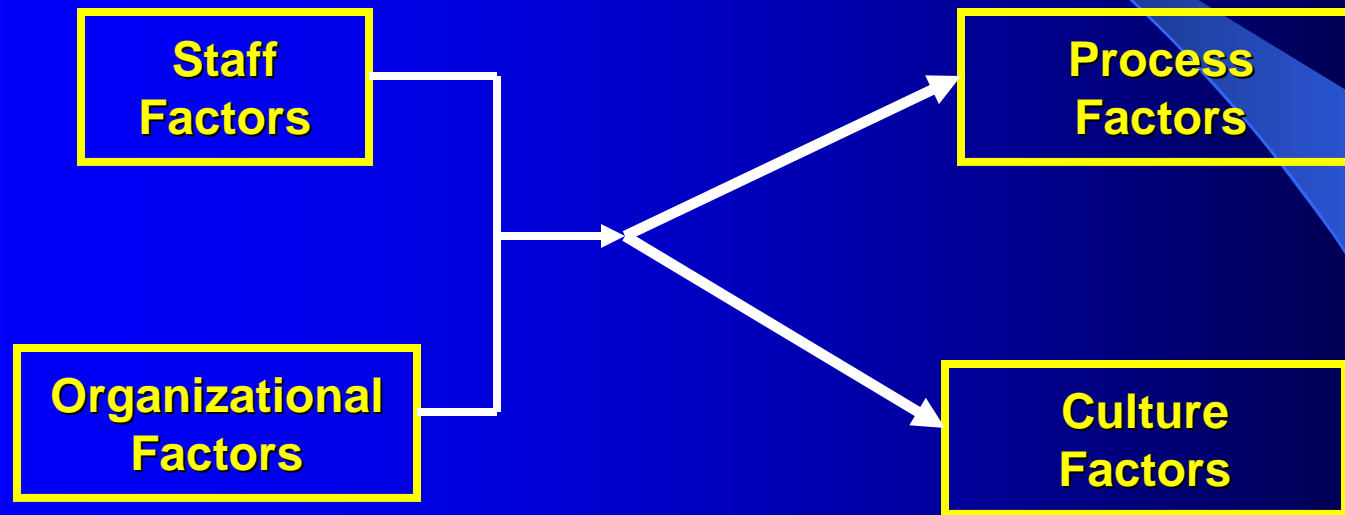


Recovery Oriented Evidence Based Practice



Adapted from the work of
Stuart Carney, Oxford University

Enhancing Existing Service Delivery





What is Organizational Culture?

0H23m40S



SP

Leo Carroll, Ph.D.
Professor of Sociology
University of Rhode Island



Culture Characteristics

- **Natural evolution; taken for granted**
- **Common values, beliefs, norms**
- **How group solves everyday problems and provides support**
- **Language, history, stories**
- **Taught to new members**
- **Reflected in symbols, rituals, rites**

Aspects of Organizational Culture

FORMAL: How it's supposed to be.

INFORMAL: How things really get done.

KEY QUESTION: To what extent are the informal and formal cultures aligned?



Pamela K. Withrow
Retired Warden
Michigan Department of Corrections

**How does the culture
reveal itself?**

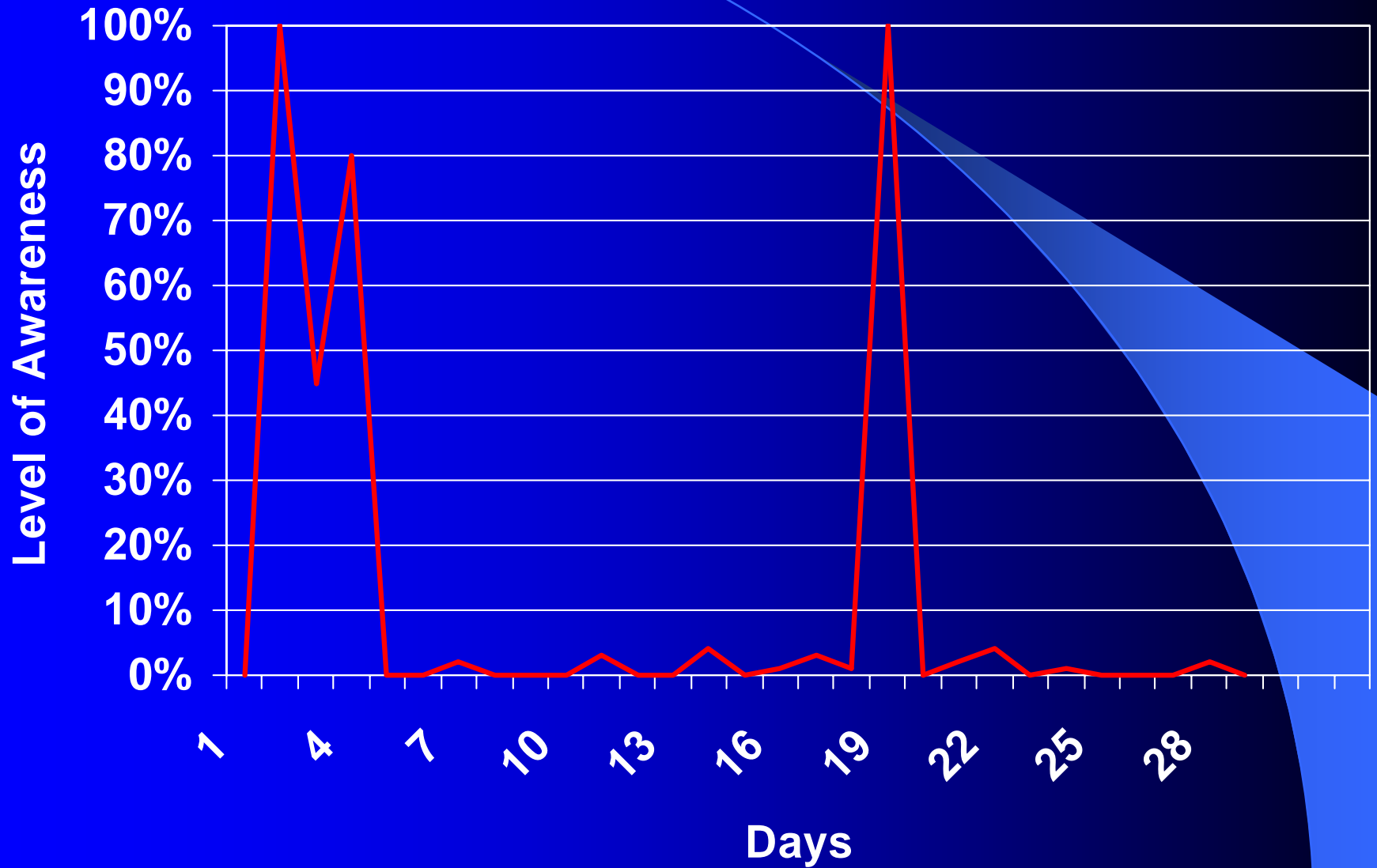
Common Clues to Informal Organizational Culture

- **House Blindness**
- **Mission Diffusion**
- **Dissonance**
- **Signs, symbols, stories, myths**
- **Language**
- **Behavior**

House Blindness



Broken Window Awareness - 1 mo.



1H19m21S



SP



CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal Law and Regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, unless:

1. The patient consents in writing.
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violation of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal laws and regulations do not protect any information about a crime committed by a patient either of the program or against any person who works for the program or about any threat to commit such crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or Local authorities.

(See 42 U.S.C. 29055-3 and 42 U.S.C. 29065-3 for Federal laws and 42 CFR Part 2 for Federal regulations)

(Approved by the office of Management and Budget under Control No. 0030-0098)

I have read, understand, and received a copy of the above.

Client / Patient Signature _____

Date _____

Key Organizational Objectives for Service Providers

- **Engagement**
- **Retention**
- **Recovery Initiation/Acculturation**

Engagement Needs

“What am I looking for?”


- **Respect**
- **Belonging**
- **Choice**
- **Will this help me?**

Engagement Process Factors

- **Pre-site visit contact (e.g., phone)**
- **Before entering the facility**
- **The facility entrance**
- **Lobby environment**
- **Reception**
- **Next steps**



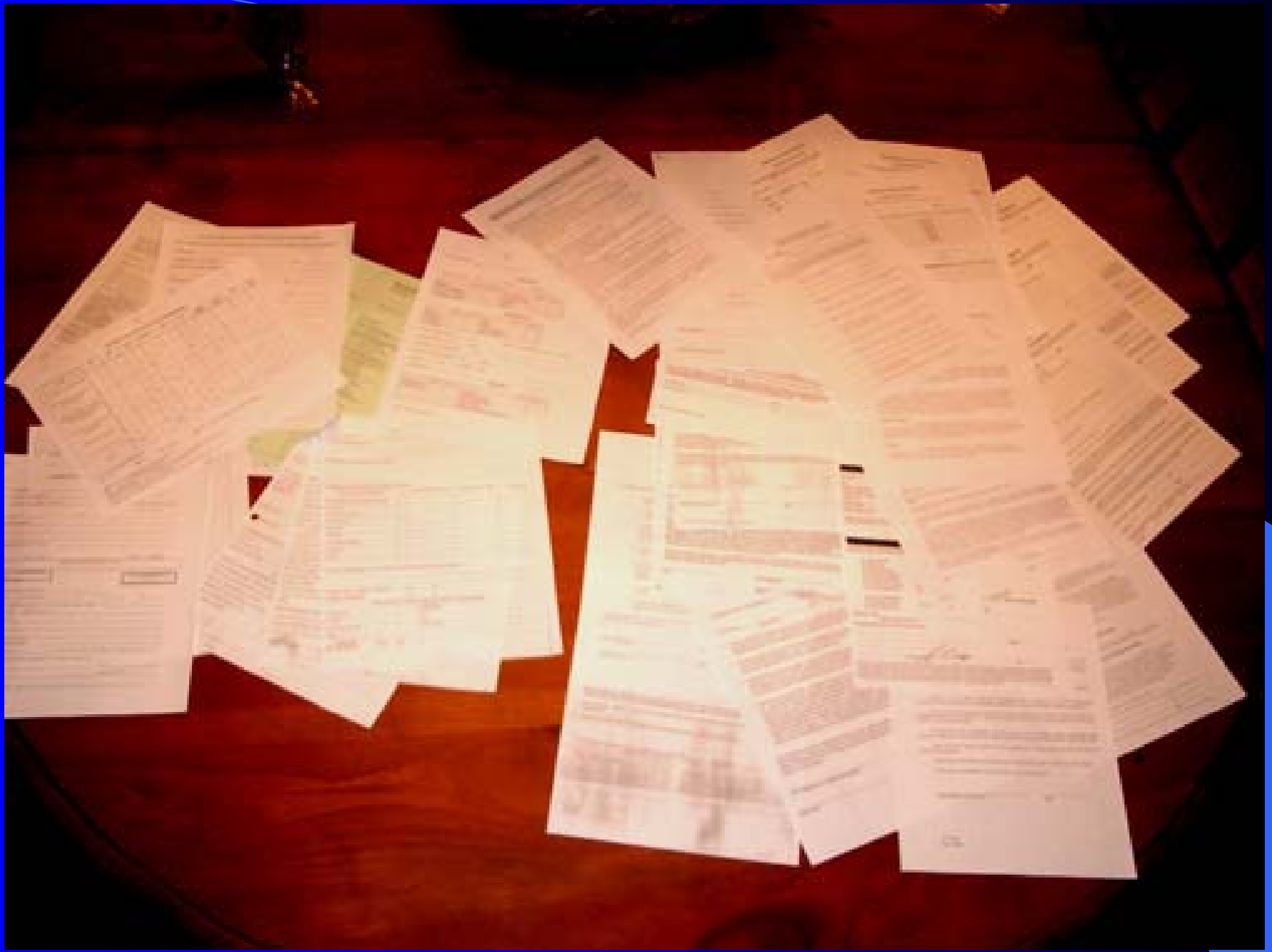




NO SMOKING
WITHIN 25 FEET
OF THE BUILDING



NO
Weapons
Allowed





Retention Needs

“Is this getting me where I need to go?”

- **Whose goals are these?**
- **Does their approach match my reality?**
- **How much do I really trust people here?**
- **Am I feeling hopeful?**
- **Do they really understand me?**
- **Am I becoming prepared for a new life?**

OUR POLICY

RULE 1

THE CUSTOMER IS
ALWAYS RIGHT!

RULE 2

IF THE CUSTOMER
IS EVER WRONG,
REREAD RULE 1

Stew Leonard





The “Oxygen Mask” Theory



Hi Daisy!!



This isn't an office...

It's

HELL

**with fluorescent
lighting.**



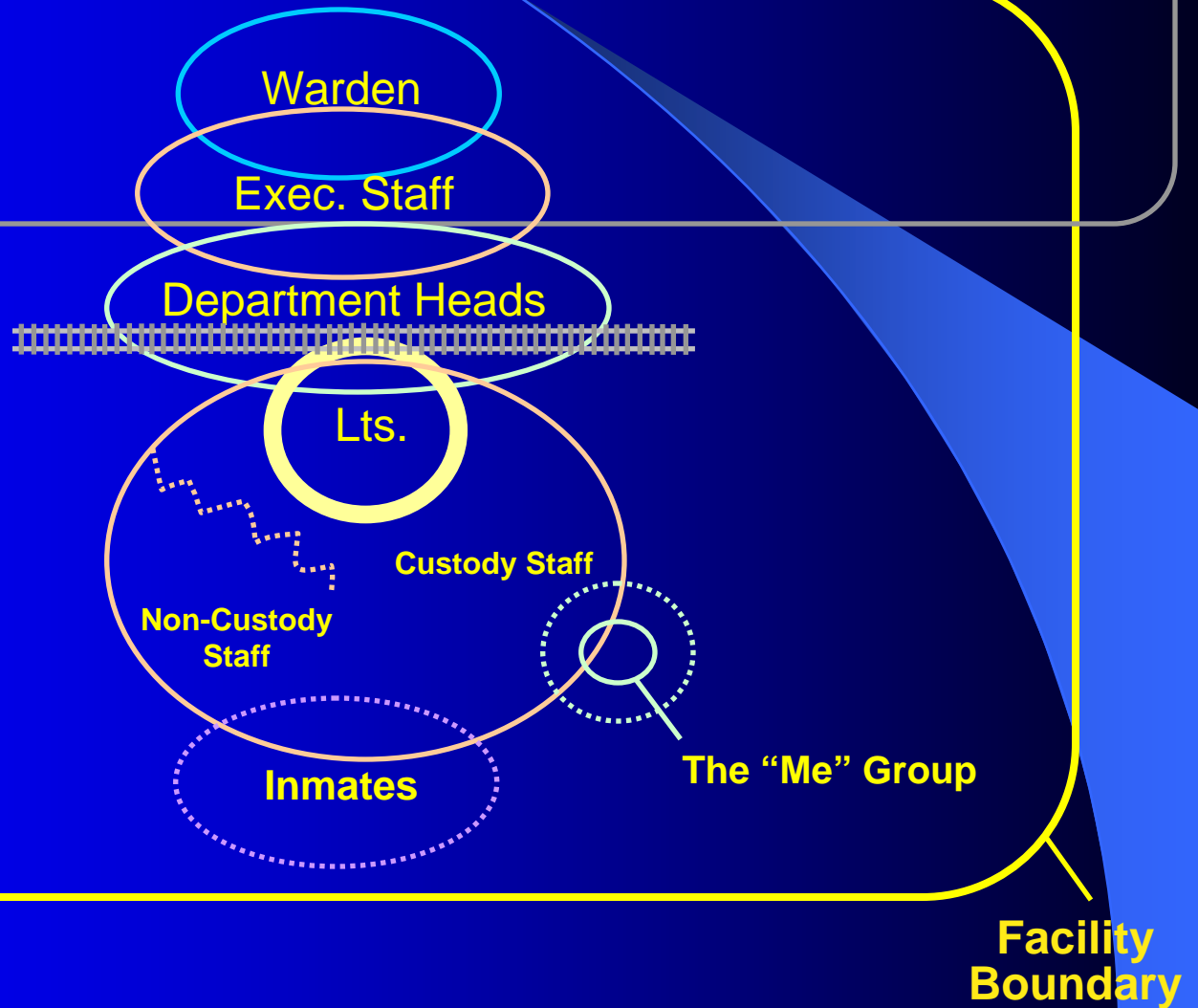
Mission Diffusion

- **Shared mission?**
- **Formal/informal cultures aligned?**
- **Opposing values/beliefs?**
- **Subculture development**

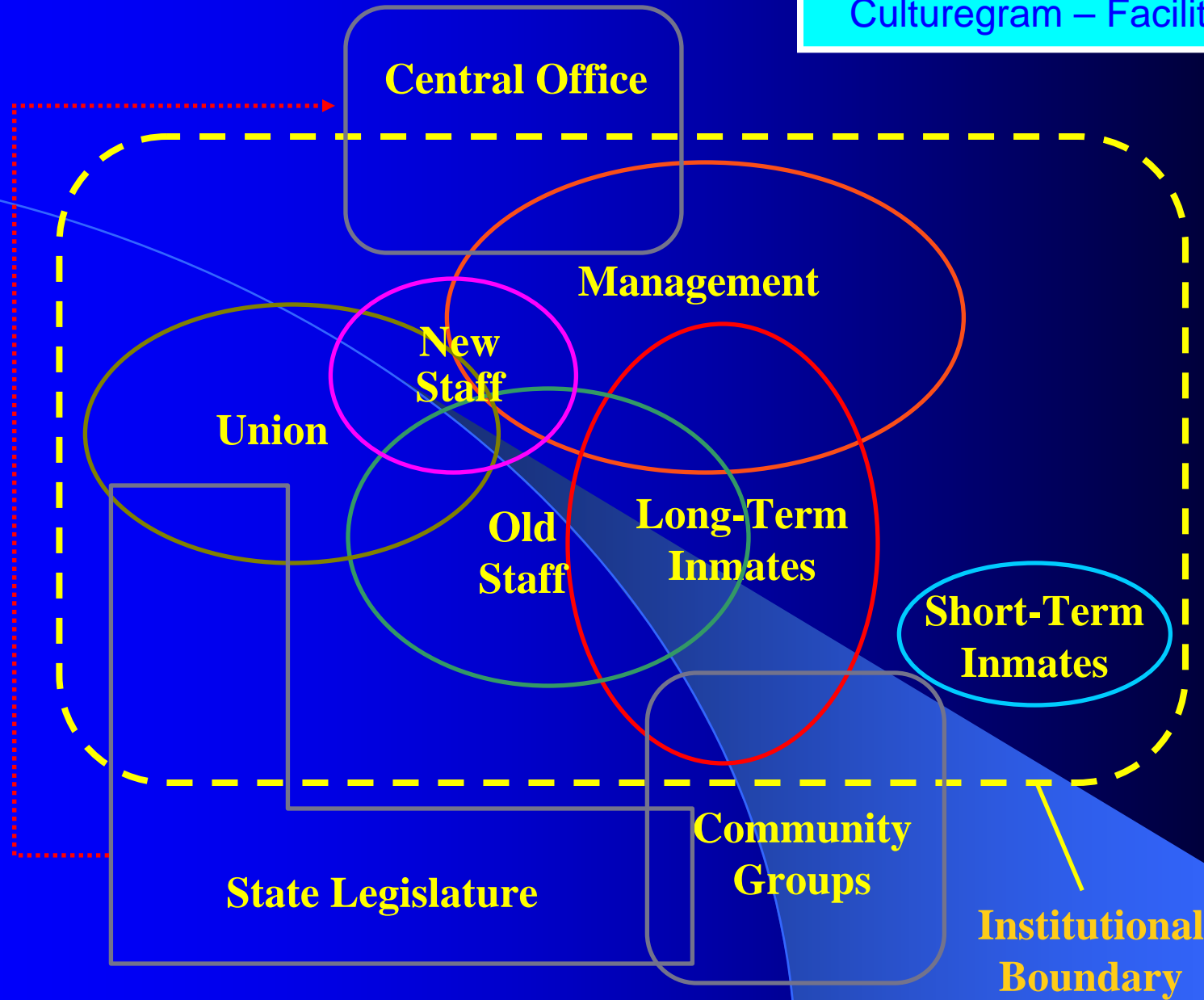


FCI Culturegram

Bureau of Prisons



Culturegram – Facility #6



Dissonance

- Youthful offender example
- CIW poster example
- Nicotine dependence

Recovery Initiation/ Acculturation Needs

- **Exposure to Recovery Role Models**
- **Language**
- **Instilling Hope and Confidence**
- **Building Individualized Supports**
- **Develop Healthy Lifestyle**
- **Keep it Up Front**
- **Giving back**



*"It's a beautiful day
to be sober!"*

Recovering Hearts 508 487-4875

Paulo C

HUM

WELCOME TO RECOVERY



Recovery Oriented Organizational Cultural Characteristics

Recovery Supportive

- Consumer oriented
- Multiple paths
- Recovery Plans
- Outcome driven
- Walking the talk
- Role modeling
- Strength/goal oriented

Not Supportive

- Organization oriented
- One way (our way)
- Treatment Plans
- Process driven
- Hypocrisy
- Double standard
- Deficit/problem oriented

Keys to Culture Change

- **Raise awareness (triangulation)**
- **Clear leadership vision and commitment**
- **'Top-down' + 'Inside-out' approach**
- **Be open and inclusive**
- **Ask and listen (actively)**
- **Staff come first**
- **Role modeling ("walk the talk")**
- **Inclusion from all levels and disciplines**
- **Sustained effort**

CONTACT INFORMATION

Peter B. Rockholz, M.S.S.W.
Deputy Commissioner

Department of Mental Health and Addiction Services

860.418.6958

peter.rockholz@po.state.ct.us



Connecticut Department of Mental Health and Addiction Services
A Healthcare Services Agency