

Organizational Culture and the Learning Organization

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Some of the most useful explorations of organizations as collective and living organisms derive from the study of *organizational culture*. Organizational culture is “*the sum total of all the shared, taken-for-granted assumptions that a group has learned throughout its history (p.29) or “How we do things around here”*. Organizational culture matters because cultural elements determine strategy, goals, and modes of operating [1].

This new paradigm for what constitutes a healthy organization – defined by more than financial profitability but consistent with that profitability –

reflects a growing recognition that businesses are indeed alive and that corporate responsibility entails recognizing and responding to issues of ecological sustainability [2]. Definitions about the way organizations learn, self-regulate, and remain healthy go back over thirty years [3]. Much discussed in the business world, a “learning organization” is an organization skilled at creating, acquiring and transferring knowledge and modifying its behavior to reflect new knowledge and insights [4]. To be a learning organization, systems must be able to: 1) sense, monitor, and scan significant aspects of their environments; 2) relate this information to the operating norms that guide system behavior; 3) detect significant deviations from these norms; and 4) initiate corrective action when discrepancies are detected (p.77) [5]. Although not always practiced, it is well-established in the world of business that healthy learning organizations provide measurable business advantages. It is also established that there is a strong relationship between the culture and people practices of organizations and the productivity and health of their people, a relationship so strong that investing in people is seen as a wise strategy for achieving and maintaining high levels of bottom-line business success [6].

Little has been done to apply insights about the *learning organization* to the mental health system or the social service system despite the fact that helping people to change – through learning – would seem to be the essential mission of all organizations concerned with the well-being of individuals and families. Discussion of many of the characteristics of a learning organization can be found in the pages ahead but for now let us just look at an abbreviated list of the common characteristics of the learning organization: 1) the presence of tension; 2) the presence of systems thinking; 3) a culture which facilitates learning [4]. These characteristics mirror longstanding insights of how to create healthy

environments that derive from the therapeutic community literature, perhaps best described by one of its originators, Maxwell Jones when he discussed the concept of “social learning” as *“the little understood process of change which may result from the interpersonal interaction, when some conflict or crisis is analyzed in a group situation, using whatever psychodynamic skills are available”*(p.70) [7].

Trauma-Informed Means Changing Organizational Culture

The Sanctuary Model[®] represents a trauma-informed method for creating or changing an organizational culture in order to more effectively provide a cohesive context within which healing from psychological and socially derived forms of traumatic experience can be addressed. The Sanctuary Model was originally developed in a short-term, acute inpatient psychiatric setting for adults who were traumatized as children [8-10]. The Model has since been adapted by residential treatment settings for children, shelters, group homes, outpatient settings, substance abuse programs, parenting support programs and has been used in other settings as a method of organizational change.

The Sanctuary Model is not a trauma-specific intervention but a way of reorganizing whole organizational cultures. We believe that is what a “trauma-informed” culture has to be – it requires a shift in the very foundations of the way we think, what we feel, how we communicate, and how we practice. The challenge for everyone in the mental health field is to consider how we unwittingly – and often in the name of science – erect barriers to recovery that prevent self-organization in the individual life of the children in our care and in our organizational lives as well. Our diagnostic categories shame children from the moment they enter care. Our rigid hierarchies prevent participation and innovation, when we need staff members to exercise almost constant creativity in order not to be drawn into traumatic replays of previous negative life experiences in the lives of the children and adults we serve. From chaos theory we are learning that “an organization – even one as small as a child – will spontaneously know how to reorganize in the face of a challenge, if the obstacles hindering its capacity to self-organize are removed.

These are some of the critical questions we address in the Sanctuary Model: How do we create treatment cultures that promote and support positive change in adults, families and ourselves?; How do we maximize each other’s strengths and minimize each other’s weaknesses?; How do we create workplace cultures that buffer us from the impact of repetitive stress so that we can be effective in helping our clients to recover? These tasks are too large to approach from an individual position. We have to make greater efforts to shape our organizational cultures to achieve more. Organizational culture matters because cultural elements determine strategy, goals, and modes of operating [1].

Deliberately creating specific kinds of cultures requires attending more to norms than to rules. Rules are directives for conduct that are imposed by the institution and enforced by the staff through a system of penalties. For people raised in unhealthy environments, status may be achieved by breaking the rules, not following them. Children and adults socialized in subcultures that place a high value on conning, challenging authority figures, aggression and disobedience are likely to use rule-based cultures as ways of proving that they can get around the rules, that they can successfully defy authority, that they can

achieve power by breaking the rules. In such climates, the staff spend most of their time trying to enforce rules and applying sanctions.

In contrast, although norms also deal with standards of conduct, they do so through the group pressure that is exerted on individual members. Violation of norms leads to a loss of status not a gain. It is behavior that a group expects of its members. Creating and sustaining a normative culture requires a large up-front investment of time, energy and resources but in the long-term produces compound interest in the investment. To do so the desired culture must be explicit, consciously and deliberately planned to promote the objectives of the organization. It must be continually monitored both directly and indirectly, while any evidence of a weakening of the culture must produce an immediate, coordinated response by the entire organization. There must be a mechanism to regularly familiarize all members with the norms and it will probably be necessary to manipulate member pressures to insure that high status in the organization is closely associated with conformity to positive prosocial norms.

Creating Sanctuary” refers to the shared experience of creating and maintaining physical, psychological, social and moral safety within a social environment - any social environment - and thus reducing systemic violence. The seven commitments of Sanctuary are tied directly to trauma-informed treatment goals.

The philosophy of a therapeutic community is central to the Sanctuary Model [9, 11]. The Sanctuary Model challenges organizations to reexamine their basic assumptions concerning the extent to which social service environments promote safety and nonviolence across physical, psychological, social, and moral domains. As such, the intervention is aimed both at strengthening the therapeutic community environment and at empowering people to influence their own lives and communities in positive ways. The core values of a therapeutic community are: the community itself is the most influential factor on treatment; clients are responsible for much of their own treatment; the operation and management of the community should be more democratic than authoritarian; and clients can facilitate each others’ treatment [12-13].

The Sanctuary Model adds to these values an emphasis on creating a “living-learning environment”[14] which is physically, psychologically, socially, and morally safe for both clients and staff. Establishing and maintaining a therapeutic community in the Sanctuary Model requires an active process of breaking down institutional, societal, professional, and communication barriers that isolate administrators, staff and clients. Simultaneously, the re-building process involves consciously learning new ways to relate as interdependent community members, creating and modeling healthy and supportive relationships between individuals, and developing an atmosphere of hope and non-violence.

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